

FY2023 Appropriations for Federal HIV/AIDS Programs

April 21, 2022

(Increases/decreases from previous fiscal years are shown in parenthesis.)

| HHS PROGRAM | | | FY2021 Final | FY2022 Final | FY2023 President's Request | FY2023 Coalition Request ¹ |
|-------------|------------------------------------|-----------------------------|--------------------------|--------------------------|----------------------------------|---|
| C D | Total – HIV, Hep, STD, TB line | | \$1.314 b (+\$40.5 m) | \$1.345 b (+\$31.0 m) | \$1.471 b (+\$125.5 m) | \$2.077 b (+\$731.9 m) |
| | Division of HIV Prevention | Total | \$964.7 m (+\$36.0 m) | \$986.7 m (+\$22.0 m) | \$1.099 b (+\$113.0 m) | \$1.233 b (+\$246 m) |
| | | HIV Prevention | \$755.6 m (+\$0.0 m) | \$755.6 m (+\$0.0 m) | \$755.6 m (+\$0.0 m) | \$822.7 m (+\$67.1 m) |
| | | Ending the Epidemic Plan | \$175.0 m (+\$35.0 m) | \$195.0 m (+\$20.0 m) | \$310.0 m (+\$115.0 m) | \$310.0 m (+\$115.0 m) |
| | | School Health | \$34.1 m (+\$2.0 m) | \$36.1 m (+\$2.0 m) | \$34.1 (-\$2.0 m) | \$100.0 m (+\$63.9 m) |
| С | Viral Hepatitis | | \$39.5 m (+\$0.5 m) | \$41.0 m (+\$1.5 m) | \$54.5 m (+\$13.5 m) | \$140.0 m (+\$99.0 m) |
| | STD Prevention | | \$161.8 m (+\$1.0 m) | \$164.3 m (+\$2.5 m) | \$161.8 m (-\$2.5 m) | \$329.2 m (+\$164.9 m) ² |
| | TB Elimination | | \$135.0 (+\$0.0 m) | \$135.0 (+\$0.0 m) | \$135.0 (+\$0.0 m) | \$225.0 m (+\$90.0 m) |
| | Opioid Related Infectious Diseases | | \$13.0 m (+\$3.0 m) | \$18.0 m (+\$5.0 m) | \$19.5 m (+\$1.5 m) | \$150.0 m (+\$132.0 m) |
| | Ryan White Program Total | | \$2.424 b (+\$35.0 m) | \$2.495 b (+\$71.0 m) | \$2.655 b (+\$160.1 m) | \$2.942 b (+\$447.5 m) |
| | Part A | | \$655.9 m (+\$0.0 m) | \$670.5 m (+\$14.6 m) | \$665.9 m (-\$4.6 m) | \$751.1 m (+\$80.6 m) |
| | Part B: Care | | \$414.7 m (+\$0.0 m) | \$443.9 m (+\$29.2 m) | \$444.7 m (+\$0.8 m) | \$509.4 m (+\$65.5 m) |
| н | Part B: ADAP | | \$900.3 m (+\$0.0 m) | \$900.3 m (+\$0.0 m) | \$900.3 m (+\$0.0 m) | \$968.3 m (+\$68 m) |
| R | Part C | | \$201.1 m (+\$0.0 m) | \$205.5 m (+\$4.5 m) | \$207.1 m (+\$1.6 m) | \$231 m (+\$25.5 m) |
| S | Part D | | \$75.1 m (+\$0.0 m) | \$76.8 m (+\$1.7 m) | \$75.1 m (-\$1.7 m) | \$85.0 m (+\$8.2 m) |
| Α | Part F: AETCs | | \$33.6 m (+\$0.0 m) | \$34.3 m (+\$0.7 m) | \$33.6 m (-\$0.7 m) | \$58.0m (+\$23.7 m) |
| | Part F: Dental | | \$13.1 m (+\$0.0 m) | \$13.4 m (+\$0.3 m) | \$13.1 m (-\$0.3 m) | \$15.4 m (+\$2.0 m) ³ |
| | Part F: SPNS | | \$25.0 m (+\$0.0 m) | \$25.0 m (+\$0.0 m) | \$25.0 m (+\$0.0 m) | \$34.0 m (+\$9.0 m) |
| | Ending the Epidemic Plan | | \$105.0 m (+\$35.0 m) | \$125.0 m (+\$20.0 m) | \$290.0 m (+\$165.0 m) | \$290.0 m (+\$165.0 m) |

¹ Coalition requests, calculated from the FY2020 funding levels, do not reflect the true need for each program and the people they serve. The second year requests for the End the HIV Epidemic (EtE) initiative are based on the Administration's proposed FY2021 budget, and will need to be new funds and increased over the years to achieve its goals. ²This request is for \$279.2 m for regular base STD prevention funding, as well as \$50 m in one-time funding to move the federal STD grant year

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| HHS P | ROGRAM | FY2021 Final | FY2022 Final | FY2023 President's Request | FY2023 Coalition Request ¹ |
|---|---|--------------------------|---------------------------|----------------------------------|---|
| National PrEP Program | | N/A | N/A | +\$237 m [Mandatory] | +\$400 m |
| | Total Community Health Centers ⁴ | \$5.7 b (+\$57.3 m) | \$5.7 b (+\$65.0 m) | \$5.6 b (-\$124 m) | TBD |
| HRSA | Ending the Epidemic Plan | \$102.3 m (+\$52.0 m) | \$122.3 m (+\$20.0 m) | \$172.3 m (+\$50.0 m) | \$172.3 m (+\$50.0 m) |
| | STD Clinical Services | N/A | N/A | N/A | +\$200 m |
| Office of the Assistant Secretary for Health | Office of Infectious Disease and HIV/AIDS Policy | \$7.6 m (+\$0.1 m) | TBD | \$7.8 m (+\$0.2 m) | +\$20 m (TBD) |
| Office of Population Affairs | Title X | \$286.5 m (+\$0.0 m) | \$286.5 m (+\$0.0 m) | \$400.0 m (+\$113.5 m) | \$512.0 m (+\$225.5 m) |
| NIH | Total | \$42.9 b (+\$1.2 b) | \$45.0 b (+\$2.1 b) | \$49.0 b (+\$4.0 b) | \$49.0 b (+\$4.0 b) |
| | AIDS Research | \$3.090 b (+\$14.0 m) | \$3.194 b (+\$104.0 m) | \$3.100 b (-\$94.0 m) | \$3.875 b⁵ (+\$681.0 m) |
| ACF | "Sexual Risk Avoidance" Abstinence-Only Program | \$35.0 m (+\$0.0 m) | \$35.0 m (+\$0.0 m) | \$0.0 m (-\$35.0 m) | \$0.0 m (-\$35.0 m) |
| Office of Adolescent Health | Teen Pregnancy Prevention Program | \$101.0 m (+\$0.0 m) | \$101.0 m (+\$0.0 m) | \$111.0 m (+\$10.0 m) | \$150.0 m (+\$49.0 m) |
| SAMHSA | Total | \$6.02 b (+\$133.0 m) | \$6.5 b (+\$530.0 m) | \$6.5 b (+\$530.0 m) | \$9.73 b (+\$3.71 b) |
| | Total ⁶ | TBD | TBD | TBD | \$610.0 m (+\$165.9) |
| Minority AIDS Initiative | Minority HIV/AIDS Fund | \$55.4 m (+\$1.5 m) | \$56.9 m (+\$1.5 m) | \$58.4 m (+\$1.5 m) | \$105.0 m (+\$48.1 m) |
| | SAMHSA Minority AIDS | \$116.0 m (+\$0.0 m) | \$116.0 m (+\$0.0 m) | \$118.1 m (+\$2.1 m) | \$160.0 m (+\$44.0 m) |
| Indian Health Services ⁷ | Ending the Epidemic Plan | \$5.0 m (+\$5.0 m) | \$5.0 m (+\$0.0 m) | \$52.0 m (+\$47.0 m) | \$52.0 m (+\$47.0 m) |
| White House | Office of National AIDS Policy | N/A | N/A | N/A | +\$3 m |
| HUD PROGRAM | | FY2021 Final | FY2022 Final | FY2023 President's Request | FY2023 Coalition Request ¹ |
| НОРWA | | \$430.0 m (+\$20.0 m) | \$450.0 m (+\$20.0 m) | \$455.0 m (+\$5.0 m) | \$600.0 m (+\$170.0 m) |

The AIDS Budget and Appropriations Coalition (ABAC) is a working group of the Federal AIDS Policy Partnership, a coalition of 180 national and communitybased HIV/AIDS and public health organizations that represent people living with HIV/AIDS, HIV medical providers and researchers, and advocates, as well as community organizations that provide critical HIV related health care and support services. ABAC advocates for the necessary resources for domestic HIV/AIDS programs across the federal government. For more information, please contact ABAC Co-chairs Nick Armstrong, The AIDS Institute, <u>narmstrong@taimail.org</u>, Emily McCloskey, NASTAD, <u>emccloskey@nastad.org</u>, or Carl Schmid, HIV+Hep Policy Institute, <u>cschmid@hivhep.org</u>.

³ This \$2 million increase is for the community based dental program.

⁴ These numbers include discretionary appropriations as well as \$4 b in mandatory funding for FY2019, FY2020 and FY2021

⁵ Based on FY2021 NIH HIV/AIDS Professional Judgment Budget.

⁶ Total MAI funding is distributed through multiple programs and, in most instances, is included in the funding requests for those programs.

⁷ Indian Health Services funding is appropriated through the Interior, Environment and Related Agencies appropriations bill.