FEDERAL AIDS POLICY PARTNERSHIP
AIDS BUDGET & APPROPRIATIONS COALITION

The Honorable Kay Granger
Chairwoman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Patty Murray
Chair
Committee on Appropriations
United States Senate
Washington, DC 20515

The Honorable Susan Collins
Vice Chair
Committee on Appropriations
United States Senate
Washington, DC 2051

May 12, 2023

Subject: Harmful Impact of Potential Cuts to Ending HIV in the United States

Dear Chairwoman Granger, Ranking Member DeLauro, Chair Murray, and Vice Chair Collins:

The AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), writes you to express our deep concern about possible cuts to discretionary spending that have been proposed as Congress negotiates increases to the debt ceiling. The discretionary spending provisions in the *Limit, Save, Grow Act*, which was passed out of the House of Representatives last month, would not only limit our ability to end the HIV epidemic in the United States, but could reverse progress and exacerbate the impact that HIV has on communities across the country.

We are especially concerned with capping FY 2024 funding at FY 2022 levels. Not only would this decrease overall funding for discretionary programs, but likely would not be equally distributed across defense, non-defense discretionary (NDD), and Veterans health programs. If defense and Veterans programs are not cut, this would mean that NDD would be cut 23% from FY 2023 levels.[1] Additionally, the proposal would cap increases to discretionary spending at 1% each fiscal year, a level that would not even keep up with inflation, much less the increased costs of medical care in the U.S. Not only would this proposal have devastating impacts in FY 2024, but also prevent comprehensive HIV prevention and treatment work for a decade. Any cuts, much less a 23% cut, to HIV and related programs would damage our work to end the HIV epidemic and the syndemics of hepatitis, STIs, TB, and the overdose epidemic.

These cuts would ravage the **Ryan White HIV/AIDS Program**, which provides care to over 550,000 people living with HIV in the United States. Ryan White programs could be forced to ration care, provide services to fewer people, impose wait lists for the AIDS Drug Assistance Program, and not bring in new clients who need HIV care. Ryan White Programs are extremely successful because they have been able to provide comprehensive care to clients beyond just their medication, and a cut to funding would prevent clinics from providing the kind of care that, year after year, has resulted in record viral suppression rates for Ryan White clients.

[1] https://www.cbpp.org/research/federal-budget/house-republicans-pledge-to-cut-appropriated-programs-to-2022-level-would

State and local health departments as well as community-based organizations would struggle to provide HIV prevention services to communities that are most impacted by HIV, especially Black gay and bisexual men, Latinx gay and bisexual men, Black heterosexual women, transgender and gender nonconforming women, people who inject drugs, and people who live in the South. The **Centers for Disease Control** funds millions of HIV tests every year, and cuts would result in fewer people being tested, delays in diagnoses, missed opportunities for early treatment, and continued transmission of HIV. Our work to expand pre-exposure prophylaxis (PrEP) by setting up a National PrEP Program, would be severely hampered and the disparities in PrEP coverage could become more inequitable. Nearly 90% of CDC's HIV prevention funding goes directly to state and local health departments and local CBOs, so any cuts would have a direct impact on your constituents who would see reduced services or state and local budgets would be forced to fill in funding gaps. Additionally, important STI, hepatitis, TB, and opioid-related infectious disease prevention programs at the CDC would lose funding from their budgets, which are already woefully inadequate to meet skyrocketing cases of STIs, hepatitis, and overdose deaths. These other infectious diseases cause people to be more at risk for contracting HIV, and a cut would prevent a syndemic approach to preventing all these potentially deadly infections.

Congress has incrementally increased funding for the **Housing Opportunities for Persons with AIDS (HOPWA)** Program over the last few fiscal years, allowing the program to expand in areas where the HIV epidemic evolved. Housing is a key driver for viral suppression among people living with HIV, yet HOPWA is already underfunded and cannot meet the needs of the one in four people living with HIV who will have unmet housing needs in their lifetime. Cuts to HOPWA would result in individuals and their families losing housing, which would risk destabilizing their HIV treatment.

HIV continues to disproportionately impact racial and ethnic minorities in the U.S. 40% of people living with HIV in the U.S. are Black, and 25% of people living with HIV in the U.S. are Hispanic/Latinx, while they represent 13% and 18% of the total population, respectively. Targeted HIV treatment and prevention programs are desperately needed to end these disparities, which is a key goal of the HHS-wide **Minority AIDS Initiative**. A reduction in funding for these programs could result in successful evidence-based interventions going unused. Cross-agency collaboration to reduce disparities cannot occur if funding is cut, with the potential for HIV-related health inequity to only get worse.

This proposal will also stop advancements in HIV research at the **National Institutes of Health**. HIV/AIDS research at the NIH has been the backbone of advancements in HIV treatments and prevention technologies like PrEP. Additionally, this research has helped inform breakthroughs in treatments for cancer, Alzheimer's, and kidney disease. Reduced funding means that these potential breakthroughs could not be funded, and important work being done at academic institutions around the country would be in jeopardy of stopping.

Discretionary cuts would halt the expansion of the ***Ending the HIV Epidemic Initiative***, a program that was initiated under President Trump's Administration, which seeks to end HIV by increasing funding for HIV treatment, prevention, and testing activities in 48 counties, DC, San Juan Puerto Rico, and seven states in the South. The Initiative has already resulted in over 22,000 people engaged or re-engaged in HIV care, 52,000 people newly prescribed PrEP by community health centers, over a quarter of a million new HIV tests, and the expansion of at-home HIV testing. A cut to this program would not allow us to reach the goal of ending HIV by 2030, a goal that we believe is attainable if these programs are funded adequately. The important work that state and local jurisdictions are already engaged in to end HIV in their communities will not be successful if we cut funding for their efforts.

We believe that the proposals to cut discretionary spending are short-sighted and will ultimately lead to *more* spending on HIV treatment over the long run. Lifetime medical costs for a person living with HIV are estimated

at over $500,000.[2] In 2019, an estimated 34,800 people contracted HIV, which could result in $17.4 billion in lifetime medical costs. Every year that we do not stop the transmission of HIV will result in billions of dollars in long-term costs for the healthcare system. Reductions in funding HIV prevention and treatment programs will not only harm the lives of communities most impacted by HIV but could also result in long-term medical costs that far outweigh short-term cost savings.

Finally, we would like to express our deep concern with the proposals to impose onerous **work requirements for Medicaid** that were in the *Limit, Save, Grow Act*. Medicaid is the largest source of federal funding for HIV treatment. 45% of all federal funding related to HIV went to providing care for Medicaid recipients.[3] We are extremely concerned that this proposal will result in people losing their health insurance. Many of the programs discussed above, like the Ryan White HIV/AIDS Program, are payers of last resort. If people lose Medicaid coverage, they will turn to other safety net programs for care. Reducing access to Medicaid while also cutting funding for safety net programs funded through discretionary funding is a recipe for disaster. If these proposals are enacted, it would have a devastating impact on people living with and at risk of HIV.

As negotiations continue to raise the debt ceiling and set spending levels, we urge you to ensure that the debt ceiling is raised without cutting funding for vital HIV programs which millions of people rely on. We believe that we have the tools to end the HIV epidemic, but this proposal will push that goal back decades. If we invest now in these programs, we will save lives and save billions in the long term.

Should you have any questions, please contact the ABAC co-chairs Nick Armstrong at narmstrong@taimail.org, Drew Gibson at dgibson@aidsunited.org, Emily McCloskey Schreiber at eschreiber@nastad.org, or Carl Schmid at cschmid@hivhep.org.

Sincerely,

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[2] https://pubmed.ncbi.nlm.nih.gov/33492100/

[3] https://www.kff.org/hivaids/issue-brief/medicaid-and-people-with-hiv/