A year into the administration’s Ending the HIV Epidemic: A Plan for America (EHE) initiative, new money has been appropriated to support targeted HIV programming. However, further federal investments are needed to protect the health and wellbeing of people living with and affected by HIV and to end the epidemic in the United States.

Outside of the increases within the EHE initiative, the years of level funding for other programs serving people living with and vulnerable to HIV has left AIDS service organizations across the country facing constrained budgets while the HIV epidemic continues to grow among the nation’s most vulnerable and underserved populations, predominantly young Black and Latinx gay, bisexual, and same-gender-loving (GBSGL) men and transgender individuals, particularly trans women.

Our scientific knowledge of HIV treatment, prevention, and epidemiology has never been stronger, but progress has stalled, and the growing number of people aging with HIV — with complex health concerns and needs — only increases the need for coordinated federal action. In order to capitalize on recent advancements, there must be an increase in our federal investment to combat HIV, outlined in the accompanying AIDS Budget & Appropriations Coalition (ABAC) chart.

In particular, we urge Congress to support:

**THE RYAN WHITE HIV/AIDS PROGRAM**

The Ryan White HIV/AIDS Program in the Health Resources and Services Administration provides HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured or underserved. Nearly half of all people living with HIV in the United States rely on the Ryan White Program for some aspect of their care. The Ryan White Program is uniquely designed to address the myriad intersecting health issues people living with HIV often encounter, but has not received the funding increases needed to provide care to all who would benefit, particularly as new cases are identified due to expanded testing, a core activity of the EHE initiative.

**THE HOUSING OPPORTUNITIES FOR PERSONS LIVING WITH AIDS (HOPWA) PROGRAM**

Housing is the greatest unmet need of people living with HIV and the HOPWA program, the only dedicated federal housing assistance program for people living with HIV, requires additional funds to prevent homelessness for more than 3,000 households that stand to be displaced by recent changes to the program’s funding formula.

This year and last, funding cuts, rather than the desperately needed increases, were proposed for the HOPWA program; for FY2021, it will once again be up to Congress to act to support this vital program with the appropriate funding levels and commit to the public health tenant that housing is health care.
ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA (EHE) INITIATIVE

During the 2019 State of the Union address, the President announced a bold initiative to end the domestic HIV epidemic by 2030. In the weeks following that address, the US Department of Health and Human Services officially launched “Ending the HIV Epidemic: A Plan for America” — an initiative to reduce new cases of HIV by 75% by 2025 and further by 90% by 2030. The first five years of this initiative are focused on the 50 counties (including Washington, DC, and San Juan, PR) with the highest new cases of HIV as well as seven states identified as having a substantial rural burden. On February 10, 2020, the administration released their recommendations for the 2021 federal budget. While increases proposed for Ending the HIV Epidemic programming are welcome, these gains cannot come at the expense of other crucial public health programs and our nation’s social safety net, including the 9% proposed cut to the Department of Health and Human Services overall. Within this program, dedicated federal HIV funding for the Indian Health Service is needed to ensure that American Indian and Alaska Native communities impacted by the HIV epidemic receive the necessary support and care.

MINORITY AIDS INITIATIVE (MAI)

MAI supports novel and innovative programs that address critical emerging issues and have established new collaborations and efficiencies across federal agencies. This program is effective and unique in that it is designed to complement — not duplicate — other HIV prevention and care activities and to improve health outcomes in federal programs meant to serve racial and ethnic minorities.

While programs supporting HIV care and intersecting public health issues are currently funded at levels well below what is needed, caseloads are increasing across the board, and investments are not sufficient to successfully end the domestic HIV epidemic. Congress’ support for the achievable goal of ending the HIV epidemic within the decade will be realized through funds appropriated to support the community-based organizations already doing the important work of testing, care, and prevention. HIV program funding requests for FY2021, as outlined in the ABAC chart attached, are vital to supporting people living with and affected by HIV and to contribute to the end of the domestic epidemic.

The AIDS Budget and Appropriations Coalition (ABAC) is a working group of the Federal AIDS Policy Partnership, a coalition of 180 national and community-based 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 Carl Baloney, Jr., AIDS United, cbaloney@aidsunited.org; Nick Armstrong, The AIDS Institute, narmstrong@theaidsinstitute.org; or Emily McCloskey, NASTAD, emccloskey@nastad.org.

To view this document electronically, visit bit.ly/ABACFY21

THE CDC’S DIVISION OF STD PREVENTION

While our nation has made great progress in preventing new HIV infections, STD rates are at an all-time high in the United States. Inadequate funding has strained the STD response across this country and will do so even more as STD clinics and other health care centers at the fore of the STD syndemics are tasked with additional responsibilities under the EHE initiative. It is critical that Congress invest more in combating gonorrhea, chlamydia, and syphilis in the U.S., the rise of which the National Institutes for Health (NIH) deemed a “major public health crisis” in 2019. While most sexually transmitted infections (STIs) can be cured with antibiotics, they can also have serious health consequences if left undiagnosed and untreated, including a greater risk for HIV transmission, among others. To properly address the HIV, STI, and opioid syndemics, CDC’s Division of STD Prevention must be sufficiently funded to meet the needs of our nation’s public health system.

Syringe Services Programs

Relatedly, it is vital to support and expand evidence-based responses to the intersecting epidemics, such as syringe services programs (SSP). SSPs are one of the oldest and most extensively proven best practices to prevent overdose deaths and the transmission of infectious diseases like HIV and hepatitis C, and yet Congress refuses to allow federal monies to be spent on the purchase of syringes.

Effective appropriations legislation should remove all restrictions on federal funding for syringe service programs, particularly in those jurisdictions that are experiencing or at risk for a significant increase in HIV or hepatitis infections due to injection drug use.

We also request an increase of $95 million for the viral hepatitis program at CDC to implement comprehensive state and local opioid-related infectious disease prevention services and programs.

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