

AIDS BUDGET AND APPROPRIATIONS COALITION

FY2017 Appropriations for Federal HIV/AIDS Programs

As of February 12, 2016

(Increases/decreases from previous fiscal year are shown in parentheses.)

HHS PROGRAM		FY2014	FY2015	FY2016	FY2017 President's Request	FY2017 Coalition Request
CDC	Total - HIV, Hep, STD, TB line	\$1.121 b (+\$24.5 m)	\$1.118 b (-\$3.0 m)	\$1.122 b (+\$4.0 m)	\$1.127 b (+\$5.0 m)	-- ¹
	HIV Division of Prevention	\$757.6 m (+\$19.0 m)	\$755.6 m (-\$2.0 m)	\$755.6 m (+\$0.0 m)	\$755.6 m (+\$0.0 m)	\$822.7 m (+\$67.1 m)
	DASH - HIV School Health	\$31.2 m (+\$0.7 m)	\$31.1 m (-\$0.1 m)	\$33.1 m (+\$2.0 m)	\$33.1 m (+\$0.0 m)	\$50.0 m (+\$16.9 m)
	Viral Hepatitis	\$31.4 m (+\$0.0 m)	\$31.3 m (-\$0.1 m)	\$34.0 m (+\$2.7 m)	\$39.0 m (+\$5.0 m)	\$62.8 m (+\$28.8 m)
	STD Prevention	\$157.7 m (+\$2.8 m)	\$157.3 m (-\$0.4 m)	\$157.3 m (+\$0.0 m)	\$157.3 m (+\$0.0 m)	\$165.4 m (+\$8.1 m)
HRSA	Ryan White Program Total	\$2.319 b (+\$70.1 m)	\$2.319 b (+\$0.0 m)	\$2.323 b (+\$4.0 m)	\$2.332 b (+\$9.0 m)	\$2.465 b (+\$141.8 m)
	Part A	\$655.9 m (+\$31.6 m)	\$655.9 m (+\$0.0 m)	\$655.9 m (+\$0.0 m)	\$655.9 m (+\$0.0 m)	\$686.7 m (+\$30.8 m)
	Part B: Care	\$414.7 m (+\$13.5 m)	\$414.7 m (+\$0.0 m)	\$414.7 m (+\$0.0 m)	\$414.7 m (+\$0.0 m)	\$437.0 m (+\$22.3 m)
	Part B: ADAP	\$900.3 m (+\$14.0 m)	\$900.3 m (+\$0.0 m)	\$900.3 m (+\$0.0 m)	\$900.3 m (+\$0.0 m)	\$943.3 m (+\$43.0 m)
	Part C	\$201.1 m (+\$6.7 m)	\$201.1 m (+\$0.0 m)	\$205.1 m (+\$4.0 m)	\$280.2 m (+\$75.1 m)	\$225.1 m (+\$20.0 m)
	Part D	\$75.1 m (+\$2.7 m)	\$75.1 m (+\$0.0 m)	\$75.1 m (+\$0.0 m)	\$0.0 m (-\$75.1 m)	\$85.0 m (+\$9.9 m)
	Part F: AETCs	\$33.6 m (+\$1.2 m)	\$33.6 m (+\$0.0 m)	\$33.6 m (+\$0.0 m)	\$33.6 m (+\$0.0 m)	\$35.5 m (+\$1.9 m)
	Part F: Dental	\$13.1 m (+\$0.4 m)	\$13.1 m (+\$0.0 m)	\$13.1 m (+\$0.0 m)	\$13.1 m (+\$0.0 m)	\$18.0 m (+\$4.9 m)
	Part F: SPNS	\$25.0 m (+\$0.0 m)	\$25.0 m (+\$0.0 m)	\$25.0 m (+\$0.0 m)	\$34.0 m ² (+\$9.0 m)	\$34.0 m (+\$9.0 m)

¹ABAC is not providing a coalition request for the Center because TB is not included in this chart.

²Proposed to be funded through the Public Health Service Evaluation Fund.



AIDSWatch is organized by the Treatment Access Expansion Project (TAEP), United States People Living with HIV Caucus (HIV Caucus), & AIDS United, and made possible by the generous support of the following sponsors.



As of February 12, 2016

(Increases/decreases from previous fiscal year are shown in parentheses.)

HHS PROGRAM		FY2014	FY2015	FY2016	FY2017 President's Request	FY2017 Coalition Request
HRSA	Community Health Centers³	\$3.64 b (+\$695.0 m)	\$5.0 b (+\$1.36 b)	\$5.1 b (+\$100.0 m)	\$5.1 b (+\$0.0 m)	\$5.1 b (+\$0.0 m)
Office of Population Affairs	Title X	\$286.5 m (+\$8.2 m)	\$286.5 m (+\$0.0 m)	\$286.5 m (+\$0.0 m)	\$300.0 m (+\$13.5 m)	\$327.0 m (+\$40.5 m)
NIH	AIDS Research	\$2.98 b (+\$0.08 b)	\$3.00 b (+\$0.02 b)	\$3.00 b (+\$0.00 b)	\$3.00 b (+\$0.00 b)	\$3.60 b ⁴ (+\$0.60 b)
A C F	Competitive Abstinence Education	\$5.0 m (+\$0.3 m)	\$5.0 m (+\$0.0 m)	\$10.0 m (+\$5.0 m)	\$0.0 m (-\$10.0 m)	\$0.0 m (-\$10.0 m)
Office of Adolescent Health	Teen Pregnancy Prevention Program	\$101.0 m (+\$2.9 m)	\$101.0 m ⁵ (+\$0.0 m)	\$101.0 m ⁵ (+\$0.0 m)	\$104.8 m ⁵ (+\$4.8 m)	\$130.0 m ⁵ (+\$29.0 m)
SAMHSA	Total	\$3.62 b (+\$255.0 m)	\$3.59 b ⁶ (-\$30.0 m)	\$3.73 b (+\$140.0 m)	\$4.32 b (+\$90.0 m)	TBD
M A I	HHS Secretary MAI Fund	\$52.2 m (-\$1.4 m)	\$52.2 m (+\$0.0 m)	\$53.9 m (+\$1.7 m)	\$53.9 m (+\$0.0 m)	\$105.0 m (+\$51.1 m)
	[Minority AIDS Initiative (within multiple programs)]	[\$424.7 m] [(-\$12.3 m)]	[\$425.2 m] [(+\$0.5 m)]			[\$610.0 m]
HUD PROGRAM		FY2014	FY2015	FY2016	FY2017 President's Request	FY2017 Coalition Request
	HOPWA	\$330.0 m (+\$15.0 m)	\$330.0 m (+\$0.0 m)	\$335.0 m (+\$5.0 m)	\$335.0 m (+\$0.0 m)	\$375.0 m (+\$40.0 m)

³ Includes both mandatory and discretionary funding.

⁴ Based on FY2013 professional budget justification.

⁵ These do not include the coalition's request for \$6.8 million PHSA transfer authority for TPPP innovative program evaluation.

⁶ AIDS specific SAMHSA programs for FY15 totaled \$170 million through the Center for Mental Health Services, the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Minority AIDS Initiative.

The AIDS Budget and Appropriations Coalition (ABAC) is a working group of the Federal AIDS Policy Partnership, a coalition of over one hundred 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 increased resources for domestic HIV/AIDS programs across the federal government. For more information, please contact ABAC Co-chairs: Carl Schmid, The AIDS Institute, cschmid@theaidsinstitute.org; Ronald Johnson, AIDS United, rjohnson@aidsunited.org; or Emily McCloskey, National Alliance of State and Territorial AIDS Directors, emccloskey@nastad.org.

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Brokered by all four corners of congressional leadership and the President, the Bipartisan Budget Act of 2015 (BBA) represents a step toward a return to “regular order” in the budget and appropriations process. Agreement on the BBA, coupled with almost full replacement of sequestration’s harmful cuts, allowed Congress to complete work on fiscal year (FY) 2016 appropriations bills and reinvest in public health and health research, as well as other domestic programs that keep Americans healthy, safe, and secure.

This reinvestment is critical to people living with HIV in the U.S. AIDS service organizations (ASOs) nationwide have felt the cuts in their programs as the number of people living with HIV continues to grow. The Centers for Disease Control and Prevention (CDC) estimates 43,000–46,000 new infections annually over the past five years, and treatment regimens have allowed those living with HIV to live longer and more productive lives.

As the chart demonstrates, the BBA allowed Congress to pass FY 2016 appropriations bills, that invested vital funding to several critical HIV/AIDS programs, though still falling far short of community requests. Additionally,

the final FY 2016 appropriations included language to modify the ban on the use of federal funds for syringe exchange programs (SEP), and to maintain language that allows the use of local funds for SEP in the District of Columbia. Furthermore, while the final FY 2016 omnibus includes an additional \$2 billion in funding for the NIH, the measure does nothing to ensure that HIV research is bolstered. As a result, HIV research within the NIH is poised to be flat funded, despite a request for an additional \$100 million in the President’s Budget.

The final FY 2016 spending package is not perfect. While Congress spared the domestic HIV community many of the drastic cuts that had been proposed, the FY 2016 funding levels are well below what is needed to keep up with rising caseloads and what is needed for ending the HIV epidemic. That is why the domestic HIV program funding requests for FY 2017 in the chart are so urgent.

¹ Centers for Disease Control and Prevention, *HIV Surveillance Report, 2014*; vol. 26. www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf.



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