



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

July 20, 2023

Subject: Extreme Cuts to Domestic HIV Programs in House L-HHS Appropriations Bill

Dear Chairwoman Granger and Ranking Member DeLauro:

The AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), writes you to express our urgent concern with the proposed \$767 million in cuts and eliminations of domestic HIV programs in the Labor, Health and Human Services, Education, and Related Agencies (L-HHS) Appropriations Bill. After decades of progress in combating HIV in the United States, led by programs your Committee has funded, the House Appropriations Committee is proposing to cut and run, eliminating programs that have been critical in achieving an end to HIV. **We urge your Committee to reject these cuts and continue the bipartisan support for HIV programs.** We must be able to provide HIV treatment, prevention, and support services to the millions of people in the U.S. who are living with or at risk of HIV, but we will be unable to do so if these cuts are realized.

The House L-HHS bill specifically proposes to cut or eliminate the following programs:

- **Eliminates** funding for the *Ending the HIV Epidemic Initiative* within the Centers for Disease Control and Prevention (-\$220 million), the Ryan White HIV/AIDS Program (-\$165 million), and Community Health Centers Program (-\$157 million)
- **Eliminates** funding for Part F of the Ryan White HIV/AIDS Programs which includes:
 - Dental Programs (-\$13.6 million)
 - AIDS Education and Training Centers (-\$34.9 million)
 - Special Projects of National Significance (-\$25 million)
- **Eliminates** funding for Minority AIDS Initiative activities within the Substance Abuse and Mental Health Services Administration (-\$119.3 million)
- **Cuts** funding for the Minority HIV/AIDS Fund by 53% (-\$32 million)

The ***Ending the HIV Epidemic Initiative (EHE)*** was announced by then-President Trump as part of his 2019 State of the Union Address, where he said that the EHE would “eradicate AIDS in America once and for all.” Over the past four fiscal years, your Committee has provided resources to 57 jurisdictions across the U.S. where the majority of new HIV infections occur. While the COVID-19 pandemic challenged public health and community-based organizations as the plans were implemented, we are already seeing positive outcomes from EHE funding. Since the inception of the EHE initiative, federal funding has:

- Provided 52,000 people with PrEP in 302 centers through HRSA Health Center EHE funding in 2021;
- Conducted 1.7 million HIV tests through HRSA Health Center EHE funding in 2021;

- Brought 19,421 people living with HIV into or re-engaged in care through Ryan White EHE funding in 2021;
- Provided 44,000 people with pre-exposure prophylaxis (PrEP) through CDC EHE funding in 2021 & 2022;
- Conducted nearly 600,000 HIV tests, identifying 8,500 previously undiagnosed individuals, with CDC EHE funding in 2021 and 2022;
- Distributed over 300,000 at-home HIV self-tests through CDC EHE funding in 2021 and 2022.

Recently released HIV surveillance data found that EHE jurisdictions saw a 16% decrease in new HIV infections between 2017 and 2021, compared to 12% of all jurisdictions.

The Committee's bill completely abandons EHE, which could leave thousands of people living with HIV without comprehensive care, tens of thousands of people without access to PrEP, and millions of missed opportunities to test a person for HIV so they are aware of their status and can make informed decisions about their health. We are deeply concerned that this bill will not only stop progress being made to achieve the goals set forth by former President Trump in 2019, but will exacerbate the HIV epidemic which has plagued our nation for 40 years. This could lead to more HIV infections, which in the long run, will require more healthcare spending which would far outweigh any "savings" from eliminating EHE. We are especially concerned about the impact this would have on rural communities which receive EHE funding, as the HIV epidemic is continuing to grow in rural areas, especially in the South.

Additionally, the Committee is proposing to completely eliminate **Part F of the Ryan White HIV/AIDS program**, which funds dental services for people living with HIV, provides workforce training and technical assistance to ensure that HIV treatment is comprehensive and effective, and funds innovative and new models for HIV treatment and care. The Ryan White Program is so successful because each part of the program complements each other, and Ryan White clients receive the best care through the interactions of each part. Eliminating Part F would disrupt that care model and could impact the quality of services that people living with HIV receive.

This bill would also decimate programs that reduce HIV health disparities among racial and ethnic minorities. Nearly three-quarters of all new HIV infections occur among racial and ethnic minorities although they make up 40% of the population. For too long, progress made against HIV has largely benefited white people in the U.S. Rather than add additional resources to eliminate these disparities, the bill proposes to cut the **Minority HIV/AIDS Fund** by 53%, and completely eliminate **Minority AIDS Initiative funding within the Substance Abuse and Mental Health Administration**. The Minority HIV/AIDS Fund provides grant funding for programs meant to address the unique needs of people of color living with and at risk of HIV. SAMHSA's MAI funding combats the intersections of substance use, mental health, and HIV risk among racial and ethnic minorities. The HIV epidemic cannot end unless racial health disparities in HIV end, and we believe that the Committee's proposal will just exacerbate these disparities.

Finally, the bill proposes to eliminate vital sexual and reproductive health programs like **Title X and the Teen Pregnancy Prevention Program**, which are key programs that provide HIV and STI testing and treatment and prevention services for millions of people across the country. These are all coupled with billions in cuts to other public health programs, all of which will leave the country unable to respond to HIV, STIs, viral hepatitis, tuberculosis, COVID-19, and the overdose epidemic, as well as decimate the infrastructure that is required to ensure that the U.S. can respond to future public health emergencies.

We believe that the House's proposed L-HHS bill will result in fewer people being tested for HIV, people living with HIV receiving less complete care, and fewer people being prescribed PrEP, all of which will result in more HIV infections. The HIV epidemic is over 40 years old even though we have the tools and science to end the epidemic. Your Committee has invested in the response to HIV and even made ending HIV a priority in the last

four fiscal years. This proposal would pull the rug out from under the response, and turn back progress. We urge you to reconsider this proposal and ensure that these programs receive the necessary resources they need to be successful.

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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