



THE AIDS INSTITUTE

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PRESIDENT OBAMA'S BUDGET MAINTAINS STRONG COMMITMENT TO DOMESTIC HIV/AIDS PROGRAMS

But Proposes to Eliminate Dedicated Program for Women, Infants, Children & Youth

Washington, DC – “The budget President Obama outlined yesterday demonstrates his strong commitment to ending HIV by maintaining funding for prevention and lifesaving healthcare and medications for those who cannot afford it in the United States,” commented Carl Schmid, Deputy Executive Director of The AIDS Institute. “President Obama and his Administration recognize the pivotal opportunity we now have and the federal government’s role in ending AIDS by providing care and treatment to people with HIV/AIDS to keep them healthy and reduce new infections. We now urge Congress to show the same level of support as it considers federal spending priorities for the upcoming year,” continued Schmid.

Under the President's budget, funding for the Ryan White HIV/AIDS Program would receive a \$4 million increase for a total of \$2.323 billion. The Ryan White HIV/AIDS Program provides medical care, drug treatment and support services to approximately 554,000 low-income, uninsured and underinsured individuals living with HIV.

However, the budget proposes to eliminate dedicated funding for Part D of the Ryan White Program, which serves women, infants, children, and youth with HIV/AIDS. “We are shocked the President would demolish the well-established system of care that has worked since 1988 in nearly eliminating perinatal infection and providing medical care and family-centered support for women, children and youth that helps ensure these populations remain in care and adherent to their medications,” commented Marylin Merida, President of The AIDS Institute and a Part D grantee in Florida. “We call upon the Congress to reject this proposal.” Under the President's proposal, Part D funding would be redirected to another part of the Ryan White Program that focuses on medical care.

Funding for the Ryan White AIDS Drug Assistance Program (ADAP) would be maintained at \$900.3 million. In recent years, states have struggled to keep up with the growing number of low-income people needing lifesaving AIDS medications, and have had to establish waiting lists. According to the National Alliance of State and Territorial AIDS

Directors (NASTAD), enrollment in ADAP last year grew by 8 percent. Additionally, as some ADAP clients transition to the ACA's qualified health plans, ADAP dollars will increasingly be used to pay beneficiary premiums and assist in co-pays and other out-of-pocket expenses.

According to the CDC, only 37 percent of the 1.2 million people living with HIV in the U.S. are retained in HIV care, 33 percent have been prescribed antiretroviral treatment, and 25 percent are virally suppressed. In order to improve the continuum of care for people with HIV and progress toward an AIDS-free generation, continued funding for all parts of the Ryan White Program will be necessary along with implementation of the Affordable Care Act.

In order to help achieve the goal of the National HIV/AIDS Strategy to reduce the number of new HIV infections, which now stands at over 50,000 per year, the President is proposing to slightly increase HIV funding at the Centers for Disease Control and Prevention (CDC). The Budget focuses HIV resources on implementing effective, scalable and sustainable prevention strategies for persons living with HIV and populations at highest risk for HIV. The AIDS Institute is pleased that as a part of its existing budget, the CDC is proposing to allocate \$8 million to assist HIV prevention grantees to increase their capacity to seek reimbursement for covered services.

Funding for Hepatitis Prevention at the CDC would be maintained at approximately \$29 million, a level far too small to conduct testing, surveillance, and other hepatitis prevention and educational programs for the entire country.

The President is requesting that Congress allow federal funding of syringe exchange programs, a scientifically proven HIV and hepatitis prevention service that Congress has rejected.

Under the President's proposed budget, medical research at the National Institutes of Health (NIH) would receive a slight increase while the Housing Opportunities for Persons with AIDS (HOPWA) program at HUD, which provides housing for low-income people with AIDS, would receive an increase of \$2 million and be funded at its FY13 level of \$332 million. Additionally, the formula for distributing HOPWA money would be modernized in order to better distribute funding to areas most in need.

"The President has put forth a budget that replaces many of the harmful sequestration cuts that domestic HIV/AIDS programs have experienced in recent years. He upholds his commitment to making progress to ending AIDS by investing in domestic HIV/AIDS programs," commented Michael Ruppal, Executive Director of The AIDS Institute. "While we are extremely disappointed in the proposal to eliminate Part D of the Ryan White Program and will ask Congress to oppose it, now it is up to the Congress to do its part and adequately fund critical public health programs, including those that prevent HIV and provide for care and treatment for people living with HIV. This includes implementing the ACA at both the federal and state levels," Ruppal concluded.

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The AIDS Institute is a national nonprofit organization that promotes action for social change through public policy research, advocacy and education.

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