Ensuring Funding for Domestic HIV Programs

USCA 2018
Orlando, FL
September 8th, 2018
Workshop Outline

• **Presentation**
  - The Current Budget Situation
  - Appropriations Update
    • HIV/AIDS Programs – FY18 & FY19
  - Next Steps

• **Panel on Importance of Federal Funding and Advocacy**
  - HIV Prevention
  - The Ryan White HIV/AIDS Program
  - Minority AIDS Initiative
  - Viral Hepatitis Prevention
  - Housing
  - HIV/AIDS Research
  - Federal Sex-Ed Programs
FY 2017 Federal Budget - $4.0 Trillion

Mandatory Spending $2.5 Trillion 63%

Discretionary Spending $1.2 Trillion 30%

Net Interest $263 Billion 7%

Social Security $939 Billion 24%

Medicare $591 Billion 15%

Medicaid $375 Billion 9%

Other $614 Billion 15%

Nondefense Discretionary $610 Billion 15%

Defense $590 Billion 15%

Source: Congressional Budget Office
FY 2017 Discretionary Spending - $1.2 Trillion

**Defense**
- $590 Billion
  - Operation and Maintenance: $245 B
  - Military Personnel: $138 B
  - Procurement: $104 B
  - Research, Development, Test, and Evaluation: $68 B
  - Other: $35 B

**Nondefense**
- $600 Billion
  - Transportation: $93
  - Education, Training and Employment: $92 B
  - Veterans’ Benefits and Services: $72 B
  - Income Security: $67 B
  - Health: $60 B
  - Justice: $55 B
  - Int. Affairs: $51 B
  - Other: $120 B

Source: Congressional Budget Office
Total Deficits and Surpluses

Source: Congressional Budget Office
Federal Debt Held By the Public

Source: Congressional Budget Office
Projected Government Spending

Under current law, rising spending for Social Security and Medicare would boost mandatory outlays.

Total discretionary spending is projected to fall as a share of gross domestic product as outlays grow modestly in nominal terms.

At the same time, growing debt and higher interest rates are projected to push up net interest costs.

Source: Congressional Budget Office
President Trump’s Budget

• Significant cuts to non-defense discretionary ($1.5 T)
  – 40% reduction in NDD by 2028
• Increased spending for defense spending ($800 b)
• Continuation of tax cuts
• Proposals would result in lowest spending and revenues in decades
  – Administration assumes better than expected economic conditions
House GOP Budget

- Preserve tax cuts
- Significant cuts to non-defense
  - $1.5 t cut to Medicaid & ACA
  - $537 b cut to Medicare
  - $408 b cut to NDD over 10 years
- $750 b increase to defense over 10 years
- Claims to reach balanced budget by 2027
- Senate GOP did not propose a budget this year
Political Considerations

- GOP holds slim majority in Senate
  - Spending bills require 60 votes in Senate
- President’s Budget largely ignored
  - Messaging document
- Bipartisan Budget Act provides more $ than previous years
- Bipartisan proposals prevail, partisan proposals sink negotiations
Fiscal Year 2018

• Trump FY18 Budget – March, 2017
• Continuing Resolution #1 – Sept. 2017
• Continuing Resolution #2 – Dec. 2017
• Continuing Resolution #3 – Dec. 2017

Two Day Government Shutdown

• Continuing Resolution #4 – Jan. 2018
• Bipartisan Budget Act and Continuing Resolution #5 – Feb. 2018
• FY18 Omnibus Appropriations – March, 2018
Trump’s Proposed FY18 Budget Cuts

• Proposed cuts
  – CDC HIV Prevention: -$148 m
  – CDC STD Prevention: -$22 m
  – NIH AIDS Research: -$550 m
  – SAMHSA Minority AIDS Programs: -$17 m
  – HOPWA: -$26 m

• Proposed Program Eliminations
  – Ryan White AETCs: -$34 m
  – Ryan White SPNS: -$25 m
  – Teen Pregnancy Prevention Program: -$101 m
  – SMAIF: -$116 m
Congressional Response

• House
  – Proposed cuts
    • SAMHSA Minority AIDS Programs: -$17 m
  – Proposed Program Eliminations
    • Teen Pregnancy Prevention Program: -$101 m
    • Title X Family Planning: -$286 m
    • SMAIF: -$116 m
  – “Sexual Risk Avoidance” Abstinence-Only: +$5 m

• Senate
  – Proposed cuts
    • HOPWA: -$26 m
  – “Sexual Risk Avoidance” Abstinence-Only: +$10 m
## Bipartisan Budget Act of 2018

<table>
<thead>
<tr>
<th></th>
<th>FY2017</th>
<th>FY2018</th>
<th>FY2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Defense Spending Caps</strong></td>
<td></td>
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<tr>
<td>Pre-BBA</td>
<td>$519 billion</td>
<td>$516 billion</td>
<td>$529 billion</td>
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<tr>
<td>Post-BBA</td>
<td>$579 billion</td>
<td>$597 billion</td>
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<tr>
<td><strong>Change</strong></td>
<td>+$63 billion</td>
<td>+$68 billion</td>
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<tr>
<td><strong>Defense Spending Caps</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Pre-BBA</td>
<td>$551 billion</td>
<td>$549 billion</td>
<td>$562 billion</td>
</tr>
<tr>
<td>Post-BBA</td>
<td>$629 billion</td>
<td>$647 billion</td>
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<tr>
<td><strong>Change</strong></td>
<td>+$80 billion</td>
<td>+$85 billion</td>
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Final FY18 Appropriations

• Increases
  – CDC STD Prevention: +$5 m
  – CDC Division of Viral Hepatitis: +$5 m
  – HOPWA: +$19 m
  – NIH Total: +$3 b

• All proposed cuts and eliminations were not agreed to

• Most domestic HIV/AIDS programs level funded
  – $10 m increase to “Sexual Risk Avoidance” Abstinence-Only Programs
FY 2018 Takeaways

• Bipartisan Budget Act significantly changed FY18 Appropriations
  – Increased allocation allowed Appropriators to remove proposed cuts and eliminations
  – Slight increases to some programs
• President’s proposed cuts were rejected by Congress in the end
• Advocacy works
• Senate bill crafted in more bipartisan manner
• Congress failed to include adequate funding for the infectious disease consequences of the opioid epidemic
# FY 2019 Allocations

<table>
<thead>
<tr>
<th>Subcommittee</th>
<th>FY18 Omnibus</th>
<th>FY19 House</th>
<th>FY19 Senate</th>
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<tbody>
<tr>
<td>Labor, HHS, Education</td>
<td>$177.1 B</td>
<td>$177.1 B</td>
<td>$179.3 B</td>
</tr>
<tr>
<td></td>
<td>(+$0.0 B)</td>
<td>(+$0.0 B)</td>
<td>(+$2.2 B)</td>
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<tr>
<td>Transportation, HUD</td>
<td>$70.3 B</td>
<td>$71.8 B</td>
<td>$71.4 B</td>
</tr>
<tr>
<td></td>
<td>(+$1.5 B)</td>
<td>(+$1.5 B)</td>
<td>(+$1.1 B)</td>
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</tbody>
</table>
# The Ryan White HIV/AIDS Program

<table>
<thead>
<tr>
<th></th>
<th>FY2018 Omnibus</th>
<th>FY2019 President’s Request</th>
<th>FY2019 House Committee</th>
<th>FY2019 Senate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ryan White Program Total</strong></td>
<td>$2.319 b (+$0.0)</td>
<td>$2.260 b (-$58.6 m)</td>
<td>$2.319 b (+$0.0)</td>
<td>$2.319 b (+$0.0)</td>
</tr>
<tr>
<td><strong>Part A</strong></td>
<td>$655.9 m (+$0.0 m)</td>
<td>$655.9 m (+$0.0 m)</td>
<td>$655.9 m (+$0.0 m)</td>
<td>$655.9 m (+$0.0 m)</td>
</tr>
<tr>
<td><strong>Part B: Care</strong></td>
<td>$414.7 m (+$0.0 m)</td>
<td>$414.7 m (+$0.0 m)</td>
<td>$414.7 m (+$0.0 m)</td>
<td>$414.7 m (+$0.0 m)</td>
</tr>
<tr>
<td><strong>Part B: ADAP</strong></td>
<td>$900.3 m (+$0.0 m)</td>
<td>$900.3 m (+$0.0 m)</td>
<td>$900.3 m (+$0.0 m)</td>
<td>$900.3 m (+$0.0 m)</td>
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## The Ryan White HIV/AIDS Program

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<tr>
<th>Part</th>
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<tbody>
<tr>
<td><strong>Part C</strong></td>
<td>$201.1 m (+$0.0 m)</td>
<td>$201.1 m (+$0.0 m)</td>
<td>$201.1 m (+$0.0 m)</td>
<td>$201.1 m (+$0.0 m)</td>
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<tr>
<td><strong>Part D</strong></td>
<td>$75.1 m (+$0.0 m)</td>
<td>$75.1 m (+$0.0 m)</td>
<td>$75.1 m (+$0.0 m)</td>
<td>$75.1 m (+$0.0 m)</td>
</tr>
<tr>
<td><strong>Part F: AETCs</strong></td>
<td>$33.6 m (+$0.0 m)</td>
<td>$0.00 (-$33.6 m)</td>
<td>$33.6 m (+$0.0 m)</td>
<td>$33.6 m (+$0.0 m)</td>
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<tr>
<td><strong>Part F: Dental</strong></td>
<td>$13.1 m (+$0.0 m)</td>
<td>$13.1 m (+$0.0 m)</td>
<td>$13.1 m (+$0.0 m)</td>
<td>$13.1 m (+$0.0 m)</td>
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<tr>
<td><strong>Part F: SPNS</strong></td>
<td>$25.0 m (+$0.0 m)</td>
<td>$0.00 (-$25.0 m)</td>
<td>$25.0 m (+$0.0 m)</td>
<td>$25.0 m (+$0.0 m)</td>
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## Centers for Disease Control

<table>
<thead>
<tr>
<th>Program</th>
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<th>FY2019 President’s Request</th>
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</thead>
<tbody>
<tr>
<td>HIV Prevention</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total</td>
<td>$788.7 m (+$0.0 m)</td>
<td>$748.7 m (-$40.0 m)</td>
<td>$788.7 m (+$0.0 m)</td>
<td>$788.7 m (+$0.0 m)</td>
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<tr>
<td>School Health</td>
<td>$33.1 m (+$0.0 m)</td>
<td>$33.1 m (+$0.0 m)</td>
<td>$33.1 m (+$0.0 m)</td>
<td>$33.1 m (+$0.0 m)</td>
</tr>
<tr>
<td>Viral Hepatitis</td>
<td>$39.0 m (+$5.0 m)</td>
<td>$34.0 m (-$5.0 m)</td>
<td>$39.0 m (+$0.0 m)</td>
<td>$39.0 m (+$0.0 m)</td>
</tr>
<tr>
<td>STD Prevention</td>
<td>$157.3 m (+$5.0 m)</td>
<td>$152.3 m (-$5.0 m)</td>
<td>$157.3 m (+$5.0 m)</td>
<td>$157.3 m (+$5.0 m)</td>
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<tr>
<td>TB Elimination</td>
<td>$142.2 m (+$0.0 m)</td>
<td>$142.2 m (+$0.0 m)</td>
<td>$142.2 m (+$0.0 m)</td>
<td>$142.2 m (+$0.0 m)</td>
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<tr>
<td>New Initiative</td>
<td>N/A</td>
<td>$40.0 m (+$40.0 m)</td>
<td>$20.0 m (+$20.0 m)</td>
<td>$5.0 m (+$5.0 m)</td>
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</tbody>
</table>
New CDC Initiative

• President ($40 m) and House ($20 m) Proposal
  – Eliminate new infections, and decrease prevalence of HIV, viral hepatitis, STIs and tuberculosis in jurisdictions at high-risk for these infectious diseases, including those with high rates of opioid-related transmission
  – Fund demonstration projects
New CDC Initiative

• Senate Proposal ($5 m)
  – Focus efforts on improving surveillance, treatment, and education efforts around viral hepatitis, and HIV infections as it relates to the opioid epidemic.
  – Prioritize funding for those areas most at risk for outbreaks of HIV and hepatitis due to injection drug use, including the 220 counties CDC has previously identified
Eliminating Opioid Related Infectious Diseases Act

- Introduced by Rep. Leonard Lance (R-NJ)
- Authorizes $40 m for CDC
  - Target infectious diseases associated with injection drug use
    - Prevention, testing, linkage to care
- Passed House, awaiting Senate action
- Asking Appropriators to fund the bill
## National Institutes of Health

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<tr>
<td><strong>Total</strong></td>
<td>$37.1 b (+$3.0 b)</td>
<td>$35.5 b (-$1.6 b)</td>
<td>$38.3 b (+$1.2 b)</td>
<td>$39.1 b (+$2.0 b)</td>
</tr>
<tr>
<td><strong>AIDS Research</strong></td>
<td>$3.0 b (+$0.0 b)</td>
<td>$2.91 b (-$88.5 m)</td>
<td>TBD</td>
<td>TBD</td>
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</tbody>
</table>
## Sex-Ed & Family Planning Programs

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<tr>
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<tbody>
<tr>
<td><strong>Title X</strong></td>
<td>$286.5 m (+$0.0 m)</td>
<td>$286.5 m (+$0.0 m)</td>
<td>$0.00 (-$286.5 m)</td>
<td>$286.5 m (+$0.0 m)</td>
</tr>
<tr>
<td><strong>Teen Pregnancy</strong></td>
<td>$101.0 m (+$0.0 m)</td>
<td>$0.00 (-$101.0 m)</td>
<td>$0.00 (-$101.0 m)</td>
<td>$101.0 m (+$0.0 m)</td>
</tr>
<tr>
<td><strong>Prevention Program</strong></td>
<td>$25.0 m (+$10.0 m)</td>
<td>$0.0 m (-$25.0 m)</td>
<td>$30.0 m (+$5.0 m)</td>
<td>$35.0 m (+$10.0 m)</td>
</tr>
<tr>
<td><strong>Competitive Abstinence</strong></td>
<td>$25.0 m (+$10.0 m)</td>
<td>$0.0 m (-$25.0 m)</td>
<td>$30.0 m (+$5.0 m)</td>
<td>$35.0 m (+$10.0 m)</td>
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</tbody>
</table>
## Minority AIDS Initiative Programs

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<tbody>
<tr>
<td><strong>HHS Secretary</strong></td>
<td>$53.9 m (+$0.0 m)</td>
<td>$0.00 (-$53.9 m)</td>
<td>$53.9 m (+$0.0 m)</td>
<td>$53.9 m (+$0.0 m)</td>
</tr>
<tr>
<td><strong>SAMHSA</strong></td>
<td>$116.0 m (+$0.0 m)</td>
<td>$0.00 (-$116.0 m)</td>
<td>$116.0 m (+$0.0 m)</td>
<td>$116.0 m (+$0.0 m)</td>
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</table>
## Housing Opportunities for Persons with AIDS

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</thead>
<tbody>
<tr>
<td><strong>HOPWA</strong></td>
<td>$375.0 m (+$19.0 m)</td>
<td>$330.0 m (-$45.0 m)</td>
<td>$393.0 m (+$18.0 m)</td>
<td>$375.0 m (+$0.0 m)</td>
</tr>
</tbody>
</table>
Safe Consumption Language

• Both House and Senate bills include SSP funding language
  – Allows federal funding for SSPs, can’t purchase syringes
• House bill prohibits federal funds to be used for “drug consumption facilities”
• Language could restrict local jurisdictions exploring harm reduction options
• Community is against the additional language, advocating for Senate language
Where are we now?

- **House of Representatives**
  - Appropriations Committee has passed all Appropriations bills
  - Passed 6/12 bills on House Floor
    - Neither L-HHS or T-HUD

- **Senate**
  - Appropriations Committee has passed all Appropriations bills
  - Passed 9/12 bills on Senate Floor
    - L-HHS and T-HUD have passed

- First time L-HHS debated on Senate floor in 11 years
Issues to be Resolved

- CDC New Initiative
- Safe Consumption Language
- House Proposed Program Eliminations
  - Teen Pregnancy and Prevention Program
  - Title X Family Planning
- HOPWA Differences
  - House HOPWA: +$18 m
- “Sexual Risk Avoidance” Abstinence Only Increases
  - House: +$5 m
  - Senate: +$10 m
The Appropriations Process

What must Congress do?

• FY 2018 funding ends on Sept. 30th
  – Congress must pass a FY19 funding bill or CR by then, or government shutdown
    • Scheduled to both be in session 7 more days
• House may not vote on L-HHS bill, but rather go directly to conference in September
• Leaders have expressed interest in L-HHS conference in September
• If not, will need a CR
The Big “What if?”

- May not finalize appropriations before November Midterm Elections
- If Republicans stay in control
  - Try and pass all appropriations bills before end of year
  - Will still need 60 votes in the Senate
- If Democrats win control of either chamber
  - Democrats may try to pass a CR into the new Congress
  - Republicans will push to finalize appropriations before the new Congress – more compromises
  - New Committee leadership
The Wildcard - *President Trump*

- Any funding bill requires President’s signature
- Threatened government shutdown
- Similar threats were made in the past
- What happens if Democrats win control?
  - Will the President be more or less inclined to negotiate?
  - Could we see another government shutdown?
What We are Doing as Advocates

• The AIDS Budget and Appropriations Coalition (ABAC)
  – Over 110 member organizations
  – Advocates for adequate resources for domestic HIV/AIDS programs across the federal government

• HIV and STD Partnership
  – The AIDS Institute, AIDS United, NMAC, NASTAD, NCSD
  – Brownstein Hyatt Farber Schreck

• Other Coalitions
What We are Doing as Advocates

- Sign-on letters to the Administration and Congress
- Worked with House and Senate offices to organize “Dear Colleague” Letters
- Organized meetings with House and Senate offices and HIV/AIDS community leaders
- Submitted testimony to Appropriations Committees
- Submitted questions to Appropriators to ask Administration Officials
- Catalogued proposed cuts and impacts to specific programs
- Supported amendments to restore funding cuts
- Social media campaigns
Panel and Discussion

Kevin Fisher
Director, Policy, Data & Analytics, AVAC

Frank Hood
Senior Policy Associate, The AIDS Institute

Angela Johnson
Associate Director, Prevention
NASTAD

Lauren Killelea
Public Policy Manager, National AIDS Housing Coalition

Dr. Kate McManus
Assistant Professor, University of Virginia School of Medicine

Matthew Rose
Policy and Advocacy Manager, NMAC
What Can You Do?

• Engage with your Representatives
  – Tell them your story and the importance of these programs
    • Focus on programs that might face cuts: MAI, HOPWA, Title X, TPPP
  – Invite them to visit your organization
  – Attend town hall meetings and ask Members about their positions
  – Thank Members who have been our champions

• Join the AIDS Budget and Appropriations Coalition
  – Up to date resources and news
  – Monthly calls
  – Information on Hill meetings
Resources

• AIDS Budget and Appropriations Coalition
  – http://federalaidspolicy.org/category/abac/

• Opioid and Health Indicators Database
  – http://opioid.amfar.org/

• Find Your Representative
  – https://www.house.gov/representatives/find/

• CBPP: Introduction to the Federal Budget Process
Like, Love, Share!

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Facebook.com/TheAIDSInstitute
Thank you!

Nick Armstrong
Policy Associate
The AIDS Institute
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*Presentation is available online at:*
http://www.theaidsinstitute.org/capacity-building/conference-resources/us-ca/aids-institute-united-states-conference-aids-2018