Good afternoon. My name is Nick Taylor, Policy Associate at The AIDS Institute. Now that the Administration has released its updated National HIV/AIDS Strategy, and we move into the implementation phase, it is essential that domestic HIV/AIDS programs across the U.S. government receive continued and adequate funding if we are to achieve its goals. The Administration has advanced budgets that continue funding; however, Congress has proposed to seriously cut some critical domestic HIV programs. We are thankful to the President for standing up to Congress and singling out these cuts in its communications. Today, we urge the Obama Administration to continue to fight against these harmful cuts and to not sign any spending measure that includes them.

At a time when there are still 50,000 new HIV cases every year in the U.S., it is unacceptable that Congress has proposed extremely damaging cuts to HIV/AIDS prevention, care, treatment, and related programs. Decreasing new infections, ensuring people are diagnosed and provided care and treatment, and reducing health disparities are all pillars of the updated National HIV/AIDS Strategy, but these goals will be unattainable if the proposed cuts in the House and Senate Labor, Health and Human Services, Education, and Related Services (Labor-HHS) bills are enacted.

The Senate Labor-HHS bill proposes to completely eliminate funding for the HHS Secretary’s Minority AIDS Initiative Fund—a cut of $52 million. The Fund provides resources to federal agencies to form collaborative efforts that develop innovative best practices and strategies to improve health outcomes—particularly for racial and minority communities impacted by HIV. These programs enhance, rather than replace, other federal resources. A complete loss in funding would result in the elimination of AIDS.gov, and cutting edge programs aimed at racial minorities, including the MSM of Color Initiative and Partnerships 4 Care. HIV funding for the Indian Health Service, Regional Health Administrators, the Office of Population Affairs, the
Office of Minority Health, and the Office of Women’s Health would also be cut. Minority AIDS Initiative funding at SAMHSA is also cut in the Senate’s bill.

Essential to keeping individuals with HIV in care and treatment is the Ryan White HIV/AIDS Program. However, the Senate Labor-HHS bill has proposed to eliminate the entire $25 million for the Special Projects of National Significance (SPNS) program. SPNS develops innovative service models for Ryan White clients representing the most vulnerable populations, including women of color, transgender individuals, incarcerated persons, homeless people with multiply diagnosed co-morbidities, Latinos, MSM, and individuals co-infected with HIV and hepatitis C.

Also, the Senate bill cuts the CDC Division of STD Prevention by $32 million at a time when sexually transmitted diseases (STDs) are on the rise in the U.S. and can increase susceptibility to HIV infection. Congress has also proposed cuts to the Teen Pregnancy Prevention Program, Title X family planning, and the ACA.

We were very pleased to see in both the House and Senate a loosening of the restrictions on funding syringe exchange programs. In light of recent HIV and hepatitis outbreaks in Scott County, Indiana, and elsewhere, these programs provide much needed intervention to stop HIV and hepatitis. Science has long proven these programs are effective interventions and we strongly urge the Administration to work with Congress to ensure that the language in both the House and Senate bills is included in a final spending measure.

While there has yet to be any resolution to the FY2016 spending bills, the Administration is already drafting its FY2017 budget requests. We urge the Administration to continue to propose adequate and robust funding for domestic HIV/AIDS programs. If we are to achieve the goals of the updated NHAS, and ultimately an AIDS-free generation, we need the Administration and Congress to continue to fund domestic HIV/AIDS programs in FY2016, FY2017, and beyond. Thank you.