

The Federal HIV Budget and Advocacy

Every year, HIV advocates adjust their strategies according to the federal budget and appropriations process*. We look at funding levels allocated by the federal government for HIV programs as indicators of 1) the success of our efforts to educate federal officials about the funding needs for our programs and 2) the federal government's commitment to improving the condition of people living with HIV in the United States and abroad. Advocates must respond to the messages conveyed by the funding levels themselves, which is why knowing federal funding levels is so important.

Taking our engagement with the federal process one step further, it is even more useful to focus on federal spending for HIV during a series of years, rather than just one. Dollars allocated to HIV programs in any given year do not exist in a vacuum; years must be compared to one another in order to tell a full story of the government's response to HIV. In this chart, the President's budget request for fiscal year (FY) 2006,

tells a story characterized by flat and decreasing funds for HIV programs. For example, the FY 2006 President's budget request contains almost no increases over FY 2005 funding levels for many care, treatment, and prevention programs—and FY 2005 funding had already been decreased by a .80% rescission.^a At the same time, the HIV community is experiencing more need than ever. Over the past few years the AIDS Drug Assistance Program (ADAP) has received the majority of the minor funding increases in the HIV domestic portfolio.

After seeing the dynamic of the federal response, AIDS Action hopes that advocates can craft their strategies based on what they see as important in the federal HIV budget.

**For a technical explanation of this annual budget and appropriations process, see AIDS Action's Advocacy Brief, The Federal Budget Process and HIV/AIDS Funding*

| until it's over AIDS ACTION | FY 2005 Appropriated^a | FY 2006 President's Request | FY 2006 House Mark^b | FY 2006 Senate Mark^c | Difference Between House Mark & President's Request | Difference Between Senate Mark & President's Request |
|---|---|--|---|--|--|---|
| <i>Department of Health and Human Services</i> | | | | | | |
| Minority HIV/AIDS Initiative (MHAI) (across multiple programs)^d | 398,900,000 | 398,900,000 | TBD | TBD | N/A | N/A |
| <i>Centers for Disease Control and Prevention (CDC)^e</i> | | | | | | |
| HIV/AIDS, STD and TB Prevention - Total | 960,711,000 | 956,283,000 | 956,138,000 | 956,851,000 | -145,000 | +568,000 |
| HIV Prevention^f | 662,267,000 | 657,694,000 | 657,694,000 | 657,694,000 | +0 | +0 |
| STD Prevention | 159,633,000 | 159,709,000 | 159,633,000 | 159,709,000 | -76,000 | +0 |
| TB Prevention | 138,811,000 | 138,881,000 | 138,811,000 | 139,448,000 | -70,000 | +567,000 |

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| until it's over AIDS ACTION | FY 2005 Appropriated | FY 2006 President's Request | FY 2006 House Mark^b | FY 2006 Senate Mark^c | Difference Between House Mark & President's Request | Difference Between Senate Mark & President's Request |
|---|---------------------------------|--|---|--|--|---|
| <i>Health Resources and Services Administration</i> | | | | | | |
| Ryan White Programs - Total | 2,073,296,000 | 2,083,296,000 | 2,083,296,000 | 2,083,296,000 | +0 | +0 |
| Title I | 610,094,000 | 610,094,000 | 610,094,000 | 610,094,000 | +0 | +0 |
| Title II Base | 334,315,000 | 334,315,000 | 334,315,000 | 334,315,000 | +0 | +0 |
| Title II ADAP | 787,521,000 | 797,521,000 | 797,521,000 | 797,521,000 | +0 | +0 |
| Title III | 195,578,000 | 195,578,000 | 195,578,000 | 195,578,000 | +0 | +0 |
| Title IV | 72,519,000 | 72,519,000 | 72,519,000 | 72,519,000 | +0 | +0 |
| Part F: Dental | 13,218,000 | 13,218,000 | 13,218,000 | 13,218,000 | +0 | +0 |
| Part F: AETC | 35,051,000 | 35,051,000 | 35,051,000 | 35,051,000 | +0 | +0 |
| Special Projects of National Significance (SPNS) | 25,000,000 | 25,000,000 | 25,000,000 | 25,000,000 | +0 | +0 |
| Family Planning | 285,963,000 | 285,963,000 | 285,963,000 | 285,963,000 | +0 | +0 |
| Abstinence-only^d | 162,198,000 | 206,000,000 | 173,000,000 | 164,000,000 | -33,000,000 | -42,000,000 |
| <i>National Institutes of Health</i> | | | | | | |
| Office of AIDS Research | 2,920,551,000 | 2,932,992,000 | TBD | TBD | N/A | N/A |
| National Institute of Allergy and Infectious Diseases (NIAID)^h | 4,303,640,000 | 4,359,395,000 | 4,359,395,000 | 4,447,136,000 | +0 | +87,741,000 |
| <i>Substance Abuse and Mental Health Services Administration (SAMHSA)ⁱ</i> | | | | | | |
| SAMHSA Total | 3,297,963,000 | 3,244,206,000 | 3,260,230,000 | 3,291,269,000 | +16,024,000 | +47,063,000 |
| SAMHSA: Center for Mental Health Services | 901,317,000 | 837,250,000 | 880,294,000 | 901,334,000 | +43,044,000 | +64,084,000 |
| Mental Health Block Grant (non-add)^j | 432,756,000 | 432,756,000 | 432,756,000 | 432,756,000 | +0 | +0 |
| SAMHSA: Center for Substance Abuse Prevention | 198,725,000 | 184,349,000 | 194,950,000 | 202,289,000 | +10,601,000 | +17,940,000 |
| SAMHSA: Center for Substance Abuse Treatment | 422,366,000 | 447,052,000 | 409,431,000 | 412,091,000 | -37,621,000 | -34,961,000 |
| Substance Abuse Block Grant | 1,775,555,000 | 1,775,555,000 | 1,775,555,000 | 1,775,555,000 | +0 | +0 |
| <i>Department of Housing and Urban Development</i> | | | | | | |
| Housing Opportunities for Persons with AIDS (HOPWA) | 281,751,000 | 268,000,000 | 290,000,000 | 287,000,000 | +22,000,000 | +19,000,000 |
| <i>Department of State - Office of the Global AIDS Coordinator</i> | | | | | | |
| Global AIDS, TB, & Malaria | 2,895,200,000 | 3,159,880,000 | 3,215,900,000 | 3,466,900,000 | +56,020,000 | +307,020,000 |
| Global Fund (non-add) | 435,000,000 | 300,000,000 | 400,000,000 | 500,000,000 | +100,000,000 | +200,000,000 |

^a A rescission is an across-the-board cut to funding for programs. This rescission was applied to all non-defense discretionary programs. All HIV-related funding was affected. The FY 2005 figures in the chart reflect this rescission.

^b On June 24, 2005, the United States House of Representatives passed the FY 2006 Labor, Health and Human Services, and Education, and Related Agencies (Labor-HHS) Appropriations bill. The House approved the Foreign Operations bill (Global AIDS) on June 28 and the Transportation-Treasury-HUD bill (HOPWA) on June 30.

^c On October 27, 2005, the Senate passed their version of the Labor-HHS bill. The Senate approved the Foreign Operations bill (Global AIDS) on July 20 and the Transportation-Treasury-HUD bill (HOPWA) on October 20.

^d The MHAI funds are included in the funding for multiple programs.

^e The CDC figures reflect a new budget structure implemented in 2004. Under this new structure all administrative, or indirect, costs have been separated from program costs. Therefore, these numbers represent true program costs.

^f For the "Difference Between House Mark/Senate Mark & FY 2005" the reduction shown does not reflect a cut in program costs. At the February 2005 meeting of the Presidential Advisory Council on HIV/AIDS, a senior CDC official said these cuts would not be born by programs. Also, the House report states that "The Committee recommendation assumes the \$4,903,000 in information technology savings proposed in the budget within HIV/AIDS, STD and TB Prevention activities."

^g The abstinence only funding is comprised of three funding streams, administered by different federal agencies: community-based abstinence education (Administration for Children and Families), mandatory funding (Maternal and Child Health Bureau of the Health Resources and Services Administration), and Adolescent Family Life (Health and Human Services - Office of the Secretary).

^h The NIAID figures are not HIV specific.

ⁱ The SAMHSA figures are not HIV specific.

^j The term "non-add" indicates that these program funds are included, not in addition to, the funds listed in the row directly above.