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POLICY INSTITUTE

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Senate Appropriators Maintain Funding for Domestic HIV Programs

Stands in Stark Contrast to House Republicans' Severe Cuts & Program Eliminations

Washington DC... Senate Appropriators yesterday passed a FY2024 Labor HHS spending [bill](#) on a strong 26 to 2 bipartisan vote that maintains, and in some instances, increases funding for domestic HIV prevention and treatment programs, including the [Ending the HIV Epidemic in the U.S. initiative](#). This stands in stark contrast to [what the House Republicans passed](#) out of Subcommittee that cuts domestic HIV programs by \$767 million, including elimination of the *Ending the HIV Epidemic* initiative.

“We sincerely thank Senate Labor HHS Appropriations Subcommittee Chair Tammy Baldwin and Ranking Member Shelley Moore Capito and their colleagues for demonstrating their continued commitment to ending HIV in the United States. While working within the confines of an extremely restrictive budget agreement, they still were able to craft a spending bill that prioritizes the domestic response to HIV,” commented **Carl Schmid, executive director** of the **HIV+Hepatitis Policy Institute**. “However, given that the House version of the bill includes sizeable funding cuts, program eliminations and divisive policy riders, we realize passage of this spending bill is far from reality. House Republicans must come to the table and support bills, such as this one, that can pass the Congress and be signed by the President.”

For the *Ending the HIV Epidemic* program, in order to support CDC’s HIV prevention efforts, the Senate includes \$223 million, an increase of \$3 million, and notes the need “to increase equitable access to PrEP medication that prevents HIV infection” and encourages the CDC “to support the building blocks of a national program.” The Committee maintains the current \$157 million for Community Health Centers to carry out PrEP programs as well as \$165 million for the Ryan White Program to bring more people into care and treatment.

Funding for the Ryan White HIV/AIDS Program would remain at \$2.57 billion and CDC HIV prevention would be level-funded at \$794 million, as would the Minority HIV/AIDS Fund at \$60 million.

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Funding for the CDC's hepatitis division would remain at only \$43 million, although there would be a \$1 million increase for a total of \$24 million to the CDC Opioid Related Infectious Disease program.

Yesterday, the Senate Committee also passed the Interior and Related Agencies spending [bill](#) that includes \$5 million for the Indian Health Service in order to end HIV and hepatitis C. This is the current level and the same as the House proposed.

Last week, the Senate Committee approved the Transportation, Housing and Urban Development [FY24 spending bill](#) that includes \$505 million, an increase of \$6 million, for the Housing Opportunities for Persons with AIDS (HOPWA) program. This is also the same amount that was requested by the Biden administration as well as what is included in the House version of the bill.

“While disappointed that Congress will not be providing the necessary funding to really end HIV or hepatitis in the United States, given the severe budget constraints, what the Senate has proposed will allow existing programs to at least continue,” added Schmid. “However, it is up to the entire Congress, both the House and the Senate, to be responsible and agree upon our federal spending levels. The choices are very clear.”

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The **HIV+Hepatitis Policy Institute** is a national, non-profit organization whose mission is to promote quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions.