

HIV+HEP
POLICY INSTITUTE
PRESS RELEASE

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Senate Appropriators Maintain Funding for Domestic HIV & Hepatitis Programs
Report Language Included on Copay Assistance for Drugs

Washington DC... Senate appropriators yesterday passed a FY2025 Labor HHS spending [bill](#) on a strong 25 to 3 bipartisan vote that maintains funding for domestic HIV and hepatitis 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](#) that cuts domestic HIV programs by \$701 million, including elimination of the *Ending the HIV Epidemic* initiative.

The bill's [report](#) includes language that directs CMS to brief the committee on enforcement of the HHS rule that requires assistance from drug manufacturers to count towards patient cost-sharing obligations. The **HIV+Hepatitis Policy Institute** successfully led litigation against HHS that struck down the previous rule that allowed insurers to not count copay assistance. Since that court victory, HHS has refused to enforce the court ruling, which has forced patients to pay more for their prescription drugs.

“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, they crafted 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, the Senate includes \$220 million to support CDC's HIV prevention efforts and notes, as they did last year, 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 \$157 million in current funding 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.

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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. SAMHSA's Minority AIDS Programs are flat-funded at \$119 million.

Funding for CDC's hepatitis division would remain at only \$43 million, and the CDC Opioid Related Infectious Disease program would stay at \$23 million. The House version of the bill includes a \$10 million and a \$6 million increase for these programs, respectively.

Last week, the Senate Committee approved the Transportation, Housing and Urban Development [FY25 spending bill](#) that includes \$524 million, an increase of \$19 million, for the Housing Opportunities for Persons with AIDS (HOPWA) program.

“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. “Now, for the benefit of the country, it is up to House to act in a responsible manner and fund the federal government at the necessary levels in a timely fashion.”

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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.