



November 14, 2023

**Subject: Vote NO on House L-HHS Bill to Continue Progress Against HIV/AIDS**

Dear Members of Congress:

The AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), writes to **urge you to vote no on the House L-HHS Appropriations Bill (H.R. 5894)**, which includes \$767 million in cuts and eliminations of domestic HIV programs. After decades of progress in combating HIV in the United States, which has enjoyed bipartisan support, the bill would eliminate programs that have been critical in achieving an end to HIV. We must be able to provide HIV treatment, prevention, and support services to the millions of people in the U.S. who are living with or at risk of HIV, but we will be unable to do so if these cuts are realized.

The House L-HHS bill specifically proposes to cut or eliminate the following programs:

- **Eliminates** funding for the *Ending the HIV Epidemic Initiative* within the Centers for Disease Control and Prevention (-\$220 million), the Ryan White HIV/AIDS Program (-\$165 million), and Community Health Centers Program (-\$157 million)
- **Eliminates** funding for Part F of the Ryan White HIV/AIDS Programs which includes:
  - Dental Programs (-\$13.6 million)
  - AIDS Education and Training Centers (-\$34.9 million)
  - Special Projects of National Significance (-\$25 million)
- **Eliminates** funding for Minority AIDS Initiative activities within the Substance Abuse and Mental Health Services Administration (-\$119.3 million)
- **Cuts** funding for the Minority HIV/AIDS Fund by 53% (-\$32 million)

The **Ending the HIV Epidemic Initiative (EHE)** was announced by then-President Trump as part of his 2019 State of the Union Address, where he said that the EHE would “eradicate AIDS in America once and for all.” Over the past four fiscal years, Congress has provided resources to 57 jurisdictions across the U.S. where the majority of new HIV infections occur. While the COVID-19 pandemic challenged public health and community-based organizations as the plans were implemented, we are already seeing positive outcomes from EHE funding. Since the inception of the EHE initiative, federal funding has:

- Provided 85,000 people with PrEP in 365 centers through HRSA Health Center EHE funding in 2022;
- Conducted 3.5 million HIV tests through HRSA Health Center EHE funding in 2022;
- Brought 37,731 people living with HIV into or re-engaged in care through Ryan White EHE funding in 2021;
- Provided 44,000 people with pre-exposure prophylaxis (PrEP) through CDC EHE funding in 2021 & 2022;
- Conducted nearly 600,000 HIV tests, identifying 8,500 previously undiagnosed individuals, with CDC EHE funding in 2021 and 2022;
- Distributed over 175,000 at-home HIV self-tests through CDC EHE funding in 2021 and 2022.

Recently released HIV surveillance data found that EHE jurisdictions saw a 16% decrease in new HIV infections between 2017 and 2021, compared to 12% of all jurisdictions. This bill completely abandons EHE, which could leave thousands of people living with HIV without comprehensive care, tens of thousands of people without access to PrEP, and millions of missed opportunities to test a person for HIV so they are aware of their status and can make informed decisions about their health. We are deeply concerned that this bill will not only stop progress

being made to achieve the goals set forth by former President Trump in 2019, but will exacerbate the HIV epidemic which has plagued our nation for 40 years. This could lead to more HIV infections, which in the long run, will require more healthcare spending which would far outweigh any “savings” from eliminating EHE.

Additionally, the Bill is proposing to completely eliminate **Part F of the Ryan White HIV/AIDS program**, which funds dental services for people living with HIV, provides workforce training and technical assistance to ensure that HIV treatment is comprehensive and effective, and funds innovative and new models for HIV treatment and care. The Ryan White Program is so successful because each part of the program complements each other, and Ryan White clients receive the best care through the interactions of each part. Eliminating Part F would disrupt that care model and could impact the quality of services that people living with HIV receive.

This bill would also decimate programs that reduce HIV health disparities among racial and ethnic minorities. Nearly three-quarters of all new HIV infections occur among racial and ethnic minorities although they make up 40% of the population. For too long, progress made against HIV has largely benefited white people in the U.S. Rather than add additional resources to eliminate these disparities, the bill proposes to cut the **Minority HIV/AIDS Fund** by 53%, and completely eliminate **Minority AIDS Initiative funding within the Substance Abuse and Mental Health Administration**. The Minority HIV/AIDS Fund provides grant funding for programs meant to address the unique needs of people of color living with and at risk of HIV. SAMHSA’s MAI funding combats the intersections of substance use, mental health, and HIV risk among racial and ethnic minorities. The HIV epidemic cannot end unless racial health disparities in HIV end, and we believe that the Committee’s proposal will just exacerbate these disparities.

We are additionally concerned with amendments that will be considered on the House Floor, which if added to the underlying bill, would make it more difficult to end HIV in the United States. Specifically, **we urge you to vote NO on the following amendments:**

- Amendment #55 (Rep. Good), which would eliminate the remaining funding for the Minority HIV/AIDS Fund. As stated above, this fund is critical because ending the HIV epidemic will not happen unless racial and ethnic health disparities are eliminated.
- Amendment #26 (Rep. Brecheen), which would cut funding for NIH’s National Institutes for Allergy and Infectious Diseases to FY2016 levels. HIV/AIDS research at the NIH has resulted in medical breakthroughs in HIV/AIDS treatment and prevention, and many of the scientific discoveries made during HIV/AIDS research have resulted in breakthroughs in treatment beyond HIV, including cancers and other infectious diseases.

**We urge you to speak up against the terrible cuts in this bill, vote down the amendments that would make ending HIV more difficult, and vote NO if the bill comes to the floor for a vote.**

Should you have any questions, please contact the ABAC co-chairs Nick Armstrong at [narmstrong@tmail.org](mailto:narmstrong@tmail.org), Drew Gibson at [dgibson@aidsunited.org](mailto:dgibson@aidsunited.org), Emily McCloskey Schreiber at [eschreiber@nastad.org](mailto:eschreiber@nastad.org), or Carl Schmid at [cschmid@hivhep.org](mailto:cschmid@hivhep.org).

Sincerely,

Nick Armstrong  
Manager, Advocacy & Government Affairs  
The AIDS Institute

Emily McCloskey Schreiber  
Senior Director, Policy & Legislative Affairs  
NASTAD

Drew Gibson  
Director of Advocacy  
AIDS United

Carl Schmid  
Executive Director  
HIV+Hepatitis Policy Institute