



Congress Keeps Funding For Most U.S. HIV and Hepatitis Programs

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Funding for most domestic HIV/AIDS and viral hepatitis programs in the United States will be maintained in the fiscal year 2017, according to the latest Omnibus Appropriations bill released by House and Senate Appropriators earlier this week.

A recent press release from health advocates at the AIDS Institute largely applauds the Congress for its support, but continues to argue that maintaining the status quo might not cut it in the fight against either epidemic.

According to the report, funding in FY2017 for the Ryan White AIDS Program, including the AIDS Drug Assistance Program — which together serve nearly 533,000 low-income, uninsured and underinsured people with HIV — will remain at \$2.3 billion. A Senate proposal to eliminate the programs Special Projects of National Significance, which help develop innovative models for HIV care, was rejected. Unfortunately, Part C of the program, which provides direct funding to community-based AIDS organizations, will be cut by \$4 million.

The FY2017 bill also maintains \$789 million for HIV prevention at the Centers for Disease Control and Prevention (CDC), including the Division of Adolescent and School Health. Funding for the Department of Housing and Urban Development's (HUD's) Housing Opportunities for Persons with AIDS (HOPWA) program, which provides affordable housing for people living with AIDS, was also increased by \$21 million.

Meanwhile, in the hepatitis arena, Congress appears to be maintaining its commitment to CDC hepatitis prevention funding at \$34 million. However, health advocates were quick to point out in their responses to the bill that nearly 55,000 new hepatitis transmissions are still occurring in the United States every year — and expressed their disappointment that additional funding was not set aside for the growing epidemic.

In a significant positive development for both HIV and hepatitis treatment advocates, Congress appears to have increase medical research funding at the National Institutes of Health (NIH) by \$2 billion. Language that allows federal funding of ancillary services that support syringe exchanges in areas experiencing increases in HIV or hepatitis C infections due to injection drug use has also been maintained through 2018.

Proposed cuts to the Secretary of Health and Human Services' Minority AIDS Initiative, the Teen Pregnancy Prevention Program and Title X Family Planning services were also not included in the final spending bill. However, Congress will be increasing funding for abstinence-only sexual education programs by \$5 million, while also decreasing funding for the CDC's STD division by the same amount.

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