Funding Outlook for the Ryan White HIV/AIDS Program

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The AIDS Institute
Key Advocacy Messages for Congress

• The Ryan White Program still acts as the payer of last resort serving over 512,000 uninsured and underinsured people living with HIV/AIDS in the U.S.

• Program continues to offer critical services to managing HIV: case management, mental health and substance use services, adult dental services, transportation, legal, and nutritional support services

• People retained in care and treatment have higher chance of being virally suppressed
  • Over 81 percent of people in Ryan White Program are virally suppressed
  • Only 30 percent of people living with HIV nationally have achieved viral suppression

• Even with ACA, the program is still needed across the country
  • Some states have not expanded Medicaid leaving Ryan White has the sole source of support for some people living with HIV
Total Spending in FY2015 - $3.8

Source: OMB, National Priorities Project
Competing Interests in Discretionary Funding

Discretionary Spending 2015: $1.11 Trillion

- Military: $598.5 billion - 54%
- Social Security, Unemployment & Labor: $29.1 billion - 3%
- Transportation: $26.3 billion - 2%
- Food & Agriculture: $13.1 billion - 1%
- Energy & Environment: $39.1 billion - 3%
- Science: $29.7 billion - 3%
- International Affairs: $40.9 billion - 4%
- Housing & Community: $63.2 billion - 6%
- Veterans' Benefits: $65.3 billion - 6%
- Medicare & Health: $66 billion - 6%
- Education: $70 billion - 6%
- Government: $72.9 billion - 6%

Source: OMB, National Priorities Project
Budget Control Act and Sequestration

• The Budget Control Act of 2011 (BCA) was enacted to cut the deficit by $2.4 trillion over 10 years
  • Discretionary spending caps of $917 billion in savings over 10 years
  • Created the Joint Select Committee on Deficit Reduction (the Supercommittee) to find additional $1.2 trillion in cuts for same period
• Failed to agree on way forward, so automatic across-the-board cuts (sequestration) took effect in 2013 for discretionary and some mandatory programs
• BCA also sets discretionary budget caps through 2021
## Table 2.

### Limits on Discretionary Budget Authority for Fiscal Years 2017 Through 2021

<table>
<thead>
<tr>
<th></th>
<th>Millions of Dollars</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017</td>
</tr>
<tr>
<td><strong>Caps Originally Set in the Budget Control Act</strong></td>
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</tr>
<tr>
<td>Defense</td>
<td>590,000</td>
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<tr>
<td>Nondefense</td>
<td>541,000</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>1,131,000</strong></td>
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<tr>
<td><strong>Estimated Effect of Automatic Spending Reductions</strong></td>
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<tr>
<td>Nondefense</td>
<td>-37,469</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>-91,401</strong></td>
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<tr>
<td><strong>Changes Enacted in the Bipartisan Budget Act of 2015</strong></td>
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<tr>
<td>Defense</td>
<td>15,000</td>
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<tr>
<td>Nondefense</td>
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<tr>
<td><strong>Total</strong></td>
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<td><strong>Estimate of Revised Caps</strong></td>
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<td>Defense</td>
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<tr>
<td>Nondefense</td>
<td>518,531</td>
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<tr>
<td><strong>Total</strong></td>
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</tr>
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</table>
Bipartisan Budget Act of 2015

- Bipartisan Budget Act of 2013, which provided sequester relief for fiscal years 2014 & 2015 was set to expire
- Congress was pressured to lift caps for at least FY2016
- Without a budget deal, sequestration would have taken full effect, cutting non-defense discretionary (NDD) funding by $37 billion
- Eliminated about 90 percent of the sequestration budget cuts for NDD programs in fiscal year 2016, and about 60 percent of them in 2017

Source: HRSA HAB
President Obama’s FY2017 Budget Request

• The Administration makes positive investments in the Ryan White Program:
  • Increases total Ryan White Program funding by $9 million, for a total of nearly $2.3 billion
  • Flat funds most parts of the Program, including:
    • $655 million for Part A
    • $414 million for Part B care programs
    • $900 million for the AIDS Drug Assistance Program (ADAP)
    • Over $46 million for Part F AETCs and Dental program
President’s FY2017 Budget Continued...

Ryan White Part D:
- Budget request proposes to eliminate dedicated funding for Part D and would consolidate Parts C and D
- President has requested consolidation for the past several fiscal years
  - Congress has rejected the proposal every year
- Part D funded programs are uniquely tailored to address the needs of women and youth

Ryan White SPNS:
- Budget request increases SPNS funding by $9 million for a demonstration project to increase hepatitis C testing and care and treatment for people co-infected with HIV and HCV
- New HCV infections have increased by 150% between 2010 and 2013 and 1 in 4 people living with HIV is also co-infected with HCV
FY2017 Appropriations

- Both the House and Senate passed all 12 spending bills in committee.
- Both House and Senate Labor-HHS appropriations bills had lower overall allocations compared to FY2016:
  - House bill was $569 million less
  - Senate bill was $270 million less
- Increased pressure in both bills to increase funding for NIH, Zika, and the opioid crisis
  - Democrats wanted emergency funding for Zika and the opioid crisis
FY2017 Appropriations

Senate Labor-HHS bill:

• For the first time in several years, the Committee passed a bipartisan bill
• Flat funded HIV prevention at CDC, increased NIH funding by $2 billion
• Cut CDC STD and TB funding, cut the HHS Secretary’s Minority AIDS Initiative Fund
• Most of Ryan White Program flat funded
• However, the bill cut two aspects of the program:
  • Eliminated SPNS program (-$25 million)
  • Cut Part C by $4 million
• Last year the Senate proposed to eliminate SPNS as well – we successfully restored funding in final FY2016
FY2017 Appropriations

Ryan White SPNS program:

• The program develops innovative service models for HIV care to respond to the needs of Ryan White Program clients

• Current SPNS projects include:
  • Evidence-informed interventions to improve health outcomes along the HIV Care Continuum
  • Use of social media to improve engagement, retention, and health outcomes along the HIV Care Continuum
  • Workforce capacity building for integrating HIV primary care in community health care settings
  • Culturally appropriate interventions of outreach, access and retention among Latino(a) populations
  • Building a medical home for multiply diagnosed HIV-positive homeless populations
  • Enhancing engagement and retention in quality HIV care for the Transgender Women of Color Initiative

• The Community is working to restore this funding
FY2017 Appropriations

Ryan White Part C:

• In honor of World AIDS Day in 2011, the Administration provided $15 million in additional funding for Ryan White Part C programs.

• After first two years of this additional funding:
  • 271 Part C clinical sites receiving additional funding
  • Enrollment of over 43,000 patients into care

• HRSA has continued to provide this funding to Part C since 2011, and the $4 million increase by Congress to Part C in FY2016 filled the shortfall HRSA faced in maintaining the “World AIDS Day” funding.

• Community is also working to restore this cut.
FY2017 Appropriations

House Labor-HHS bill:
- Partisan bill mostly voted on party lines
- Flat funds all CDC HIV, STD, and Hepatitis prevention programs
- Fully funds all parts of the Ryan White Program
- Increases NIH funding by $1.25 billion
- Completely eliminates:
  - Title X family planning programs (-$286 million)
  - Teen Pregnancy Prevention Program (-$101 million)
- Cuts funding to many aspects of the ACA
- Flat funding in the both the House and Senate for most of the Ryan White Program should be seen as a win.
Where Are We Now?

• Unclear how the Senate and House will reconcile their differences in the Labor-HHS bills
  • Nearly a $300 million difference in how much the House and Senate allocated towards their respective bills
• Fiscal year ends September 30, 2016
• Due to party conventions, extra long recess, and presidential elections there is very little time Congress is in session
• Mostly likely scenario – continuing resolution
  • Timing unclear – could fund government until end of 2016, could be longer
• Timing could shift depending on who wins the White House or what party is in the majority in the Senate
FY2018?

• The Bipartisan Budget Act expires at the end of this fiscal year
• Sequestration and budget caps will be back next year unless Congress comes up with a new plan
  • If no plan is developed it will mean potentially less money for Labor-HHS bill and HIV/AIDS programs
• In the New Year we’ll have a new Congress
  • We will need to educate new members of Congress and their staff to ensure that HIV/AIDS remains a priority
• New president will be sworn in next year
  • Clinton has been supportive of the Ryan White Program in past
  • Unclear Trump’s stance on the program
• Unclear how budget process will play out in early next year
What’s the Community Doing?

- The AIDS Budget and Appropriations Coalition (ABAC) advocates for adequate resources for domestic HIV/AIDS programs across the federal government.

- Activities have included:
  - Multiple Hill visits with members of the Budget and Appropriations Committees, HIV/AIDS champions, and leadership on the Hill.
  - Sent community letters to the Administration and Congress.
  - Support “Dear Colleague” letters on the Hill.
  - Social media campaigns - #NoHIVcuts and #FundHIV.
  - Will continue to meet with congressional offices until a final spending measure is developed.
Conclusions

• We continue to operate in tough budgetary times; many Republicans want to see cuts to non-defense discretionary programs

• With ACA, some on the Hill can continue to question the need for the Ryan White Program

• Despite these obstacles, the Program continues to be fully funded every year – a sign that most of the Hill continue to see value in the Program

• Health outcomes from the Program continue to surpass national rates

• Future of the Program (i.e., reauthorization) may depend on makeup of the next Administration and Congress
Thank you!

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