MAY 2023

QUICK TAKE

FEDERAL INVESTMENTS IN HIV ARE PAYING OFF

5 WAYS FEDERAL HIV FUNDING IS HAVING AN IMPACT

While funding has never been sufficient to meet all needs, consistent federal funding for HIV prevention, care, research, and social services has moved us closer to ending HIV as a public health threat.

1 HIV DIAGNOSES HAVE FALLEN BY ONE-FOURTH SINCE 2010

Due to the Centers for Disease Control and Prevention's (CDC's) implementation of high-impact prevention that sharpened the focus on the most effective prevention interventions (including treatment as prevention, PrEP, and condoms), new HIV diagnoses in the U.S. declined from 47,500 in 2010 to 36,940 in 2019. (*see* Centers for Disease Control and Prevention estimates)

2 NINE IN TEN PEOPLE IN THE RYAN WHITE HIV/AIDS PROGRAM ARE VIRALLY SUPPRESSED

Achieving viral suppression through antiretroviral therapy (ART) keeps people with HIV healthy and prevents HIV transmission (because people with undetectable viral loads cannot transmit HIV via sex). **The Ryan White HIV/AIDS Program, administered by the Health Resources and Services Administration (HRSA),** has contributed to high rates of viral suppression among its clients. In 2010, 70% of Ryan White clients were virally suppressed, compared to only 28% of all people with HIV in the U.S. Thanks to improved regimens, updated guidelines, and greater health coverage, by 2021, 90% of Ryan White clients were virally suppressed (88% in 2019), compared to 57% of people with HIV nationally. (*see* HIV.gov and HRSA Ryan White Client-Level Data Report 2021)

3 INSURANCE COVERAGE FOR PEOPLE WITH HIV IS COMPARABLE TO THE NATIONAL AVERAGE

Health coverage is often a critical determinant of access to HIV services, and lack of Medicaid eligibility is a major barrier to such coverage. In the past, people with HIV were much more likely to be uninsured than the general population. **Medicaid expansion**, made possible by the **Affordable Care Act**, however, greatly expanded access to health coverage. In 2018, 11% of people with HIV in the U.S. were uninsured, compared to 10% of the total population. Ten states, mostly in the southern U.S., still have not expanded Medicaid. (*see* Kaiser Family Foundation, Insurance Coverage and Viral Suppression Among People with HIV, 2018)

4 HIV MADE RAPID DEVELOPMENTS AGAINST COVID-19 AND OTHER HEALTH THREATS POSSIBLE

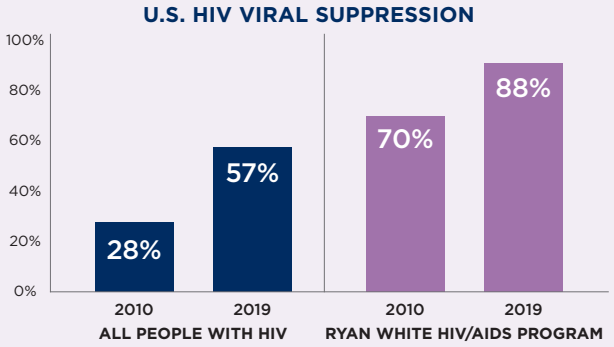
HIV research into mRNA technology and antiretroviral treatments, with critical funding by the **National Institutes of Health**, made the rapid development of COVID-19 vaccines and therapeutics possible. HIV experts in health departments, community-based organizations (CBOs), and clinics, funded by the **Department of Health and Human Services**, provided critical expertise and capacity.

5 INTEGRATED HIV AND SUBSTANCE USE DISORDER (SUD) SERVICES STRENGTHEN COMMUNITIES

Many people with HIV have mental health challenges and/or substance use disorders (SUD) and often have worse HIV and other health outcomes. As overdose deaths rise and communities face more complex substance use challenges, the **Substance Abuse and Mental Health Services Administration (SAMHSA)** funds grant programs at the intersection of HIV, viral hepatitis, mental illness, and SUD.

FEDERAL FUNDING LEADS TO FEWER CASES AND MORE VIRAL SUPPRESSION

10,560 FEWER PEOPLE
WERE DIAGNOSED WITH HIV IN 2019 THAN 2010



5 WAYS THAT POTENTIAL HIV FUNDING CUTS WOULD CAUSE HARM

Decreased HIV funding would mean fewer HIV tests, reduced access to PrEP and condoms, and fewer people linked to care and on treatment. Additionally, HIV cases would rise:

1 PROGRESS FROM THE EHE INITIATIVE WOULD BE REVERSED, AND HIV COSTS WOULD RISE

Started by President Trump in 2019 and building on efforts by the Obama Administration, the Ending the HIV Epidemic (EHE) Initiative is focused on the 48 counties that account for roughly half of all HIV transmissions in the U.S., along with seven rural states, the District of Columbia, and Puerto Rico. It aims to reduce HIV transmissions by 90% by 2030, which would avert 250,000 new transmissions. Less EHE funding would **reverse progress** toward achieving this goal and increase the need for public HIV treatment services.

2 THE HIV HOUSING CRISIS WOULD WORSEN

Of the 1.2 million people with HIV in the U.S., one-third have unmet housing needs and 100,000 are experiencing homelessness. The **Housing Opportunities for People with AIDS (HOPWA) Program** is only able to serve 55,000 people. Less funding for HIV housing would lead to **more homelessness and could drive up preventable health care costs** by contributing to more transmissions and less HIV viral suppression.

3 MORE OVERDOSE DEATHS AND CONCENTRATED HIV OUTBREAKS

According to the National Institute on Drug Abuse, 106,000 people died from overdose in 2021. Further, a growing number of HIV transmission clusters associated with opioid, stimulant (i.e., methamphetamine and cocaine, etc.), and polysubstance use are being observed. In recent years, Washington, Oregon, Kentucky, Ohio, and Massachusetts are among the many states that have had recent HIV outbreaks tied to injection drug use. Less HIV funding would lead to **fewer resources for state and local health departments** to identify HIV outbreaks related to substance use and provide HIV and SUD testing, treatment, and support services.

4 FEWER SCIENTIFIC BREAKTHROUGHS THAT BENEFIT ALL AMERICANS

NIH has made a long-term investment in HIV cure research. Reduced funding could result in **missed opportunities for breakthroughs** with broadly neutralizing antibodies and mRNA vaccines that could cure HIV, spur advances in cancer care, and help respond to emerging infectious diseases.

5 PANDEMIC RESPONSE CAPACITY WOULD DECREASE

HIV and sexually transmitted infection (STI) clinicians are the infectious disease experts that had the expertise to respond to COVID-19 and mpox. Early in the pandemic, the HIV Prevention Trials Network became the COVID-19 Vaccine Trials Network. The HIV/STI workforce, including the disease intervention specialist (DIS) workforce, had the public health experience to properly educate and prepare diverse communities in the wake of these syndemics. Reduced HIV funding would **weaken the nation's capacity to respond to the next infectious disease threat**.

WE NEED TO KEEP WORKING TO END THE HIV EPIDEMIC

It seems intuitive that as we make progress against HIV, the need for funding would decline.

On the contrary, as viral suppression improves, more people will be living with HIV and be in need of health care and other services. And as the U.S. population grows, more people will be in need of PrEP and other prevention services.

Failure to invest in effective prevention, care, and other services will lead to even more people with HIV and worse health outcomes; this will result in increased public spending to treat preventable conditions.

TO LEARN MORE

For additional background information, see:

Lindsey Dawson and Jennifer Kates, *Domestic HIV Funding in the White House FY 2024 Budget Request*, Kaiser Family Foundation, March 16, 2023, available at https://www.kff.org/hivaids/issue-brief/domestic-hiv-funding-in-the-white-house-fy-2024-budget-request/

Quick Take: Federal Discretionary HIV Funding is Essential, O'Neill Institute, May 2021, available at https://oneill.law.georgetown.edu/wp-content/uploads/2021/05/QT-Federal-Discretionary-HIV-Funding-Is-Essential-Accessible-1.pdf.

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