

Day of Action 2022 Legislative Priorities

The Bolstering Infectious Outbreaks (BIO) Preparedness Workforce Act ([H.R. 5602/S. 3244](#))

[This legislation](#) will establish a new loan repayment program for health care professionals who spend at least 50% of their time engaged in bio-preparedness and response activities; and health care professionals who spend at least 50% of their time providing ID care in a shortage designation area, underserved community or federally funded facilities, including Ryan White-funded clinics. See [supporting organizations](#) (as of Feb. 2022). *To cosponsor H.R. 5602, contact Alexandra.Karabatsos@mail.house.gov (Rep. Lori Trahan MA-03) or Jeannine.Bender@mail.house.gov (Rep. David McKinley (WV-01) and to cosponsor S. 3244, contact Brian_Kaplun@baldwin.senate.gov (Sen. Tammy Baldwin (WI)).*

The Prepare for and Respond to Existing Viruses, Emerging New Threats and Pandemics Act (PREVENT Pandemics Act) ([S. 3799](#)) – which includes the BIO Preparedness Pilot Program.

The PREVENT Pandemics Act includes a bio-preparedness workforce pilot program to provide loan repayment to health care professionals working in ID or emergency preparedness and response. The program would be open to health care professionals who are completing training or who have graduated within the preceding 10 years and who are or will be working in a federal facility, including Ryan White clinics, a [medically underserved](#) community, a [health professionals' shortage area](#), a tribal facility or another relevant entity as determined by the Department of Health and Human Services. *The program will not duplicate existing loan repayment programs.*

The HIV Epidemic Loan-Repayment Program (HELP) Act ([H.R. 2295](#))

This legislation - originally introduced by late-Rep. John Lewis and reintroduced by Rep. Lisa Blunt Rochester (DE) - will address the urgent need to support a strong and effective HIV clinical workforce by authorizing a new loan-repayment program specific to the HIV clinical providers. The program would offer up to \$250,000 in loan repayment to physicians, nurse practitioners, physician assistants, dentists, and clinical pharmacists for up to five years of service providing HIV-related care and treatment in areas with health professional shortages or at Ryan White-funded clinical sites. *To cosponsor the legislation, please contact amber.ray@mail.house.gov (Rep. Lisa Blunt Rochester).*

The PrEP Assistance Program Act ([H.R. 5605](#))

This legislation will make the preventative HIV medication PrEP more affordable and accessible to underserved and high-risk populations. Although PrEP has been available for several years, many Americans lack access to and awareness of the medication. The PrEP access gap is especially prevalent in Black and Latinx communities, who also suffer from disproportionately high rates of HIV. The bill would provide grants to cover medication costs, clinic and testing fees, physician visits and community outreach programs. This latest version of the bill expands the amount of grant funding that would be available from \$50 million to \$400 million while ensuring coverage of both medication and ancillary services. *To cosponsor this legislation, contact brad.korten@mail.house.gov (Rep. Bonnie Watson Coleman).*

The PrEP Access and Affordability Act ([H.R. 6117/S. 3295](#))

This legislation will expand access to lifesaving HIV prevention medications PrEP and PEP and address the underutilization in high-risk communities by ensuring the medications and any associated costs are covered by health insurance. The legislation establishes community public health campaigns and prohibits denying, limiting, or qualifying coverage or increasing premiums for disability, long-term care, or life insurance policies based on a person taking medication for HIV prevention. *To cosponsor the legislation, please contact Kaitlyn.Kelly@mail.house.gov (Rep. Adam Schiff) or Kripa_Sreepada@smith.senate.gov (Sen. Tina Smith).*

The Repeal Existing Policies that Encourage and Allow Legal (REPEAL) HIV Discrimination Act ([H.R. 6111](#))

This legislation will modernize laws/policies and eliminate discrimination with respect to people with HIV/AIDS. It calls upon various federal agencies to initiate a national review of federal (including military) and state laws, policies, regulations, and judicial precedent regarding criminal and related civil commitment cases. This investigation would be followed by several interventions aimed at eliminating any of those discriminatory policies. View the REPEAL Act fact sheet [here](#). *To cosponsor the legislation, please contact erika.ninoyu@mail.house.gov (Rep. Barbara Lee (CA-13)) or gabriella.boffelli@mail.house.gov (Rep. González-Colón (PR)).*

If you have questions or need additional information, please contact Leslie McGorman, the Academy's Public Policy Director, at leslie@aahivm.org or 202.659.0699x18.



**FEDERAL AIDS POLICY PARTNERSHIP
AIDS BUDGET & APPROPRIATIONS COALITION**

FY2023 Appropriations for Federal HIV/AIDS Programs

March 31, 2022

(Increases/decreases from previous fiscal years are shown in parenthesis.)

HHS PROGRAM		FY2021 Final	FY2022 Final	FY2023 President's Request	FY2023 Coalition Request ¹	
C D C	Total – HIV, Hep, STD, TB line	\$1.314 b (+\$40.5 m)	\$1.345 b (+\$31.0 m)	\$1.471 b (+\$125.5 m)	\$2.077 b (+\$731.9 m)	
	Division of HIV/AIDS Prevention	Total	\$986.7 m (+\$22.0 m)	\$986.7 m (+\$22.0 m)	\$1.099 b (+\$113.0 m)	\$1.233 b (+\$246 m)
		HIV Prevention	\$755.6 m (+\$0.0 m)	\$755.6 m (+\$0.0 m)	\$755.6 m (+\$0.0 m)	\$822.7 m (+\$67.1 m)
		Ending the Epidemic Plan	\$175.0 m (+\$35.0 m)	\$195.0 m (+\$20.0 m)	\$310.0 m (+\$115.0 m)	\$310.0 m (+\$115.0 m)
		School Health	\$34.1 m (+\$2.0 m)	\$36.1 m (+\$2.0 m)	\$34.1 (-\$2.0 m)	\$100.0 m (+\$63.9 m)
	Viral Hepatitis	\$39.5 m (+\$0.5 m)	\$41.0 m (+\$1.5 m)	\$54.5 m (+\$13.5 m)	\$140.0 m (+\$99.0 m)	
	STD Prevention	\$161.8 m (+\$1.0 m)	\$164.3 m (+\$2.5 m)	\$161.8 m (-\$2.5 m)	\$329.2 m (+\$164.9 m) ²	
	TB Elimination	\$135.0 (+\$0.0 m)	\$135.0 (+\$0.0 m)	\$135.0 (+\$0.0 m)	\$225.0 m (+\$90.0 m)	
	Opioid Related Infectious Diseases	\$13.0 m (+\$3.0 m)	\$18.0 m (+\$5.0 m)	\$19.5 m (+\$1.5 m)	\$150.0 m (+\$132.0 m)	
	H R S A	Ryan White Program Total	\$2.424 b (+\$35.0 m)	\$2.495 b (+\$71.0 m)	\$2.655 b (+\$160.1 m)	[\$2.942 b (+\$447.5 m)
Part A		\$655.9 m (+\$0.0 m)	\$670.5 m (+\$14.6 m)	\$665.9 m (-\$4.6 m)	\$751.1 m (+\$80.6 m)	
Part B: Care		\$414.7 m (+\$0.0 m)	\$443.9 m (+\$29.2 m)	\$444.7 m (+\$0.8 m)	\$509.4 m (+\$65.5 m)	
Part B: ADAP		\$900.3 m (+\$0.0 m)	\$900.3 m (+\$0.0 m)	\$900.3 m (+\$0.0 m)	\$968.3 m (+\$68 m)	
Part C		\$201.1 m (+\$0.0 m)	\$205.5 m (+\$4.5 m)	\$207.1 m (+\$1.6 m)	\$231 m (+\$25.5 m)	
Part D		\$75.1 m (+\$0.0 m)	\$76.8 m (+\$1.7 m)	\$75.1 m (-\$1.7 m)	\$85.0 m (+\$8.2 m)	
Part F: AETCs		\$33.6 m (+\$0.0 m)	\$34.3 m (+\$0.7 m)	\$33.6 m (-\$0.7 m)	\$58.0m (+\$23.7 m)	
Part F: Dental		\$13.1 m (+\$0.0 m)	\$13.4 m (+\$0.3 m)	\$13.1 m (-\$0.3 m)	\$15.4 m (+\$2.0 m) ³	
Part F: SPNS		\$25.0 m (+\$0.0 m)	\$25.0 m (+\$0.0 m)	\$25.0 m (+\$0.0 m)	\$34.0 m (+\$9.0 m)	
Ending the Epidemic Plan		\$105.0 m (+\$35.0 m)	\$125.0 m (+\$20.0 m)	\$290.0 (+\$165.0 m)	\$290.0 (+\$165.0 m)	

¹ Coalition requests, calculated from the FY2020 funding levels, do not reflect the true need for each program and the people they serve. The second year requests for the End the HIV Epidemic (EtE) initiative are based on the Administration's proposed FY2021 budget, and will need to be new funds and increased over the years to achieve its goals.

²This request is for \$279.2 m for regular base STD prevention funding, as well as \$50 m in one-time funding to move the federal STD grant year

FY2023 Appropriations for Federal HIV/AIDS Programs

March 31, 2022

(Increases/decreases from previous fiscal years are shown in parenthesis.)

HHS PROGRAM		FY2021 Final	FY2022 Final	FY2023 President's Request	FY2023 Coalition Request ¹
National PrEP Program		N/A	N/A	+\$237 m [Mandatory]	+\$400 m
HRSA	Total Community Health Centers ⁴	\$5.7 b (+\$57.3 m)	\$5.7 b (+\$65.0 m)	\$5.6 b (-\$124 m)	TBD
	Ending the Epidemic Plan	\$102.3 m (+\$52.0 m)	\$122.3 m (+\$20.0 m)	\$172.3 m (+\$50.0 m)	\$172.3 m (+\$50.0 m)
	STD Clinical Services	N/A	N/A	N/A	+\$200 m
Office of the Assistant Secretary for Health	Office of Infectious Disease and HIV/AIDS Policy	\$7.6 m (+\$0.1 m)	TBD	\$7.8 m (+\$0.2 m)	+\$20 m (TBD)
Office of Population Affairs	Title X	\$286.5 m (+\$0.0 m)	\$286.5 m (+\$0.0 m)	\$400.0 m (+\$113.5 m)	\$737.0 m (+\$450.5 m)
NIH	Total	\$42.9 b (+\$1.2 b)	\$45.0 b (+\$2.1 b)	\$49.0 b (+\$4.0 b)	TBD
	AIDS Research	\$3.090 b (+\$14.0 m)	\$3.194 b (+\$104.0 m)	\$3.100 b (-\$94.0 m)	\$3.875 b ⁵ (+\$681.0 m)
ACF	"Sexual Risk Avoidance" Abstinence-Only Program	\$35.0 m (+\$0.0 m)	\$35.0 m (+\$0.0 m)	\$0.0 m (-\$35.0 m)	\$0.0 m (-\$35.0 m)
Office of Adolescent Health	Teen Pregnancy Prevention Program	\$101.0 m (+\$0.0 m)	\$101.0 m (+\$0.0 m)	\$111.0 m (+\$10.0 m)	\$150.0 m (+\$49.0 m)
SAMHSA	Total	\$6.02 b (+\$133.0 m)	\$6.5 b (+\$530.0 m)	\$6.5 b (+\$530.0 m)	\$9.73 b (+\$3.71 b)
Minority AIDS Initiative	Total ⁶	TBD	TBD	TBD	\$610.0 m (+\$165.9)
	Minority HIV/AIDS Fund	\$55.4 m (+\$1.5 m)	\$56.9 m (+\$1.5 m)	\$58.4 m (+\$1.5 m)	\$105.0 m (+\$48.1 m)
	SAMHSA Minority AIDS	\$116.0 m (+\$0.0 m)	\$116.0 m (+\$0.0 m)	\$118.1 m (+\$2.1 m)	\$160.0 m (+\$44.0 m)
Indian Health Services ⁷	Ending the Epidemic Plan	\$5.0 m (+\$5.0 m)	\$5.0 m (+\$0.0 m)	\$52.0 m (+\$47.0 m)	\$52.0 m (+\$47.0 m)
White House	Office of National AIDS Policy	N/A	N/A	N/A	+\$3 m

HUD PROGRAM		FY2021 Final	FY2022 Final	FY2023 President's Request	FY2023 Coalition Request ¹
HOPWA		\$430.0 m (+\$20.0 m)	\$450.0 m (+\$20.0 m)	\$455.0 m (+\$5.0 m)	\$600.0 m (+\$170.0 m)

The AIDS Budget and Appropriations Coalition (ABAC) is a working group of the Federal AIDS Policy Partnership, a coalition of 180 national and community-based HIV/AIDS and public health organizations that represent people living with HIV/AIDS, HIV medical providers and researchers, and advocates, as well as community organizations that provide critical HIV related health care and support services. ABAC advocates for the necessary resources for domestic HIV/AIDS programs across the federal government. For more information, please contact ABAC Co-chairs Nick Armstrong, The AIDS Institute, narmstrong@tmail.org, Emily McCloskey, NASTAD, emccloskey@nastad.org, or Carl Schmid, HIV+Hep Policy Institute, cshmid@hivhep.org.

³ This \$2 million increase is for the community based dental program.

⁴ These numbers include discretionary appropriations as well as \$4 b in mandatory funding for FY2019, FY2020 and FY2021

⁵ Based on FY2021 NIH HIV/AIDS Professional Judgment Budget.

⁶ Total MAI funding is distributed through multiple programs and, in most instances, is included in the funding requests for those programs.

⁷ Indian Health Services funding is appropriated through the Interior, Environment and Related Agencies appropriations bill.