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AIDS Funding for Federal Government Programs: FY1981-FY2007

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Judith A. Johnson
Specialist in Life Sciences
Domestic Social Policy Division

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Summary

Federal government AIDS spending is estimated at \$21.1 billion in FY2006: 65% is for treatment programs; research receives 14%; income support programs receive 10%; and prevention programs receive 11%. The government-wide request level for FY2007 is \$22.8 billion. AIDS programs within the Department of Health and Human Services (HHS) account for 75% of the total amount spent on HIV/AIDS by the federal government. Funding for HIV/AIDS research, prevention, and treatment programs within the HHS discretionary budget has increased from \$200,000 in FY1981 to an estimated \$6.24 billion in FY2006; the Administration's request for FY2007 is \$6.41 billion. The FY2007 budget includes \$188 million for a new Domestic HIV/AIDS Initiative, of which \$95 million will provide expanded treatment and outreach through the Ryan White program within the Health Resources and Services Administration (HRSA) and \$93 million will fund increased testing among high-risk populations through the Centers for Disease Control and Prevention (CDC). Funding for HIV/AIDS treatment within HHS entitlement programs has increased from \$10 million in FY1983 to an estimated \$9.5 billion in FY2006. Entitlement spending depends on the number of HIV/AIDS cases that qualify. The estimate for FY2007 is \$10.3 billion for HIV/AIDS treatment within HHS entitlement programs.

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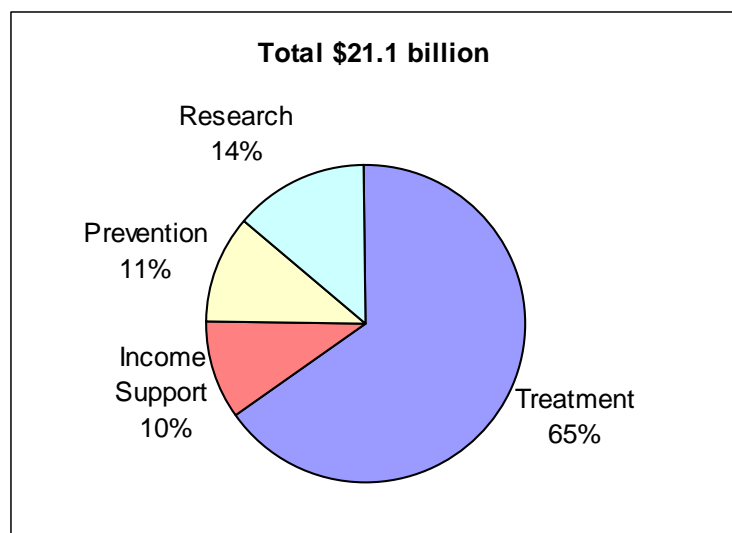
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AIDS Funding for Federal Government Programs: FY1981-FY2007

AIDS (acquired immune deficiency syndrome) impairs the immune system and leaves affected individuals susceptible to certain opportunistic infections and cancer. Since 1981, a cumulative total of 944,306 AIDS cases in the United States have been reported to the Centers for Disease Control and Prevention (CDC).¹ Of this total, 415,193 persons were reported to be living with AIDS as of the end of December 2004. In addition to the total number of people living with AIDS, another 462,792 persons were known to be infected with the human immunodeficiency virus (HIV) (in the 33 states, Guam, and the Virgin Islands that have been reporting confidential name-based HIV infection case numbers to CDC since 2000).

Federal government AIDS spending is estimated at \$21.1 billion in FY2006 (see **Table 5**). The Bush Administration request for FY2007 is \$22.8 billion. Of the total amount spent by the federal government on HIV/AIDS in FY2006, the majority (65%) of funding is for treatment programs; funding for research receives 14% of the total (see **Figure 1** and **Table 4**). The remaining amounts are for prevention programs (11%) and income support for persons with AIDS (10%).

Figure 1. Estimated Total Federal Spending on HIV/AIDS by Function, FY2006



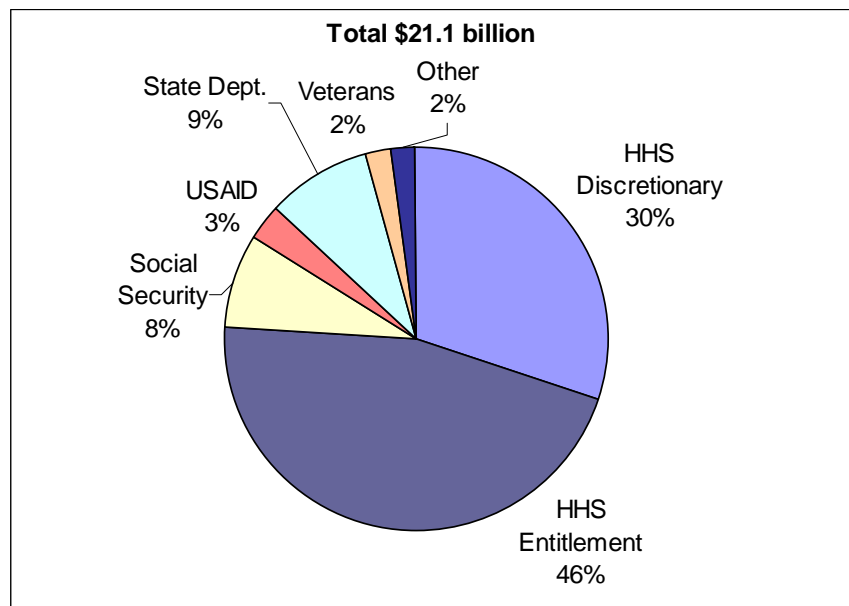
Source: HHS Budget Office, April 3, 2006.

¹ CDC, *HIV/AIDS Surveillance Report*, 2004, vol. 16, p. 12.

AIDS programs within HHS (Health and Human Services) account for 75% of the total amount spent on AIDS by the federal government (see **Figure 2**). HHS entitlement funding supports the treatment of HIV/AIDS patients through Medicaid and Medicare, which are administered by the Centers for Medicare and Medicaid Services (CMS). HHS discretionary funding supports AIDS research and prevention programs, as well as treatment programs. **Table 2** provides a history of HHS discretionary funding for HIV/AIDS from the beginning of the epidemic in FY1981 to the present.

Funding for HIV/AIDS programs within HHS has increased markedly over the past 15 years as measured in constant 2000 dollars, shown in **Figure 4** near the end of this report. However, most of the rise can be attributed to increased spending on Medicaid, Medicare, and treatment programs in the discretionary budget, largely through the Ryan White CARE Act program administered by the Health Resources and Services Administration (HRSA). The increase in HIV/AIDS research and prevention programs has been much less pronounced, and their portion of the total amount spent by HHS on HIV/AIDS has declined over the past 15 years (see **Figure 5**). For example, in FY1992 HIV/AIDS research and prevention programs at HHS accounted for 51% of the total amount spent by HHS on HIV/AIDS; by FY2006, such programs were about 25% of the total amount spent by HHS on HIV/AIDS, reflecting the growing amounts spent on treatment services under Medicaid and Medicare.

Figure 2. Estimated Total Federal Spending on HIV/AIDS by Agency, FY2006



Source: HHS Budget Office, April 3, 2006.

Note: USAID, U.S. Agency for International Development. See **Table 4**.

About 93% of FY2006 HHS discretionary funding for HIV/AIDS is allocated to three HHS agencies: the National Institutes of Health (NIH), which supports

HIV/AIDS *research*; CDC, which supports HIV/AIDS *prevention* programs; and, HRSA, which administers the Ryan White CARE Act, an HIV/AIDS *treatment* program (see **Table 3** and **Table 4**). The budgets and activities of these three agencies are briefly described below, followed by a discussion of entitlement program spending on HIV/AIDS.

HHS Discretionary Funding: NIH, CDC, and HRSA

NIH. NIH is the principal agency of the federal government charged with the conduct and support of biomedical and behavioral research. NIH conducts research at its own 26 institutes and centers and supports more than 50,000 scientists at 2,000 U.S. institutions. NIH funding for FY2006 was provided in P.L. 109-149 (H.R. 3010), and NIH estimates FY2006 funding for AIDS research at \$2.904 billion. The Administration's request for FY2007 is \$2.888 billion. Funding for AIDS research is distributed among the NIH institutes in accordance with the scientific priorities identified in the annual comprehensive plan for AIDS research developed by the institutes along with the Office of AIDS Research (OAR).

OAR was established in statute by the National Institutes of Health Revitalization Act of 1993 (P.L. 103-43) and given substantially enhanced authority and responsibility beyond the office NIH had established under the same name. Congress appropriated funds to OAR in FY1995. However, since FY1996, Congress has not provided a direct appropriation for the OAR (aside from amounts identified for the operations of the office itself). For FY2006, both the House and Senate reports (H.Rept. 109-143 and S. Rept 109-103) accompanying the Labor, HHS, and Education and Related Agencies Appropriation bill (H.R. 3010) do not specify a funding amount for AIDS research at NIH. Instead, funding for AIDS research is included within the appropriation for each Institute/Center/Division of NIH, with decisions as to specific projects to fund and levels of funding left to the Director of NIH and the Director of OAR.

CDC. CDC works with community, state, national, and international public health agencies to prevent HIV infection and reduce AIDS-associated morbidity and mortality through its information and education programs. CDC also supports research, surveillance, and epidemiology studies on HIV/AIDS. In prior fiscal years, about 80% of CDC HIV funds were distributed to state and local agencies through cooperative agreements, grants, and contracts. CDC funding for FY2006 was provided in P.L. 109-149 (H.R. 3010). According to the HHS Budget Office, CDC will be spending \$842 million on HIV/AIDS activities in FY2006; the Administration's request for FY2007 is \$930 million. The increased funding in FY2007 is for a new Domestic HIV/AIDS initiative focused on testing of high-risk populations.

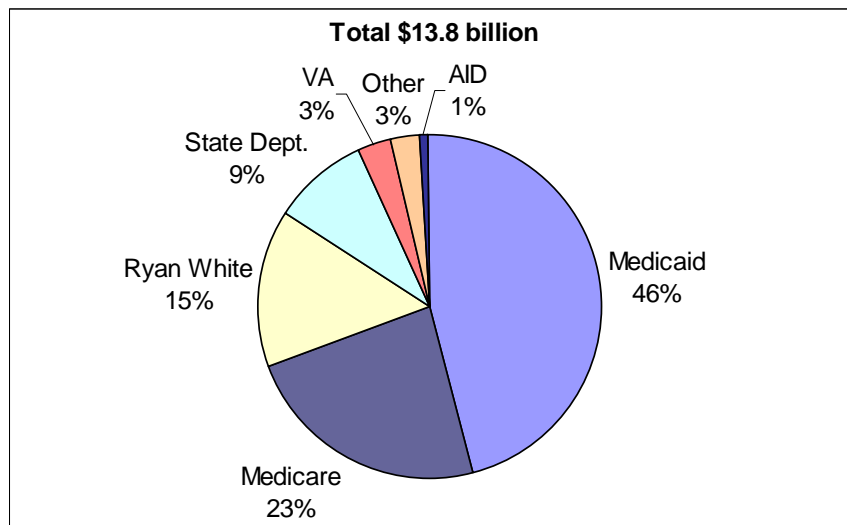
HRSA. The HIV/AIDS Bureau within HRSA administers the Ryan White CARE Act, a four-part federal grant program designed to provide emergency relief and essential health care services to patients infected with HIV. The program funds hundreds of grantees that serve 571,000 people each year. HRSA funding for FY2006 was provided in P.L. 109-149 (H.R. 3010). According to the HHS Budget Office, HRSA will be spending \$2.065 billion for Ryan White activities in FY2006. The Administration's request for FY2007 is \$2.160 billion. The increase of \$95

million for FY2007 is for a new Domestic HIV/AIDS initiative: \$70 million will be used to assist states with waiting lists of patients who would like to participate in the AIDS Drug Assistance Program (ADAP), and \$25 million will be used to expand outreach efforts. (For further information on Ryan White programs, see CRS Report RL33279, *AIDS: The Ryan White CARE Act*, by Judith A. Johnson and Paulette C. Morgan.)

HHS Entitlement Funding: Medicaid and Medicare at CMS

Medicaid. Medicaid is a federal-state matching entitlement program that provides medical assistance for eligible low-income persons and families and certain aged, disabled, and medically needy individuals. Within broad federal guidelines, each state designs and administers its own Medicaid program, resulting in wide variations among the states in coverage, benefits offered, and payment for services. The portion of a state's Medicaid budget provided by the federal government varies from 50% in relatively affluent states to 80% in poorer states. Medicaid is the largest source of federal funding for AIDS treatment and health care services (see **Figure 3**).

Figure 3. Estimated Federal Government Spending on HIV/AIDS Treatment, FY2006



Source: HHS Budget Office, April 3, 2006.

Note: Other includes the following: Substance Abuse and Mental Health; Public Health Emergency Fund; Department of Defense; Bureau of Prisons; Federal Employee Health Benefits Program; Global AIDS Trust Fund. See **Table 3**.

For FY2006, the federal share of Medicaid spending on AIDS treatment is estimated at \$6.3 billion, and for FY2007, the federal share estimate is \$6.8 billion. Total FY2006 federal and state Medicaid spending for AIDS treatment will be an estimated \$11.1 billion (\$6.3 billion federal and \$4.8 billion state).² According to CMS, approximately 55% of adults with AIDS and up to 90% of children with AIDS

² Estimate based on average federal Medicaid assistance percentage (FMAP) for the Nation as a whole.

depend on Medicaid to pay for their care. In order to obtain Medicaid coverage, persons must belong to one of the categories of persons who can qualify for coverage (such as families with children and disabled persons) and have low income or deplete their income on the cost of their care. Medicaid plays an important role in needed health care for persons with HIV and AIDS because of its coverage of prescription drugs.

Medicare. Medicare is a federal health care insurance program for the elderly and certain disabled persons. In general, in order to qualify for coverage under Medicare, a person must be age 65 or older, disabled, or suffering from kidney failure (end-stage renal disease or ESRD). According to one estimate, by the end of 1996, about 12% of people living with AIDS were covered by Medicare; 83% of these beneficiaries qualified because of a disability,³ the remainder were eligible because they were 65 or older or had ESRD.⁴ The elderly qualify the month they turn 65, and those with ESRD qualify within three months of being diagnosed with irreversible kidney disease requiring dialysis or a kidney transplant. However, disabled people, including those with AIDS, must wait for a total of 29 months after a determination that they are disabled before they become eligible for Medicare coverage.⁵

Early in the epidemic, few individuals with AIDS survived the long waiting period. With improved drug therapies, the life expectancy of individuals with HIV has increased, and it is expected that the number able to qualify for Medicare coverage will continue to rise.⁶ The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (P.L. 108-173) provided for the implementation of a prescription drug program effective January 1, 2006. For FY2006, funding for the care of persons with HIV/AIDS under Medicare is estimated to be \$3.2 billion, and the estimate for FY2007 is \$3.5 billion. However, the new outpatient prescription drug benefit may significantly increase Medicare spending for persons with HIV/AIDS beyond current estimates.

Funding for Other AIDS Programs

HIV/AIDS Minority Initiative. In 1998 the White House announced a series of initiatives targeting appropriated funds for HIV/AIDS prevention and treatment programs in minority communities. The Congressional Black Caucus worked with the Clinton Administration to formulate the approach. For FY2006, a total of \$399

³ An HIV-positive individual must have a recognized AIDS-defining illness in order to meet the disability classification.

⁴ Nancy Fasciano et al., *Profile of Medicare Beneficiaries with AIDS: Application of an AIDS Case Finding Algorithm*, Executive Summary, Oct. 14, 1999. Submitted by Mathematica Policy Research, Inc.

⁵ Disabled people begin collecting Social Security disability cash benefits five months after a determination that they are disabled and then must wait an additional 24 months for a total of 29 months before becoming eligible for Medicare.

⁶ Combination drug therapies do not work for everyone with HIV. However, for individuals who are successfully treated, the drug therapies will keep them healthy longer, thereby preventing some from qualifying for disability.

million is provided to continue these activities. For FY2007, the Administration has requested \$399.3 million. See **Table 1** below for further details.

Table 1. HIV/AIDS Minority Initiative
(\$ in millions)

Program	FY2004	FY2005	FY2006	FY2007
HRSA	\$129.6	\$128.5	\$128.5	\$128.5
CDC	97.3	94.2	96.1	96.1
NIH	—	—	—	—
SAMHSA	110.2	112.4	111.8	111.8
Minority Communities Fund	49.5	52.4	51.9	51.9
Office of Minority Health	10.2	7.9	9.7	9.7
Office of Women's Health	1.0	1.1	1.0	1.3
Total, Minority HIV/AIDS Initiative	397.9	396.6	399.0	399.3

Source: Table prepared by the Congressional Research (CRS) based on analysis from the HHS Budget Office, Mar. 28, 2006.

Ricky Ray Hemophilia Relief Fund. The Ricky Ray Hemophilia Act of 1998 established within the Treasury Department a trust fund to provide compassionate payments of \$100,000 to individuals who have blood clotting disorders, such as hemophilia, and who contracted HIV due to contaminated blood products administered between July 1, 1982 and December 31, 1987.⁷ For FY2000, P.L. 106-113 provided (within the Office of the Secretary in the Public Health and Social Services Emergency Fund) \$75 million for the trust fund; \$10 million of the total was for program management. The trust fund, known as the Ricky Ray Hemophilia Relief Fund, was administered by HRSA. Payments were made to eligible individuals who filed petitions (with the required documentation) postmarked between July 31, 2000 and November 13, 2001. Payments were made in the order in which the petitions were received. HRSA received more than 5,700 petitions. For FY2001 the trust fund was appropriated \$580 million. According to the HRSA website, more than \$555 million in compassionate payments have been made to more than 7,100 eligible individuals. All eligible petitions have been processed for payment. The Administration did not request appropriations for the trust fund for subsequent years because prior funding was sufficient to make compassionate payments on all eligible petitions. The trust fund was terminated in November 2003.⁸

International HIV/AIDS Programs. As indicated in **Table 6**, federal government spending on international HIV/AIDS programs in FY2006 is \$3.2

⁷ Further information can be found at: [http://bhpr.hrsa.gov/rickyray/].

⁸ HRSA Newsbrief, Sept. 24, 2002. See the HRSA website at [http://newsroom.hrsa.gov/NewsBriefs/2002/rickyray.htm].

billion; the Administration's request for FY2007 is \$3.9 billion.⁹ On January 28, 2003, President Bush announced in the State of the Union speech a new five-year \$15 billion program, the President's Emergency Plan for AIDS Relief (PEPFAR).¹⁰ The program targets countries with a very high prevalence of HIV infection: Botswana, Côte d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Vietnam, and Zambia. In the targeted countries, the goals of the five-year plan are to prevent 7 million new infections, provide treatment to 2 million HIV-infected people, and provide care for 10 million HIV-infected individuals and AIDS orphans. In February 2006, the State Department released the second annual report to Congress on PEPFAR. According to the report, through FY2005 the United States provided treatment to 471,000 people, prevented an estimated 47,100 infant HIV infections, and supported HIV counseling and testing services for over 9.4 million people.¹¹

On June 19, 2002, President Bush announced the Mother-to-Child HIV Prevention Initiative, a \$500 million program that targets the countries mentioned above that have been hard hit by the HIV/AIDS epidemic. The goal of the Mother-to-Child HIV Prevention Initiative is to improve health care delivery and reduce mother-to-infant transmission of HIV by 40% within five years.¹² The Administration requested \$200 million in FY2003 and \$300 million in FY2004. Funding for the Initiative was provided by the Foreign Operations appropriation through the U.S. Agency for International Development (USAID) and the Labor, HHS appropriation through international HIV/AIDS programs at CDC. Congress provided \$140 million for the Mother-to-Child HIV Prevention Initiative in FY2003 (\$100 million through USAID and \$40 million through CDC) and full funding of \$300 million for FY2004 (\$150 million via both USAID and CDC). In subsequent years, the Mother-to-Child HIV Prevention Initiative has continued within PEPFAR.

A third program, the Global Fund to Fight AIDS, Tuberculosis and Malaria, was first proposed at the July 2000 G-8 Summit in Okinawa.¹³ The purpose of the Global Fund is to attract, manage and disburse funding through a public-private partnership

⁹ For additional information, see CRS Report RS21181, *HIV/AIDS International Programs: Appropriations, FY2003-FY2006*, by Tiaji Salaam-Blyther, and CRS Issue Brief IB10050, *AIDS in Africa*, by Nicolas Cook.

¹⁰ The U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (H.R. 1298, P.L. 108-25), signed into law on May 27, 2003, authorizes \$15 billion for international HIV/AIDS programs. In July 2003, President Bush nominated Randall Tobias as the U.S. Global AIDS Coordinator, a position created by H.R. 1298. The appointment has the rank of ambassador, reporting directly to the Secretary of State. Additional details on the Administration plan are found in the February 2004 State Department report [<http://www.state.gov/documents/organization/29831.pdf>].

¹¹ U.S. State Department, *Action Today, A Foundation for Tomorrow: The President's Plan for AIDS Relief*, Feb. 8, 2006. 160 pp. [<http://www.state.gov/s/gac/rl/c16742.htm>]

¹² President Bush's International Mother and Child Prevention Initiative, June 19, 2002, at [<http://www.whitehouse.gov/news/releases/2002/06/20020619-1.html>].

¹³ Fact Sheet, Office of the Spokesman, U.S. Department of State, Dec. 13, 2002, at [<http://www.state.gov/r/pa/prs/ps/2002/15583.htm>].

dedicated to the reduction of infections, illness and death caused by these three diseases in countries in need. The concept of the Global Fund was unanimously endorsed at a special session on HIV/AIDS held by the United Nations General Assembly in June 2001. The Global Fund was established in January 2002 as a charitable foundation in Geneva, Switzerland; the first round of grants was approved in April 2002. U.S. support of the fund occurs through USAID and HHS.¹⁴ The United States has contributed a total of \$1.5 billion to the Global Fund, 31% of all funds received by the Global Fund.¹⁵

¹⁴ For further information, see CRS Report RL31712, *The Global Fund to Fight AIDS, Tuberculosis and Malaria: Background and Current Issues*, by Raymond W. Copson and Tiaji Salaam.

¹⁵ Global Fund Donor Pledge information can be found at [<http://www.theglobalfund.org/en/files/pledges&contributions.xls>]. Additional information on the Global Fund can be found at [<http://www.theglobalfund.org/en/>].

Table 2. HHS Discretionary Funding for HIV/AIDS
(\$ in thousands)

Year	Funding	\$ Increase over prior year	% Increase over prior year
FY1981	\$200	—	—
FY1982	5,555	\$5,355	2,678%
FY1983	28,736	23,181	417%
FY1984	61,460	32,724	114%
FY1985	108,618	47,158	77%
FY1986	233,793	125,175	115%
FY1987	502,455	268,662	115%
FY1988	962,018	459,563	94%
FY1989	1,304,012	341,994	36%
FY1990	1,592,756	288,744	22%
FY1991	1,891,232	298,476	19%
FY1992	1,963,414	72,182	4%
FY1993	2,079,591	116,639	6%
FY1994	2,568,682	489,091	24%
FY1995	2,700,498	131,816	5%
FY1996	2,897,923	197,425	7%
FY1997	3,267,220	369,297	13%
FY1998	3,536,519	269,299	8%
FY1999	4,094,489	557,970	16%
FY2000	4,546,326	451,837	11%
FY2001	5,225,645	679,319	15%
FY2002	5,788,553	562,908	11%
FY2003	6,093,846	305,293	5%
FY2004	6,242,501	148,655	2%
FY2005	6,279,141	36,640	0.6%
FY2006 enacted	6,241,549	-37,592	-0.6%
FY2007 request	6,409,178	167,629	3%

Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS Budget Office, April 3, 2006.

Table 3. HHS Discretionary Funding for HIV/AIDS, by Agency
(\$ in thousands)

Agency	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004*	FY2005*	FY2006	FY2007
FDA	\$70,400	\$76,317	\$75,818	\$75,818	\$72,830	\$73,847	\$87,661	\$89,423	\$89,423
HRSA	1,415,847	1,599,231	1,815,000	1,917,200	2,024,962	2,066,861	2,075,296	2,064,713	2,159,713
IHS	3,649	3,770	3,810	3,886	3,940	4,013	4,074	4,198	3,542
CDC	656,590	687,164	859,045	931,141	936,426	862,854	855,535	842,360	929,653
NIH	1,792,739	2,004,428	2,247,015	2,499,458	2,716,218	2,849,952	2,920,551	2,903,664	2,888,492
SAMHSA	91,894	110,347	156,677	169,034	170,614	171,205	173,024	172,326	172,351
AHRQ	1,839	1,787	3,381	2,913	1,825	2,017	1,088	2,000	2,100
OS	61,531	63,282	64,899	64,103	67,681	62,637	62,712	63,865	63,904
Global AIDS Trust Fund	—	—	—	125,000	99,350	149,115	99,200	99,000	100,000
Total	\$4,094,489	\$4,546,326	\$5,225,645	\$5,788,553	\$6,093,846	\$6,242,501	\$6,279,141	\$6,241,549	\$6,409,178

Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS Budget Office, April 3, 2006.

* CDC reported funding for HIV/AIDS expenditures have been comparably adjusted downward to reflect the new budget structure at CDC that excludes administrative and management costs. The FY2004 adjustment was about \$68 million, and the FY2005 adjustment was about \$74 million.

FDA: Food and Drug Administration; **HRSA:** Health Resources and Services Administration; **IHS:** Indian Health Service; **CDC:** Centers for Disease Control and Prevention; **NIH:** National Institutes of Health; **SAMHSA:** Substance Abuse and Mental Health Services Administration; **AHRQ:** Agency for Healthcare Research and Quality; **OS:** Office of the Secretary (includes the Office of HIV/AIDS Policy, Office for Civil Rights, Office of Minority Health, Office of Women's Health and the Public Health and Social Services Emergency Fund/Minority Communities Fund); **Global Aids Trust Fund:** While budgeted in NIH, HHS contributions to the Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis are not reflected in the NIH HIV/AIDS spending figures, but are accounted for separately.

Table 4. Total Federal Government Spending on HIV/AIDS by Function
(\$ in millions)

Agency/Department	FY2005 Actual					FY2006 Enacted					FY2007 President's Budget				
	Research	Prevent	Treatmt	Income support	Total	Research	Prevent	Treatmt	Income support	Total	Research	Prevent	Treatmt	Income support	Total
FDA	\$88	—	—	—	\$88	\$89	—	—	—	\$89	\$89	—	—	—	\$89
HRSA	—	2	2,073	—	2,075	—	2	2,063	—	2,065	—	2	2,158	—	2,160
IHS	1	3	—	—	4	1	3	—	—	4	1	2	—	—	4
CDC	—	856	—	—	856	—	842	—	—	842	—	930	—	—	930
NIH	2,921	—	—	—	2,921	2,904	—	—	—	2,904	2,888	—	—	—	2,888
SAMHSA	—	41	132	—	173	—	40	132	—	172	—	40	132	—	172
AHRQ	1	—	—	—	1	2	—	—	—	2	2	—	—	—	2
OS	—	10	—	—	10	—	12	—	—	12	—	12	—	—	12
PH emergency fund	—	37	15	—	52	—	37	15	—	52	—	37	15	—	52
Global AIDS trust fund	—	50	50	—	99	—	50	50	—	99	—	50	50	—	100
HHS discretionary	\$3,011	\$999	\$2,270	—	\$6,279	\$2,996	\$986	\$2,259	—	\$6,242	\$2,981	\$1,037	\$2,354	—	\$6,409
CMS/Medicaid	—	—	5,700	—	5,700	—	—	6,300	—	6,300	—	—	6,800	—	6,800
CMS/Medicare	—	—	2,900	—	2,900	—	—	3,200	—	3,200	—	—	3,500	—	3,500
Subtotal, HHS	\$3,011	\$999	\$10,870	—	\$14,879	\$2,996	\$986	\$11,759	—	\$15,742	\$2,981	\$1,073	\$12,654	—	\$16,709
Social Security — DI	—	—	—	\$1,250	\$1,250	—	—	—	\$1,293	\$1,293	—	—	—	\$1,334	\$1,334
Social Security — SSI	—	—	—	450	450	—	—	—	450	450	—	—	—	435	435
Veterans Affairs	8	35	402	—	445	8	35	415	—	457	\$8	\$35	\$431	—	473
Defense Department.	36	17	57	—	110	22	23	58	—	102	22	18	58	—	97
Agency for Int. Dev.	—	509	124	—	633	—	498	124	—	621	—	405	50	—	455
Justice/Bureau of Prisons	—	2	18	—	20	—	2	19	—	21	—	2	19	—	21
State Department	—	460	916	—	1,376	—	693	1,284	—	1,977	—	983	1,913	—	2,896
Labor Department	—	2	—	—	2	—	0	—	—	0	—	—	—	—	—
Education Dept.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
HUD	—	—	—	282	282	—	—	—	286	286	—	—	—	300	300
OPM-FEHB	—	—	370	—	370	—	—	100	—	100	—	—	100	—	100
Subtotal, Non-HHS	\$44	\$1,025	\$1,887	\$1,982	\$4,938	\$30	\$1,251	\$1,999	\$2,029	\$5,308	\$30	\$1,443	\$2,570	\$2,069	\$6,111
Total, federal government	\$3,055	\$2,024	\$12,757	\$1,982	\$19,817	\$3,026	\$2,237	\$13,758	\$2,029	\$21,050	\$3,011	\$2,516	\$15,224	\$2,069	\$22,820

Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS Budget Office, April 3, 2006. **HHS:** Department of Health and Human Services; **CMS:** Centers for Medicare and Medicaid Services; **DI:** Disability Insurance; **HUD:** Department of Housing and Urban Development; **SSI:** Supplemental Security Income; **OPM-FEHB:** Office of Personnel Management-Federal Employees Health Benefits.

Table 5. Federal Government Spending on HIV/AIDS: FY1982-FY2007
(\$ in millions)

Year	HHS			SS		VA	Defense	AID	DoJ-Prisons	State	Labor	HUD	OPM-FEHB	Education	Total
	Discretionary	CMS		DI	SSI										
		Medicaid	Medicare												
1982	\$6	—	—	—	—	2	—	—	—	—	—	—	—	—	\$8
1983	\$29	10	—	—	—	5	—	—	—	—	—	—	—	—	\$44
1984	\$60	30	—	5	1	7	—	—	—	—	—	—	—	—	\$103
1985	\$109	70	5	10	3	8	—	—	—	—	—	—	—	—	\$205
1986	\$234	130	5	30	5	20	79	—	—	—	—	—	5	—	\$508
1987	\$502	200	15	55	15	51	74	—	1	—	1	—	8	—	\$922
1988	\$962	330	30	95	20	78	53	30	1	—	1	1	13	1	\$1,615
1989	\$1,304	490	55	150	35	136	86	40	2	1	1	—	22	—	\$2,322
1990	\$1,592	670	110	184	55	220	124	71	5	1	1	—	37	—	\$3,070
1991	\$1,891	870	180	266	95	258	127	78	5	1	1	—	61	—	\$3,833
1992	\$1,967	800	400	372	150	279	125	94	5	1	1	48	103	—	\$4,345
1993	\$2,079	1,000	600	481	200	299	155	117	5	1	1	100	175	—	\$5,213
1994	\$2,569	1,300	800	568	250	312	127	115	6	1	1	156	193	—	\$6,398
1995	\$2,700	1,500	1,000	631	250	317	110	120	6	1	1	171	212	—	\$7,019
1996	\$2,898	1,800	1,100	684	250	331	98	115	6	—	1	171	226	—	\$7,680

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Year	HHS			SS		VA	Defense	AID	DoJ-Prisons	State	Labor	HUD	OPM-FEHB	Education	Total
	Discretionary	CMS		DI	SSI										
		Medicaid	Medicare												
1997	\$3,267	2,200	1,300	738	275	350	84	117	7	—	2	196	241	—	\$8,777
1998	\$3,537	2,600	1,400	787	305	378	95	121	7	—	2	204	253	—	\$9,689
1999	\$4,094	2,900	1,500	828	330	401	86	139	7	—	2	225	266	1	\$10,779
2000 ^a	\$4,546	3,300	1,700	870	370	345	97	200	8	—	2	232	279	1	\$12,025
2001 ^a	\$5,226	3,700	1,900	919	340	405	108	430	15	—	11	257	292	1	\$14,184
2002	\$5,789	4,200	2,050	961	390	391	96	510	16	—	11	277	297	—	\$14,988
2003	\$6,094	4,800	2,400	1,019	395	396	82	774	17	141	11	290	321	—	\$16,739
2004	\$6,243	5,400	2,600	1,050	415	402	105	963	17	638	11	295	343	—	\$18,481
2005	\$6,279	5,700	2,900	1,250	450	445	110	633	20	1,376	2	282	370	—	\$19,817
2006	\$6,242	6,300	3,200	1,293	450	457	102	621	21	1,977	—	286	100	—	\$21,050
2007 ^b	\$6,409	6,800	3,500	1,334	435	473	97	455	21	2,896	—	300	100	—	\$22,820

Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS Budget Office, April 3, 2006. May not add due to rounding.

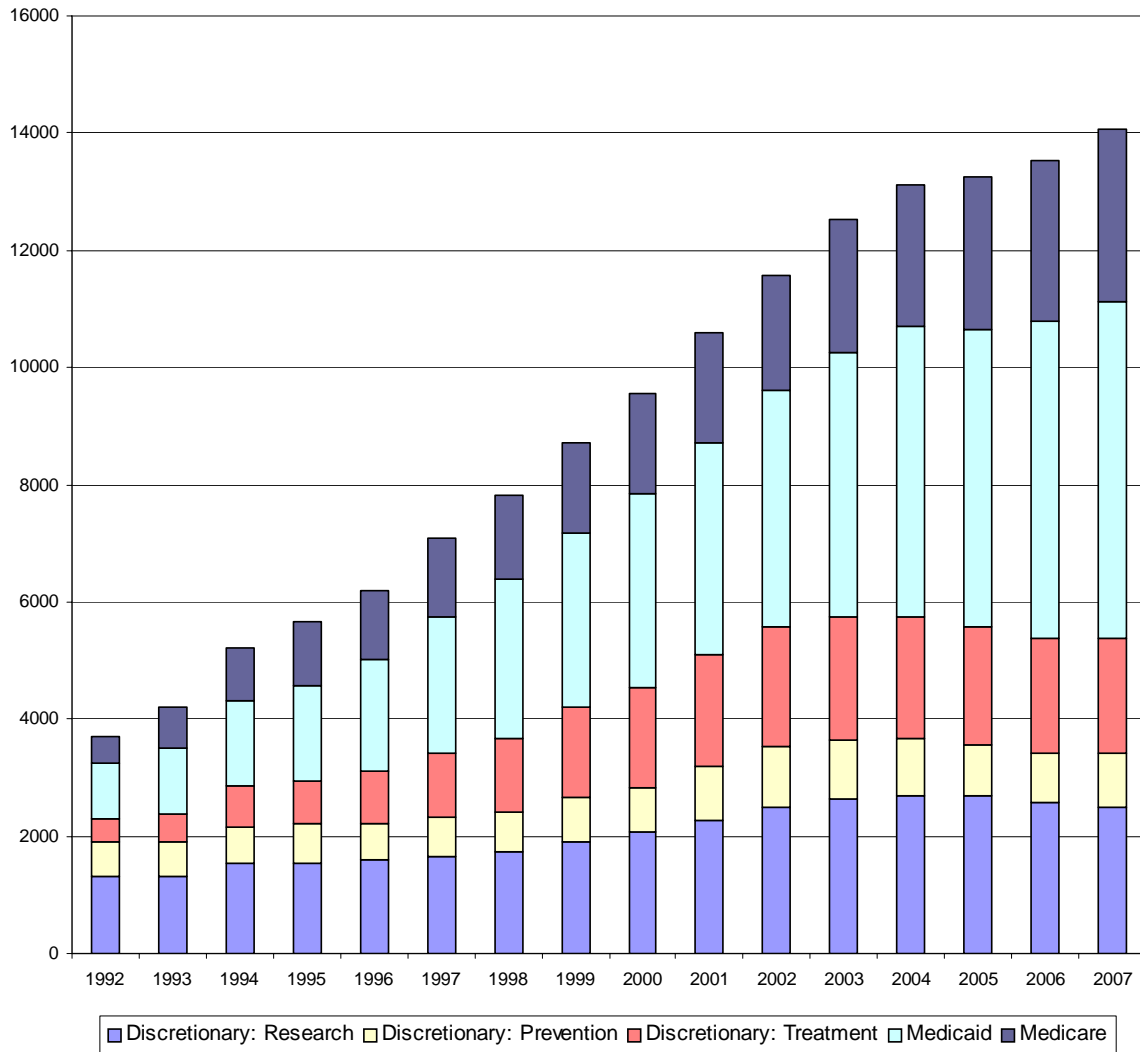
a. FY2000 total includes \$75 million for the HRSA Ricky Ray Hemophilia program, and FY2001 total includes \$580 million for the HRSA Ricky Ray Hemophilia program.

b. FY2007 is the Administration's request.

HHS: Department of Health and Human Services; Discretionary AIDS budget; **CMS:** Centers for Medicare and Medicaid Services; **SS:** Social Security; **DI:** Disability Insurance; **SSI:** Supplemental Security Income; **VA:** Veterans Affairs; **AID:** U.S. Agency for International Development; **DoJ-Prisons:** Department of Justice, Bureau of Prisons; **HUD:** Department of Housing and Urban Development; **OPM-FEHB:** Office of Personnel Management-Federal Employees Health Benefits

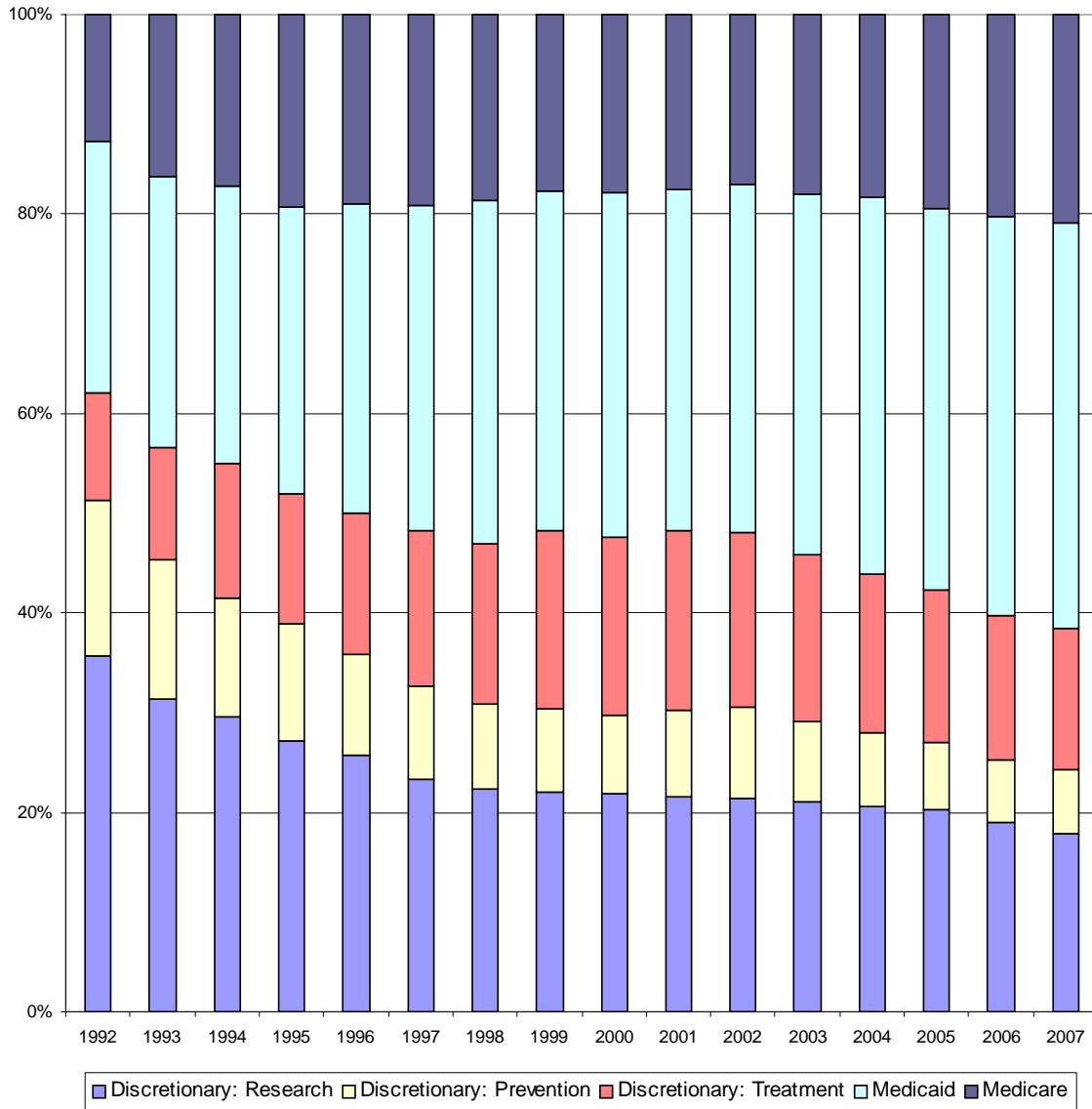
Figure 4. HHS Spending on HIV/AIDS Programs

(Constant 2000 \$)



Source: HHS Budget Office, April 3, 2006. FY2006 is enacted; FY2007 is based on the Administration's budget request.

Figure 5. HHS HIV/AIDS Spending by Program/Function as a Percentage of Total



Source: HHS Budget Office, April 3, 2006. FY2006 is enacted; FY2007 is based on the Administration's budget request.

Table 6. Federal Government Spending on International HIV/AIDS Programs by Function
(\$ in millions)

Agency/Department	FY2005 Actual				FY2006 enacted				FY2007 President's Budget			
	Research	Prevent	Treatment	Total	Research	Prevent	Treatment	Total	Research	Prevent	Treatment	Total
Centers for Disease Control	—	124	—	124	—	123	—	123	—	122	—	122
National Institutes of Health	370	—	—	370	371	—	—	371	368	—	—	368
Global AIDS trust fund	—	50	50	99	—	50	50	99	—	50	50	100
Subtotal, HHS	\$370	\$173	\$50	\$593	\$371	\$172	\$50	\$593	\$368	\$172	\$50	\$590
Defense Department	—	7	—	7	—	5	—	5	—	—	—	—
Agency for International Development	—	509	124	633	—	498	124	621	—	405	50	455
State Department	—	460	916	1,376	—	693	1,284	1,977	—	983	1,913	2,896
Labor Department	—	2	—	2	—	0	—	0	—	—	—	—
Subtotal, Non-HHS	—	978	1,040	2,018	—	1,196	1,407	2,604	—	1,388	1,963	3,351
Total	\$370	\$1,152	\$1,090	\$2,611	\$371	\$1,368	\$1,457	\$3,196	\$368	\$1,560	\$2,013	\$3,941

Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS Budget Office, April 3, 2006. May not add due to rounding.
HHS: Department of Health and Human Services.