

An hourglass-shaped graphic with a globe in the top bulb and another globe in the bottom bulb. The hourglass is light blue and has a dark blue cap at the top. The globe in the top bulb is dark blue, and the globe in the bottom bulb is light blue. The text is centered within the hourglass.

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Congressional Research Service

Report RL30731

*AIDS Funding for Federal Government Programs:
FY1981-FY2009*

Judith A. Johnson, Domestic Social Policy Division; and Sharon Coleman, Knowledge Services Group

Updated April 23, 2008

Abstract. This report provides an overview of HHS spending on HIV/AIDS as well as budget numbers for other federal government programs targeting HIV/AIDS.

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CRS Report for Congress

AIDS Funding for Federal Government Programs: FY1981-FY2009

Updated April 23, 2008

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Prepared for Members and
Committees of Congress

AIDS Funding for Federal Government Programs: FY1981-FY2009

Summary

Federal government spending on HIV (the human immunodeficiency virus) and AIDS (acquired immune deficiency syndrome) is estimated at \$23.3 billion in FY2008. Of the total, 63% is for treatment programs; research programs receive 13%; prevention programs receive 14%, and income support programs receive 10%. The Administration's government-wide request level for all HIV/AIDS programs in FY2009 is \$24.1 billion.

AIDS programs within the Department of Health and Human Services (HHS) account for 66% of the total amount spent on HIV/AIDS by the federal government in FY2008, a total of \$15.2 billion for both discretionary and entitlement programs. Within the HHS discretionary budget, funding for HIV/AIDS research, prevention, and treatment programs has increased from \$200,000 in FY1981 to an estimated \$6.586 billion in FY2008; the Administration's request for FY2009 is \$6.592 billion.

This report provides an overview of HHS spending on HIV/AIDS as well as budget numbers for other federal government programs targeting HIV/AIDS. This report is updated once per year to reflect the new budget figures.

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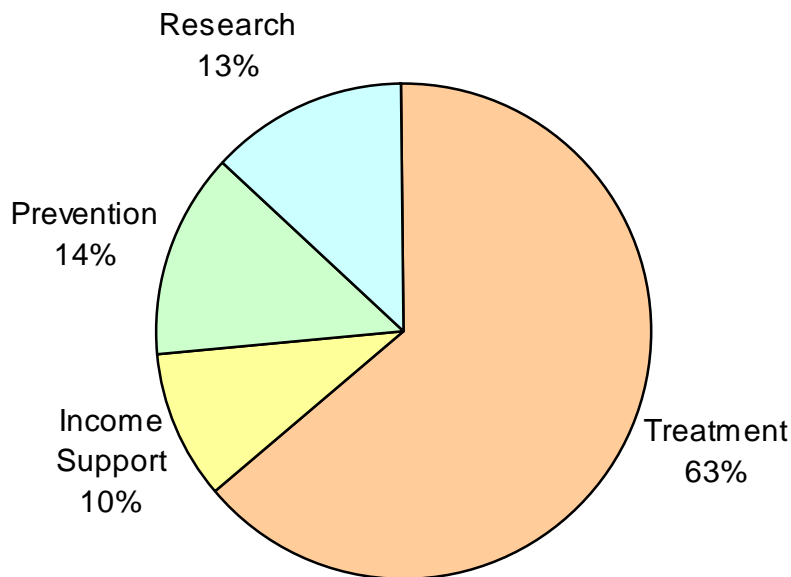
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AIDS Funding for Federal Government Programs: FY1981-FY2009

Introduction

Untreated HIV infection leads to a gradual deterioration of the immune system and leaves affected individuals susceptible to the opportunistic infections and cancers that typify AIDS. Since 1981, a cumulative total of 1,014,797 AIDS cases in the United States and dependent areas have been reported to the Centers for Disease Control and Prevention (CDC).¹ Of this total, 448,871 persons were reported to be living with AIDS as of the end of December 2006. In addition to the total number of people living with AIDS, another 233,079 persons were known to be infected with HIV (does not include data from five states and the District of Columbia; these areas have not been reporting name-based HIV infection case numbers to CDC since at least 2003).

Figure 1. Estimated Total Federal Spending on HIV/AIDS, by Function, FY2008



Source: HHS Budget Office, March 20, 2008.

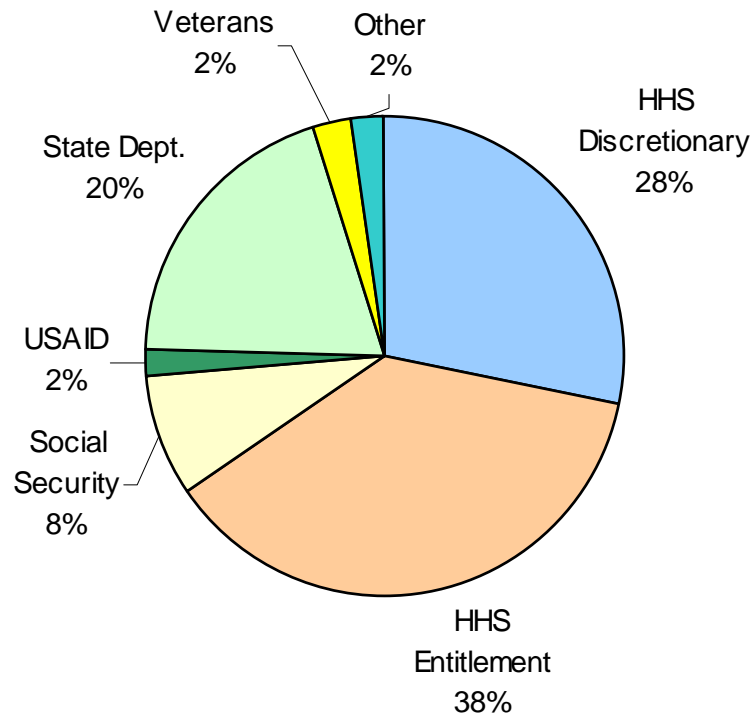
¹ Data in this paragraph are from Table 3, p. 13 and Table 12, pp. 24-25 of the CDC, *HIV/AIDS Surveillance Report*, 2006, vol. 18, at [<http://www.cdc.gov/hiv/topics/surveillance/resources/reports/>].

Federal government AIDS spending is estimated at \$23.3 billion in FY2008 (see **Table 5**). The Bush Administration request for FY2009 is \$24.1 billion. Of the total amount spent by the federal government on HIV/AIDS in FY2008, the majority (63%) of funding is for treatment programs; funding for research receives 13% of the total (see **Figure 1** and **Table 4**). The remaining amounts are for prevention programs (14%) and income support for persons with AIDS (10%).

AIDS programs within HHS (Health and Human Services) account for 66% 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. Even though HHS has revised its estimates of spending by Medicaid for FY2007 through FY2009, **Figure 4** still shows that most of the overall rise can be attributed to increased spending on Medicaid, Medicare, and treatment programs in the discretionary budget, largely through the Ryan White 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 FY2008, such programs were about 27% 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, FY2008



Source: HHS Budget Office, March 20, 2008.

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

About 90% of FY2008 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 program, 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 27 institutes and centers and supports more than 200,000 scientists and research personnel working at over 3,100 U.S. institutions. NIH funding for FY2008 was provided in P.L. 110-161 (H.R. 2764), and NIH estimates FY2008 funding for AIDS research at \$2.913 billion. The Administration's request for FY2009 is \$2.913

billion.² 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 FY2008, the House and Senate 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. CDC distributes much of its HIV funds to state and local agencies through cooperative agreements, grants, and contracts. CDC funding for FY2008 was provided in P.L. 110-161 (H.R. 2764). According to the HHS Budget Office, CDC will be spending \$872 million on HIV/AIDS activities in FY2008; the Administration's request for FY2009 is \$871 million.³

HRSA

The HIV/AIDS Bureau within HRSA administers the Ryan White program, 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 531,000 people each year. The Ryan White HIV/AIDS Treatment Modernization Act of 2006 (P.L. 109-415, H.R. 6143) reauthorized the Ryan White program through September 30, 2009.

HRSA funding for FY2007 was provided in P.L. 110-161 (H.R. 2764). According to the HHS Budget Office, HRSA will be spending \$2.170 billion on Ryan White program activities in FY2008. The Administration's request for FY2009

² For additional information on OAR budget and research activities for FY2009, see "Department of Health and Human Services, Fiscal Year 2009, Justification of Estimates for Appropriations Committees, National Institutes of Health, Volume I, Overview," pp. 1-17, at [<http://officeofbudget.od.nih.gov/ui/2008/OAR.pdf>].

³ For further information on the CDC HIV/AIDS budget and program activities, see "Department of Health and Human Services, Fiscal Year 2009, Justification of Estimates for Appropriations Committees, Centers for Disease Control and Prevention," pp. 61-78, at [http://www.cdc.gov/fmo/PDFs/FY09_CDC_CJ_Final.pdf].

is \$2.171 billion.⁴ (For further information on the Ryan White program, see CRS Report RL33279, *The Ryan White HIV/AIDS Program*, by Judith A. Johnson.)

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. 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 has played an important role in needed health care for persons with HIV and AIDS because of its coverage of prescription drugs.

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 one of the largest source of federal funding for AIDS treatment and health care services (see **Figure 3**).

For FY2008, the federal share of Medicaid spending on AIDS treatment is estimated at \$4.1 billion, and for FY2009, the federal share estimate is \$4.4 billion. Total FY2008 federal and state Medicaid spending for AIDS treatment will be an estimated \$7.2 billion (\$4.1 billion federal and \$3.1 billion state).⁵ CMS analysts have significantly lowered their estimate of the federal share of Medicaid spending on AIDS treatment due to two factors: (1) the impact of Medicare Part D prescription drug coverage and (2) lowered per capita health care costs based on internal CMS data and external data.⁶ However, a study by analysts outside of CMS found that although "implementation of Medicare drug benefit resulted in a major shift of prescription drug spending from Medicaid to Medicare ... spending for antiretroviral medications decreased by a much smaller percentage than did spending for many

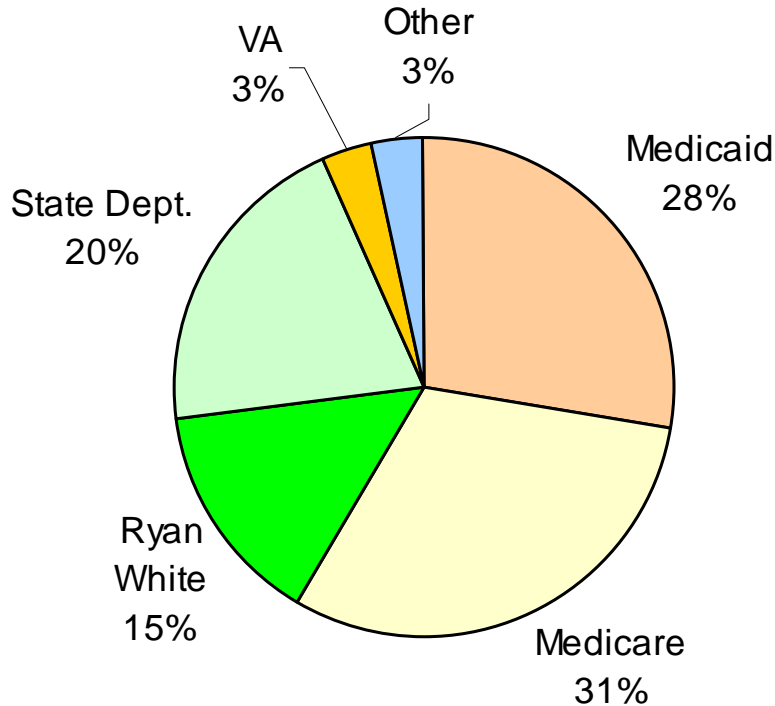
⁴ For more information on the HRSA Ryan White budget and program activities, see "Department of Health and Human Services, Fiscal Year 2009, Justification of Estimates for Appropriations Committees, Health Resources and Services Administration," pp. 163-193, at [<ftp://ftp.hrsa.gov/about/budgetjustification09.pdf>].

⁵ Estimate based on average federal Medicaid assistance percentage (FMAP) for the nation as a whole.

⁶ Personal communication, HHS Budget Office, April 17, 2008.

other classes. People with HIV and AIDS continue to depend heavily on Medicaid to pay for their health care, as most do not qualify for Medicare.”⁷

Figure 3. Estimated Federal Government Spending on HIV/AIDS Treatment, FY2008



Source: HHS Budget Office, March 20, 2008.

Notes: 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**.

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, about 80% of beneficiaries with HIV/AIDS that qualified for Medicare did so because of a disability,⁸ the remainder

⁷ Brian K. Bruen and Laura M. Miller, “Changes in Medicaid Prescription Volume and Use in the Wake of Medicare Part D Implementation,” *Health Affairs*, January/February 2008, v. 27, pp. 196-202.

⁸ An HIV-positive individual must have a recognized AIDS-defining illness in order to meet the disability classification.

were eligible because they were 65 or older or had ESRD.⁹ 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.¹⁰

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.¹¹ The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (P.L. 108-173) provided for the implementation of a prescription drug program, often called Medicare Part D, which became effective January 1, 2006. CMS analysts have adjusted their estimate of Medicare spending on AIDS treatment based on two factors: (1) the impact of Medicare Part D prescription drug coverage and (2) lowered per capita health care costs based on internal CMS data and external data.¹² For FY2008, funding for the care of persons with HIV/AIDS under Medicare is estimated to be \$4.5 billion, and the estimate for FY2009 is \$4.8 billion.

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 FY2008, a total of \$403 million is provided to continue these activities. For FY2009, the Administration has requested \$387 million. See **Table 1** below for further details.

⁹ Nancy Fasciano et al., *Profile of Medicare Beneficiaries with AIDS: Application of an AIDS Case Finding Algorithm*, Executive Summary, October 14, 1999. Submitted by Mathematica Policy Research, Inc.

¹⁰ 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.

¹¹ 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.

¹² Personal communication, HHS Budget Office, April 17, 2008.

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

Program	FY2005	FY2006	FY2007	FY2008	FY2009
HRSA	\$129	\$129	\$131	\$135	139
CDC	94	96	96	96	76
SAMHSA	112	112	111	112	112
Minority Communities Fund	52	52	52	51	52
Office of Minority Health	8	10	9	7	7
Office of Women's Health	1	1	1	2	1
Total, Minority HIV/AIDS Initiative	397	399	400	403	387

Source: Table prepared by the Congressional Research (CRS) based on analysis from the HHS Budget Office, February 15, 2008.

Notes: Totals may not add due to rounding. FY2009 is based on the Administration's budget request.

International HIV/AIDS Programs

In January 2003, President Bush announced in the State of the Union speech a five-year \$15 billion program, the President's Emergency Plan for AIDS Relief (PEPFAR).¹³ The five-year program targets countries with a very high prevalence of HIV infection; its goals 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.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, was first proposed at the July 2000 G-8 Summit in Okinawa.¹⁴ Its purpose is to attract, manage and disburse funding through a public-private partnership dedicated to the reduction of infections, illness and death caused by these three diseases in countries in need. It 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.

As indicated in **Table 6**, federal government spending on international HIV/AIDS programs in FY2008 is \$5.8 billion; the Administration's request for FY2009 is \$5.9 billion.¹⁵

¹³ 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.

¹⁴ Fact Sheet, Office of the Spokesman, U.S. Department of State, December 13, 2002, at [<http://www.state.gov/r/pa/prs/ps/2002/15583.htm>].

¹⁵ For additional information, see CRS Report RL33771, *Trends in U.S. Global AIDS Spending: FY2000-FY2008*, by Tiaji Salaam-Blyther; CRS Report RL33485, *U.S. International HIV/AIDS, Tuberculosis, and Malaria Spending: FY2004-FY2008*, by Tiaji Salaam-Blyther; CRS Report RL31712, *The Global Fund to Fight AIDS, Tuberculosis, and* (continued...)

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	6,235,251	-43,890	-0.7%
FY2007	6,357,719	122,468	2%
FY2008	6,586,086	228,367	4%
FY2009 Request	6,592,399	6313	0.1%

Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS Budget Office, March 20, 2008.

Note: FY2009 is based on the Administration's budget request.

¹⁵ (...continued)

Malaria: Background, by Tiaji Salaam-Blyther; CRS Report RL34192, *PEPFAR: From Emergency to Sustainability*, by Tiaji Salaam-Blyther; CRS Report RL32001, *HIV/AIDS in the Caribbean and Central America*, by Mark P. Sullivan; and CRS Report RL33584, *AIDS in Africa*, by Nicolas Cook.

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

Agency	FY2000	FY2001	FY2002	FY2003	FY2004 ^a	FY2005 ^a	FY2006	FY2007	FY2008	FY2009
FDA	\$76,317	\$75,818	\$75,818	\$72,830	\$73,847	\$87,661	\$88,758	\$90,563	\$94,425	\$95,369
HRSA	1,599,231	1,815,000	1,917,200	2,024,962	2,066,861	2,075,296	2,064,705	2,141,195	2,170,192	2,171,312
IHS	3,770	3,810	3,886	3,940	4,013	4,074	4,261	4,437	4,587	3,629
CDC	687,164	859,045	931,141	936,426	862,854	855,535	838,225	879,241	872,427	871,314
NIH	2,004,428	2,247,015	2,499,458	2,716,218	2,849,952	2,920,551	2,901,859	2,905,788	2,913,345	2,913,345
SAMHSA	110,347	156,677	169,034	170,614	171,205	173,024	171,872	171,545	172,226	172,907
AHRQ	1,787	3,381	2,913	1,825	2,017	1,088	2,750	2,800	2,800	2,800
OS	63,282	64,899	64,103	67,681	62,637	62,712	63,821	63,150	61,325	61,723
Global AIDS Trust Fund	—	—	125,000	99,350	149,115	99,200	99,000	99,000	294,759	300,000
Total	\$4,546,326	\$5,225,645	\$5,788,553	\$6,093,846	\$6,242,501	\$6,279,141	\$6,235,251	\$6,357,719	\$6,586,086	\$6,592,399

Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS Budget Office, March 20, 2008.

Notes: FY2009 is based on the Administration's budget request. **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.

a. 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.

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

Agency/Department	FY2007 Actual					FY2008 Enacted					FY2009 President's Budget				
	Research	Prevent	Treatmt	Income support	Total	Research	Prevent	Treatmt	Income support	Total	Research	Prevent	Treatmt	Income support	Total
FDA	\$91	—	—	—	\$91	\$94	—	—	—	\$94	\$95	—	—	—	\$95
HRSA	—	3	2,138	—	2,141	—	3	2,167	—	2,170	—	3	2,168	—	2,171
IHS	1	3	—	—	4	1	3	—	—	5	1	2	—	—	4
CDC	—	879	—	—	879	—	872	—	—	872	—	871	—	—	871
NIH	2,906	—	—	—	2,906	2,913	—	—	—	2,913	2,913	—	—	—	2,913
SAMHSA	—	40	131	—	172	—	40	132	—	172	—	40	133	—	173
AHRQ	—	—	—	—	3	3	—	—	—	3	3	—	—	—	3
OS	—	11	—	—	11	—	10	—	—	10	—	10	—	—	10
PH emergency fund	—	37	15	—	52	—	36	14	—	51	—	37	15	—	52
Global AIDS trust fund	—	50	50	—	99	—	147	147	—	295	—	150	150	—	300
HHS discretionary	\$3,000	\$1,024	\$2,333	—	\$6,358	\$3,012	\$1,114	\$2,460	—	\$6,586	\$3,013	\$1,114	\$2,465	—	\$6,592
CMS/Medicaid	—	—	3,900	—	3,900	—	—	4,100	—	4,100	—	—	4,400	—	4,400
CMS/Medicare	—	—	4,200	—	4,200	—	—	4,500	—	4,500	—	—	4,800	—	4,800
Subtotal, HHS	\$3,000	\$1,024	\$10,433	—	\$14,458	\$3,012	\$1,114	\$11,060	—	\$15,186	\$3,013	\$1,114	\$11,665	—	\$15,792
Social Security — DI	—	—	—	\$1,450	\$1,450	—	—	—	\$1,484	\$1,484	—	—	—	\$1,519	\$1,519
Social Security — SSI	—	—	—	420	420	—	—	—	479	479	—	—	—	490	490
Veterans Affairs	—	35	465	—	505	5	35	500	—	540	\$3	\$35	\$607	—	645
Defense Department.	2	10	58	—	94	30	18	58	—	106	23	10	58	—	91
Agency for Int. Dev.	—	466	124	—	590	—	371	—	—	371	—	342	—	—	342
Justice/Bureau of Prisons	—	2	19	—	21	—	2	19	—	21	—	2	19	—	21
State Department	—	1,147	2,101	—	3,248	—	1,645	3,017	—	4,662	—	1,626	3,153	—	4,779
Labor Department	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Education Dept.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
HUD	—	—	—	286	286	—	—	—	300	300	—	—	—	300	300
OPM-FEHB	—	—	107	—	107	—	—	114	—	114	—	—	123	—	123
Subtotal, Non-HHS	\$31	\$1,660	\$2,874	\$2,156	\$6,721	\$35	\$2,071	\$3,708	\$2,263	\$8,077	\$26	\$2,015	\$3,959	\$2,309	\$8,310
Total, federal government	\$3,032	\$2,684	\$13,307	\$2,156	\$21,179	\$3,047	\$3,185	\$14,768	\$2,263	\$23,263	\$3,039	\$3,130	\$15,624	\$2,309	\$24,102

Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS Budget Office, March 20, 2008.

Notes: **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-FY2009

(\$ in millions)

Year	HHS			SS										Total	
	Discretionary	Medicaid	Medicare	DI	SSI	VA	Defense	AID	DOJ-Prisons	State	Labor	HUD	OPM-FEHB		Education
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	30	5	30	5	20	79	—	—	—	—	—	5	—	\$508
1987	\$502	200	15	55	15	51	74	—	1	—	1	—	8	—	\$922
1988	\$962	30	30	95	20	78	53	30	1	—	1	1	13	1	\$1,615
1989	\$1,304	90	55	150	35	136	86	40	2	1	1	—	22	—	\$2,322
1990	\$1,592	70	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
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

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Year	HHS			SS		VA	Defense	AID	DOJ-Prisons	State	Labor	HUD	OPM-FEHB	Education	Total
	Discretionary	Medicaid	Medicare	DI	SSI										
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	\$6,235	3,900 ^b	3,900 ^b	1,365	440	468	102	621	21	1,977	—	286	100	—	\$19,116
2007	\$6,358	3,900 ^b	4,200 ^b	1,450	420	505	94	590	21	3,248	—	286	107	—	\$21,179
2008	\$6,586	4,400 ^b	4,500 ^b	1,484	479	540	106	371	21	4,662	—	300	114	—	\$23,263
2009	\$6,592	4,400 ^b	4,800 ^b	1,519	490	645	91	342	21	4,779	—	300	123	—	\$24,102

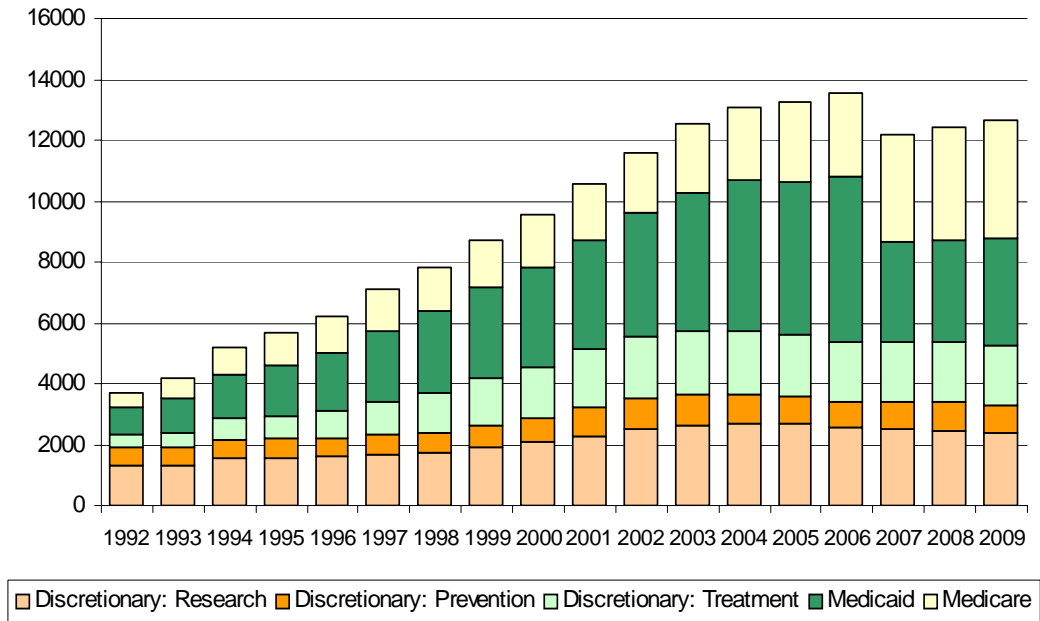
Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS Budget Office, March 20, 2008.

Notes: FY2009 is based on the Administration’s budget request. May not add due to rounding. **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.

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. Medicaid and Medicare amounts have been revised due to the impact Medicare Part D prescription drug coverage and lowered per capita health care costs.

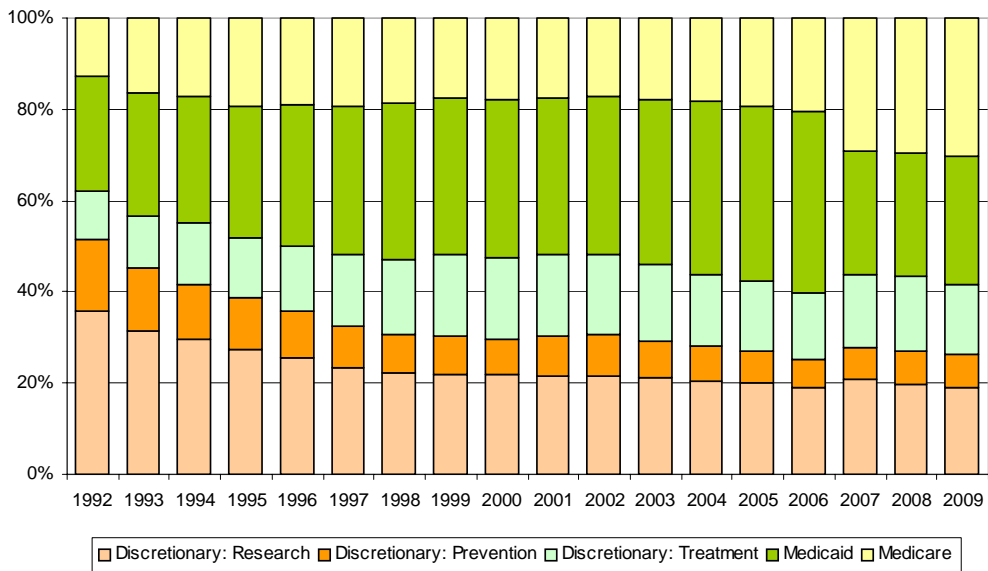
Figure 4. HHS Spending on HIV/AIDS Programs



Source: HHS Budget Office, March 20, 2008.

Note: FY2009 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, March 20, 2008.

Note: FY2009 is based on the Administration's budget request.

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

Agency/Department	FY2007 Actual				FY2008 Enacted				FY2009 President's Budget			
	Research	Prevent	Treatment	Total	Research	Prevent	Treatment	Total	Research	Prevent	Treatment	Total
Centers for Disease Control	—	121	—	121	—	119	—	119	—	119	—	119
National Institutes of Health	362	—	—	362	364	—	—	364	366	—	—	366
Global AIDS trust fund	—	50	50	99	—	147	147	295	—	150	150	300
Subtotal, HHS	\$362	\$170	\$50	\$582	\$364	\$266	\$147	\$777	\$366	\$269	\$150	\$785
Defense Department	—	—	—	—	—	8	—	8	—	—	—	—
Agency for International Development	—	466	124	590	—	371	—	371	—	342	—	342
State Department	—	1,147	2,101	3,248	—	1,645	3,017	4,662	—	1,626	3,153	4,779
Labor Department	—	—	—	—	—	—	—	—	—	—	—	—
Subtotal, Non-HHS	—	1,613	2,225	3,838	—	2,024	3,017	5,041	—	1,968	3,153	5,121
Total	\$362	\$1,784	\$2,275	\$4,420	\$364	\$2,290	\$3,164	\$5,818	\$366	\$2,237	\$3,303	\$5,906

http://wikileaks.org/wiki/CRS-RL30731

Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS Budget Office, March 20, 2008.

Notes: May not add due to rounding. **HHS:** Department of Health and Human Services.