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AIDS Funding for Federal Government Programs: FY1981-FY2005

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Summary

Federal government AIDS spending is estimated at $18.5 billion in FY2004: 63% is for treatment programs; research receives 16%; income support programs receive 9%; and, prevention programs receive 12%. The government-wide request level for FY2005 is $19.8 billion. AIDS programs within the Department of Health and Human Services (HHS) account for 77% 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 $6.3 billion in FY2004; the Administration's request for FY2005 is $6.4 billion. Funding for HIV/AIDS treatment within HHS entitlement programs has increased from $10 million in FY1983 to an estimated $8 billion in FY2004. Entitlement spending depends on the number of HIV/AIDS cases that qualify; the estimate for FY2005 is $8.6 billion for HIV/AIDS treatment within HHS entitlement programs.

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AIDS Funding for Federal Government Programs: FY1981-FY2005

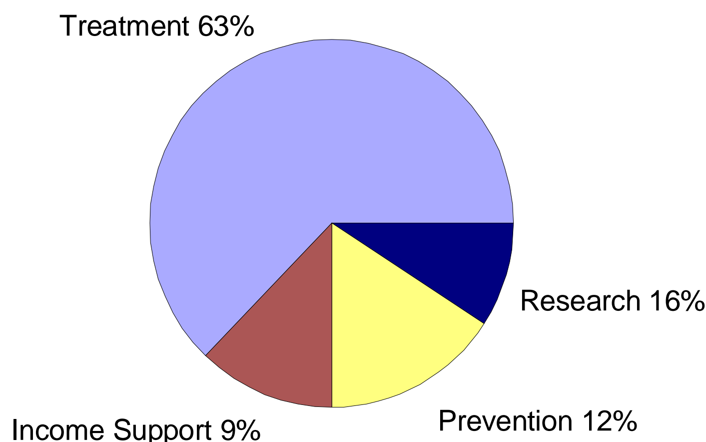
Background

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 886,575 AIDS cases in the United States have been reported to the Centers for Disease Control and Prevention (CDC).[1] Of this total, 384,906 persons were reported to be living with AIDS as of the end of December 2002. In addition to the total number of people living with AIDS, another 281,931 persons were known to be infected with the human immunodeficiency virus (HIV) (in the 29 states and the Virgin Islands that have been reporting confidential name-based HIV infection case numbers to CDC since 1998).

Federal government AIDS spending is estimated at $18.5 billion in FY2004 (see **Table 4**). The Bush Administration request for FY2005 is $19.8 billion. Of the total amount spent by the federal government on HIV/AIDS in FY2004, the majority (63%) of funding is for treatment programs; funding for research receives 16% of the total (see **Figure 1** and **Table 3**). The remaining amounts are for prevention programs (12%) and income support for persons with AIDS (9%).

Figure 1. Estimated Total Federal Spending on HIV/AIDS by Function, FY2004

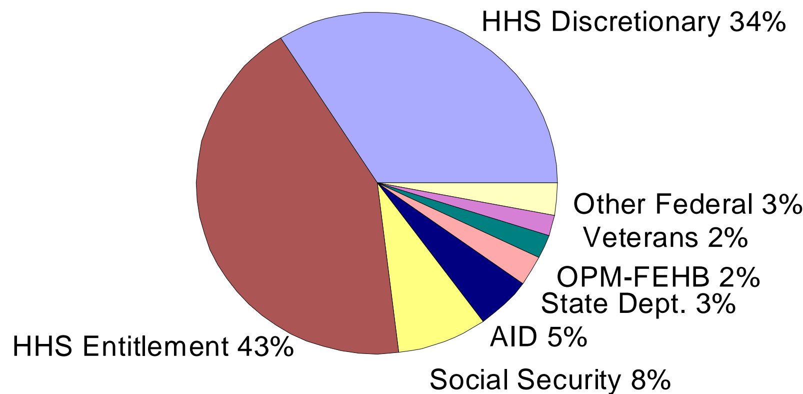
Total $18.5 billion



Source: HHS Budget Office, February 6, 2004.

[1] Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report*, 2002, v. 14, p. 12.

Figure 2. Estimated Total Federal Spending on HIV/AIDS, FY2004



Source: HHS Budget Office, February 6, 2004.
Note: OPM-FEHB, Office of Personnel Management-Federal Employees Health Benefits; AID, Agency for International Development. See Table 4.

AIDS programs within HHS (Health and Human Services) account for 77% of the total amount spent on AIDS by the federal government (see **Figure 2**). HHS entitlement funding supports the treatment of HIV/AIDS patients via Medicaid and Medicare which are administered by the Centers for Medicare and Medicaid Services (CMS).[2] HHS discretionary funding supports AIDS research and prevention programs, as well as treatment programs. **Table 1** provides a history of HHS discretionary funding for HIV/AIDS from the beginning of the epidemic in FY1981 to the present. As shown in **Figure 4** near the end of this report, funding for HIV/AIDS programs within HHS has increased markedly over the past 10 years as measured in constant 1996 dollars. 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 decade (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 FY2004, such programs were about 28% of the total amount spent by HHS on HIV/AIDS, reflecting the growing amounts spent on treatment services under Medicaid and Medicare.

About 93% of FY2004 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*

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[2] This agency was formerly known as Health Care Financing Administration (HCFA).

program (see **Table 2** and **Table 3**). 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 over 50,000 scientists at 2,000 U.S. institutions. NIH funding for FY2004 was provided in P.L. 108-199 (H.R.2673), and NIH estimates FY2004 funding for AIDS research at $2.85 billion. The Administration's request for FY2005 is $2.93 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 which is 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 FY2004, both the House and Senate reports (H.Rept. 108-188 and S. Rept 108-81) accompanying the Labor, HHS, and Education and Related Agencies Appropriation bills (H.R. 2660 and S. 1356) 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 FY2004 was provided in P.L. 108-199 (H.R. 2673). According to the HHS Office of Budget, CDC will be spending $931 million on HIV/AIDS activities in FY2004. The Administration's request for FY2005 is $932 million.

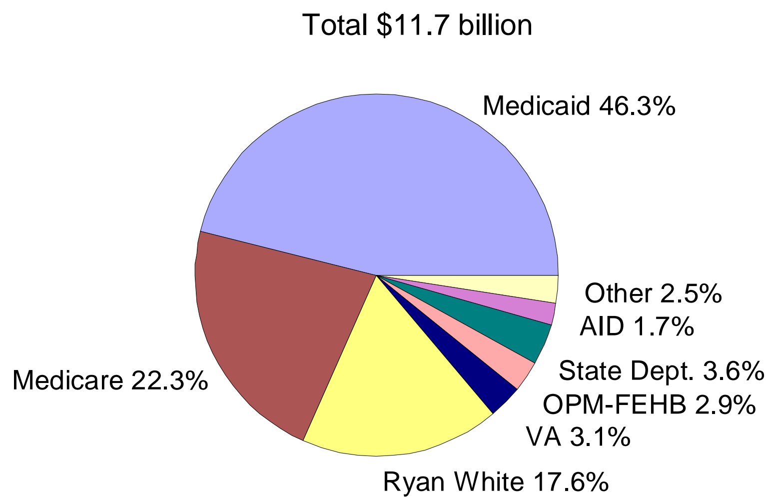
HRSA. The HIV/AIDS Bureau within HRSA administers the Ryan White CARE Act, a four-part federal grant program designed to provide emergency relief and essential health care services to patients infected with HIV. The program funds hundreds of grantees who serve 533,000 people affected by HIV/AIDS each year. HRSA funding for FY2004 was provided in P.L. 108-199 (H.R. 2673). According to the HHS Office of Budget, HRSA will be spending $2.052 billion for Ryan White activities in FY2004. The Administration's request for FY2005 is $2.087 billion. (For further information on Ryan White programs, see CRS Report 98-476, *AIDS: Ryan White CARE Act*.)

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, FY2004

Total $11.7 billion



Source: HHS Budget Office, February 6, 2004.
Note: Other agencies include SAMSHA, PH Emergency Fund, DoD, Bureau of Prisons. See Table 3.

In FY2003, total Medicaid spending (federal + state) on AIDS treatment is estimated at $8.5 billion, and the federal share is estimated at $4.8 billion.[3] For FY2004, the federal share estimate is $5.4 billion and for FY2005, the federal share estimate is $5.7 billion. According to CMS, approximately 55% of adults with AIDS and up to 90% of children with AIDS 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.

[3] U.S. Dept. of Health and Human Services. Center for Medicare and Medicaid Services. Center for Medicaid and State Operations. *Medicaid and Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) Infection*. Fact Sheet. Jan. 2004. This fact sheet can be found at the following website: [http://www.cms.gov/hiv/hivfs.asp].

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,[4] the remainder were eligible because they were 65 or older or had ESRD.[5] The elderly qualify the month they turn 65, and those with ESRD qualify within 3 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.[6]

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.[7] Medicare currently does not cover prescription drugs. The Medicare Prescription Drug, Improvement and Modernization Act of 2003 (P.L. 108-173) provides for the implementation of a prescription drug program effective January 1, 2006. In the interim, the legislation requires the Secretary of HHS to establish a temporary prescription drug discount card program to provide discounts to persons who have elected to enroll in a card plan; this interim program also provides $600 in assistance in both 2004 and 2005 for low income persons enrolled in the card program.[8] For FY2004, funding for the care of persons with HIV/AIDS under Medicare is estimated to be $2.6 billion, and the estimate for FY2005 is $2.9 billion. Once Medicare's new outpatient prescription drug benefit is implemented in 2006, Medicare spending for persons with HIV/AIDS can be expected to increase significantly.

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

[5] Fasciano, Nancy, 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.

[6] 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.

[7] 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.

[8] For further information, see CRS Report RL32283, *Medicare Endorsed Prescription Drug Discount Card Program*, by Jennifer O'Sullivan.

Funding for Other AIDS Programs

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.[9] 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 $580,000,000. 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.[10]

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 FY2004, a total of $404.3 million is provided to continue these activities. The agency breakdown is as follows: HRSA, $129.6 million; CDC, $103.3 million; SAMSHA, $110.2 million; Office of Minority Health (OMH), $10.6 million; Office of Women's Health, $1 million; and $49.5 million in the Office of the Secretary for the Minorities Communities Fund. For FY2005, the Administration has requested $407.6 million. The agency breakdown is as follows: HRSA, $129.6 million; CDC, $103.3 million; SAMSHA, $110.3 million; OMH, $10.6 million; Office of Women's Health, $1 million; and Office of the Secretary /Minorities Communities Fund, $52.8 million.

International HIV/AIDS Programs. As indicated in **Table 5**, federal government spending on international HIV/AIDS programs in FY2004 is $2.24 billion; the Administration's request for FY2005 is $2.70 billion.[11] On January 28, 2003, President Bush announced in the State of the Union speech a new 5-year $15 billion Emergency Plan for AIDS Relief.[12] The emergency plan targets African and

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

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

[11] For additional information, see CRS Report RS21181, *HIV/AIDS International Programs: Appropriations, FY2002-FY2004* by Raymond W. Copson.

[12] The U.S. Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003 (H.R.
(continued...)

Caribbean countries with a very high prevalence of HIV infection: Botswana, Cote d'Ivoire, Ethiopia, Guyana, Haiti, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia.[13] These countries account for almost 20 million HIV-infected people, nearly 70% of infected persons in Africa and the Caribbean and 50% worldwide.[14] In the targeted countries, the goals of the 5-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. Details of the Administration's plans can be found in a report released by the Department of State on February 23, 2004.[15]

On June 19, 2002, President Bush announced the Mother-to-Child HIV Prevention Initiative, a $500 million program that targets the same African and Caribbean 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 5 years.[16] 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). For FY2005, the Administration has proposed continuing the Mother-to-Child HIV Prevention Initiative within the budget of the Department of State.

A third program, the Global Fund to Fight AIDS, Tuberculous and Malaria, was first proposed at the July 2000 G-8 Summit in Okinawa.[17] The purpose of the Global Fund 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. The concept of the Global Fund was unanimously endorsed at special session on HIV/AIDS held by United Nations General Assembly

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[12] (...continued)
1298, P.L. 108-25), signed into law on May 27, 2003, authorizes $15 billion for international HIV/AIDS programs. On July 2, 2003, President Bush nominated Randall Tobias as coordinator for international HIV/AIDS assistance the Department of State, a position created by H.R. 1298. The appointment has the rank of ambassador, reporting directly to the Secretary of State.

[13] Fact Sheet: The President's Emergency Plan for AIDS Relief, Jan. 28, 2003. [http://www.whitehouse.gov/news/releases/2003/01/20030129-1.html]

[14] For further information about the HIV/AIDS epidemic in Africa, see CRS Issue Brief IB10050, *AIDS in Africa* by Raymond Copson.

[15] U.S. State Department. The President's Emergency Plan for AIDS Relief. Feb. 23, 2004. 103 p. [http://www.state.gov/documents/organization/29831.pdf]

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

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

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. United States support of the fund occurs through USAID and HHS.[18]

Table 1. 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 enacted	6,295,065	201,219	3%
FY2005 request	6,368,899	73,834	1%

Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS budget office, Mar. 31, 2004.

[18] 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.

Table 2. HHS Discretionary Funding for HIV/AIDS, by Agency

($ in thousands)

Agency	FY1996	FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005 req.
NIH	$1,410,926	$1,501,073	$1,602,814	$1,792,739	$2,004,428	$2,247,015	$2,499,458	$2,716,218	$2,849,952	$2,930,397
CDC	584,080	616,790	624,944	656,590	687,164	859,045	931,141	936,426	930,821	932,389
SAMHSA	54,201	63,857	65,607	91,894	110,347	156,677	169,034	170,614	171,118	172,593
FDA	72,745	72,745	76,690	70,400	76,317	75,818	75,818	72,830	73,847	75,083
HRSA	762,398	1,001,248	1,154,508	1,415,847	1,599,231	1,815,000	1,917,200	2,024,962	2,051,856	2,086,857
AHRQ	6,343	4,193	1,719	1,839	1,787	3,381	2,913	1,825	1,700	1,500
OS	3,754	3,811	6,697	61,531	63,282	64,899	64,103	67,681	62,642	65,973
IHS	3,476	3,503	3,540	3,649	3,770	3,810	3,886	3,940	4,014	4,107
Global AIDS Trust Fund	— -	— -	— -	— -	— -	— -	125,000	99,350	149,115	100,000
Total	$2,897,923	$3,267,220	$3,536,519	$4,094,489	$4,546,326	$5,225,645	$5,788,553	$6,093,846	$6,295,065	$6,368,899

Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS budget office, Mar. 31, 2004.

NIH: National Institutes of Health
CDC: Centers for Disease Control and Prevention
SAMHSA: Substance Abuse and Mental Health Services Administration
FDA: Food and Drug Administration
HRSA: Health Resources and Services Administration
AHRQ: Agency for Healthcare Research and Quality (established as AHCPR in 1990 (formerly in OASH); renamed in 1999)
OS: Office of the Secretary (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)
IHS: Indian Health Service
Global Aids Trust Fund: While budgeted in NIH, HHS contributions to the Global Fund to Fight HIV/AIDS, Malaria, and Tuberculosis in FY2002 and FY2003 are not reflected in the NIH HIV/AIDS spending figures, but are accounted for separately.
International Mother-Child Transmission: While budgeted in CDC, HHS contributions to the Mother-to-Child Transmission Prevention Initiative are not reflected in the CDC HIV/AIDS spending figures, but are not accounted for separately.

Table 3. Total Federal Government Spending on HIV/AIDS by Function

($ in millions)

Agency/Department	FY2003 Enacted					FY2004 Congressional Action					FY2005 President's Budget				
	Research	**Prevent**	**Treatmt**	**Income support**	**Total**	**Research**	**Prevent**	**Treatmt**	**Income support**	**Total**	**Research**	**Prevent**	**Treatmt**	**Income support**	**Total**
FDA	$73	—	—	—	$73	$74	—	—	—	$74	$75	—	—	—	$75
HRSA	—	2	2,023	—	2,025	—	2	2,050	—	2,052	—	2	2,085	—	2,087
IHS	1	3	—	—	4	1	3	—	—	4	1	3	—	—	4
CDC	—	936	—	—	936	—	931	—	—	931	—	932	—	—	932
NIH	2,716	—	—	—	2,716	2,850	—	—	—	2,850	2,930	—	—	—	2,930
SAMHSA	—	41	130	—	171	—	41	131	—	171	—	41	132	—	173
AHRQ	2	—	—	—	2	2	—	—	—	2	2	—	—	—	2
OS	—	18	—	—	18	—	13	—	—	13	—	13	—	—	13
PH emergency fund	—	35	14	—	50	—	35	14	—	50	—	38	15	—	53
Global AIDS trust fund		50	50		99		75	75		149	—	50	50	—	100
HHS discretionary	$2,792	$1,085	$2,216	—	$6,094	$2,927	$1,099	$2,269	—	$6,295	$3,008	$1,079	$2,282	—	$6,369
-CMS/Medicaid	—	—	4,800	—	4,800	—	—	5,400	—	5,400	—	—	5,700	—	5,700
-CMS/Medicare	—	—	2,400	—	2,400	—	—	2,600	—	2,600	—	—	2,900	—	2,900
Subtotal, HHS	$2,792	$1,085	$9,416	—	$13,294	$2,927	$1,099	$10,269	—	$14,295	$3,008	$1,079	$10,882	—	$14,969
Social Security — DI															
Social Security — SSI	—	—	—	$1,019	$1,019	—	—	—	$1,050	$1,050	—	—	—	$1,082	$1,014
Veterans Affairs	—	—	—	395	395	—	—	—	415	415	—	—	—	460	460
Defense Department.	8	35	353	—	396	8	35	359	—	402	$8	$35	$369	—	412
Agency for Int. Dev.	10	17	55	—	82	32	17	56	—	105	21	17	57	—	95
Justice/Bureau of Prisons	—	650	124	—	774	—	765	199	—	964	—	590	50	—	640
State Department	—	2	15	—	17	—	2	15	—	17	—	2	18	—	20
Labor Department	—	141	—	—	141	—	213	425	—	638	—	485	967	—	1,452
Education Dept.	—	11	—	—	11	—	11	—	—	11	—	1	—	—	1
Housing & Urban	—	-	—	—	-	—	-	—	—	-	—	—	—	—	—
Development	—	—	—	290	290	—	—	—	295	295	—	—	—	295	295
OPM-FEHB	—	—	321	—	321	—	—	343	—	343	—	—	370	—	370
Subtotal, Non-HHS	$18	$856	$868	$1,704	$3,446	$40	$1,043	$1,397	$1,760	$4,240	$29	$1,130	$1,831	$1,837	$4,827
Total, Federal Govt	$2,810	$1,941	$10,284	$1,704	$16,739	$2,967	$2,142	$11,666	$1,760	$18,535	$3,037	$2,209	$12,712	$1,837	$19,796
Change from previous year															
% change from previous	$197	$315	$1,163	$76	$1,751	$157	$202	$1,381	$56	$1,796	$71	$66	$1,047	$77	$1,261
year	8%	19%	13%	5%	12%	6%	10%	13%	3%	11%	2%	3%	9%	4%	7%

Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS budget office, February 6, 2004. HHS: Department of Health and Human Services; CMS: Centers for Medicare and Medicaid Services; DI: Disability Insurance; SSI: Supplemental Security Income; OPM-FEHB: Office of Personnel Management-Federal Employees Health Benefits.

Table 4. Federal Government Spending on HIV/AIDS: FY1982-FY2005

($ in millions)

Year	HHS			SS		VA	Defense	AID	DoJ-Prisons	State	Labor	HUD	OPM-FEHB	Education	Total
	Discretionary	CMS (HCFA)													
		Medicaid	Medicare	DI	SSI										
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
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

Year	HHS			SS		VA	Defense	AID	DoJ-Prisons	State	Labor	HUD	OPM-FEHB	Education	Total
	Discretionary	CMS (HCFA)													
		Medicaid	Medicare	DI	SSI										
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	$6295	5,400	2,600	1,050	415	402	105	964	17	638	1	295	343	—	$18,535
2005[b]	$6,369	5,700	2,900	1,082	460	412	95	640	20	1,452	1	295	370	—	$19,796

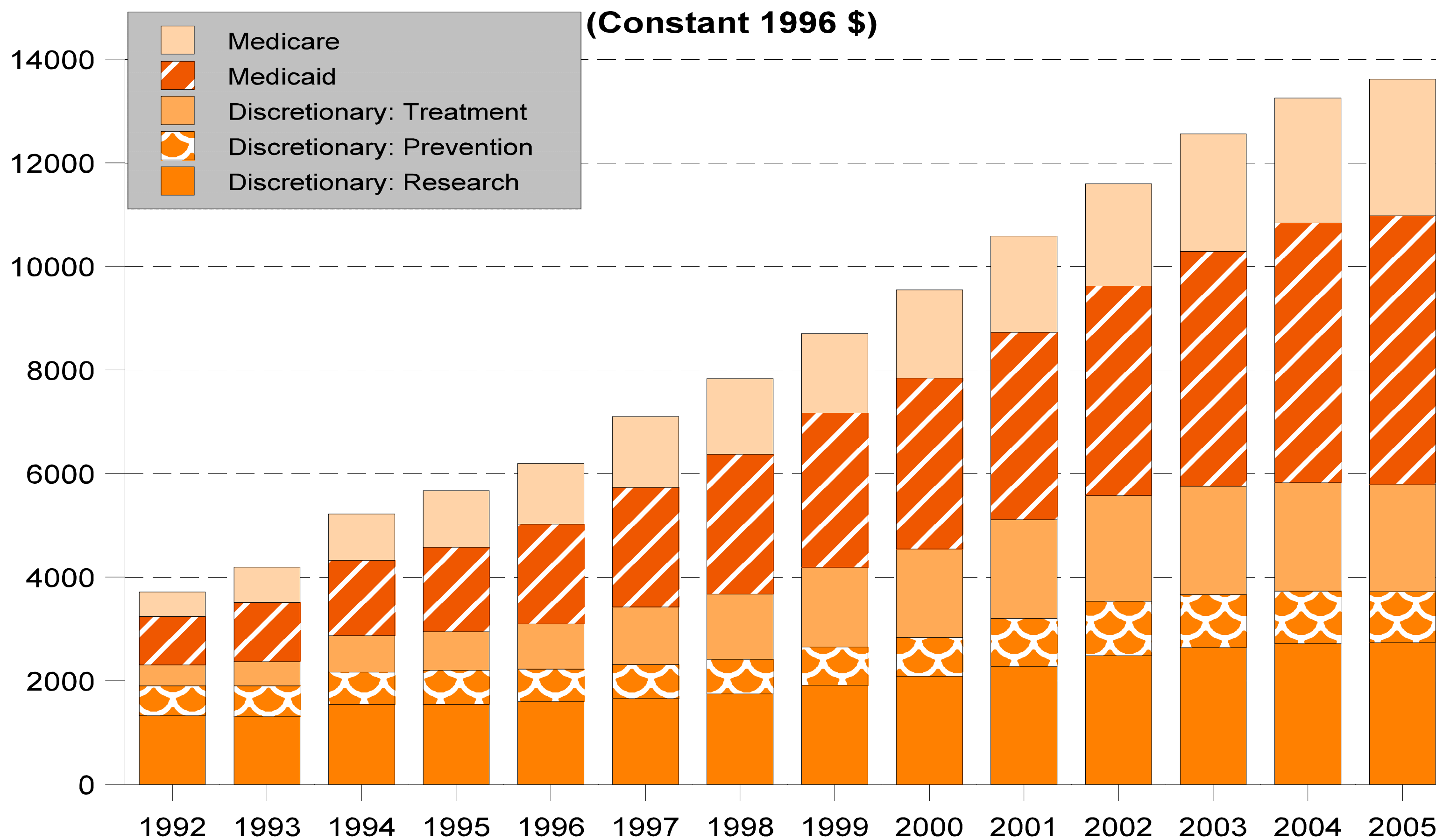
Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS budget office, Feb. 6, 2004. May not add due to rounding.

a. FY2000 Total includes $75 million for HRSA Ricky Ray Hemophilia program and FY2001 Total includes $580 million for HRSA Ricky Ray Hemophilia program.

b. FY2005 is the Administration's request.

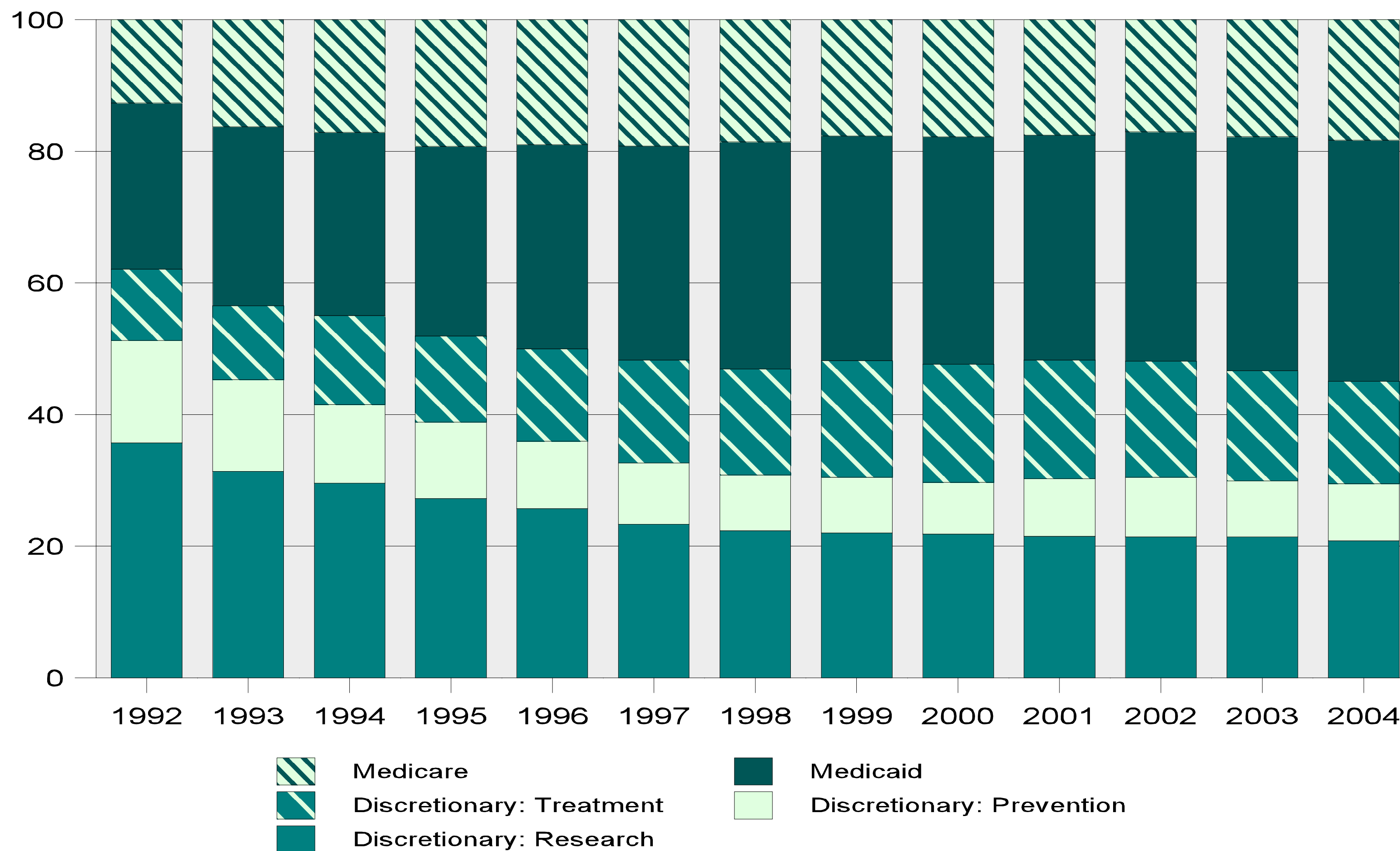
HHS: Department of Health and Human Services; Discretionary AIDS budget
CMS: Centers for Medicare and Medicaid Services
HCFA: Health Care Financing Administration
SS: Social Security
DI: Disability Insurance
SSI: Supplemental Security Income
VA: Veterans Affairs
AID: Agency for International Development
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



Source: HHS Budget Office, March 25, 2003. FY2003 is as enacted, FY2004 is based on the Administration's budget request.

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



Source: HHS Budget Office, March 25, 2003. FY2003 is as enacted, FY2004 is based on Administration's budget request.

Table 5. Federal Government Spending on International HIV/AIDS Programs by Function

($ in millions)

Agency/Department	FY2003				FY2004 enacted				FY2005 President's budget			
	Research	Prevent	Treatment	Total	Research	Prevent	Treatment	Total	Research	Prevent	Treatment	Total
CDC	—	154	—	154	—	154	—	154	—	154	—	154
NIH	279	—	—	279	323	—	—	323	355	—	—	355
Global AIDS trust fund	—	50	50	99	—	75	75	149	—	50	50	100
Subtotal, HHS	**$279**	**$204**	**$50**	**$532**	**$323**	**$228**	**$75**	**$626**	**$355**	**$204**	**$50**	**$609**
Defense Department	—	7	—	7	—	4	—	4	—	—	—	—
Agency for International Development	—	650	124	774	—	765	199	964	—	590	50	640
State Department	—	141	—	141	—	213	425	638	—	485	967	1,452
Labor Department	—	10	—	10	—	10	—	10	—	—	—	—
Subtotal, Non-HHS	**—**	**808**	**124**	**932**	**—**	**992**	**624**	**1,616**	**—**	**1,075**	**1,017**	**2,092**
Total	**$279**	**$1,011**	**$174**	**$1,463**	**$323**	**$1,220**	**$698**	**$2,242**	**$355**	**$1,279**	**$1,067**	**$2,701**

Source: Table prepared by the Congressional Research Service (CRS) based on analysis from HHS budget office, Feb. 6, 2004. May not add due to rounding. HHS: Department of Health and Human Services.