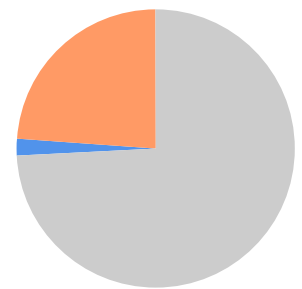


Federal HIV/AIDS Spending

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A Budget Chartbook **Fiscal Year 2002**

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THE HENRY J.
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Federal HIV/AIDS Spending

A Budget Chartbook



PREFACE		v
INTRODUCTION		
THE FEDERAL BUDGET PROCESS		1
MANDATORY AND DISCRETIONARY SPENDING		5
THE CONCEPT OF BASELINE		4
FEDERAL HIV/AIDS SPENDING PROGRAMS DESCRIBED		5
CRITICAL TERMINOLOGY: BUDGETED, APPROPRIATED, ACTUALS, AND OUTLAYS		7
PART I	FEDERAL HIV/AIDS SPENDING	
FEDERAL HIV/AIDS SPENDING IN CONTEXT		
Chart 1	Federal HIV/AIDS Spending as a Proportion of Total Federal Spending, FY 2002	8
Chart 2	Federal HIV/AIDS Spending Overview, FY2002	10
Chart 3	Growth in Federal HIV/AIDS Spending, FY 1995-2002	12
FEDERAL HIV/AIDS SPENDING MANDATORY AND DISCRETIONARY		
Chart 4	Federal HIV/AIDS Mandatory and Discretionary Spending, FY 2002	14
Chart 5	Federal HIV/AIDS Mandatory and Discretionary Spending, FY 1995-2002	16
FEDERAL HIV/AIDS SPENDING OVERVIEW FOR FY 2002		
Chart 6	Total Federal HIV/AIDS Spending by Category, FY 2002	18
Chart 7	Total Federal HIV/AIDS Spending by Program, FY 2002	20
CATEGORIES OF FEDERAL HIV/AIDS SPENDING		
Chart 8	Total Federal HIV/AIDS Spending by Category, FY 1995-2002	22
FEDERAL HIV/AIDS SPENDING ACROSS DEPARTMENTS AND AGENCIES		
Chart 9	Total Federal HIV/AIDS Spending by Department or Agency, FY 2002	24

Federal HIV/AIDS Spending A Budget Chartbook

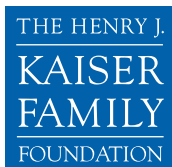


PART II	FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE	
PROGRAMS		
Chart 10	Federal HIV/AIDS Spending for Care and Assistance by Program, FY 2002	26
Chart 11	Federal and State HIV/AIDS Spending for Medicaid, FY 2002	28
Chart 12	Federal HIV/AIDS Spending for Care and Assistance by Program (Including State Share of Medicaid), FY 2002	30
Chart 13	Federal HIV/AIDS Spending for Care and Assistance by Program, FY 1995-2002	32
MANDATORY AND DISCRETIONARY SPENDING		
Chart 14	Federal HIV/AIDS Spending for Care and Assistance, Mandatory and Discretionary, FY 2002	34
Chart 15	Federal HIV/AIDS Spending for Care and Assistance, Mandatory and Discretionary, FY 1995-2002	36
SERVICES AND BENEFITS		
Chart 16	Federal HIV/AIDS Spending for Care and Assistance, Services and Benefits, FY 2002	38
Chart 17	Federal HIV/AIDS Spending for Care and Assistance, Services and Benefits, FY 1995-2002	40
ELIGIBILITY		
Chart 18	Federal HIV/AIDS Spending for Care and Assistance, Eligibility, FY 2002	42
Chart 19	Federal HIV/AIDS Spending for Care and Assistance, Eligibility, FY 1995-2002	44
PART III	FEDERAL HIV/AIDS SPENDING FOR PREVENTION	
Chart 20	Federal HIV/AIDS Spending for Prevention by Department or Agency, FY 2002	46
Chart 21	Federal HIV/AIDS Spending for Prevention by the Centers for Disease Control and Prevention, FY 1995-2002	48
Chart 22	Federal HIV/AIDS Spending for Prevention by Department or Agency (not including the Centers for Disease Control and Prevention), FY 1995-2002	50

**PART IV FEDERAL SPENDING
FOR INTERNATIONAL HIV/AIDS**

Chart 23 Federal Spending For International HIV/AIDS 52
By Department Or Agency, FY 2002

SOURCES 54



● ● ● PREFACE

What is now known as HIV/AIDS was first identified in the U.S. in 1981. Specific federal funding for HIV/AIDS also began that year with the appropriation of several hundred thousand dollars for biomedical research. Since that time, funding has grown to \$14.7 billion in 2002 for research, prevention, care and assistance, and international work.

This chartbook is the fifth in a series intended to provide a general guide to that funding. It is meant to assist the reader both in identifying types of programs that are supported and in seeing trends in spending over time. The first edition of the chartbook (published in May 1998) reported federal HIV/AIDS spending data for fiscal years 1995 to 1998. Subsequent editions include reports on trends since fiscal year 1995. This latest edition includes fiscal year 2002 spending data and reports on trends since fiscal year 1995.

It should be noted that slightly less than half of all federal HIV/AIDS funding is designated by law to be used specifically for HIV/AIDS programs. The balance of funding comes from programs such as Medicaid or Medicare that are intended to provide care and services to any qualifying person, based on his or her medical, functional, and income status. People with HIV/AIDS qualify for these programs in much the same manner as people with cancer or heart disease do. The level of support that is identified as “for HIV/AIDS” is an estimate of what portion of the overall national spending goes for HIV/AIDS care.

In addition, there are other federal programs that are not specifically designed for HIV/AIDS services and that serve people with HIV/AIDS, but for which HIV/AIDS-related spending estimates cannot be provided. For example, federally supported tuberculosis control programs are undoubtedly used by people with HIV/AIDS, but estimates of the proportionate spending are not available. Likewise, people with HIV/AIDS buy Treasury bills, take out federal flood insurance policies, and go to government-subsidized museums—and pay taxes—but, since such activities are not HIV-related, no data are gathered on the basis of HIV infection status. Estimates of funding for these programs, including those like TB control that may be used by many people with HIV/AIDS, are not included in this chartbook. Spending by the federal government *as an employer* providing health insurance to its workers with HIV/AIDS through the Federal Employee Health Benefits Program (FEHBP) is also not included in this chartbook’s total federal spending data (in FY 2002, FEHBP spending on HIV/AIDS totaled \$297 million).

Furthermore, federal funding is not the only funding for HIV/AIDS programs. As is illustrated in Charts 11 and 12, states supply a substantial portion of overall Medicaid spending, ranging from a maximum of 50 percent of the total Medicaid funding in comparatively affluent states to a minimum of 23 percent in the poorest states. States are also required to make matching payments for other federal programs, including some components of the Ryan White CARE Act. In the Supplemental Security Income (SSI) program, many states make supplemental payments to raise disability cash assistance above the federal minimum. Many states also operate HIV/AIDS programs of their own.

Beyond federal and state funding, many local governments, foundations, and charities also provide HIV/AIDS services. Public hospitals, for example, are usually supported by counties or cities and are often the sites of much clinical HIV/AIDS care. Likewise, free clinics and specialized HIV/AIDS service organizations provide both care and prevention services. People living with HIV/AIDS also contribute their own “out of pocket” funds to provide for their own care and treatment. Federal funds have, nonetheless, remained predominant during the HIV/AIDS epidemic and are the focus of this report.

The chartbook has been prepared by Todd Summers and Priya Alagiri of Progressive Health Partners and Jennifer Kates of the Henry J. Kaiser Family Foundation. We thank Scott Foster and Piet Niederhausen for preparation of earlier editions of this chartbook, and Tim Westmoreland, its originator.

● ● ● PREFACE

NOTES TO THE READER

- Because mandatory spending (described on pages 2 and 3) may change during the course of a year, final accounting of actual total spending may take some time to complete. Throughout this chartbook, mandatory spending totals and overall federal spending totals are **estimates**. The mandatory spending totals are official estimates from actuaries of the Centers for Medicare and Medicaid Services (CMS) and the Social Security Administration (SSA), who have spent a great deal of time and effort to develop, maintain, and correct them.
- In addition, new data and information may affect the way in which actuaries estimate mandatory spending. In August 2001, actuaries at CMS revised key assumptions in estimating Medicaid spending on AIDS. Prior estimates by CMS did not reflect important changes in AIDS prevalence (the number of people living with the disease) and AIDS mortality due to the advent of highly active antiretroviral therapy (HAART) in 1996. HAART has led to dramatic reductions in AIDS-related mortality and, as a result, an increase in the overall number of people living with AIDS in the United States and the number of Medicaid beneficiaries with AIDS. To account for these shifts, CMS actuaries recalculated past, current, and projected spending estimates since the advent of HAART, resulting in increases in both estimated federal and state Medicaid spending on AIDS. These estimates are included throughout the chartbook.
- As for discretionary spending (described on pages 2 and 3), actual spending as allocated by the Congress for fiscal years 1995 to 2002 is used whenever possible. If, however, the Congress has allocated funds in any of the covered fiscal years for a general purpose of which HIV/AIDS spending is a part, the figures used in this chartbook are generally one-time, ad hoc evaluations by the agencies administering the programs.
- Some totals in this chartbook may not equal 100 percent because of rounding. Also because of rounding, individual spending numbers shown on some charts may not add up to exactly the totals shown below each chart. In addition, a federal department or agency's spending data, rounded to a particular decimal point on one chart or graph, may be rounded to a different decimal point on a subsequent illustration.
- In this latest edition of the Budget Chartbook, we have not only added data for FY 2002 but also changed some numbers that appeared in prior editions. We have done so if funds were reallocated or if more recent information shows that earlier estimates were revised.
- Figures in this chartbook are **not** adjusted for inflation over the years covered. The appropriate inflation adjustment to achieve an estimate of constant dollars over the years varies significantly by the activity funded; for example, inflation in health care delivery is usually very different from inflation in public education. The process of estimating the appropriate adjustments for each activity was therefore not undertaken here.
- Primary sources are listed below each chart. These sources were used to derive data for the latest fiscal year, while sources used for previous years are included only in the *Sources* section at the end of this report (starting on page 54). Also listed in the *Sources* section are resources used to corroborate or expand on data provided by the primary sources.

● ● ● INTRODUCTION

1. THE FEDERAL BUDGET PROCESS

Federal fiscal years run from October 1 to September 30. The fiscal year is designated by the calendar year in which it ends. For example, “FY 2002” is the fiscal year ending in September 2002.

The federal budget for any individual fiscal year takes several years to prepare, carry out, and audit. For instance, on the date of the printing of this chartbook, final accounts of what was spent in FY 2002 have closed; the Congress has finished appropriations for FY 2003; the President has delivered his budget for FY 2004 to the Congress, which is finalizing its reviews; and the Executive Branch agencies are preparing their recommended budget proposals for FY 2005.

The President’s Budget begins its development in agencies, such as the National Institutes of Health (NIH) or the Centers for Disease Control and Prevention (CDC). These agencies lay out their expected spending and new initiatives for the departments of which they are a part, such as the Department of Health and Human Services (HHS). In turn, the departments balance these competing priorities and lay out the total departmental budget for the White House Office of Management and Budget (OMB). The OMB then assembles the President’s proposed spending plan for the coming fiscal year, and the President transmits that budget to the Congress, usually in February before the beginning of the fiscal year.

At base, however, all work done by the Executive Branch is advisory only. The only budget that actually controls spending is comprised of various pieces of enacted congressional legislation originating in those congressional committees that control mandatory spending (discussed below) and in the appropriations committees.

In most recent years, the committees that control mandatory spending have enacted legislation to cut various programs to slow the increase in the federal budget. For example, expected spending in Medicaid and Medicare has been cut dramatically in recently enacted budget bills. This legislative process usually begins in the early spring and continues through the summer.

From late spring to early fall, the appropriations committees devise the bills to allocate discretionary spending (discussed below). There are usually 13 individual bills on topics ranging from all spending for the Departments of Labor, HHS, and Education to spending on defense construction. Usually, each of these bills is passed separately and signed into law by the President for the new fiscal year. However, for several recent budgets (for FY 2001 and FY 2003), appropriations bills have been lumped together into consolidated “omnibus” acts.

● ● ● INTRODUCTION

2. MANDATORY AND DISCRETIONARY SPENDING

There are generally two types of federal spending: mandatory spending and discretionary spending. In addition, there is spending solely to pay interest on the federal debt. (In some cases, mandatory spending is also referred to as “entitlement spending,” usually when describing funds spent for benefits to individuals.) Mandatory spending is used for such programs as Medicaid and Supplemental Security Income (SSI). Discretionary spending is used for such programs as those at the NIH and the CDC. There are a number of important differences between the two types of spending.

First, **mandatory spending is assured to be available unless the Congress changes the law.** Money sufficient to operate mandatory programs is provided year after year, without requiring any further action by either the Congress or the President.

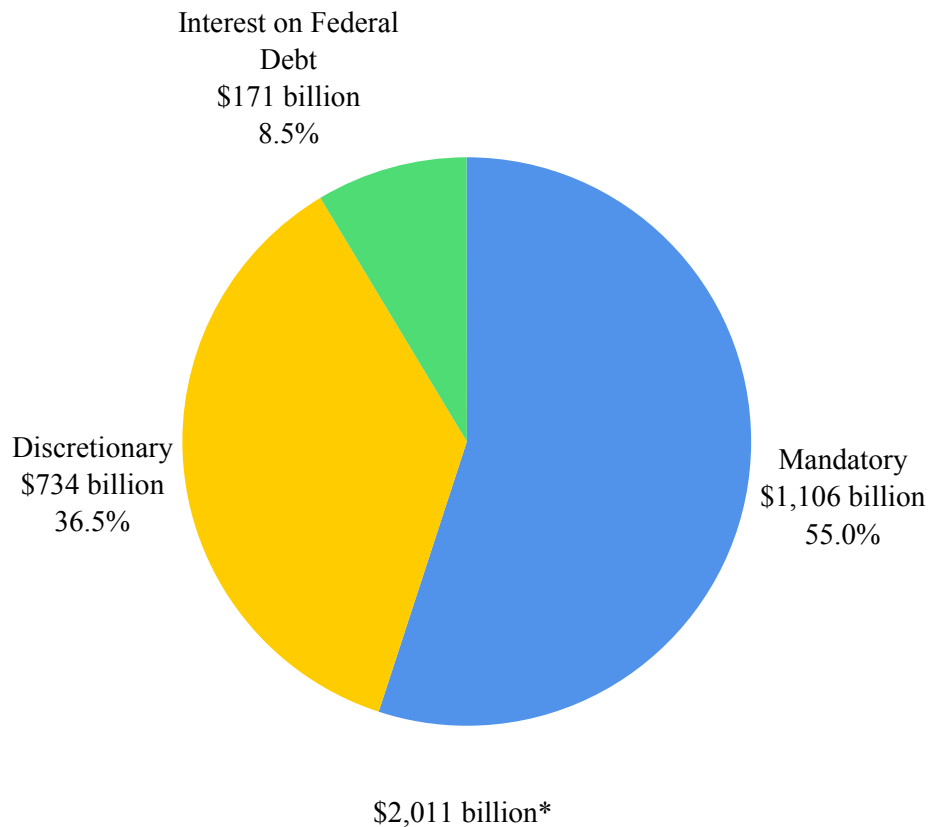
By contrast, discretionary spending must be specifically provided by the Congress every year through the appropriations process. Generally, the Congress provides discretionary spending for only one year at a time.

Second, **most mandatory spending automatically increases or decreases with the need for the benefit or service.** Thus, if the cost for recommended prescription drugs goes up because of a research breakthrough, the federal funding under Medicaid will grow to allow the purchase of these drugs for Medicaid beneficiaries who need them. Likewise, if the number of people who qualify for Medicaid goes up because of an epidemic, the federal funding under Medicaid will grow to allow for services to these people. (Some mandatory spending programs, however, are capped at a maximum funding level. In these programs, such as Temporary Assistance for Needy Families (TANF) or the State Children’s Health Insurance Program (SCHIP), the maximum granted funding stays at a set level and does not grow beyond that to meet the need for the benefit or service.)

By contrast, **the level of discretionary spending is set by the Congress each year.** The Congress balances the many competing priorities for federal assistance and sets the level of federal funds for each program. **The eventual funding level may not correspond to the costs of services under the program or the number of people to be served.** So, if the cost for recommended prescription drugs goes up, unless the Congress increases funding for programs like the AIDS Drug Assistance Program (a component of the Ryan White CARE Act that provides funding to states for the purchase of prescription drugs for people living with HIV/AIDS who cannot afford them), fewer drugs can be bought for those in need. Likewise, if the number of people with HIV/AIDS seeking assistance increases, ADAPs may not have enough funding to serve them.

For the Congress, there are additional distinctions between mandatory and discretionary spending. The chief among them is that **overall discretionary spending for all purposes (from health to education to highways) has a predetermined ceiling in any one year.** Thus, if the Congress raises the funding of one discretionary spending program, in theory it must lower the funding of other discretionary programs by an equal amount.

Overall mandatory spending is not capped in the same way. As discussed above, if an uncapped mandatory spending program naturally grows because of increased cost or demand, the money will be provided unless the Congress changes the law. However, if the Congress acts to increase the eligibility or benefits of a mandatory spending program (thus serving more people or providing more services in theory), the Congress must also provide either a new source of revenue (such as a tax increase) or an equal cut in another mandatory spending program.



*This estimate of total federal spending does not include offsetting receipts.

● ● ● INTRODUCTION

3. THE CONCEPT OF BASELINE

To have a grasp of how mandatory spending (and “cuts” or “increases” in such spending) is calculated, one must also understand the budgeting practice called “baseline.” The baseline is the estimated cost of continuing a program exactly as it exists from one year to the next, i.e., the level of funding required to continue to provide the same services to the same categories of eligible people.

Example: If one were attempting to compare the cost of Medicaid services for people with HIV/AIDS in two different years, the basis for comparison would not be simply the increase in spending for the second year over the first. The increases in costs arising from inflation in medical and hospital costs, improved technologies, and, possibly, the number of people served by the program all erode the purchasing power of Medicaid dollars as time passes. To buy the same level of services for the same group of people, an increase in spending is almost always required. The amount estimated to be needed to do so in any one year in the future is the baseline. (It is also theoretically possible that improved efficiency or a new technology might reduce costs for care. If these cost reductions were to occur, they would mean that less spending is required for the program and such savings might balance some of the increased costs in the baseline.)

The costs of any expansions and the savings from any cuts in a mandatory spending program are measured against the baseline. Thus, if a new group of people were made eligible for Medicaid, a budget analyst would estimate the costs to the program over and above the cost increase expected for the current group of Medicaid-eligible people. Conversely, if the amount of money is frozen at the exact same level from one year to the next, a budget analyst would characterize that freeze in spending as a cut, because it would be less than what the baseline projection estimated would be spent if the law were not changed.

Baseline does not generally enter into discussions of discretionary spending, although that in itself is important. Because comparisons are made only on the basis of dollars, appropriations for discretionary spending may rise year after year but still fall further and further behind the actual need for services.

Example: If the funding for the AIDS Drug Assistance Program (ADAP) of the Ryan White CARE Act grows, but the price of needed drugs and/or the number of people who cannot afford drugs grows faster than the funding increases, a smaller proportion of the people who need assistance can receive it.

For Congressional purposes, the official baseline and the estimates of the effect of changes in policy are calculated by the Congressional Budget Office (CBO). The CBO recalculates and corrects its baseline periodically during the year.

Example: If a drug to slow or prevent immune decline in people with HIV/AIDS is approved, then during the CBO’s next recalculation of the baseline, the CBO will include in the Medicaid program’s baseline both the cost of providing the drug to people eligible for Medicaid and the resulting reduction in hospital expenses that can be estimated to occur.

This recalculation of baseline can be a very complex task, but once it is done, all future Congressional policy changes will be measured against this corrected baseline until it, too, is later recalculated.

● ● ● INTRODUCTION

4. FEDERAL HIV/AIDS SPENDING PROGRAMS DESCRIBED

For purposes of this chartbook, federal HIV/AIDS spending is divided into four discrete categories – *Care and Assistance*, *Research*, *Prevention*, and *International*. Actual programs and activities, however, may span more than one category:

- ***Care and Assistance*** refers to programs that deliver health care services, support services, and disability-associated cash and housing assistance to individuals living with HIV/AIDS. Major health care programs in this category include:
 - Medicaid, a program to finance health care services for certain low-income people. It is jointly funded by the federal and state governments and administered at the federal level by the Department of Health and Human Services' Centers for Medicare and Medicaid Services (HHS/CMS).
 - Medicare, a program to finance health care services for certain elderly people and people with disabilities (regardless of income and assets). It is funded by the federal government and administered by HHS/CMS.
 - Supplemental Security Income (SSI), a program to provide cash assistance to certain low-income people who are unable to work because of a disability. SSI is administered by the Social Security Administration (SSA).
 - Social Security Disability Insurance (SSDI), a program to provide cash assistance to certain people who have paid into the Social Security Trust Fund and are unable to work because of a disability. SSDI is administered by the SSA.
 - Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, a federal program of grants to states, local governments, and private nonprofit groups to provide a range of health and social services to people with HIV/AIDS. The CARE Act is administered by the HHS/Health Resources and Services Administration (HRSA).
 - Housing Opportunities for People with AIDS (HOPWA), a program to provide shelter and housing to people with HIV/AIDS. HOPWA is administered by the Department of Housing and Urban Development (HUD).
 - The Department of Defense (DOD) and the Department of Veterans Affairs (VA), along with their *Prevention* and *Research* HIV/AIDS-related activities, provide health care services to service members and veterans of the U.S. uniformed services and their dependents.
 - The HHS/Substance Abuse and Mental Health Services Administration (SAMHSA) makes grants to States to provide counseling and treatment to individuals with HIV/AIDS who also are in need of mental health and/or drug addiction services.
- ***Research*** refers to the range of biomedical, epidemiological, behavioral, health services, and social science research activities. Research activities are conducted at or supported by a range of federal agencies, including the HHS/National Institutes of Health (NIH), the HHS/Food and Drug Administration (FDA), the DOD, the VA, and the HHS/Agency for Healthcare Research and Quality (AHRQ). Included within this category are prevention research and international research activities at HHS/NIH.

- **Prevention** refers to programs primarily funded by grants to states and to non-governmental groups to prevent HIV infection and reduce the incidence of HIV-related illness and death. Prevention involves programs for individuals (such as education, outreach, and voluntary HIV counseling and testing), for state and local authorities (such as data gathering and reporting, laboratory support, and technical guidance), and for prevention service providers (such as data gathering and reporting, materials development, and operational research). These are administered mostly by the HHS/Centers for Disease Control and Prevention (CDC). The FDA, SAMHSA, the DOD, the VA, the HHS/Indian Health Service (IHS), the Department of Labor (DOL), the Department of Justice (DOJ), the Department of Education (DOE), and the Office of the Secretary for HHS (OS) also conduct and finance some prevention activities.

Other agencies and programs also conduct prevention activities, but spending on these activities is included in other spending categories. For example, spending for prevention research activities conducted by HHS/NIH is included under the research category, rather than the prevention category. In FY 2002, HHS/NIH estimates that it spent \$977.7 million on combined domestic and international prevention research activities (including research on preventive HIV vaccines). Agency spending on international prevention activities is included in the *International* category, such as international prevention activities conducted by HHS/CDC. In FY 2002, HHS/CDC spending on international prevention totaled \$144 million, which is included in the *International* category, not the *Prevention* category. CMS and HRSA also finance some prevention activities.

- **International** refers to a range of international programs, conducted primarily by the U.S. Agency for International Development and the HHS/CDC. The DOD, the DOL, the Department of Agriculture, and the Peace Corps also conduct some international programs. Included within this spending amount are U.S. contributions to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund). Created in 2001, the Global Fund is an independent, international, public-private partnership designed to garner additional support for global HIV/AIDS prevention, care, and research activities. In FY 2001, the U.S. contribution to the Global Fund was \$100 million, and in FY 2002, the U.S. contributed \$175 million. Other agencies and programs also conduct international activities, but spending on these activities is included in other spending categories. For example, international research activities conducted by HHS/NIH (estimated to be \$218 million in FY 2002) are included in the *Research* category; international prevention research conducted by the CDC (estimated to be \$11 million in FY 2002) is included in the *Prevention* category.

In addition to spending within these four categories, there are several important cross-cutting initiatives that include spending across categories, such as the Minority HIV/AIDS Initiative (MHAI). MHAI was developed in response to the increasing impact of the epidemic in racial and ethnic minority communities. In FY 2002, MHAI spending was \$412.3 million for prevention, care, research, and other activities across several offices and agencies within the Department of Health and Human Services. This includes \$50 million for the Minorities Community Fund under the direct control of the Office of the Secretary of HHS. (Allocation of this \$50 million among research, prevention, and care is based on data provided by HHS). Spending for the MHAI is included in the *Care and Assistance*, *Research*, and *Prevention* categories described above.

5. CRITICAL TERMINOLOGY: *BUDGETED, APPROPRIATED, ACTUALS, AND OUTLAYS*

The process for establishing funding levels for discretionary spending programs starts with the administration (see “The Federal Budget Process” on page 1), which sets out **budgeted** amounts for each program.

This budget is considered by Congress as it enacts legislation approving specific funding levels for federal HIV/AIDS programs through appropriations bills; these funding levels are referred to as **appropriated**.

After the conclusion of a fiscal year and final reviews are completed, the federal government prepares reports on **actual** spending, which represent estimates of funds finally available to it through original or supplemental appropriations legislation, and net of any other administrative modifications (such as transfers or rescissions). In some cases, actual spending can be less than the amount Congress appropriated, but cannot by law be more.

After enactment of the appropriations legislation, the various agencies of the administration are then able to obligate funds through orders, contracts, and similar transactions. Most appropriations legislation requires that funds be **obligated** for use within the fiscal year, although some programs have different provisions allowing for longer spending periods.

What happens to funds not spent within the required period (**unobligated balances**) depends on the appropriations legislation. In most cases, appropriated funds not spent (or otherwise contractually obligated to be spent) by the end of the fiscal year must be recaptured from the administering agency, and are then available to be re-programmed by Congress.

Finally, the administration and its agencies report **outlays**, which are payments made (generally through the issuance of checks or disbursement of cash) to liquidate obligations. Outlays during a fiscal year may be for payment of obligations incurred in prior years or in the same year.

This report provides information based to the maximum extent possible on actual spending as reported by the various agencies. For some programs, particularly mandatory programs, only estimates of HIV/AIDS spending are provided and so these are used. There are rarely significant differences between appropriated and actual spending in domestic programs; however, *International* spending may have wider variations.

PART I — FEDERAL HIV/AIDS SPENDING

● ● ● FEDERAL HIV/AIDS SPENDING IN CONTEXT

CHART 1 — FEDERAL HIV/AIDS SPENDING AS A PROPORTION OF TOTAL FEDERAL SPENDING *FY 2002*

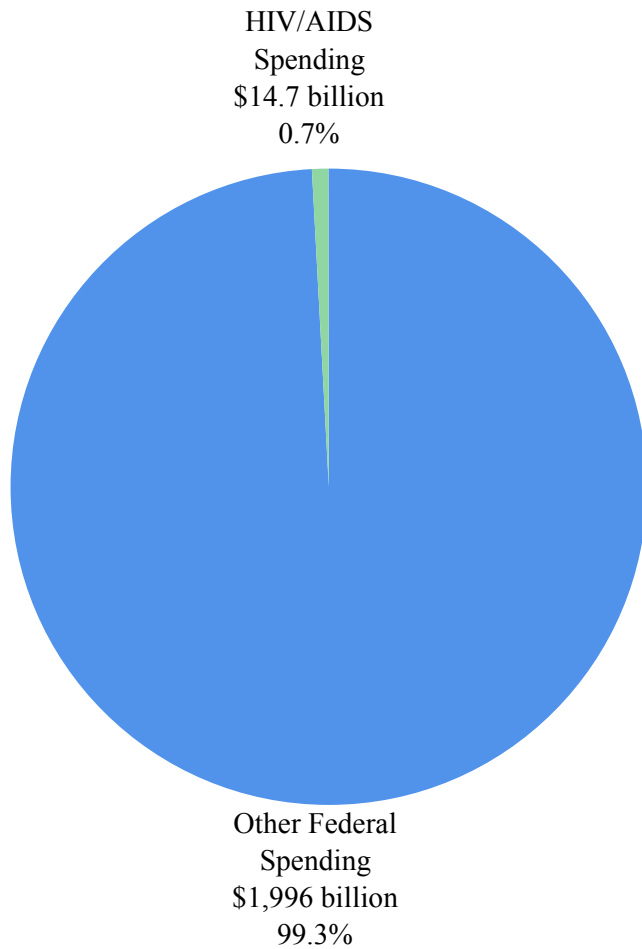
In FY 2002, total federal HIV/AIDS spending is estimated to be \$14.7 billion. This includes amounts for programs specifically targeted to HIV/AIDS, as well as amounts designated by federal agencies as HIV/AIDS spending within more general activities.

Compared to total federal spending, which is estimated to be \$2 trillion (\$2,011 billion), funding for HIV/AIDS is approximately 0.7 percent of total federal spending. This estimate of total federal spending does not include offsetting receipts.

By comparison, Social Security constitutes 22.6 percent of total federal spending, Defense is 17.4 percent, net interest on the federal debt is 8.5 percent, all of Medicare is 12.6 percent, and the federal share of Medicaid is 7.4 percent.

CHART 1 — FEDERAL HIV/AIDS SPENDING AS A PROPORTION
OF TOTAL FEDERAL SPENDING

FY 2002

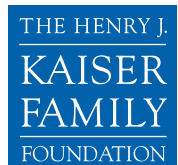


Total: \$2,011 billion*

*This estimate of total federal spending does not include offsetting receipts.

Sources:

- Congressional Budget Office, 2002 and 2003
- Congressional Research Service, 2002 and 2003
- Office of Budget, HHS, 2003
- Office of Management and Budget, Executive Office of the President, 2003
- Office of Planning, Budget & Finance, Peace Corps, 2003
- Office of the Actuary, CMS, 2003
- Office of the Chief Actuary, SSA, 2003



● ● ● FEDERAL HIV/AIDS SPENDING IN CONTEXT

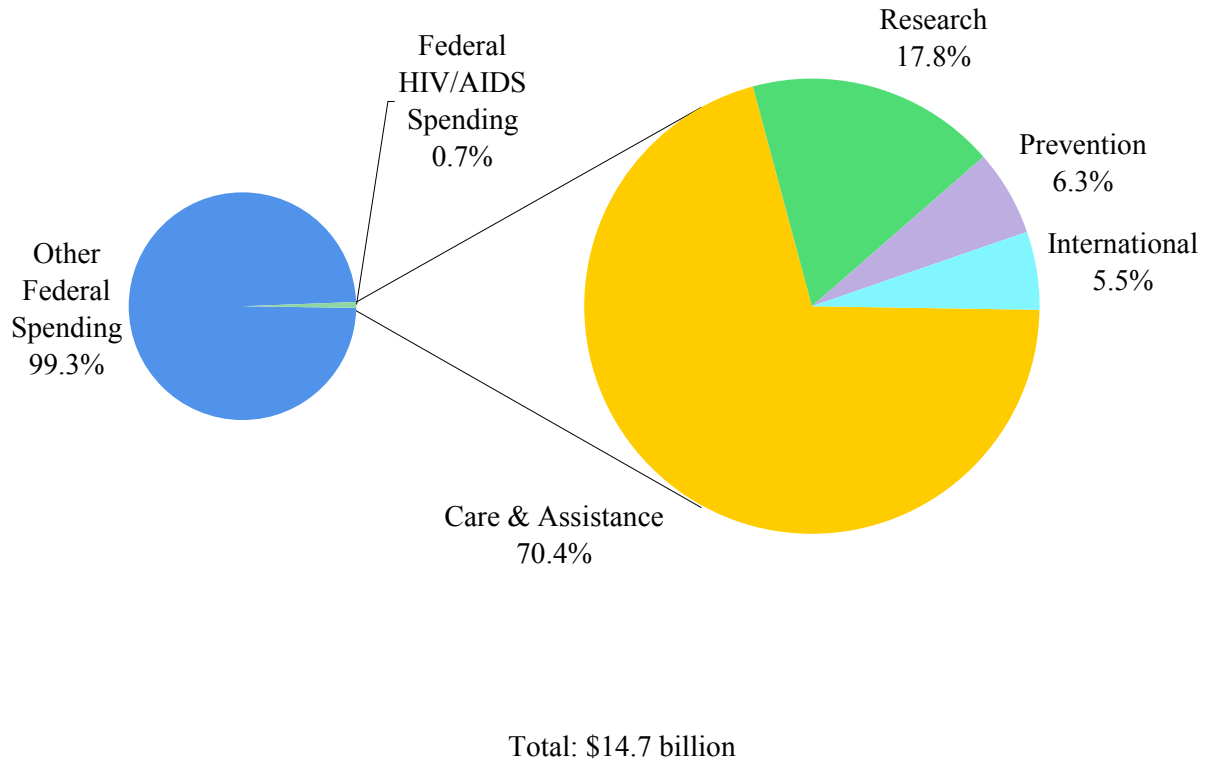
CHART 2 — FEDERAL HIV/AIDS SPENDING OVERVIEW

FY 2002

Federal HIV/AIDS spending may be divided generally into four categories: *Care and Assistance*, *Research*, *Prevention*, and *International*. However, as noted in the Introduction, actual programs and activities may span more than one category:

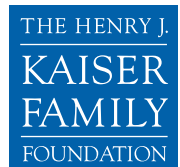
- Programs under *Care and Assistance* are those that deliver health care services, support services, and disability-associated cash and housing assistance to individuals with HIV/AIDS. Major health care programs in this category include Medicaid, Medicare, Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Ryan White CARE Act, Housing Opportunities for People With AIDS (HOPWA), and programs administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Veterans Affairs (VA), the Department of Defense (DOD), the Department of Justice (DOJ), and the Office of the Secretary of HHS (OS). Care and Assistance programs are estimated to constitute 70.4 percent of all federal HIV/AIDS spending.
- *Research* programs are those that address the range of biomedical, epidemiological, behavioral, health services, and social science research activities. These programs include those operated within the Department of Health and Human Services (HHS) (including the National Institutes of Health (NIH), the Food and Drug Administration (FDA), and the Agency for Healthcare Research and Quality (AHRQ)), the DOD, and the VA. *Research* programs are estimated to constitute 17.8 percent of all federal HIV/AIDS spending.
- The *Prevention* category includes programs designed to provide information, education, counseling, and risk reduction regarding HIV; and to reduce the number of HIV infections through perinatal transmissions, from workplace accidents, among immigrants, in public housing, and throughout the prison system. Most of these programs are run through the HHS/Centers for Disease Control and Prevention (CDC). SAMHSA, the DOD, the VA, the HHS/Indian Health Service, the OS, the Department of Labor (DOL), the DOJ, and the Department of Education also administer some *Prevention* activities. *Prevention* programs are estimated to constitute 6.3 percent of all federal HIV/AIDS spending.
- *International* programs include efforts to cooperate with other nations on research, to coordinate international activities, to provide training and education in skills to prevent the spread of HIV, to encourage the use of non-governmental organization networks and community-based organizations to implement prevention and care programs, and to disseminate information via multi-language television, radio, and texts distributed overseas. *International* programs are primarily conducted by the U.S. Agency for International Development and the CDC. The DOD, the DOL, the Department of Agriculture, and the Peace Corps also conduct international HIV/AIDS programs. *International* programs are estimated to constitute 5.5 percent of all federal HIV/AIDS spending.

CHART 2 — FEDERAL HIV/AIDS SPENDING OVERVIEW
FY 2002



Sources:

- Congressional Budget Office, 2002 and 2003
- Congressional Research Service, 2002 and 2003
- Office of Budget, HHS, 2003
- Office of Management and Budget, Executive Office of the President, 2003
- Office of Planning, Budget & Finance, Peace Corps, 2003
- Office of the Actuary, CMS, 2003
- Office of the Chief Actuary, SSA, 2003



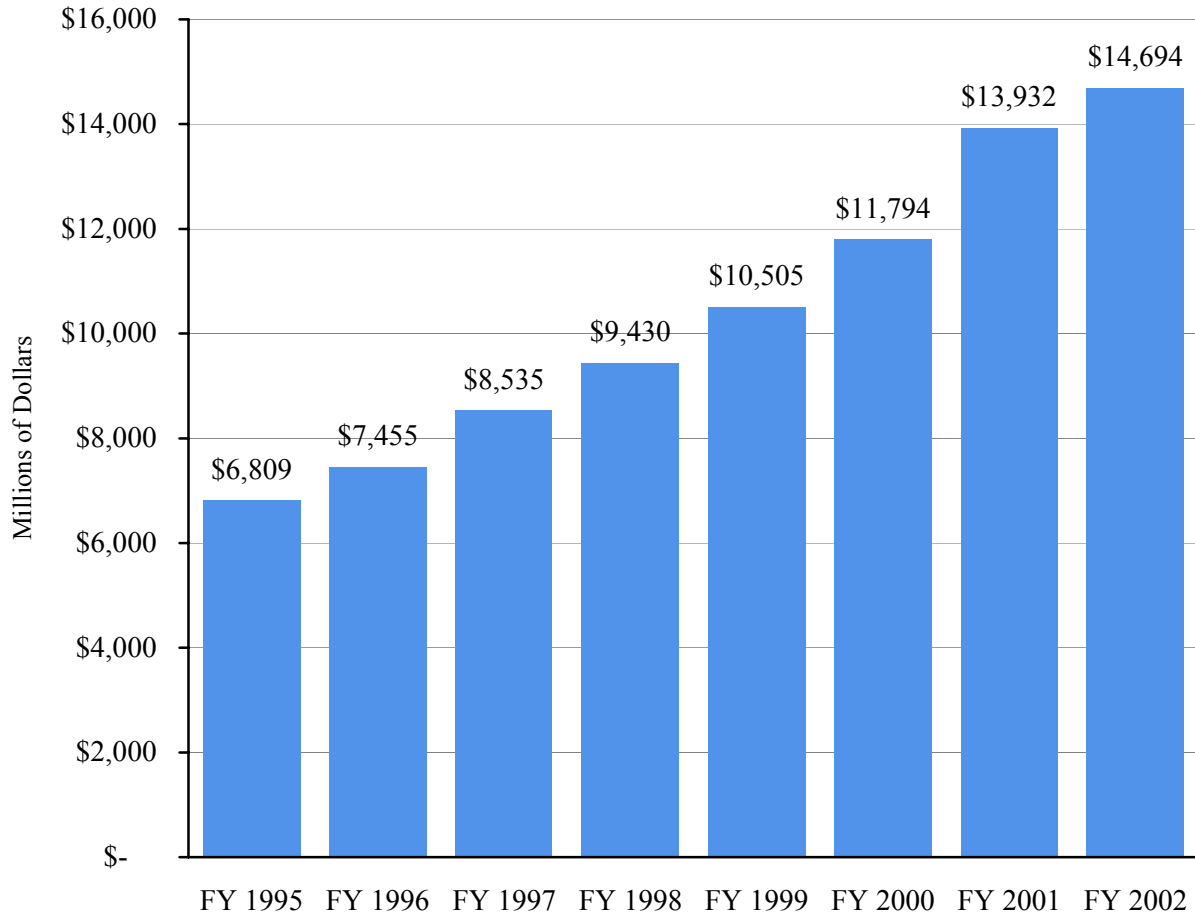
● ● ● FEDERAL HIV/AIDS SPENDING IN CONTEXT

CHART 3 — GROWTH IN FEDERAL HIV/AIDS SPENDING *FY 1995-2002*

During the period from FY 1995 to FY 2002, the total amount of HIV/AIDS spending by the federal government increased by \$7,885 million, or 115.8 percent (from \$6,809 million in FY 1995 to \$14,694 million in FY 2002). Cumulative federal HIV/AIDS spending for these eight years was \$83.2 billion.

- Between FY 1995 and FY 1996, HIV/AIDS spending increased by \$646 million, or 9.5 percent (from \$6,809 million in FY 1995 to \$7,455 million in FY 1996).
- Between FY 1996 and FY 1997, HIV/AIDS spending increased by \$1,080 million, or 14.5 percent (from \$7,455 million in FY 1996 to \$8,535 million in FY 1997).
- Between FY 1997 and FY 1998, HIV/AIDS spending increased by \$895 million, or 10.5 percent (from \$8,535 million in FY 1997 to \$9,430 million in FY 1998).
- Between FY 1998 and FY 1999, HIV/AIDS spending increased by \$1,075 million, or 11.4 percent (from \$9,430 million in FY 1998 to \$10,505 million in FY 1999).
- Between FY 1999 and FY 2000, HIV/AIDS spending increased by \$1,289 million, or 12.3 percent (from \$10,505 million in FY 1999 to \$11,794 million in FY 2000).
- Between FY 2000 and FY 2001, HIV/AIDS spending increased by \$2,138 million, or 18.1 percent (from \$11,794 million in FY 2000 to \$13,932 million in FY 2001).
- Between FY 2001 and FY 2002, HIV/AIDS spending increased by \$762 million, or 5.5 percent (from \$13,932 million in FY 2000 to \$14,694 million in FY 2002).

CHART 3 — GROWTH IN FEDERAL HIV/AIDS SPENDING
FY 1995-2002



Sources:

Congressional Research Service, 2002 and 2003
Office of Budget, HHS, 2003
Office of Management and Budget, Executive Office of the President, 2003
Office of Planning, Budget & Finance, Peace Corps, 2003
Office of the Actuary, CMS, 2003
Office of the Chief Actuary, SSA, 2003



● ● ● **FEDERAL HIV/AIDS SPENDING MANDATORY AND DISCRETIONARY**

CHART 4 — FEDERAL HIV/AIDS MANDATORY AND DISCRETIONARY SPENDING *FY 2002*

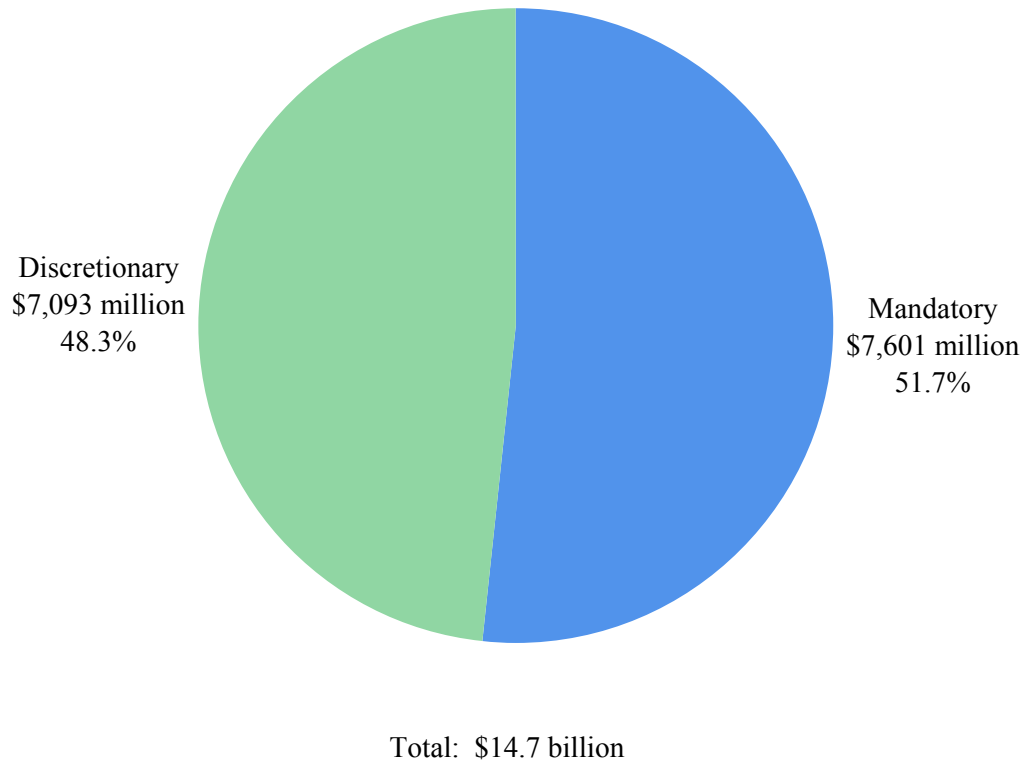
HIV/AIDS spending, like all federal spending, may be broken down into two categories: “mandatory” spending and “discretionary” spending.

- Mandatory spending is assured to be available unless the Congress changes the law. Funds sufficient to operate mandatory programs are provided year after year, without requiring any further action by either the Congress or the President.
- Discretionary spending must be specifically provided by the Congress every year through the appropriations process. Generally, the Congress provides funds for discretionary spending one year at a time.

(The Introduction provides a more complete discussion of mandatory and discretionary spending.)

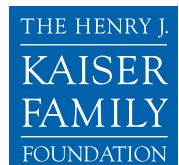
In FY 2002, \$7,601 million, or 51.7 percent, of HIV/AIDS spending was mandatory, while \$7,093 million, or 48.3 percent, was discretionary.

CHART 4 — FEDERAL HIV/AIDS MANDATORY AND DISCRETIONARY SPENDING
FY 2002



Sources:

- Congressional Research Service, 2002 and 2003
- Office of Budget, HHS, 2003
- Office of Management and Budget, Executive Office of the President, 2003
- Office of Planning, Budget & Finance, Peace Corps, 2003
- Office of the Actuary, CMS, 2003
- Office of the Chief Actuary, SSA, 2003



● ● ● FEDERAL HIV/AIDS SPENDING MANDATORY AND DISCRETIONARY

CHART 5 — FEDERAL HIV/AIDS MANDATORY AND DISCRETIONARY SPENDING FY 1995-2002

Mandatory federal HIV/AIDS spending increased by:

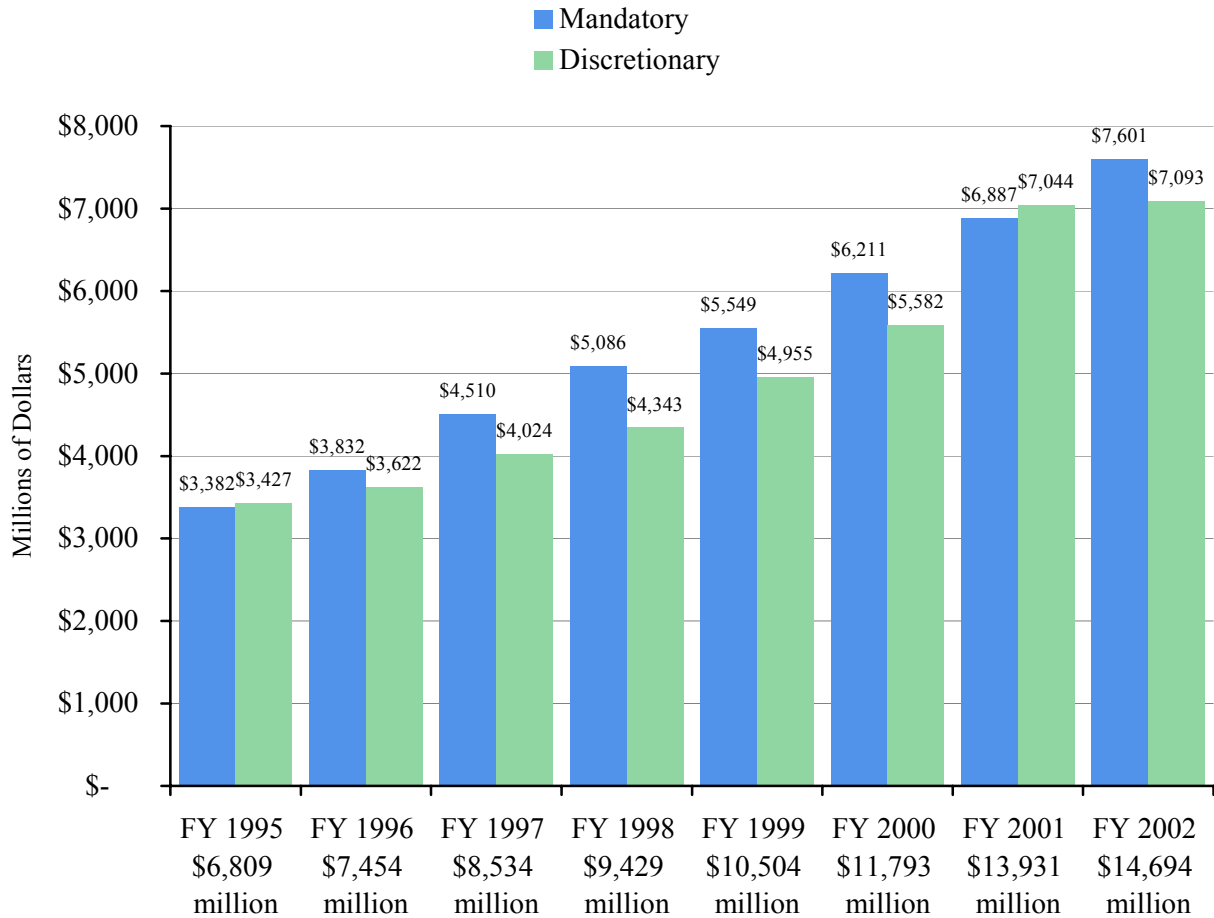
- \$450 million, or 13.3 percent, between FY 1995 and FY 1996 (from \$3,382 million in FY 1995 to \$3,832 million in FY 1996),
- \$678 million, or 17.7 percent, between FY 1996 and FY 1997 (from \$3,832 million in FY 1996 to \$4,510 million in FY 1997),
- \$576 million, or 12.8 percent, between FY 1997 and FY 1998 (from \$4,510 million in FY 1997 to \$5,086 million in FY 1998),
- \$463 million, or 9.1 percent, between FY 1998 and FY 1999 (from \$5,086 million in FY 1998 to \$5,549 million in FY 1999),
- \$662 million, or 11.9 percent, between FY 1999 and FY 2000 (from \$5,549 million in FY 1999 to \$6,211 million in FY 2000),
- \$676 million, or 10.9 percent, between FY 2000 and FY 2001 (from \$6,211 million in FY 2000 to \$6,887 million in FY 2001), and
- \$714 million, or 10.4 percent, between FY 2001 and FY 2002 (from \$6,887 million in FY 2001 to \$7,601 million in FY 2002).

Discretionary federal HIV/AIDS spending increased by:

- \$195 million, or 5.7 percent, between FY 1995 and FY 1996 (from \$3,427 million in FY 1995 to \$3,622 million in FY 1996),
- \$402 million, or 11.1 percent, between FY 1996 and FY 1997 (from \$3,622 million in FY 1996 to \$4,024 million in FY 1997),
- \$319 million, or 7.9 percent, between FY 1997 and FY 1998 (from \$4,024 million in FY 1997 to \$4,343 million in FY 1998),
- \$612 million, or 14.1 percent, between FY 1998 and FY 1999 (from \$4,343 million in FY 1998 to \$4,955 million in FY 1999),
- \$627 million, or 12.7 percent, between FY 1999 and FY 2000 (from \$4,955 million in FY 1999 to \$5,582 million in FY 2000),
- \$1,462 million, or 26.2 percent, between FY 2000 and FY 2001 (from \$5,582 million in FY 2000 to \$7,044 million in FY 2001), and
- \$49 million, or 0.7 percent, between FY 2001 and FY 2002 (from \$7,044 million in FY 2001 to \$7,093 million in FY 2002).

Programs in the *Research and Prevention* categories are entirely funded with discretionary funds. *Care and Assistance* spending is growing primarily because the number of eligible people with HIV/AIDS in health care programs (and the cost of their care) is growing, not necessarily because the programs have been expanded in coverage or enriched benefits.

CHART 5 — FEDERAL HIV/AIDS MANDATORY AND DISCRETIONARY SPENDING
FY 1995-2002



Sources:

Congressional Research Service, 2002 and 2003
 Office of Budget, HHS, 2003
 Office of Management and Budget, Executive Office of the President, 2003
 Office of Planning, Budget & Finance, Peace Corps, 2003
 Office of the Actuary, CMS, 2003
 Office of the Chief Actuary, SSA, 2003



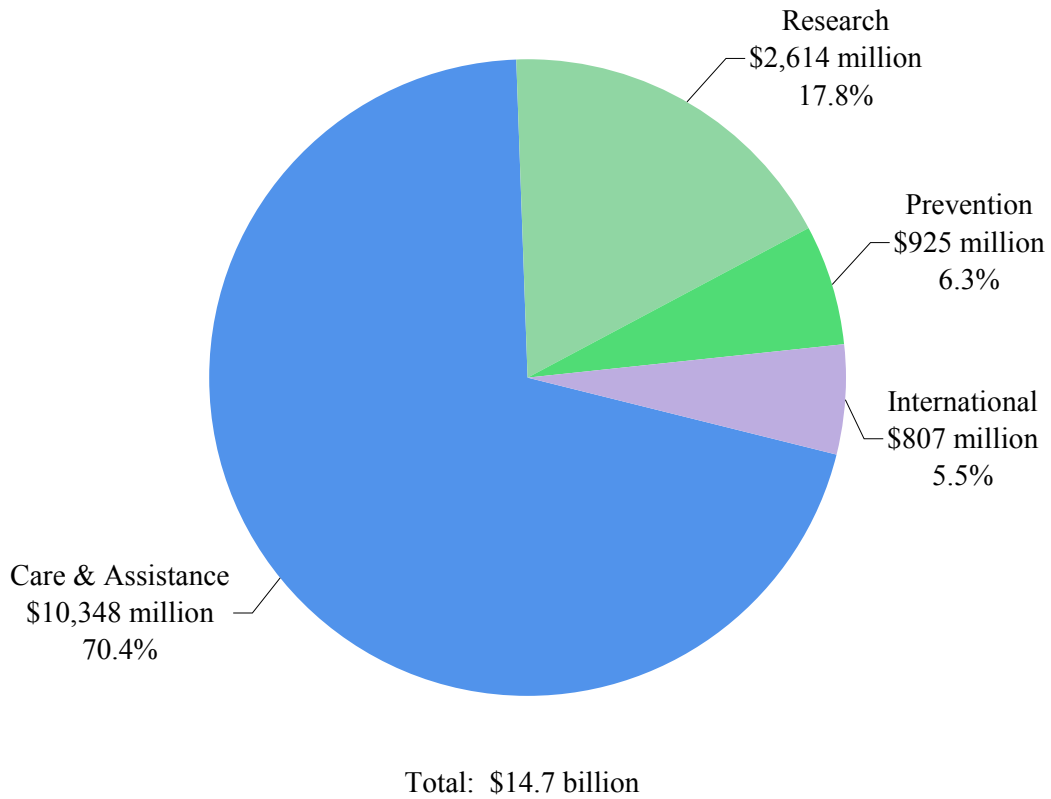
● ● ● **FEDERAL HIV/AIDS SPENDING OVERVIEW FOR FY 2002**

CHART 6 — TOTAL FEDERAL HIV/AIDS SPENDING BY CATEGORY *FY 2002*

For FY 2002, the total amount of federal HIV/AIDS spending can be broken down as follows:

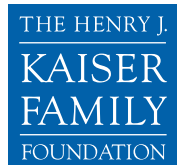
- *Care and Assistance*: \$10,348 million (70.4 percent),
- *Research*: \$2,614 million (17.8 percent),
- *Prevention*: \$925 million (6.3 percent), and
- *International*: \$807 million (5.5 percent).

CHART 6 — TOTAL FEDERAL HIV/AIDS SPENDING BY CATEGORY
FY 2002



Sources:

Congressional Research Service, 2002 and 2003
Office of Budget, HHS, 2003
Office of Management and Budget, Executive Office of the President, 2003
Office of Planning, Budget & Finance, Peace Corps, 2003
Office of the Actuary, CMS, 2003
Office of the Chief Actuary, SSA, 2003



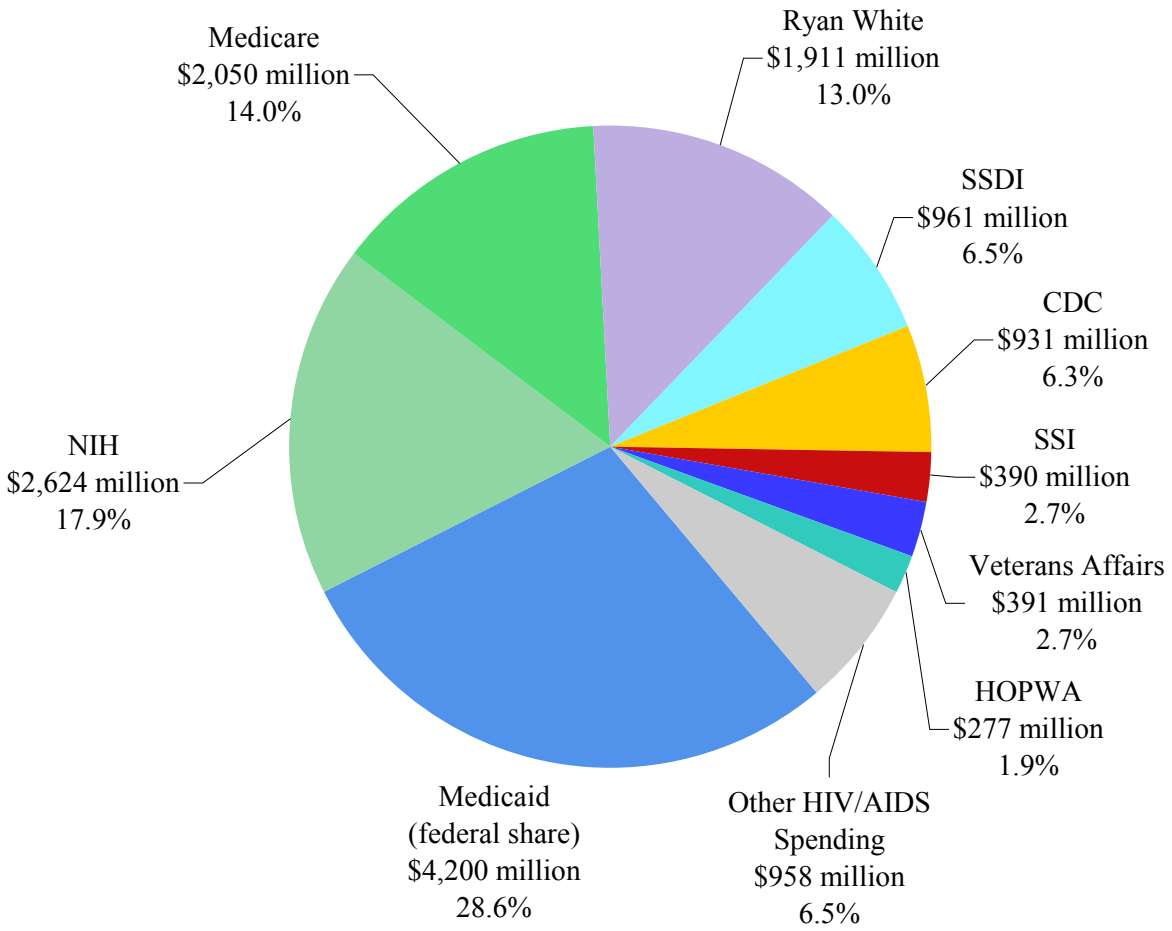
● ● ● FEDERAL HIV/AIDS SPENDING OVERVIEW FOR FY 2002

CHART 7 — TOTAL FEDERAL HIV/AIDS SPENDING BY PROGRAM FY 2002

Total federal HIV/AIDS spending may also be broken down by program. In FY 2002, the following programs were most prominent:

- Federal share of Medicaid: \$4,200 million (28.6 percent),
- National Institutes of Health: \$2,624 million (17.9 percent),
- Medicare: \$2,050 million (14.0 percent),
- Ryan White CARE Act Programs: \$1,911 million (13.0 percent),
- SSDI: \$961 million (6.5 percent),
- Centers for Disease Control and Prevention: \$931 million (6.3 percent),
- Veterans Affairs: \$391 million (2.7 percent),
- SSI: \$390 million (2.7 percent),
- HOPWA: \$277 million (1.9 percent), and
- Other *Care and Assistance, Research, Prevention, and International* programs: \$958 million (6.5 percent).

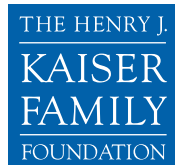
CHART 7 — TOTAL FEDERAL HIV/AIDS SPENDING BY PROGRAM
FY 2002



Total: \$14.7 billion

Sources:

- Congressional Research Service, 2002 and 2003
- Office of Budget, HHS, 2003
- Office of Management and Budget, Executive Office of the President, 2003
- Office of Planning, Budget & Finance, Peace Corps, 2003
- Office of the Actuary, CMS, 2003
- Office of the Chief Actuary, SSA, 2003



● ● ● CATEGORIES OF FEDERAL HIV/AIDS SPENDING

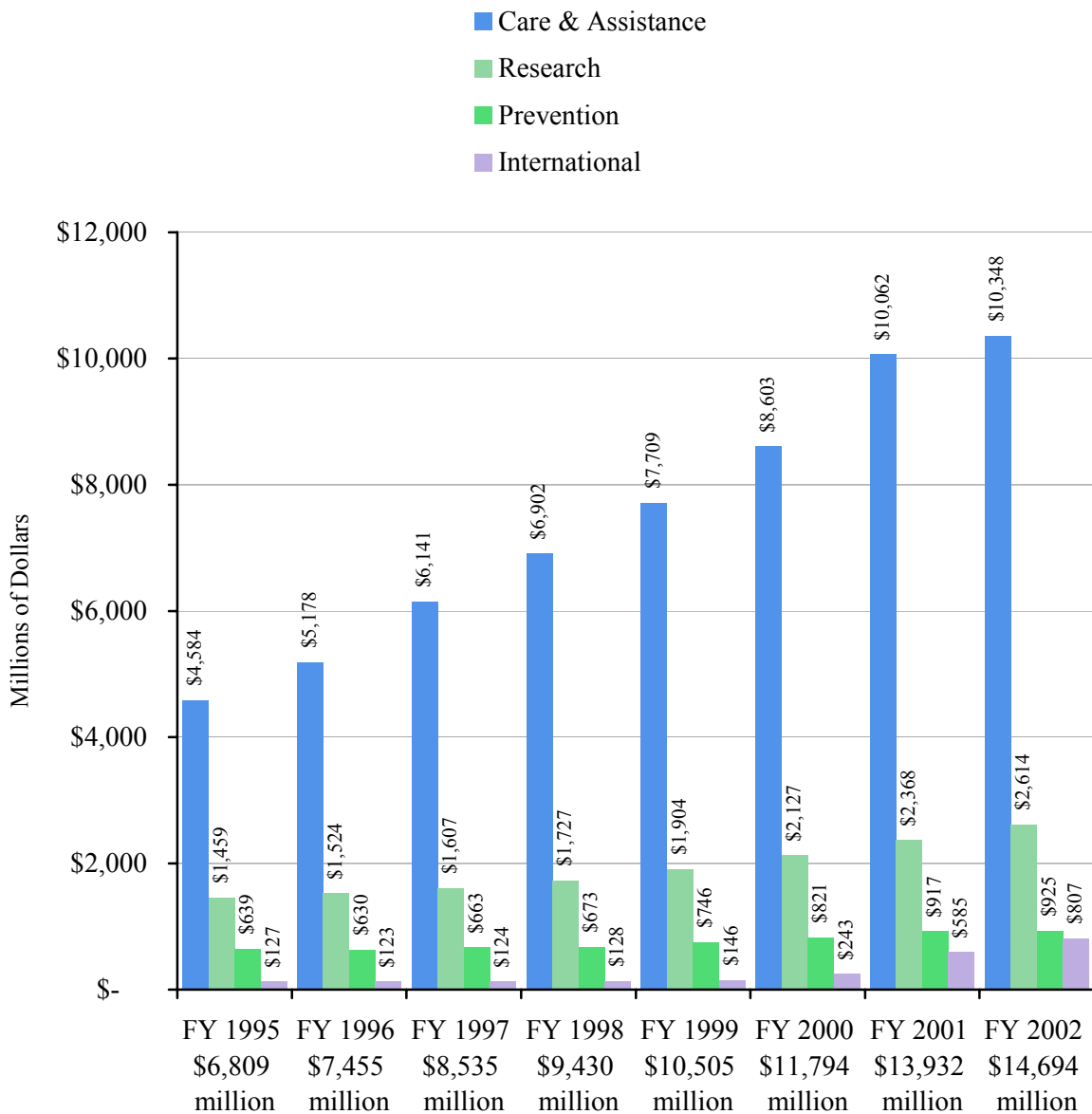
CHART 8 — TOTAL FEDERAL HIV/AIDS SPENDING BY CATEGORY
FY 1995-2002

Annual federal spending on HIV/AIDS programs increased by \$7,885 million from FY 1995 to FY 2002, with cumulative spending of \$83.2 billion. The largest absolute increase occurred in the category of *Care and Assistance*, in which federal spending increased by \$5,764 million; the largest percentage increase occurred in *International*, which increased by 535%. Funding for *Research* programs increased by \$1,155 million. Funding for *Prevention* programs increased by \$286 million. Funding for *International* programs increased by \$680 million.

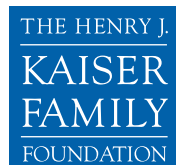
The following table summarizes the annual changes in federal HIV/AIDS spending by category from FY 1995 to FY 2002 and provides the combined federal spending and overall increase in spending over that period.

	<i>Care and Assistance</i>	<i>Research</i>	<i>Prevention</i>	<i>International</i>
FY 1995	\$4,584 million	\$1,459 million	\$639 million	\$127 million
FY 1996	\$5,178 million	\$1,524 million	\$630 million	\$123 million
Change	+\$594 million/yr. (+13.0 percent)	+\$65 million/yr. (+4.5 percent)	-\$9 million/yr. (-1.4 percent)	-\$4 million/yr. (-3.1 percent)
FY 1996	\$5,178 million	\$1,524 million	\$630 million	\$123 million
FY 1997	\$6,141 million	\$1,607 million	\$663 million	\$124 million
Change	+\$963 million/yr. (+18.6 percent)	+\$83 million/yr. (+5.4 percent)	+\$33 million/yr. (+1.5 percent)	+\$1 million/yr. (+0.8 percent)
FY 1997	\$6,141 million	\$1,607 million	\$663 million	\$124 million
FY 1998	\$6,902 million	\$1,727 million	\$673 million	\$128 million
Change	+\$761 million/yr. (+12.4 percent)	+\$120 million/yr. (+7.5 percent)	+\$10 million/yr. (+1.5 percent)	+\$4 million/yr. (+3.2 percent)
FY 1998	\$6,902 million	\$1,727 million	\$673 million	\$128 million
FY 1999	\$7,709 million	\$1,904 million	\$746 million	\$146 million
Change	+\$807 million/yr. (+11.7 percent)	+\$177 million/yr. (+10.2 percent)	+\$73 million/yr. (+10.8 percent)	+\$18 million/yr. (+14.1 percent)
FY 1999	\$7,709 million	\$1,904 million	\$746 million	\$146 million
FY 2000	\$8,603 million	\$2,127 million	\$821 million	\$243 million
Change	+\$894 million/yr. (+11.6 percent)	+\$223 million/yr. (+11.7 percent)	+\$75 million/yr. (+10.1 percent)	+\$97 million/yr. (+66.4 percent)
FY 2000	\$8,603 million	\$2,127 million	\$821 million	\$243 million
FY 2001	\$10,062 million	\$2,368 million	\$917 million	\$585 million
Change	+\$1,459 million/yr. (+17.0 percent)	+\$241 million/yr. (+11.3 percent)	+\$96 million/yr. (+11.7 percent)	+\$342 million/yr. (+140.7 percent)
FY 2001	\$10,062 million	\$2,368 million	\$917 million	\$585 million
FY 2002	\$10,348 million	\$2,614 million	\$925 million	\$807 million
Change	+\$286 million/yr. (+2.8 percent)	+\$246 million/yr. (+10.4 percent)	+\$8 million/yr. (+0.9 percent)	+\$222 million/yr. (+37.9 percent)
Total spending FY 1995-2002	\$59,527 million	\$15,330 million	\$6,014 million	\$2,283 million
Change	+\$5,764 million (+125.7 percent)	+\$1,155 million (+79.2 percent)	+\$286 million (+44.8 percent)	+\$680 million (+535.4 percent)

CHART 8 — TOTAL FEDERAL HIV/AIDS SPENDING BY CATEGORY
FY 1995-2002



Sources:
 Congressional Research Service, 2002 and 2003
 Office of Budget, HHS, 2003
 Office of Management and Budget, Executive Office of the President, 2003
 Office of Planning, Budget & Finance, Peace Corps, 2003
 Office of the Actuary, CMS, 2003
 Office of the Chief Actuary, SSA, 2003



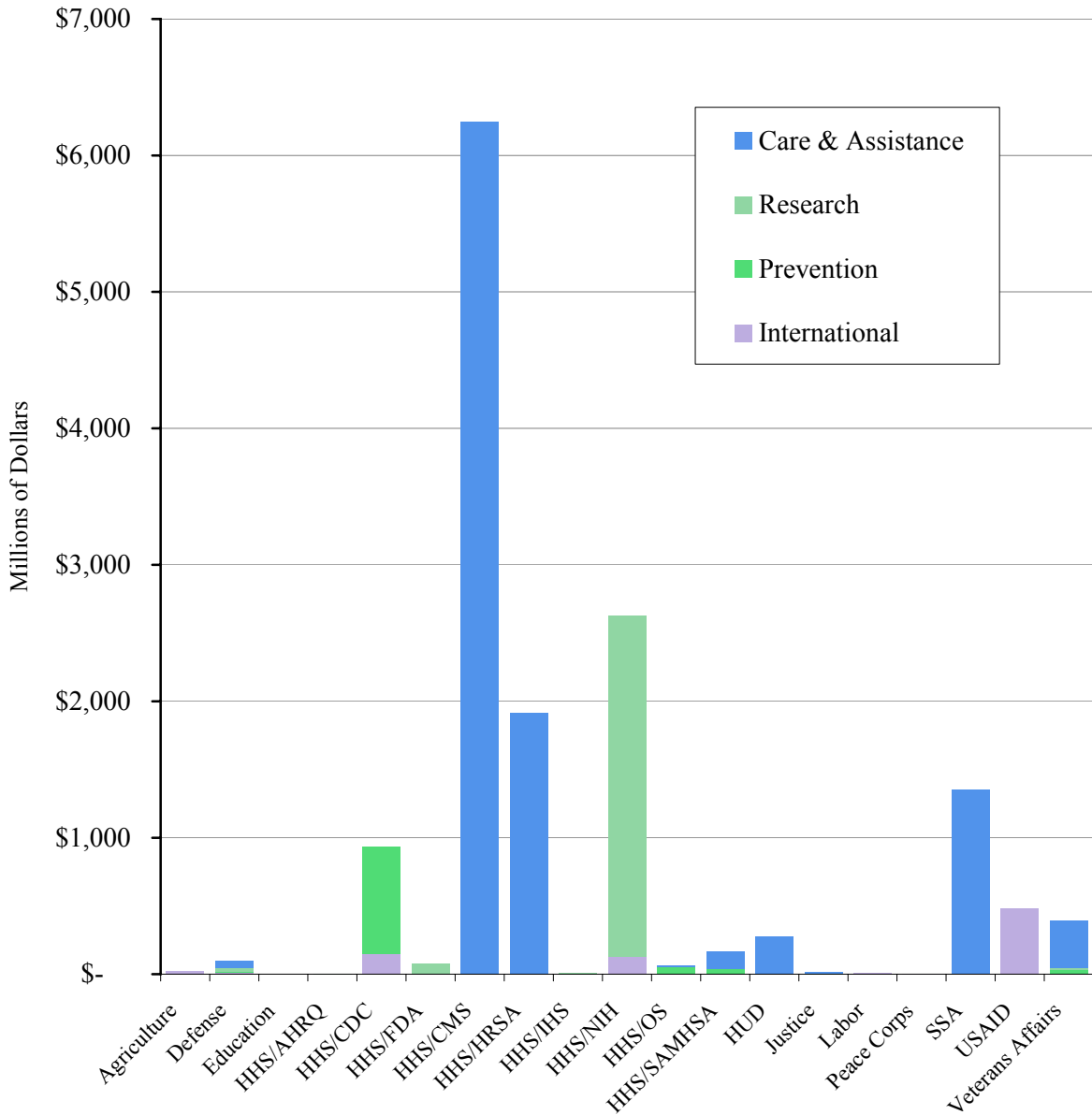
● ● ● **FEDERAL HIV/AIDS SPENDING ACROSS DEPARTMENTS AND AGENCIES**

CHART 9 — TOTAL FEDERAL HIV/AIDS SPENDING BY DEPARTMENT OR AGENCY FY 2002

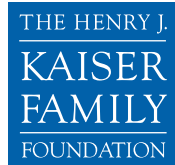
Federal HIV/AIDS spending is divided among many federal departments and agencies.

- Agriculture funds *International* programs, spending an estimated \$25 million in FY 2002.
- Defense funds *Prevention, Research, Care and Assistance*, and *International* programs, spending an estimated \$96 million in FY 2002 (\$3 million on *Prevention*, \$26 million on *Research*, \$53 million on *Care and Assistance*, and \$14 million on *International*).
- HHS/Agency for Healthcare Research and Quality (AHRQ) funds *Research* programs, spending an estimated \$3 million in FY 2002.
- HHS/Centers for Disease Control and Prevention (CDC) funds *Prevention* and *International* programs, spending an estimated \$931 million in FY 2002 (\$787 million on *Prevention* and \$144 million on *International*).
- HHS/Food and Drug Administration (FDA) funds *Research* programs, spending an estimated \$76 million in FY 2002. (In previous editions of this chartbook, FDA spending on blood and blood product protection activities was classified as *Prevention*; in this version, all FDA spending on HIV/AIDS is classified as *Research*.)
- HHS/Centers for Medicare and Medicaid Services (CMS) funds *Care and Assistance* programs, spending an estimated \$6,250 million in FY 2002.
- HHS/Health Resources and Services Administration (HRSA) funds *Prevention* and *Care and Assistance* programs, spending an estimated \$1,917 million in FY 2002 (\$2 million on *Prevention* and \$1,915 million on *Care and Assistance*).
- HHS/Indian Health Service (IHS) funds *Prevention* programs, spending an estimated \$3 million in FY 2002. (No estimates for IHS *Care and Assistance* programs are available.)
- HHS/National Institutes of Health (NIH) funds *Research* programs, spending an estimated \$2,499 million in FY 2002. An additional \$125 million of the U.S. contribution to the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund) was made available through the NIH.
- HHS/Office of the Secretary (OS) funds *Prevention* and *Care and Assistance* programs, spending \$64 million in FY 2002 (\$53 million on *Prevention* and \$10 million on *Care and Assistance*).
- HHS/Substance Abuse and Mental Health Services Administration (SAMHSA) funds *Prevention* and *Care and Assistance* programs, spending an estimated \$169 million in FY 2002 (\$39 million on *Prevention* and \$130 million on *Care and Assistance*).
- Housing and Urban Development (HUD) funds *Care and Assistance* programs, spending an estimated \$277 million in FY 2002.
- Justice funds *Prevention* and *Care and Assistance* programs, spending an estimated \$16 million in FY 2002 (\$2 million on *Prevention* and \$14 million on *Care and Assistance*).
- Labor funds *Prevention* and *International* programs, spending an estimated \$10 million in FY 2002 (\$1 million on *Prevention* and \$9 million on *International*).
- Peace Corps funds *International* programs, spending an estimated \$5 million in FY 2002.
- Social Security Administration (SSA) funds *Care and Assistance* programs, spending an estimated \$1,351 million in FY 2002.
- U.S. Agency for International Development (USAID) funds *International* programs, spending an estimated \$435 million in FY 2002. An additional \$50 million of the U.S. contribution to the Global Fund was made available through USAID.
- Veterans Affairs funds *Prevention, Research, and Care and Assistance* programs, spending an estimated \$391 million in FY 2002 (\$35 million on *Prevention*, \$8 million on *Research*, and \$348 million on *Care and Assistance*).

CHART 9 — TOTAL FEDERAL HIV/AIDS SPENDING BY DEPARTMENT OR AGENCY
 FY 2002



Sources:
 Congressional Research Service, 2002 and 2003
 Office of Budget, HHS, 2003
 Office of Management and Budget, Executive Office of the President, 2003
 Office of Planning, Budget & Finance, Peace Corps, 2003
 Office of the Actuary, CMS, 2003
 Office of the Chief Actuary, SSA, 2003



PART II — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE

● ● ● PROGRAMS

CHART 10 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE BY PROGRAM FY 2002

In FY 2002, total federal spending for HIV/AIDS *Care and Assistance* is estimated to be \$10,348 million. The following programs constitute most of the *Care and Assistance* spending (98.0 percent):

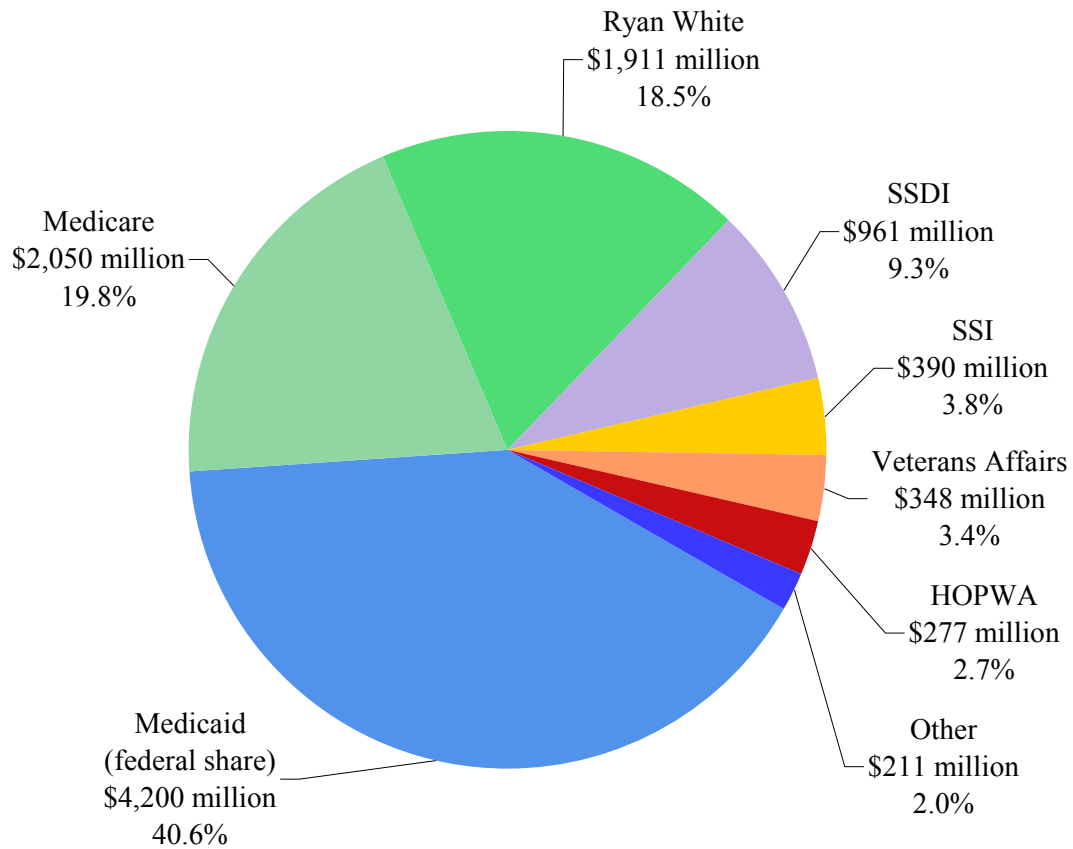
- Federal share of Medicaid: \$4,200 million (40.6 percent),
- Medicare: \$2,050 million (19.8 percent),
- Ryan White CARE Act programs: \$1,911 million (18.5 percent),
- SSDI: \$961 million (9.3 percent),
- SSI: \$390 million (3.8 percent),
- Veterans Affairs: \$348 million (3.4 percent), and
- HOPWA: \$277 million (2.7 percent).

Spending on all other *Care and Assistance* programs is estimated to be \$211 million (2.0 percent). These programs include:

- SAMHSA: \$130 million (1.3 percent),
- Department of Defense: \$53 million (0.5 percent),
- Office of the Secretary of HHS: \$10 million (0.1 percent), and
- Department of Justice: \$14 million (0.1 percent).

CHART 10 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE BY PROGRAM

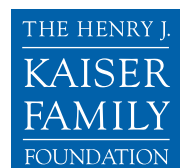
FY 2002



Total: \$10.3 billion

Sources:

- Congressional Research Service, 2002
- Office of Budget, HHS, 2003
- Office of Management and Budget, Executive Office of the President, 2003
- Office of the Actuary, CMS, 2003
- Office of the Chief Actuary, SSA, 2003



● ● ● PROGRAMS

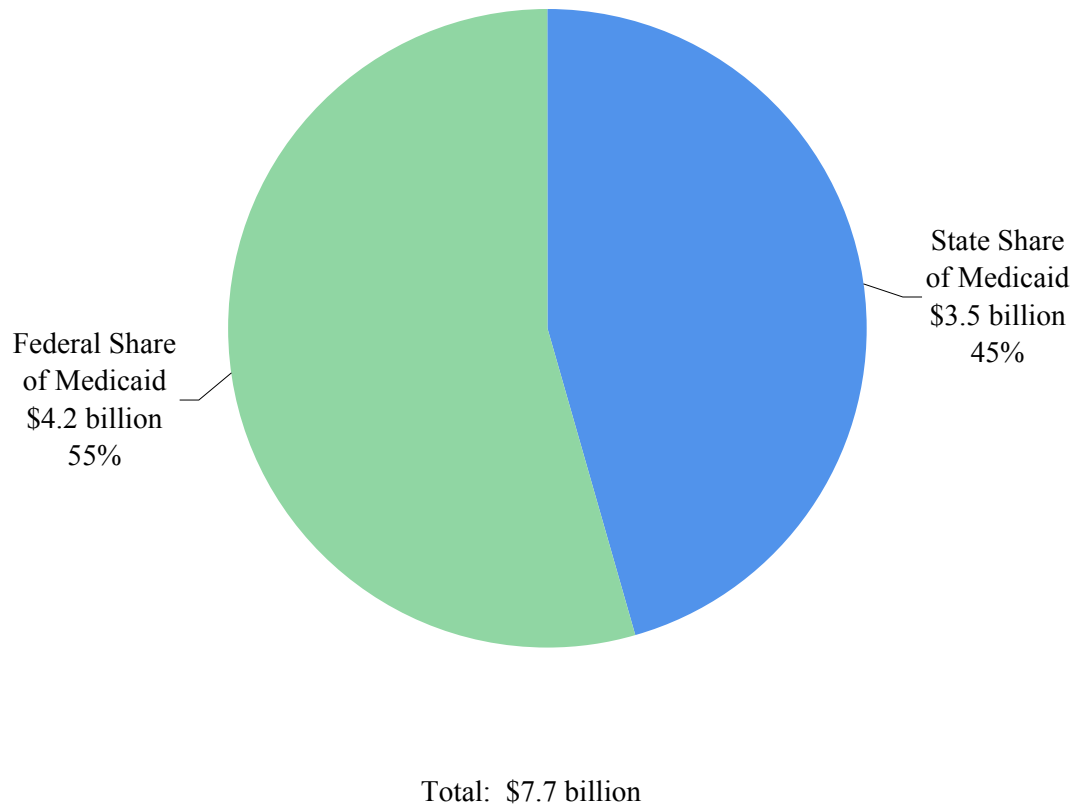
CHART 11 — FEDERAL AND STATE HIV/AIDS SPENDING FOR MEDICAID *FY 2002*

While this chartbook generally deals only with federal HIV/AIDS spending, the Medicaid program involves a very significant amount of state spending. As noted in the Preface, the share of each state's Medicaid program that is provided by the state itself varies from a maximum of 50 percent in comparatively affluent states to a minimum of 23 percent for the poorest state.

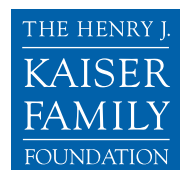
In turn, the Medicaid program provides a very significant portion of HIV/AIDS spending for *Care and Assistance*. A review of only the federal share of this spending understates this contribution. This chart shows the overall Medicaid spending (federal and state shares) that goes toward HIV/AIDS *Care and Assistance*.

In FY 2002, the combined federal and state Medicaid spending for HIV/AIDS is estimated to be \$7.7 billion. The federal portion of Medicaid spending is estimated to be \$4.2 billion, or 55 percent. The state portion of Medicaid spending is estimated to be \$3.5 billion, or 45 percent.

CHART 11 — FEDERAL AND STATE HIV/AIDS SPENDING FOR MEDICAID
FY 2002



Source:
Office of the Actuary, CMS, 2003



● ● ● PROGRAMS

CHART 12 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE BY PROGRAM (INCLUDING STATE SHARE OF MEDICAID) FY 2002

As was discussed in the text accompanying Chart 11, consideration of only the federal share of Medicaid spending for HIV/AIDS *Care and Assistance* understates the full contribution of the Medicaid program toward these services. As compared with Chart 10 (federal share only), this chart depicts the total amount of HIV/AIDS *Care and Assistance* services that is provided through the Medicaid program (federal and state shares combined). The proportions of such services provided by other programs have been re-calculated for comparison with the full contribution of the Medicaid program.

In FY 2002, the total federal spending for HIV/AIDS *Care and Assistance* **plus** the state share of Medicaid for HIV/AIDS is estimated to be \$13,848 million. The seven programs constituting most of this spending (98.5 percent) are:

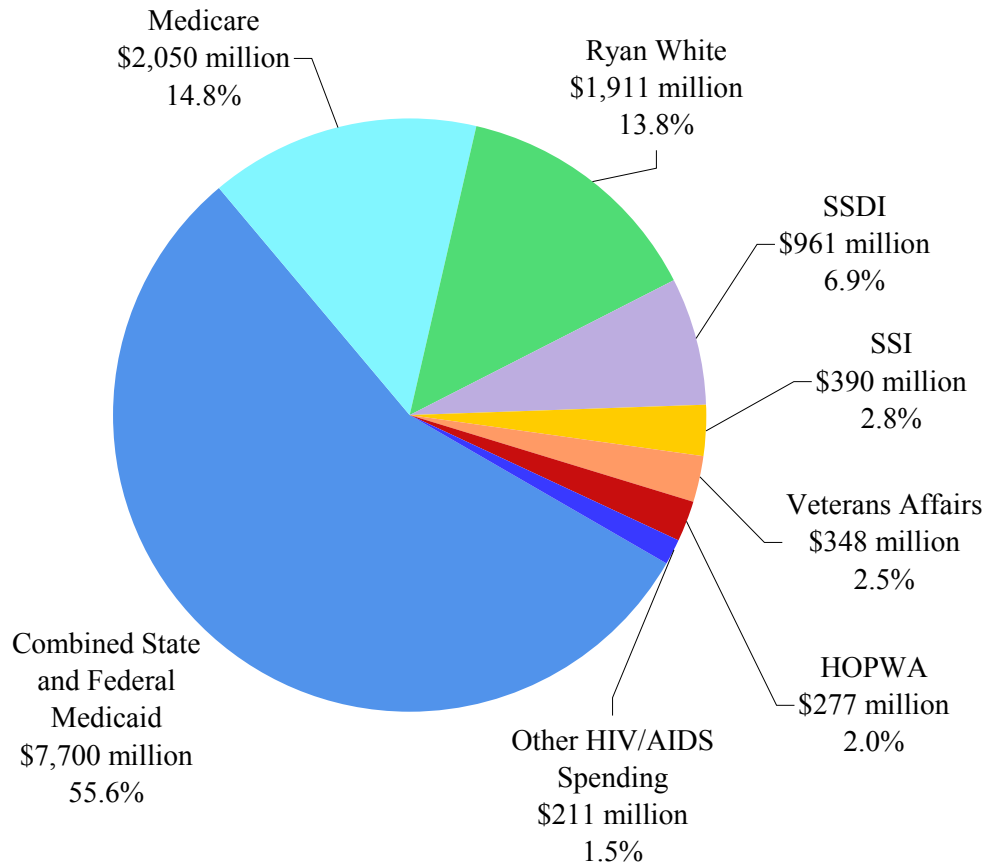
- Combined State and Federal Medicaid: \$7,700 million (55.6 percent),
- Medicare: \$2,050 million (14.8 percent),
- Ryan White CARE Act programs: \$1,911 million (13.8 percent),
- SSDI: \$961 million (6.9 percent),
- SSI: \$390 million (2.8 percent),
- Veterans Affairs: \$348 million (2.5 percent), and
- HOPWA: \$277 million (2.0 percent).

Spending on other *Care and Assistance* programs is estimated to be \$211 million, constituting 1.5 percent of spending. Programs in the Other category in *Care and Assistance* include:

- SAMHSA: \$130 million (0.9 percent),
- Department of Defense: \$53 million (0.4 percent),
- Office of the Secretary of HHS: \$10 million (0.1 percent),
- Department of Justice: \$14 million (0.1 percent), and
- HRSA (other than Ryan White CARE Act programs): \$4 million (0.03 percent).

CHART 12 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE BY PROGRAM (INCLUDING STATE SHARE OF MEDICAID)

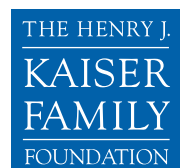
FY 2002



Total: \$13.8 billion

Sources:

- Congressional Research Service, 2002
- Office of Budget, HHS, 2003
- Office of Management and Budget, Executive Office of the President, 2003
- Office of the Actuary, CMS, 2003
- Office of the Chief Actuary, SSA, 2003



● ● ● PROGRAMS

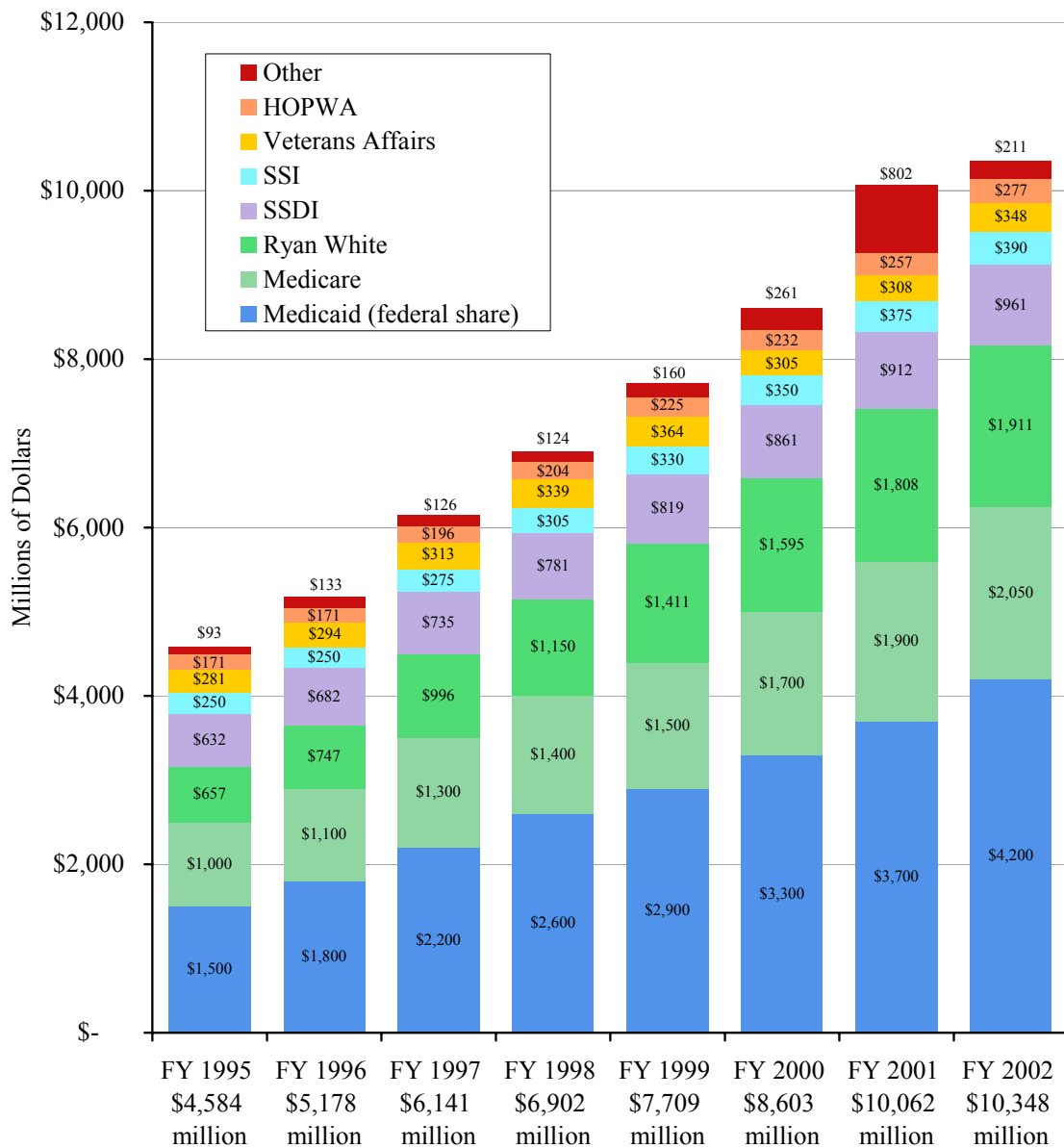
CHART 13 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE
BY PROGRAM
FY 1995-2002

Annual federal spending on HIV/AIDS *Care and Assistance* programs increased by \$5,764 million from FY 1995 to FY 2002. Cumulative federal HIV/AIDS *Care and Assistance* spending for these programs from FY 1995 to FY 2002 was \$59.5 billion (\$4,584 million in FY 1995, \$5,178 million in FY 1996, \$6,141 million in FY 1997, \$6,902 million in FY 1998, \$7,709 million in FY 1999, \$8,603 million in FY 2000, \$10,062 million in FY 2001, and \$10,348 in FY 2002).

The following table summarizes the annual increases in federal HIV/AIDS spending in eight categories from FY 1995 to FY 2002 and provides the combined spending and the overall increase in spending in each category over that period. (Dollar amounts in millions.)

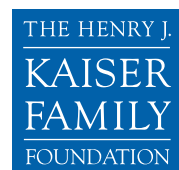
	<i>Medicaid (federal share)</i>	<i>Medicare</i>	<i>Ryan White</i>	<i>SSDI</i>	<i>SSI</i>	<i>Veterans Affairs</i>	<i>HOPWA</i>	<i>Other</i>
FY 1995	\$1,500	\$1,000	\$657	\$632	\$250	\$281	\$171	\$93
FY 1996	\$1,800	\$1,100	\$747	\$682	\$250	\$294	\$171	\$133
Change	+\$300 +20.0%	+\$100 +10.0%	+\$90 +13.7%	+\$50 +7.9%	\$0 0.0%	+\$13 +4.6%	\$0 0.0%	+\$40 +43.4%
FY 1996	\$1,800	\$1,100	\$747	\$682	\$250	\$294	\$171	\$133
FY 1997	\$2,200	\$1,300	\$996	\$735	\$275	\$313	\$196	\$126
Change	+\$400 +22.2%	+\$200 +18.2%	+\$249 +33.3%	+\$53 +7.8%	+\$25 +10.0%	+\$19 +6.5%	+\$25 +14.6%	-\$7 -5.6%
FY 1997	\$2,200	\$1,300	\$996	\$735	\$275	\$313	\$196	\$126
FY 1998	\$2,600	\$1,400	\$1,150	\$781	\$305	\$339	\$204	\$124
Change	+\$400 +18.2%	+\$100 +7.7%	+\$153 +15.4%	+\$46 +6.3%	+\$30 +10.9%	+\$26 +8.3%	+\$8 +4.1%	-\$2 -1.7%
FY 1998	\$2,600	\$1,400	\$1,150	\$781	\$305	\$339	\$204	\$124
FY 1999	\$2,900	\$1,500	\$1,411	\$819	\$330	\$364	\$225	\$160
Change	+\$300 +11.5%	+\$100 +7.1%	+\$261 +22.7%	+\$38 +4.9%	+\$25 +8.2%	+\$25 +7.4%	+\$21 +10.3%	+\$36 +29.3%
FY 1999	\$2,900	\$1,500	\$1,411	\$819	\$330	\$364	\$225	\$160
FY 2000	\$3,300	\$1,700	\$1,595	\$861	\$350	\$305	\$232	\$261
Change	+\$400 +13.8%	+\$200 +13.3%	+\$184 +13.0%	+\$42 +5.1%	+\$20 +6.1%	-\$59 -16.2%	+\$7 +3.1%	+\$101 +63.1%
FY 2000	\$3,300	\$1,700	\$1,595	\$861	\$350	\$305	\$232	\$261
FY 2001	\$3,700	\$1,900	\$1,808	\$912	\$375	\$308	\$257	\$802
Change	+400 +12.1%	+\$200 +11.8%	+\$213 +13.4%	+\$51 +5.9%	+\$25 +7.1%	+\$3 +1.0%	+\$25 +10.8%	+\$541 + %
FY 2001	\$3,700	\$1,900	\$1,808	\$912	\$375	\$308	\$257	\$802
FY 2002	\$4,200	\$2,050	\$1,911	\$961	\$390	\$348	\$277	\$211
Change	+\$500 +13.5%	+\$150 +7.9%	+\$103 +5.7%	+\$49 +5.4%	+\$15 +4.0%	+\$40 +13.0%	+\$20 +7.8%	-\$591 -73.7%
Total spending FY 1995-2002	\$22,200	\$11,950	\$10,275	\$6,383	\$2,525	\$2,552	\$1,733	1,909
Change	+\$2,700 +180.0%	+\$1,050 +105.0%	+\$1,254 +190.7%	+\$329 +52.1%	+\$140 +56.0%	+\$67 +23.8%	+\$106 +62.0%	+\$118 +127.1%

CHART 13 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE BY PROGRAM
FY 1995-2002



Note: In FY 2001, \$580 million was spent on the Ricky Ray Hemophilia Relief Fund, a federal trust established by the U.S. Congress in 1998 to make compassionate payments of \$100,000 to certain individuals (or surviving children and spouses) with blood clotting disorders, such as hemophilia, who were treated with anti-hemophiliac factor between July 1, 1982 and December 31, 1987, and who contracted HIV. By regulation, petitions filed for payment under the Ricky Ray Hemophilia Relief Fund were required to be postmarked by November 13, 2001. FY 2001 funds were adequate to pay all approved petitions; therefore, no additional appropriations were sought for FY 2002. This change is reflected in the "Other" category, which decreases from \$802 million in FY 2001 to \$211 million in FY 2002.

Sources:
 Congressional Research Service, 2002
 Office of Budget, HHS, 2003
 Office of Management and Budget, Executive Office of the President, 2003
 Office of the Actuary, CMS, 2003
 Office of the Chief Actuary, SSA, 2003

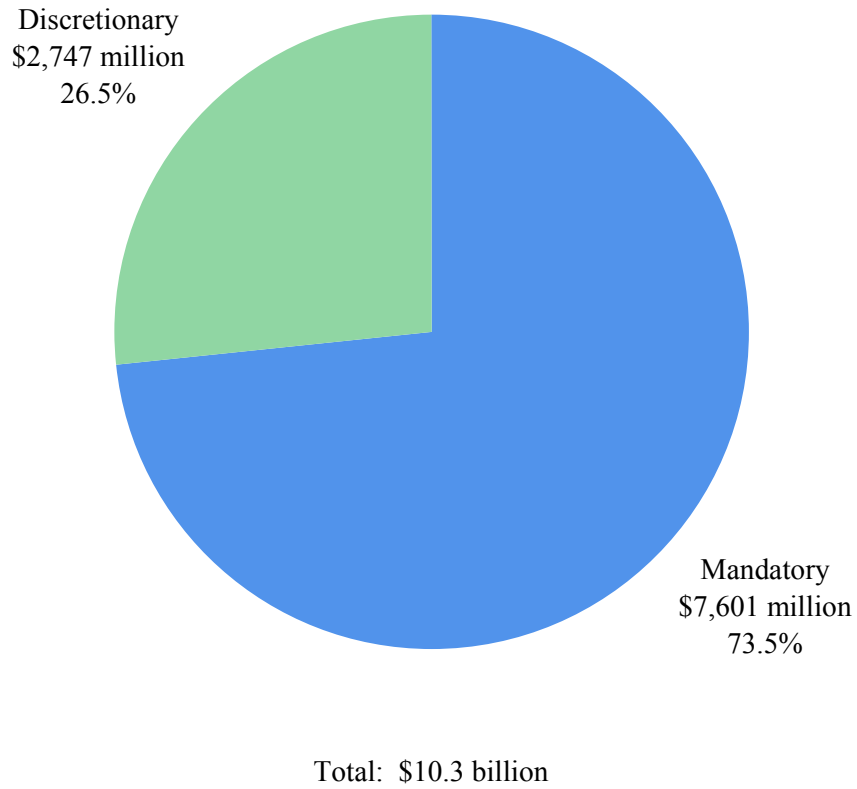


● ● ● MANDATORY AND DISCRETIONARY SPENDING

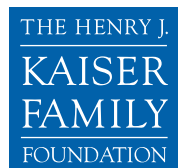
CHART 14 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE *Mandatory and Discretionary, FY 2002*

Within the *Care and Assistance* category, total federal spending in FY 2002 of \$10,348 million was divided between \$7,601 million (73.5 percent) in mandatory spending and \$2,747 million (26.5 percent) in discretionary spending.

CHART 14 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE
Mandatory and Discretionary, FY 2002



Sources:
Congressional Research Service, 2002
Office of Budget, HHS, 2003
Office of Management and Budget, Executive Office of the President, 2003
Office of the Actuary, CMS, 2003
Office of the Chief Actuary, SSA, 2003



● ● ● MANDATORY AND DISCRETIONARY SPENDING

CHART 15 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE *Mandatory and Discretionary, FY 1995-2002*

Between FY 1995 and FY 2002, overall spending increased for both mandatory and discretionary programs providing *Care and Assistance* to people with HIV/AIDS.

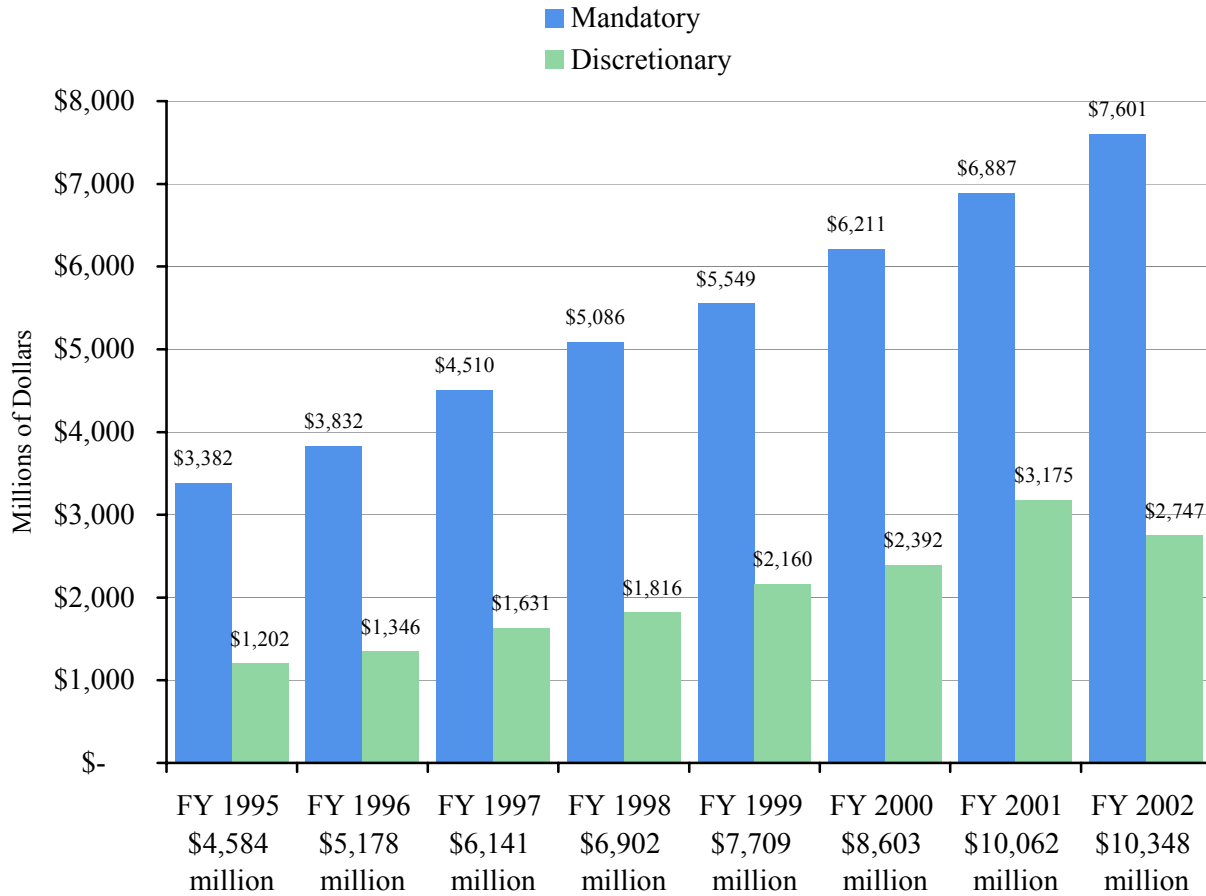
Mandatory federal *Care and Assistance* spending increased by:

- \$450 million, or 13.3 percent, between FY 1995 and FY 1996 (from \$3,382 million in FY 1995 to \$3,832 million in FY 1996),
- \$678 million, or 17.7 percent, between FY 1996 and FY 1997 (from \$3,832 million in FY 1996 to \$4,510 million in FY 1997),
- \$576 million, or 12.8 percent, between FY 1997 and FY 1998 (from \$4,510 million in FY 1997 to \$5,086 million in FY 1998),
- \$463 million, or 9.1 percent, between FY 1998 and FY 1999 (from \$5,086 million in FY 1998 to \$5,549 million in FY 1999),
- \$662 million, or 11.9 percent, between FY 1999 and FY 2000 (from \$5,549 million in FY 1999 to \$6,211 million in FY 2000),
- \$676 million, or 10.9 percent, between FY 2000 and FY 2001 (from \$6,211 million in FY 2000 to \$6,887 million in FY 2001), and
- \$714 million, or 10.4 percent, between FY 2001 and FY 2002 (from \$6,887 million in FY 2001 to \$7,601 million in FY 2002).

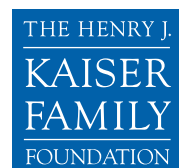
Discretionary federal *Care and Assistance* spending changed by:

- increased \$143 million, or 11.9 percent, between FY 1995 and FY 1996 (from \$1,202 million in FY 1995 to \$1,346 million in FY 1996),
- increased \$286 million, or 21.2 percent, between FY 1996 and FY 1997 (from \$1,346 million in FY 1996 to \$1,631 million in FY 1997),
- increased \$185 million, or 11.3 percent, between FY 1997 and FY 1998 (from \$1,631 million in FY 1997 to \$1,816 million in FY 1998),
- increased \$344 million, or 18.9 percent, between FY 1998 and FY 1999 (from \$1,816 million in FY 1998 to \$2,160 million in FY 1999),
- increased \$233 million, or 10.8 percent, between FY 1999 and FY 2000 (from \$2,160 million in FY 1999 to \$2,392 million in FY 2000),
- increased \$783 million, or 32.7 percent, between FY 2000 and FY 2001 (from \$2,392 million in FY 2000 to \$3,175 million in FY 2001), and
- decreased \$-428 million, or -13.5 percent, between FY 2001 and FY 2002 (from \$3,175 million in FY 2001 to \$2,747 million in FY 2002). (Decrease is related to a change in funding for the Ricky Ray Hemophilia Relief Fund; see note below chart 13 for explanation.)

CHART 15 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE
Mandatory and Discretionary, FY 1995-2002



Sources:
 Congressional Research Service, 2002
 Office of Budget, HHS, 2003
 Office of Management and Budget, Executive Office of the President, 2003
 Office of the Actuary, CMS, 2003
 Office of the Chief Actuary, SSA, 2003



● ● ● SERVICES AND BENEFITS

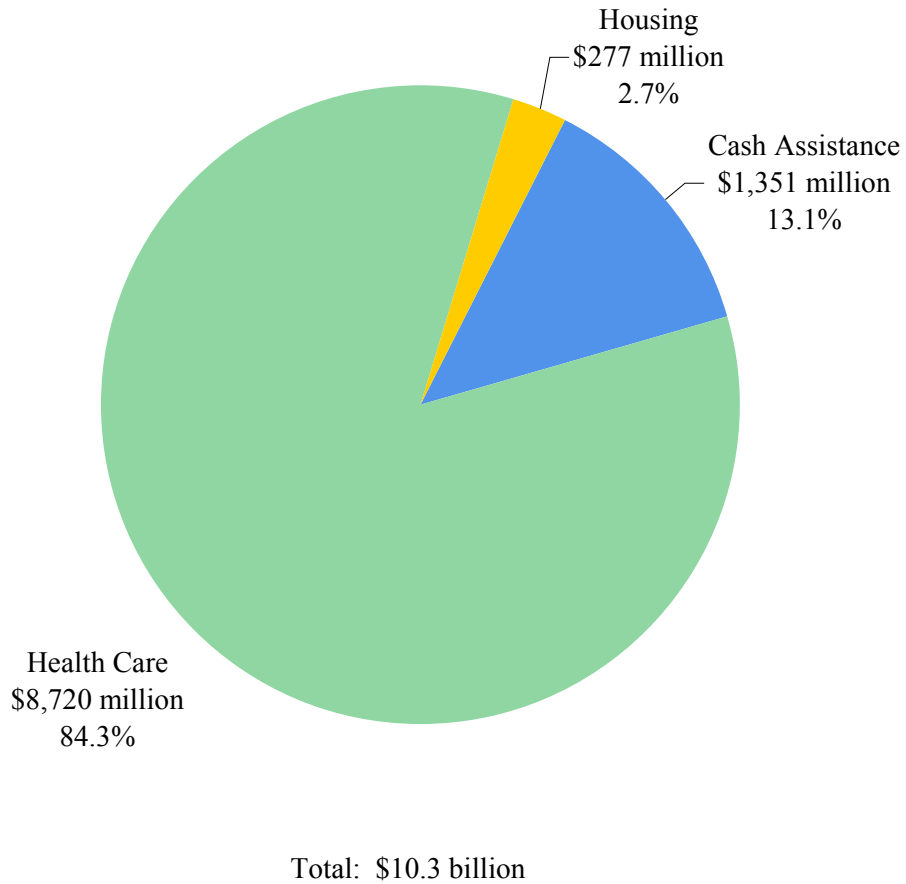
CHART 16 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE *Services and Benefits, FY 2002*

HIV/AIDS *Care and Assistance* spending in FY 2002 of \$10,348 million can be separated into three categories: cash assistance, health care and related supportive services, and housing.

- Cash assistance is income support payments made directly to individuals. For the purposes of this chartbook, these are payments of disability claims under SSDI and SSI. (This category does not include Temporary Assistance for Needy Families (TANF); estimates of TANF funds for people living with HIV/AIDS are not available. Estimates are also unavailable for such income support programs as Department of Defense retirement, Civil Service retirement, etc.)
- Health care spending includes payments made in order to provide care to people living with HIV/AIDS. Programs that fit into this category include Medicaid and Medicare, programs administered by HRSA under the Ryan White CARE Act, and programs administered by the Substance Abuse and Mental Health Services Administration, the Department of Veterans Affairs, the Department of Defense, the Office of Public Health and Science of the Department of Health and Human Services, and the Department of Justice.
- The Housing category on this chart refers to the HOPWA program administered by the Department of Housing and Urban Development. Estimates of spending on other housing programs that might provide housing support to people living with HIV/AIDS, such as those for the poor and disabled, are not available.

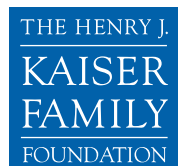
Within the *Care and Assistance* category, estimated federal HIV/AIDS spending in FY 2002 is divided between \$1,351 million for cash assistance, \$8,720 million for health care, and \$277 million for housing. The majority of the *Care and Assistance* spending is for health care, comprising 84.3 percent of the total spending. Cash assistance constitutes 13.1 percent of the *Care and Assistance* spending, while 2.7 percent goes to the HOPWA program.

CHART 16 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE
Services and Benefits, FY 2002



Sources:

- Congressional Research Service, 2002
- Office of Budget, HHS, 2003
- Office of Management and Budget, Executive Office of the President, 2003
- Office of the Actuary, CMS, 2003
- Office of the Chief Actuary, SSA, 2003



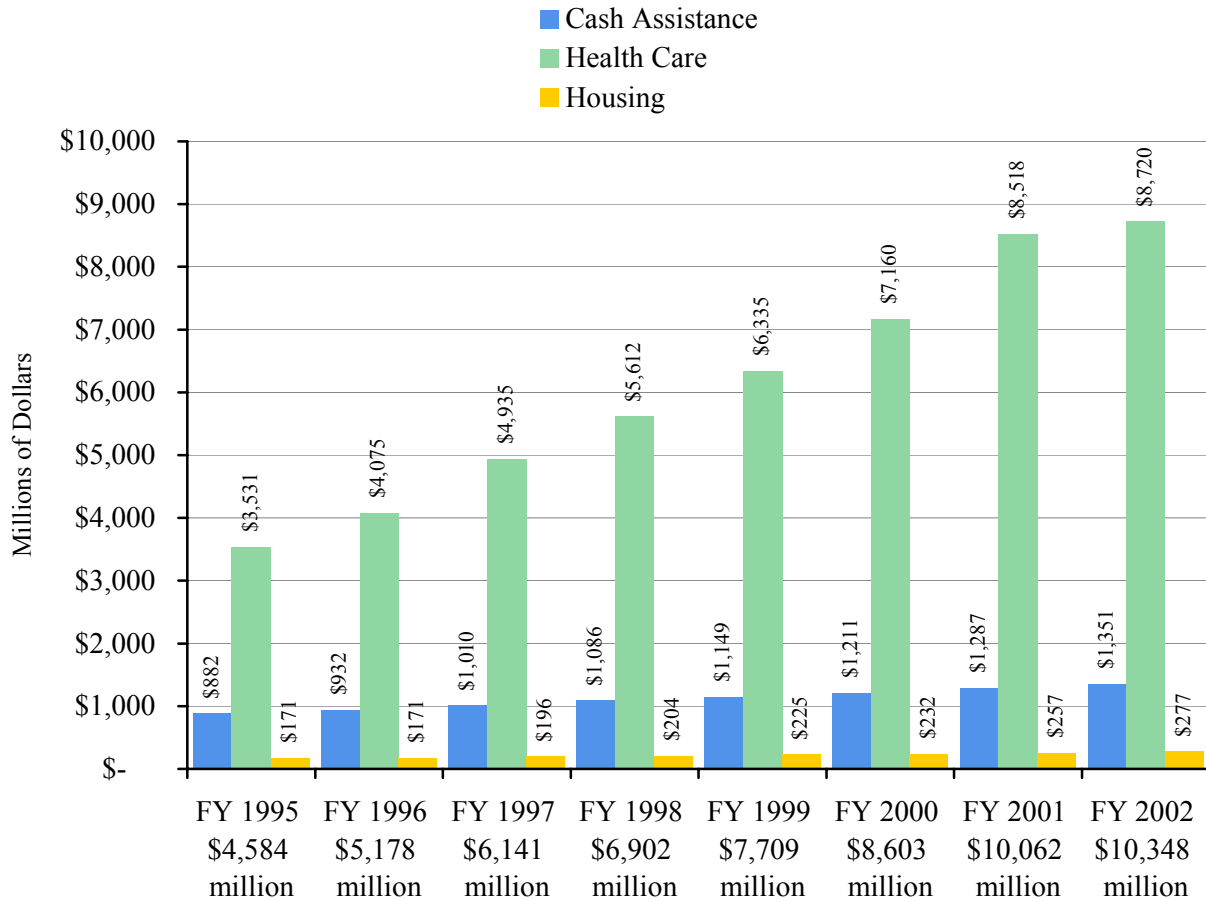
● ● ● SERVICES AND BENEFITS

CHART 17 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE
Services and Benefits, FY 1995-2002

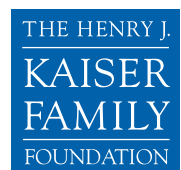
Between FY 1995 and FY 2002, spending increased for all three categories of *Care and Assistance*: cash assistance, health care and related supportive services, and housing.

	<i>Cash assistance for Care and Assistance</i>	<i>Health care for Care and Assistance</i>	<i>Housing programs for Care and Assistance</i>
FY 1995	\$882 million	\$3,531 million	\$171 million
FY 1996	\$932 million	\$4,075 million	\$171 million
Change	\$50 million 5.7 percent	\$543 million 15.4 percent	No change
FY 1996	\$932 million	\$4,075 million	\$171 million
FY 1997	\$1,010 million	\$4,935 million	\$196 million
Change	\$78 million 8.4 percent	\$861 million 21.1 percent	\$25 million 14.6 percent
FY 1997	\$1,010 million	\$4,935 million	\$196 million
FY 1998	\$1,086 million	\$5,612 million	\$204 million
Change	\$76 million 7.5 percent	\$677 million 13.7 percent	\$8 million 4.1 percent
FY 1998	\$1,086 million	\$5,612 million	\$204 million
FY 1999	\$1,149 million	\$6,335 million	\$225 million
Change	\$63 million 5.8 percent	\$723 million 12.9 percent	\$21 million 10.3 percent
FY 1999	\$1,149 million	\$6,335 million	\$225 million
FY 2000	\$1,211 million	\$7,160 million	\$232 million
Change	\$62 million 5.4 percent	\$826 million 13.0 percent	\$7 million 3.1 percent
FY 2000	\$1,211 million	\$7,160 million	\$232 million
FY 2001	\$1,287 million	\$8,518 million	\$257 million
Change	\$76 million 6.3 percent	\$1,358 million 19.0 percent	\$25 million 10.8 percent
FY 2001	\$1,287 million	\$8,518 million	\$257 million
FY 2002	\$1,351 million	\$8,720 million	\$277 million
Change	\$64 million 5.0 percent	\$202 million 2.4 percent	\$20 million 7.8 percent
Total Spending FY1995-2002	\$8,908 million	\$48,886 million	\$1,733 million
Change	\$469 million 53.2 percent	\$5,189 million 146.9 percent	\$106 million 62.0 percent

CHART 17 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE
Services and Benefits, FY 1995-2002



Sources:
 Congressional Research Service, 2002
 Office of Budget, HHS, 2003
 Office of Management and Budget, Executive Office of the President, 2003
 Office of the Actuary, CMS, 2003
 Office of the Chief Actuary, SSA, 2003



● ● ● ELIGIBILITY

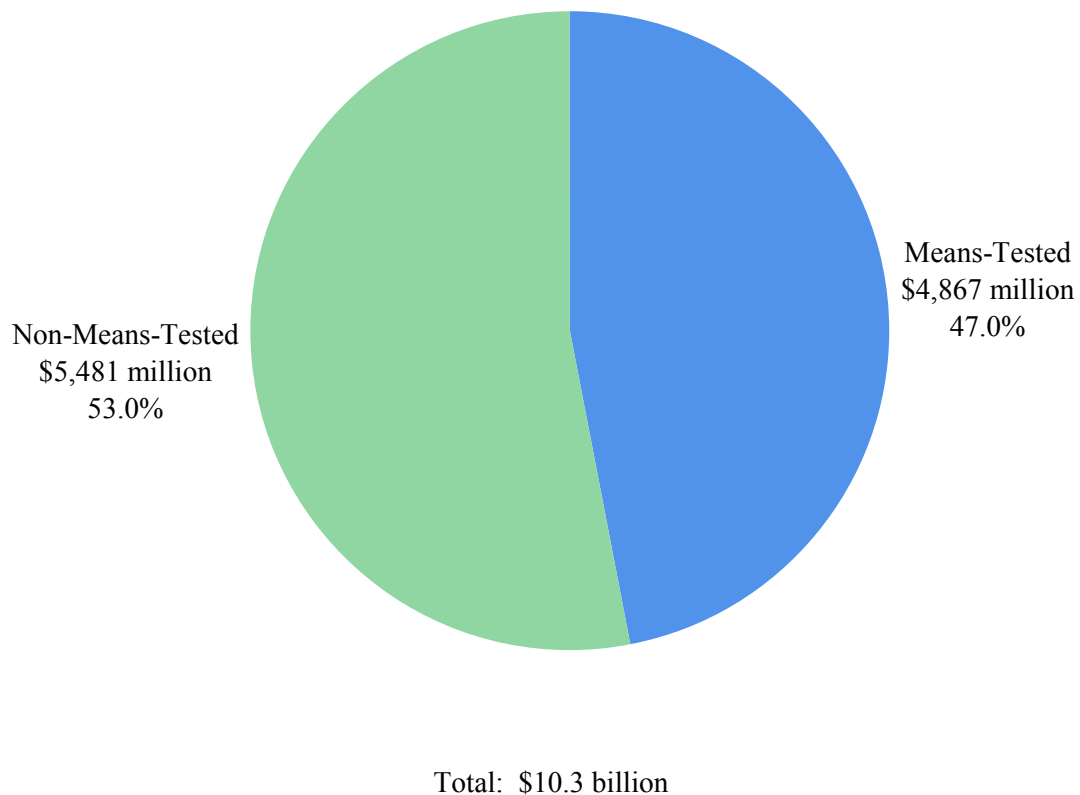
CHART 18 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE *Eligibility, FY 2002*

HIV/AIDS *Care and Assistance* may be separated into means-tested and non-means-tested spending.

- Spending is considered means-tested when an individual's eligibility for a program's benefit, or the amount of an individual's benefit, or both, is determined based on the individual's income and resources. Examples of such programs are Medicaid and Supplemental Security Income (SSI).
- Spending is considered non-means-tested when eligibility for a program, or amount of benefit, is not based on income and resources. Examples of such programs include Medicare, Social Security Disability Insurance (SSDI), and certain activities funded by the Ryan White CARE Act. Some programs (including certain activities funded by Ryan White) are targeted by federal law at persons with low incomes, but are not strictly limited to those persons; these programs are not considered federally means-tested. In some of these programs (including Ryan White), state, local, and private grantees may impose their own forms of means-testing.

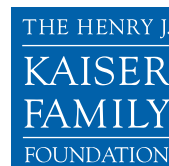
Within the category of *Care and Assistance*, estimated federal HIV/AIDS spending in FY 2002 of \$10,348 million is divided between \$4,867 million for means-tested spending (47.0 percent) and \$5,481 million for non-means-tested spending (53.0 percent).

CHART 18 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE
Eligibility, FY 2002



Sources:

Congressional Research Service, 2002
Office of Budget, HHS, 2003
Office of Management and Budget, Executive Office of the President, 2003
Office of the Actuary, CMS, 2003
Office of the Chief Actuary, SSA, 2003



● ● ● ELIGIBILITY

CHART 19 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE *Eligibility, FY 1995-2002*

Between FY 1995 and FY 2002, spending increased for both means-tested and non-means-tested *Care and Assistance*.

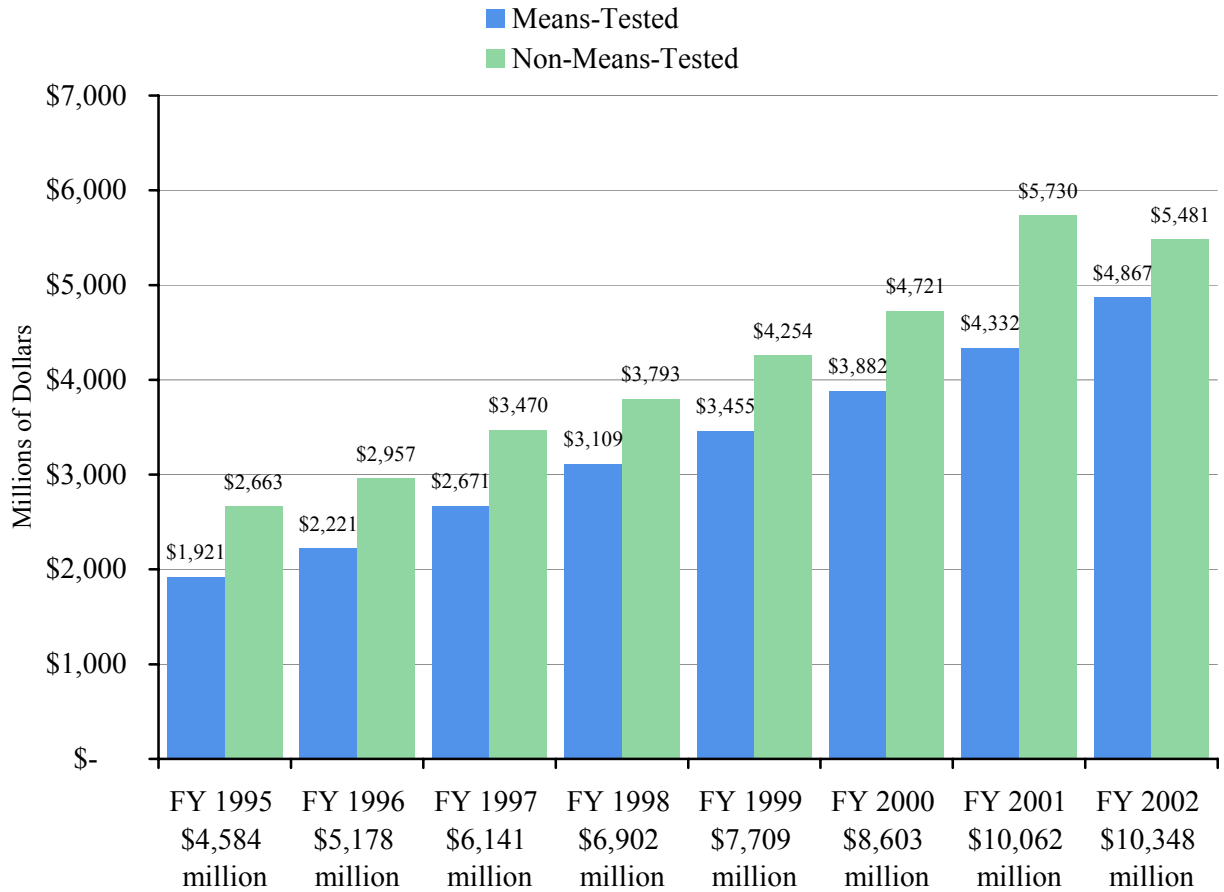
Means-tested Care and Assistance:

- Between FY 1995 and FY 1996, spending increased by \$300 million, or 15.6 percent (from \$1,921 million in FY 1995 to \$2,221 million in FY 1996).
- Between FY 1996 and FY 1997, spending increased by \$450 million, or 20.3 percent (from \$2,221 million in FY 1996 to \$2,671 million in FY 1997).
- Between FY 1997 and FY 1998, spending increased by \$438 million, or 16.4 percent (from \$2,671 million in FY 1997 to \$3,109 million in FY 1998).
- Between FY 1998 and FY 1999, spending increased by \$346 million, or 11.1 percent (from \$3,109 million in FY 1998 to \$3,455 million in FY 1999).
- Between FY 1999 and FY 2000, spending increased by \$427 million, or 12.4 percent (from \$3,455 million in FY 1999 to \$3,882 million in FY 2000).
- Between FY 2000 and FY 2001, spending increased by \$450 million, or 11.6 percent (from \$3,882 million in FY 2000 to \$4,332 million in FY 2001).
- Between FY 2001 and FY 2002, spending increased by \$535 million, or 12.3 percent (from \$4,332 million in FY 2001 to \$4,867 million in FY 2002).

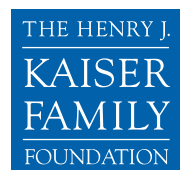
Non-means-tested Care and Assistance:

- Between FY 1995 and FY 1996, spending increased by \$293 million, or 11.0 percent (from \$2,663 million in FY 1995 to \$2,957 million in FY 1996).
- Between FY 1996 and FY 1997, spending increased by \$514 million, or 17.4 percent (from \$2,957 million in FY 1996 to \$3,470 million in FY 1997).
- Between FY 1997 and FY 1998, spending increased by \$323 million, or 9.3 percent (from \$3,470 million in FY 1997 to \$3,793 million in FY 1998).
- Between FY 1998 and FY 1999, spending increased by \$461 million, or 12.1 percent (from \$3,793 million in FY 1998 to \$4,254 million in FY 1999).
- Between FY 1999 and FY 2000, spending increased by \$468 million, or 11.0 percent (from \$4,254 million in FY 1999 to \$4,721 million in FY 2000).
- Between FY 2000 and FY 2001, spending increased by \$1,009 million, or 21.4 percent (from \$4,721 million in FY 2000 to \$5,730 million in FY 2001).
- Between FY 2001 and FY 2002, spending decreased by \$249 million, or -4.3 percent (from \$5,730 million in FY 2001 to \$5,481 million in FY 2002). (Decrease is related to a change in funding for the Ricky Ray Hemophilia Relief Fund; see note below chart 13 for explanation.)

CHART 19 — FEDERAL HIV/AIDS SPENDING FOR CARE AND ASSISTANCE
Eligibility, FY 1995-2002



Sources:
 Congressional Research Service, 2002
 Office of Budget, HHS, 2003
 Office of Management and Budget, Executive Office of the President, 2003
 Office of the Actuary, CMS, 2003
 Office of the Chief Actuary, SSA, 2003



PART III — FEDERAL HIV/AIDS SPENDING FOR PREVENTION

● ● ● PREVENTION

CHART 20 — FEDERAL HIV/AIDS SPENDING FOR PREVENTION BY DEPARTMENT OR AGENCY FY 2002

In FY 2002, total federal spending for HIV/AIDS *Prevention* is estimated to be \$925 million. Nine programs constitute *Prevention* spending. These programs are:

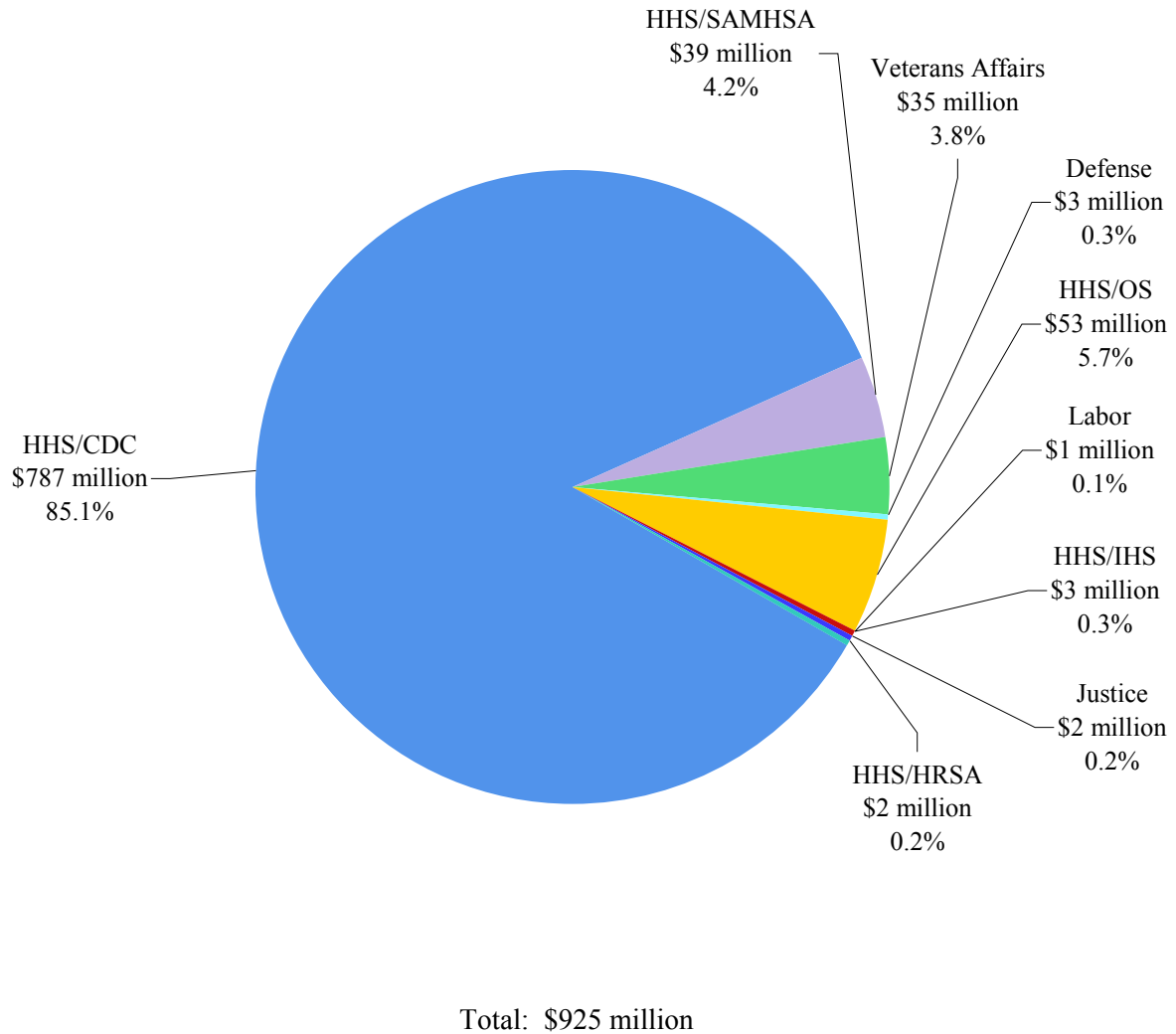
- HHS/Centers for Disease Control and Prevention (CDC): \$787 million (85.1 percent),
- HHS/Substance Abuse and Mental Health Services Administration (SAMHSA): \$39 million (4.2 percent),
- Veterans Affairs: \$35 million (3.8 percent),
- Defense: \$3 million (0.3 percent),
- HHS/Office of the Secretary (OS): \$53 million (5.7 percent),
- Labor: \$1 million (0.1 percent),
- HHS/Indian Health Service (IHS): \$3 million (0.3 percent),
- HHS/Health Resources Services Administration (HRSA): \$2 million (0.2 percent), and
- Justice: \$2 million (0.2 percent).

Included within the CDC amount is an estimated \$11 million that it reports spending on international applied prevention research.

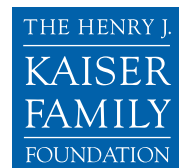
Excluded from these amounts is spending on prevention research activities at HHS/NIH, which is included in the *Research* category. In FY 2002, HHS/NIH spent an estimated \$978 million on combined domestic and international prevention research activities, including AIDS vaccine research. Also excluded is spending on international prevention programs by HHS/CDC, estimated at \$144 million for FY 2002, which are reported in the *International* section.

In previous editions of this chartbook, FDA spending on blood and blood product protection activities was classified as *Prevention*; in this version, all FDA spending on HIV/AIDS is classified as *Research*.

CHART 20 — FEDERAL HIV/AIDS SPENDING FOR PREVENTION BY DEPARTMENT OR AGENCY
 FY 2002



Sources:
 Congressional Research Service, 2002
 Office of Budget, HHS, 2003
 Office of Management and Budget, Executive Office of the President, 2003



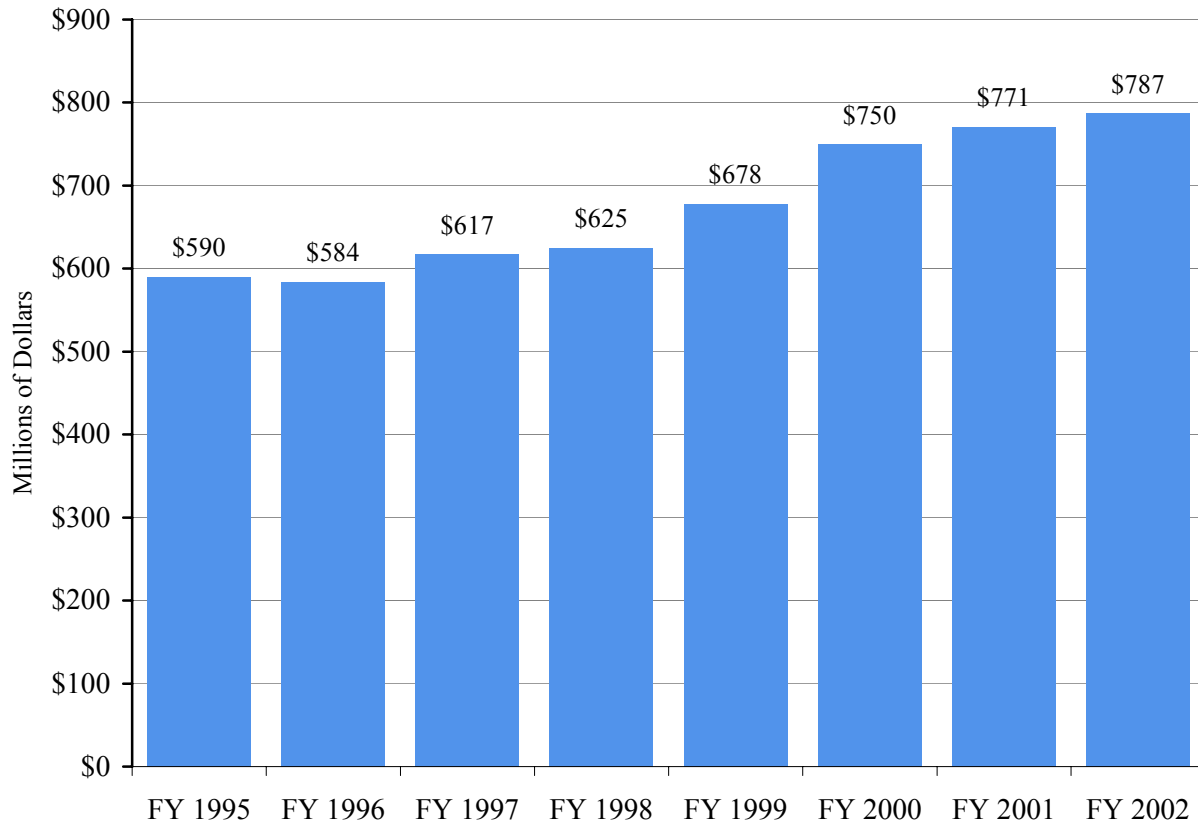
● ● ● PREVENTION

CHART 21 — FEDERAL HIV/AIDS SPENDING FOR PREVENTION BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION *FY 1995-2002*

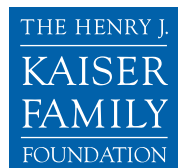
During the period from FY 1995 to FY 2002, the total amount of HIV/AIDS prevention spending by the Centers for Disease Control and Prevention increased by \$197 million, or 33.5 percent (from \$590 million in FY 1995 to \$787 million in FY 2002). Cumulative HIV/AIDS prevention spending by the CDC for these six years was \$5.4 billion.

- Between FY 1995 and FY 1996, spending decreased by \$-6 million, or -1.0 percent (from \$590 million in FY 1995 to \$584 million in FY 1996).
- Between FY 1996 and FY 1997, spending increased by \$33 million, or 5.7 percent (from \$584 million in FY 1996 to \$617 million in FY 1997).
- Between FY 1997 and FY 1998, spending increased by \$8 million, or 1.3 percent (from \$617 million in FY 1997 to \$625 million in FY 1998).
- Between FY 1998 and FY 1999, spending increased by \$53 million, or 8.5 percent (from \$625 million in FY 1998 to \$678 million in FY 1999).
- Between FY 1999 and FY 2000, spending increased by \$72 million, or 10.6 percent (from \$678 million in FY 1999 to \$750 million in FY 2000).
- Between FY 2000 and FY 2001, spending increased by \$21 million, or 2.8 percent (from \$750 million in FY 2000 to \$771 million in FY 2001).
- Between FY 2001 and FY 2002, spending increased by \$16 million, or 2.1 percent (from \$771 million in FY 2001 to \$787 million in FY 2002).

CHART 21 — FEDERAL HIV/AIDS SPENDING FOR PREVENTION
BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION
FY 1995-2002



Sources:
Congressional Research Service, 2002
Office of Budget, HHS, 2003
Office of Management and Budget, Executive Office of the President, 2003



● ● ● PREVENTION

CHART 22 — FEDERAL SPENDING FOR HIV/AIDS PREVENTION BY DEPARTMENT OR AGENCY – NOT INCLUDING THE CENTERS FOR DISEASE CONTROL AND PREVENTION
FY 1995-2002

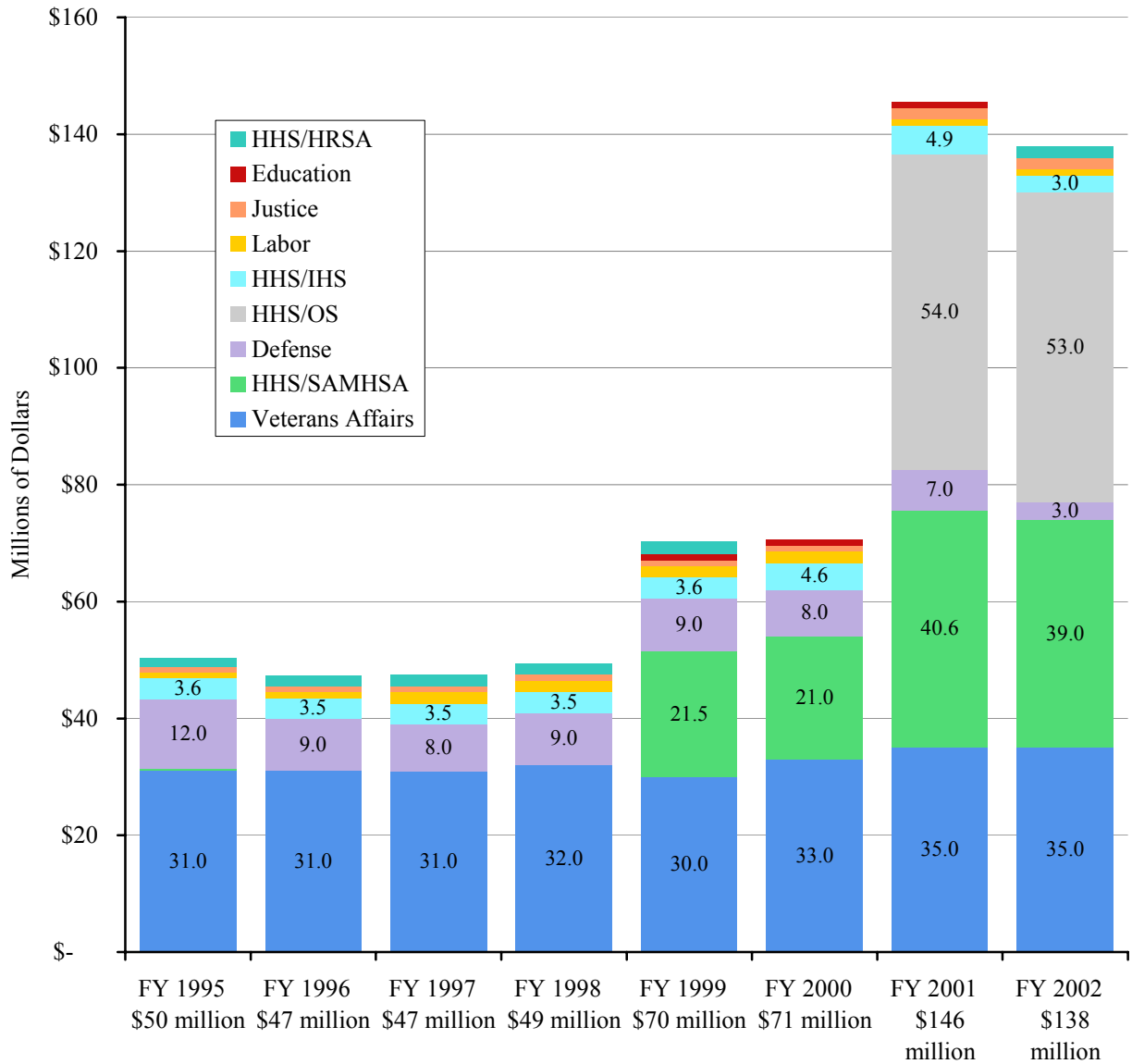
Annual federal spending on HIV/AIDS *Prevention* programs increased by \$285 million from FY 1995 to FY 2002. Cumulative federal HIV/AIDS *Prevention* spending for these programs from FY 1995 to FY 2002 was \$6.0 billion (\$640 million in FY 1995, \$631 million in FY 1996, \$664 million in FY 1997, \$674 million in FY 1998, \$748 million in FY 1999, \$821 million in FY 2000, \$917 million in FY 2001, and \$925 million in FY 2002).

The following table summarizes annual increases in federal HIV/AIDS spending on *Prevention* programs in ten departments or agencies from FY 1995 to FY 2002 and provides combined spending and overall increases in spending in each category over that period. HHS/CDC funding is shown below but not on the opposite page because it equals several times the total of the other areas combined. (Dollar amounts are in millions.)

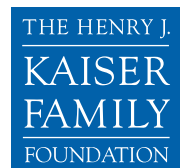
	HHS CDC	Vet. Affairs	HHS SAMHSA	HHS HRSA	Defense	HHS HIS	HHS OS	Labor	Educ	Justice.
FY 1995	\$590.0	\$31.0	\$0.3	\$1.5	\$12.0	\$3.6	\$0.0	\$1.0	\$0.0	\$1.0
FY 1996	\$584.0	\$31.0	\$0.0	\$1.8	\$9.0	\$3.5	\$0.0	\$1.0	\$0.0	\$1.0
Change	-\$6.0 -1.0%	\$0.0 0.0%	-\$0.3 -100.0%	\$0.3 -20.0%	-\$3.0 -25.0%	-\$0.1 -2.8%	\$0.0 0.0%	\$0.0 0.0%	\$0.0 0.0%	\$0.0 0.0%
FY 1996	\$584.0	\$31.0	\$0.0	\$1.8	\$9.0	\$3.5	\$0.0	\$1.0	\$0.0	\$1.0
FY 1997	\$617.0	\$31.0	\$0.0	\$1.9	\$8.0	\$3.5	\$0.0	\$2.0	\$0.0	\$1.0
Change	+\$33.0 +5.7%	\$0.0 0.0%	\$0.0 0.0%	\$0.1 5.6%	-\$1.0 -11.1%	\$0.0 0.0%	\$0.0 0.0%	\$1.0 100.0%	\$0.0 0.0%	\$0.0 0.0%
FY 1997	\$617.0	\$31.0	\$0.0	\$1.9	\$8.0	\$3.5	\$0.0	\$2.0	\$0.0	\$1.0
FY 1998	\$625.0	\$32.0	\$0.0	\$1.9	\$9.0	\$3.5	\$0.0	\$2.0	\$0.0	\$1.0
Change	+\$8.0 +1.3%	+\$1.0 +3.2%	\$0 0.0%	\$0.0 0.0%	\$1.0 12.5%	+\$0.0 +0.0%	\$0.0 0.0%	\$0.0 0.0%	\$0.0 0.0%	\$0.0 0.0%
FY 1998	\$625.0	\$32.0	\$0.0	\$1.9	\$9.0	\$3.5	\$0.0	\$2.0	\$0.0	\$1.0
FY 1999	\$678.0	\$30.0	\$21.5	\$2.1	\$9.0	\$3.6	\$1.0	\$2.0	\$1.0	\$1.0
Change	+\$53.0 +8.5%	-\$2.0 -6.3%	+\$21.5 n/a	\$0.2 10.5%	+\$0.0 +0.0%	\$0.1 2.9%	\$1.0 0.0%	\$0.0 0.0%	\$1.0 n/a	\$0.0 n/a
FY 1999	\$678.0	\$30.0	\$21.5	\$2.1	\$9.0	\$3.6	\$1.0	\$2.0	\$1.0	\$1.0
FY 2000	\$750.0	\$33.0	\$21.0	\$0.0	\$8.0	\$4.6	\$1.0	\$2.0	\$1.0	\$1.0
Change	+\$72.0 +10.6%	+\$3.0 +10.0%	-\$0.5 -2.3%	-\$2.1 -100.0%	+\$-1.0 +/-11.1%	\$1.0 27.8%	\$0.0 0.0%	\$0.0 0.0%	\$0.0 0.0%	\$0.0 0.0%
FY 2000	\$750.0	\$33.0	\$21.0	\$0.0	\$8.0	\$4.6	\$1.0	\$2.0	\$1.0	\$1.0
FY 2001	\$771.0	\$35.0	\$40.6	\$0.0	\$7.0	\$4.9	\$1.0	\$1.0	\$1.0	\$2.0
Change	+\$21.0 +2.8%	+\$2.0 +6.1%	+\$19.6 +93.3%	+\$0.0 +%	+\$-1.0 +/-12.5%	+\$0.3 +6.5%	+\$0.0 n/a	-\$1.0 -50.0%	+\$0.0 +0.0%	\$1.0 100.0%
FY 2001	\$771.0	\$35.0	\$40.6	\$0.0	\$7.0	\$4.9	\$1.0	\$1.0	\$1.0	\$2.0
FY 2002	\$787.4	\$35.0	\$39.0	\$2.0	\$3.0	\$3.0	\$0.0	\$1.0	\$0.0	\$2.0
Change	+\$16.4 +2.1%	+\$0.0 +0.0%	+\$-1.6 -3.9%	\$2.0 n/a	-\$4.0 -57.1%	+\$-1.9 -38.8%	-\$1.0 -100.0%	\$0.0 0.0%	-\$1.0 -100.0%	\$0.0 0.0%
Total Spending FY 1995-2002	\$5,402.4	\$258.0	\$122.4	\$11.2	\$65.0	\$30.2	\$3.0	\$12.0	\$3.0	\$10.0
Change	+\$197.4 +33%	+\$4.0 +13%	+\$38.7 +12,900%	+\$0.5 +33%	+\$-9.0 -75%	+\$-0.6 -17%	+\$0.0 n/a	\$0.0 0%	+\$0.0 n/a	+\$1.0 n/a

Note: Please see text on HHS/FDA spending provided with Chart 9 (page 24); in previous editions of this chartbook, part of HHS/FDA spending on HIV/AIDS was categorized as *Prevention*.

CHART 22 — FEDERAL HIV/AIDS SPENDING FOR PREVENTION BY DEPARTMENT OR AGENCY (NOT INCLUDING THE CENTERS FOR DISEASE CONTROL AND PREVENTION)
FY 1995-2002



Sources:
 Congressional Research Service, 2002
 Office of Budget, HHS, 2003
 Office of Management and Budget, Executive Office of the President, 2003



PART IV — FEDERAL SPENDING FOR INTERNATIONAL HIV/AIDS

● ● ● INTERNATIONAL

CHART 23 — FEDERAL SPENDING FOR INTERNATIONAL HIV/AIDS BY DEPARTMENT OR AGENCY FY 2002

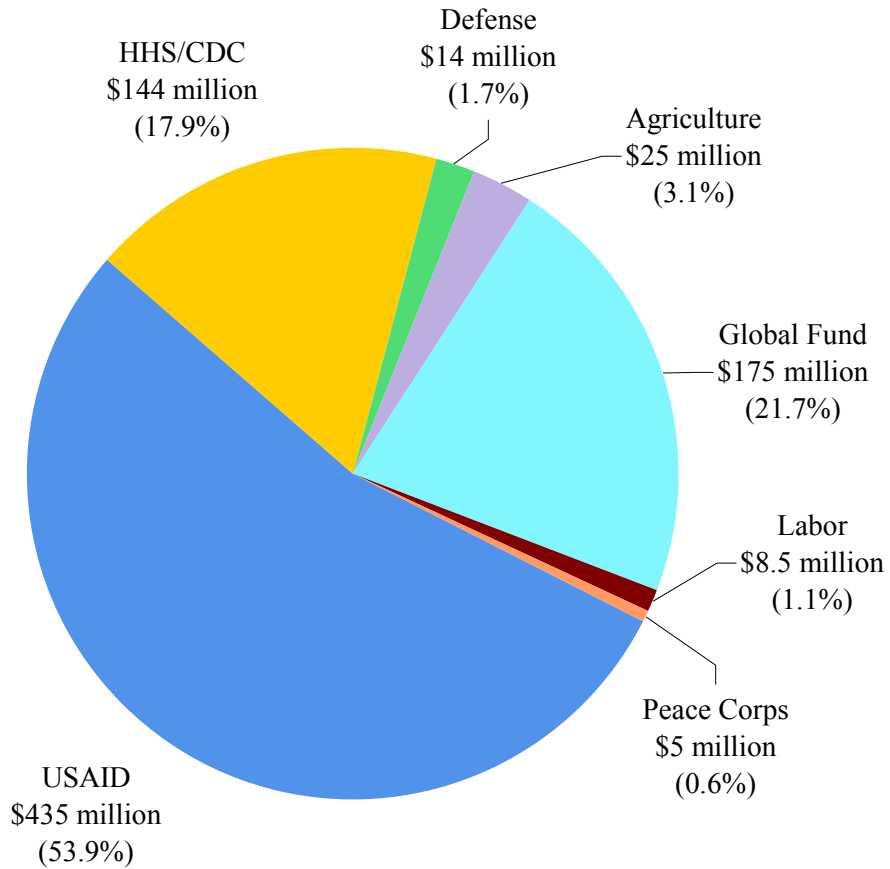
In FY 2002, total federal spending on *International* activities to address HIV/AIDS in resource-poor countries is estimated to be \$807 million (not including international research). Some agencies receive funding designated by Congress to address the global pandemic, while others provide support through their own authorities. Six programs constitute the majority of *International* spending. These programs are:

- U.S. Agency for International Development (USAID): \$435 million (53.9 percent),
- Contributions by the U.S. to the newly-established Global Fund to Fight AIDS, TB, and Malaria, \$175 million (comprised of \$125 million through NIH and \$50 million through USAID).
- HHS/Centers for Disease Control and Prevention (CDC): \$144 million (17.9 percent),
- Agriculture: \$25 million (3.1 percent),
- Defense: \$14 million (1.7 percent), and
- Labor: \$9 million (1.1 percent).

In addition, the NIH estimates that \$218 million of its \$2,499 million in HIV/AIDS research (8.7 percent) was specifically directed at international efforts, an estimate by NIH that does not include research that has both domestic and international applications. This amount is included in the *Research* section. CDC also estimates that it spent \$11 million in 2002 on applied prevention research focused on the international epidemic, which is included in the *Prevention* section. Neither of these amounts is included in the *International* spending amounts provided above.

CHART 23 — FEDERAL SPENDING FOR INTERNATIONAL HIV/AIDS
BY DEPARTMENT OR AGENCY

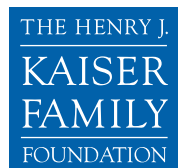
FY 2002



Total: \$807 million

Sources:

Congressional Research Service, 2003
Office of Budget, HHS, 2003
Office of Management and Budget, Executive Office of the President, 2003
Office of Planning, Budget & Finance, Peace Corps, 2003



● ● ● SOURCES

The primary data sources for the charts in this book are listed, in abbreviated form, on the same pages with the charts. The same sources are listed in more complete form below, along with secondary sources that were used to verify data shown in the charts. Primary data sources are the principal sources from which data for this report were derived. Secondary sources are those used to confirm data provided by the primary data sources.

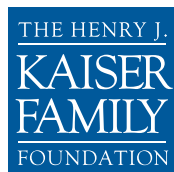
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