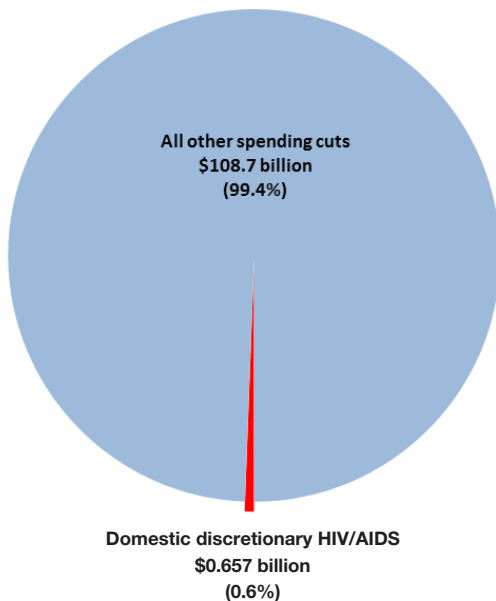


Estimating the Human Impact of Budget Sequestration on HIV/AIDS in the United States in Fiscal Year 2013

The Budget Control Act of 2011 charges Congress with reducing the federal deficit by \$1.2 trillion over the next decade. The bipartisan Joint Select Committee on Deficit Reduction, established under the Act, failed to propose a plan to reduce the deficit by an agreed upon deadline, resulting in an enforcement mechanism of automatic budget cuts in both defense and non-defense spending. The enforcement mechanism is termed “sequestration” and is currently U.S. law. If the law remains unchanged, automatic cuts applied to non-defense discretionary appropriations on January 2, 2013, will impact critical HIV/AIDS programs such as research, prevention, treatment, care, and housing. Cuts will continue each fiscal year until 2021.

This issue brief examines the potential human impact of budget sequestration on the response to the domestic HIV/AIDS epidemic

Figure 1. Cutting Domestic HIV/AIDS Funding Provides Negligible Deficit Reduction in FY2013 but Has Significant Human Impact.



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Summary Points

- **15,700 people** will lose ADAP support for HIV treatment
- **5,000 households** that include people living with HIV/AIDS will lose housing support
- **Equivalent of 460 AIDS research grants** will be eliminated
- Major cut in **HIV prevention** services

including research, prevention, housing, and treatment programs. The brief also provides an analysis of how HIV-positive minority populations in the U.S. will be harmed by sequestration.

This analysis uses the Office of Management and Budget (OMB) sequestration transparency report estimate of an 8.2 percent reduction in funding for most non-defense discretionary programs during FY 2013 that will result from sequestration.¹

In September 2012, Congress passed what is commonly referred to as a Continuing Resolution (CR). This occurs when Congress fails to pass regular appropriations bills in order to avoid a shutdown of essential federal government programs. The CR provides federal funding at approximately FY 2012 levels for a specified time period until action on regular appropriations is completed.² Due to passage of the CR, this issue brief uses FY 2012 funding levels.

A cut in domestic HIV/AIDS programs of 8.2 percent will have a devastating impact on people living with HIV/AIDS (PLWHA) while providing negligible deficit reduction (Figure 1).³ It will undercut America’s leadership in health research, and will impede the National HIV/AIDS Strategy goals of reducing the rate of new HIV infections, improving access to lifesaving care, and reducing HIV-related health disparities.