

Health Care on the Ballot

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September 18, 2024

What the Election Could Mean for Public Health Funding, Including for HIV and Hepatitis C

Public health, including programs to prevent and treat infectious diseases like HIV and hepatitis C (HCV), is chronically underfunded in the United States. Public health crises like the COVID-19 pandemic laid bare the impact that decades of inadequate federal public health investment have had on governmental public health infrastructure, workforce capacity, and technological capabilities, not just for HIV and HCV, but for all public health functions. Unfortunately, like many other appropriations battles in Congress, public health funding has been increasingly politicized—and this problem can be exacerbated during an election year. Congress has both short- and longer-term funding decisions to make over the next several months that could have a big impact on the nation’s ability to address existing and emerging public health threats, including efforts to end the domestic HIV and HCV epidemics.

Where Do Federal Public Health Appropriations Bills Stand Heading into the Election?

Over the summer, the congressional committees in the House and Senate charged with hashing out spending levels for federal programs released two very different budgets for federal public health spending, revealing two different visions for federal public health investment ahead of the November elections—one in which the federal government retains a robust role in promoting public health, and the other in which the federal government’s role is dramatically scaled back.

Every year, Congress must pass a budget to fund the federal government, including all federal funding for public health programs. The federal fiscal year starts October 1, which means that the annual budget must be passed before the end of September every year unless Congress gives itself an extension. President Biden kicked off this budget process last spring by releasing [his proposed budget](#) for fiscal year 2025. That budget included proposed increases for HIV and hepatitis programs, including new major initiatives to fund expanding access to HIV pre-exposure prophylaxis (PrEP) and eliminating HCV.

Additional Resources on HIV and the 2024 Elections

On October 7, 2024, CHLPI will co-present [Fall AIDSWatch 2024](#), a webinar that will provide education on the stakes of the 2024 elections for the HIV community. AIDS United also hosts an [election center](#) with information for this community, including FAQs on how to register and vote.

The House of Representatives—in which Republicans currently hold a razor-thin majority—then took another major step in the budget process. In June 2024, the House Appropriations Committee released its [fiscal year 2025 budget](#) for the Labor, Health, and Human Services, Education subcommittee, which includes funding for HIV, hepatitis, and other public health programs. The bill would eliminate funding for the federal [Ending the HIV Epidemic \(EHE\) initiative](#), a program launched under the Trump Administration that provides targeted HIV care and prevention funding to states and counties with the highest need. The bill would also make significant cuts to related programs, including federal funding for sexually transmitted infection (STI) programs and the [Minority HIV/AIDS Fund](#). And it would dramatically reduce the Centers for Disease Control and Prevention’s (CDC’s) budget by \$1.8 billion—a 22% cut. This type of reduction, if adopted, would hobble the CDC’s ability to mount effective public health responses to all communicable and chronic diseases nationwide.

In August 2024, the Senate—in which Democrats currently hold an equally thin majority—released their [health appropriations bill](#). The bill was very much a rejoinder to the significant cuts included in the House version and largely would preserve existing funding levels for major HIV programs, including the EHE initiative, with minimal increases to hepatitis and STI programs. The Senate bill would also keep the CDC budget intact, although largely [flat funded](#).

For Congress to fund these and other federal health programs for fiscal year 2025, the full House and Senate will have to vote on their proposed health budget bills, and the two chambers will have to reconcile any differences before a budget deal is voted on and ultimately sent to the president for signature. We are still a long way off from these next steps, and there is reason to believe that Congress will punt these major budget decisions until after the November election, when each party is hoping they will pick up enough seats to pass a budget bill that reflects their policy priorities. Thus, a shift in the balance of power in Congress could have significant consequences for federal funding of programs to protect and advance public health.

The Coming Fiscal Year Deadline Meets Election Year Politics

Since the new federal fiscal year starts October 1, Congress is now in the middle of [yet another race against time](#) to reach an agreement about how to fund the federal government before the current fiscal year ends. The current (fiscal year 2024) budget expires at midnight on September 30, and congressional leaders are scrambling to come up with a short-term budget deal (also known as a continuing resolution or “CR”) that maintains current spending levels and avoids a government shutdown. A CR would buy Congress time to hash out a broader budget deal and—if it is pushed to after the election *and* after a new Congress and president are sworn in—would allow for one party to garner more support for its vision of federal public health funding and the role of government more broadly. Alternatively, a CR could push the budget decision to a time after the November election but before a new Congress and president take office, also known as a “lame duck” session. Passing a budget during a lame duck session might take down the political temperature and allow for a broader longer-term budget to pass.

It is also possible that as the terms of a short-term budget deal are negotiated, Congress will decide to pass funding bills piecemeal, rather than in one consolidated budget package. In this scenario, funding for HIV programs can end up being passed in separate bills, with most funding for HIV programs included in a health package, but funding for other programs, for instance the [Housing Opportunities for People with AIDS \(HOPWA\)](#) program, included in housing and transportation bills.

What about Other HIV and Hepatitis Legislation?

In addition to the annual appropriations process that allows federal public health programs to continue to operate, a change in the balance of power in Washington may also impact policy windows for larger HIV and HCV initiatives. President Biden's 2025 budget included two major programs that Congress could take up: a National Hepatitis C Elimination Program, something his Administration has been promoting since last year, and a National PrEP Program. Each program was proposed by President Biden as a mandatory program, meaning they would not be subject to annual discretionary appropriations decisions like other HIV and hepatitis public health programs. A [National Hepatitis C Elimination Program](#) would accelerate the availability of point-of-care diagnostic testing for HCV, create a federal negotiating mechanism for direct acting antivirals, and provide additional funding to scale up HCV clinical and support services that help link people to care. Similarly, a [National PrEP Program](#) would also support a strong federal role for PrEP medication negotiation and help increase the network of PrEP clinical and community-based providers across the country. Both initiatives will likely need bipartisan congressional support to move forward.

What's Next?

For now, the first hurdle to watch is whether Congress can pass a short-term CR before the end of the month to avoid a government shutdown and how much time that CR will buy. Then, all eyes will be on the November election to determine which vision for the federal government's role in funding for public health prevails, and whether Congress will pass a federal budget during the lame-duck session or wait until after a new Congress and president are in place. Given the increasing polarization of public health funding, much is at stake this election cycle.

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Health Care in Motion is written by Carmel Shachar, Health Law and Policy Clinic Faculty Director; Kevin Costello, Litigation Director; Elizabeth Kaplan, Director of Health Care Access; Maryanne Tomazic, Clinical Instructor; Rachel Landauer, Clinical Instructor; and Johnathon Card, Staff Attorney. This issue was written with the assistance of Amy Killelea of Killelea Consulting.

For further questions or inquiries please contact us at chlpi@law.harvard.edu.