CITY OF PITTSBURGH

LGBTQIA+ Commission

City of Pittsburgh LGBTQIA+ Commission Statement on Pennsylvania's Unconscionable Cuts to HIV Care and Prevention Funding

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The City of Pittsburgh LGBTQIA+ Commission calls on the Commonwealth of Pennsylvania to immediately reverse its recent cuts to HIV care and prevention programs.

In September, the Pennsylvania Department of Health reduced HIV funding by 25 percent and lowered eligibility for the Special Pharmaceutical Benefits Program (SPBP) from 500 percent to 350 percent of the federal poverty level.

At that income threshold, a single person earning just over $51,000 a year is now considered too "wealthy" to qualify for help paying for HIV medication that can cost between $2,000 and $4,000 a month without insurance or other assistance.

This change will strip coverage from roughly 16 percent of Pennsylvanians who rely on SPBP, while the 25 percent funding reduction is already forcing providers to scale back services.

Early intervention programs like Project Silk at Allies for Health + Wellbeing have been eliminated, along with other prevention and outreach initiatives that have kept our communities healthy and connected to care.

The Department of Health has justified these cuts by pointing to declining revenue from 340B drug rebate funds, which supplement the state's federal Ryan White Part B grant.

Established in 1992, the federal 340B Drug Pricing Program was designed to help clinics stretch limited resources. It works like a manufacturer rebate system: clinics buy medications at a steep discount, bill insurers at the regular "sticker price," and then use the difference (the "spread") to fund care for people who are uninsured or underinsured.

If that sounds like a precarious way to fund lifesaving care, it is. The system's revenue depends on the inflated list prices set by pharmaceutical companies and the reimbursement rates paid by insurers. When those dynamics shift, so does the funding.

Unfortunately, HIV/AIDS doesn't take days off. Infirmity doesn't wait for Wall Street or insurance reimbursements to stabilize.

As more people with HIV enroll in SPBP (which should be celebrated), fewer prescriptions pass through private insurance. With fewer inflated reimbursements, 340B revenue declines.

In short, Pennsylvania's HIV programs are losing money because more people are getting the care they need, and that success is now being used as justification for cutting them.

This policy decision was made without meaningful input from the communities most affected. Federal HIV funding has not been reduced, and other Northeastern states, including New York, New Jersey, Maryland, and Connecticut, have maintained or increased their investment in care.

Pennsylvania could have chosen to protect these programs through state appropriations. Instead, Harrisburg has embraced austerity, leaving working people with HIV to bear the consequences of an inequitable funding system.

In correspondence with the Commission, the Department of Health noted that Pennsylvania's Ryan White Part B and SPBP programs remain funded "well above the federal grant amount" because of participation in the 340B program.

While technically accurate, that claim is misleading.

Pennsylvania ranks 20th in the nation for new HIV diagnoses per capita and has the fifth-largest population and sixth-largest economy. Presenting the program as "better funded than most" obscures the reality that the Commonwealth is comparing itself to states with far fewer people and far fewer resources.

In the 1980s, tens of thousands of Americans died before the first effective HIV medication was approved. They died while officials debated and moralized instead of acting. To withdraw care now, with full knowledge of that history, is a betrayal of both memory and humanity.

The Commission calls on all Pennsylvanians to make their voices heard:

1. **Contact your state legislators and the Governor's Office** to demand restoration of Ryan White Part B and SPBP funding to prior levels.
2. **Urge the Department of Health** to reinstate income eligibility at 500 percent of the federal poverty level and to release a transparent plan for long-term funding stability.
3. **Support and amplify local service providers**, including Allies for Health + Wellbeing, Shepherd Wellness Community, Hugh Lane Wellness, and True T Pittsburgh, who are now being forced to do more with less.

HIV care is part of the state's duty to its residents. The people most affected by these cuts already carry the burden of stigma, illness, and inequality. Asking our most vulnerable Pennsylvanians to shoulder the cost of government mismanagement on top of everything else is beyond the pale.

We remember what happens when indifference replaces compassion, and we refuse to watch that history repeat itself in Pennsylvania.

In Solidarity and Pride,
The City of Pittsburgh LGBTQIA+ Commission