



**Federal AIDS Policy
Partnership HIV
Recommendations
for the Trump
Administration**



January 16, 2025

The Honorable Donald Trump
Presidential Transition Headquarters
1100 S. Ocean Blvd
Palm Beach, FL 33480

Dear President-elect Trump:

The Federal AIDS Policy Partnership (FAPP), a national coalition of local, regional, and national organizations advocating for federal legislation and policy seeking to end the HIV epidemic in the United States submits the recommendations below to the Trump transition team.

Over the last five decades, the United States has made significant progress in responding to the HIV epidemic. Treatment and biomedical prevention advances – and the innovative research and development behind them – have revolutionized our ability to treat and prevent HIV and have provided lifesaving interventions to millions of people worldwide.

Strong bipartisan support and leadership in addressing the HIV public health crisis have resulted in important investments that represent some of our country's greatest health care achievements. We have also made great progress thanks to the *Ending the HIV Epidemic in the U.S.* initiative (EHE), which you announced during your State of the Union Address in 2019.

HIV prevention and treatment save money. Numerous studies on HIV prevention and treatment interventions demonstrate that we can save lives and money via HIV prevention tools, including condoms, HIV treatment as prevention, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and accessible and affordable health care services. Most of these interventions can be accomplished for a fraction of the cost of HIV treatment.

The return on federal investments in HIV prevention and treatment benefits our national economy. Each new HIV diagnosis has a lifetime treatment cost of over \$500,000. In 2022, an estimated 31,800 new HIV transmissions occurred in the U.S. resulting in lifetime costs of \$15.9 billion for that year alone. Working to prevent new HIV transmissions in the U.S. would ultimately result in savings for the U.S.

Given the opportunity to save lives, promote lifelong health, as well as contain costs by ending the HIV epidemic, the undersigned organizations offer the following recommendations to strengthen our nation's response to the HIV epidemic as you and the Administration develop your health care and HIV policy agenda.

1. Fully Fund and Expand the Ending the HIV Epidemic Initiative

The innovative EHE initiative conceived and initiated during the first Trump Administration has demonstrated success, with a 21% decrease in new HIV diagnoses in priority jurisdictions from 2019-2023, compared to only 6% in non-EHE areas. Reaching EHE goals by 2030 would prevent 255,000 HIV cases and save \$127.5 billion in direct lifetime medical costs. Your Administration can maintain and accelerate these gains with proper funding and leadership.

Recommendations:

- Increase funding to expand access to HIV prevention, diagnosis, and treatment services for the 57 priority EHE areas.
- Enhance support for Ryan White HIV/AIDS Program clinics and providers, community health centers to increase PrEP uptake, and innovative outreach and testing strategies to reach underserved communities.

2. Maintain Federal Investment in Core Public Health Programs

The EHE initiative must maintain the solid foundation of ongoing prevention and treatment programs. These programs have been severely underfunded which limits their ability to respond to the growing concurrent challenges to public health of HIV, sexually transmitted infections (STIs), hepatitis, and TB (tuberculosis).

Recommendations:

- Increase critical funding for the Centers for Disease Control and Prevention (CDC) divisions addressing HIV, STIs, hepatitis, and TB.
- Fully support the Ryan White HIV/AIDS Program, which serves over 576,000 clients with over 90% achieving viral suppression, a minimum level that we must maintain if we hope to end the epidemic.
- Preserve and expand the Housing Opportunities for Persons with AIDS (HOPWA) program to address the critical link between housing stability and health outcomes.
- Fund the National Institutes of Health's HIV/AIDS research coordinated by the Office of AIDS Research.

3. Ensure Access to Affordable, Quality Health Care

Medicaid, Medicare, and the Affordable Care Act (ACA) provide crucial health care coverage for people living with and impacted by HIV. Over 40% of individuals with HIV rely on Medicaid, and the ACA has enabled millions to access comprehensive care and prevention services. Medicare coverage is essential as the population of people living with HIV age and experience accelerated co-morbid conditions associated with aging.



Recommendations:

- Ensure that Medicare, Medicaid, and ACA-related insurance plans continue to provide all enrollees access to HIV, hepatitis, and STI screening, prevention, and treatment without undue administrative barriers and with limited cost-sharing.

4. Maintain ONAP and PACHA to Coordinate National HIV Efforts

The Office of National AIDS Policy (ONAP) and Presidential Advisory Council on HIV/AIDS (PACHA) are important government tools to ensure federal, state, and local efforts are aligned to meet National HIV/AIDS Strategy (NHAS) goals.

Recommendations:

- Maintain ONAP within the Domestic Policy Council to oversee the NHAS and coordinate efforts across federal agencies.
- Ensure PACHA includes representatives from impacted communities, academia, and public health experts.

The undersigned members of the FAPP urge you and your Administration to sustain and strengthen our national response to the domestic HIV epidemic. We strongly urge you to adopt the recommendations above, and we stand ready to provide our assistance to end the HIV epidemic. We also support the PEPFAR program and encourage you to fund and sustain the Global Fund.

Questions regarding these recommendations may be addressed to the FAPP co-chairs: John Meade (john@AVAC.org) with AVAC, Kathie Hiers (kathie@aidsalabama.org) with AIDS Alabama, or Mike Weir (mweir@NASTAD.org) with the National Alliance of State and Territorial AIDS Directors (NASTAD).

ENDORSEMENTS AND SIGN-ONS:

Act Now: End AIDS (ANEA) Coalition
Advocates for Youth
AIDS Action Baltimore
AIDS Alabama
AIDS Alliance for Women, Infants, Children,
Youth & Families
AIDS United
American Academy of HIV Medicine
amfAR
Amida Care

Association of Nurses in AIDS Care
AVAC
CAEAR Coalition
Equality California
Equality Federation
Equitas Health
Fast-Track Cities Institute
Fenway Health
Five Horizons Health Services
Friends For All



Georgia AIDS Coalition
Global Black Gay Men Connect (GBGMC)
HealthHIV
HIV Dental Alliance
HIV Medicine Association
HIV+Hepatitis Policy Institute
International Association of Providers of AIDS
Care
International Community of Women Living
with HIV - North America
JSI
NASTAD
National Black Gay Men's Advocacy Coalition
National Coalition of STD Directors
National HIV/AIDS Housing Coalition
National Working Positive Coalition
NMAC

PFLAG National
Piedmont Care, Inc.
Positively U, Inc.
Ribbon - A Center of Excellence
SAGE
San Francisco AIDS Foundation
Sero Project
SIECUS: Sex Ed for Social Change
Silver State Equality
The AIDS Institute
The Center for Health Law and Policy
Innovation
The Reunion Project
Thrive Alabama
Treatment Action Group (TAG)
U.S. People Living with HIV Caucus
Vivent Health