April 25, 2025

The Honorable Robert F. Kennedy Jr.
Secretary
U.S. Department of Health and Human
Services
200 Independence Avenue SW
Washington, DC 20201

The Honorable Russell Vought
Director
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

Dear Secretary Kennedy and Director Vought,

The 112 undersigned organizations write as members of the Federal AIDS Policy Partnership (FAPP) to express deep concern about proposed changes outlined in a leaked draft of the Fiscal Year 2026 (FY2026) President's Budget. FAPP is 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.

The draft includes eliminating the Centers for Disease Control and Prevention's (CDC) Division of HIV Prevention, discontinuing the Ending the HIV Epidemic (EHE) initiative, consolidating HIV programs under the newly proposed Administration for a Healthy America (AHA), and shifting toward a significantly restructured funding model. HIV prevention is not just about reducing transmission rates—it's about saving lives, keeping families whole, and ensuring that every American has the chance to live with dignity and health. Nearly 32,000 Americans are diagnosed with HIV each year. Strategic federal investments in tools like pre-exposure prophylaxis (PrEP), testing, education, and community-based outreach have driven progress. That progress cannot be taken for granted.

Removing the Division of HIV Prevention would mark a significant rollback in federal leadership. These changes would dismantle the specialized coordination and technical support that states and jurisdictions depend on to reduce new diagnoses and maintain momentum in the national HIV response. The elimination of the EHE initiative—a bold federal program launched under President Trump in 2019—alongside the removal of HIV prevention as a named program area, signals a troubling deprioritization of the federal HIV response at a critical moment.

The draft budget also eliminates Ryan White HIV/AIDS Program Part F and ends Minority AIDS Initiative (MAI) funding in both the Substance Abuse and Mental Health Services Administration (SAMHSA) and the HHS Office of the Assistant Secretary for Health. These targeted investments have supported successful innovation, workforce development, and access to care in communities most affected by HIV.

While full details are still forthcoming, the proposal to shift to broad, block grant-style funding for HIV, viral hepatitis, sexually transmitted infections (STIs), and tuberculosis (TB) raises real concerns for America's health infrastructure. While flexibility for states is important, we also need accountability, transparency, and results. Block grants can make it harder to track how taxpayer dollars are spent, reduce federal oversight, and weaken our ability to ensure that lifesaving prevention services are reaching the communities that need them most.

Federal HIV surveillance data—collected and maintained by CDC—is critical in allocating funding, monitoring program outcomes, and guiding public health responses. Weakening federal data infrastructure would hinder the government's ability to identify service gaps, adjust investments in real time, and ensure that limited resources are used effectively.

States are already feeling the financial and operational strain of reduced federal support. The closure of CDC laboratory branches within the Divisions of Viral Hepatitis and STD Prevention has disrupted essential federal services that states rely on, like test validation, outbreak response, and disease surveillance. These aren't optional extras—they're core functions that protect public health and ensure efficient use of limited state resources.

This kind of federal disinvestment shifts both costs and risk to the states, forcing already stretched health departments to absorb critical responsibilities without the funding or infrastructure to do so effectively. For states trying to balance budgets while safeguarding their residents, this is a direct threat to stability, preparedness, and smart, cost-effective governance. Federal cuts in these areas don't just weaken national capacity—they make every state more vulnerable.

To avoid further disruption, we urge the Administration to:
- **Pause the implementation of the proposed reorganization**.
- **Preserve and strengthen federal HIV prevention and care investments**, including continued support for targeted initiatives and technical infrastructure.
- **Release a public impact analysis** outlining how essential functions will be maintained.
- **Initiate a formal stakeholder engagement process**, including people living with HIV, public health departments, and national and community-based partners.

FAPP is committed to working with HHS and OMB to ensure the stability and effectiveness of the federal HIV response. We request a meeting to discuss these concerns and identify a more thoughtful path forward. Questions may be directed to FAPP co-chairs: John Meade (john@AVAC.org), Kathie Hiers (kathie@aidsalabama.org), or Mike Weir (mweir@NASTAD.org).

ENDORSEMENTS AND SIGN-ONS:

Access Community Health Network
Act Now: End AIDS (ANEA) Coalition
Advocates for Youth
African American Health Alliance
AIDS Alabama
AIDS Alliance for Children, Youth & Families
AIDS Foundation Chicago
AIDS United
Alliance Care 360
American Academy of HIV Medicine
American Medical Women's Association
Amida Care
APLA Health
Arkansas Black Gay Men's Forum
Association of Nurses in AIDS Care
AVAC
Bienestar Human Services Inc.
California Physicians Alliance
California STD/HIV Controllers Association (CSHCA)
CenterLink: The Community of LGBTQ Centers
Centro Ararat, Inc
Cheeky Charity
Chicago Black Gay Men's Caucus
Chicago House and Social Service Agency
Chicago Women's AIDS Project
Coachman Moore & Associates
Coai, Inc.
Connections to Giving Back, Inc.
DAP Health
EPIC (Empath Partners in Care)
Equality California
Equality Federation
Equality New Mexico
Equality North Carolina
Equality Ohio
Equality Utah
EqualityMaine
Equitas Health

Fair Wisconsin
Fairness Campaign
FLAS, Inc.
Freedom Oklahoma
Garden State Equality
Georgia Equality
Golden Rainbows of Illinois South
GSAFE
HealthHIV
HIV Medicine Association
HIV+Hepatitis Policy Institute
Housing Works, Inc.
Howard Brown Health
Human Rights Campaign
Illinois Public Health Association
IYG (formerly Indiana Youth Group)
Latino Commission on AIDS
Legal Council for Health Justice
LGBT Life Center
Los Angeles Family AIDS Network
Los Angeles LGBT Center
Michael Reese Research and Education Foundation
Mother and Child Alliance
Mycah On Mic
NASTAD
National Alliance for HIV Education and Workforce Development (NAHEWD)
National Black Women's HIV/AIDS Network
National Coalition for LGBTQ Health
National Harm Reduction Coalition
National Hispanic Medical Association
National HIV/AIDS Housing Coalition
National Viral Hepatitis Roundtable (NVHR)
National Working Positive Coalition
Nationz Foundation
Neelyx Labs
NFPRHA
NMAC
North Dakota Human Rights Coalition

Northeast Valley Health Corporation
Older Women Embracing Life (OWEL)
One Colorado
OutFront Minnesota
Positive People Network, Inc.
Positive Women's Network-USA
PrEP4All
PSPS
Public Health Institute of Metropolitan
   Chicago
Resource Center
Ribbon-A center of Excellence
SAGE
Sero Project
SIECUS: Sex Ed for Social Change
Silver State Equality
Southern Black Policy and Advocacy Network
TaskForce Prevention and Community
   Services
The AIDS Institute

The Center for Health Law and Policy
   Innovation of Harvard Law School
The Center for HIV Law and Policy (CHLP)
The Empowerment Project For Life
The Pride Center at Equality Park
The Project of the Quad Cities
The Puerto Rican Cultural Center
The Reunion Project
The TransLatin@ Coalition
The Well Project
Thrive Alabama
Treatment Action Group
U.S. People Living with HIV Caucus
Unity Arc Advocacy Group, LLC
Valley AIDS Council
Vivent Health
Waves Ahead Corp
Westside Pastors' Coalition for AIDS & Innercity
   Health
Wyckoff Heights Medical Center