



The Honorable Tom Cole
Chairman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Susan Collins
Chair
Committee on Appropriations
United States Senate
Washington, DC 20515

The Honorable Patty Murray
Vice Chair
Committee on Appropriations
United States Senate
Washington, DC 20515

April XX, 2025

Subject: HIV Community Funding Requests for FY2026 Domestic HIV Programs

Dear Chairman Cole, Ranking Member DeLauro, Chair Collins, and Vice Chair Murray:

On behalf of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), the undersigned XX organizations urge you to protect and, if possible, increase critical funding for domestic HIV/AIDS programs.

This is a pivotal moment for Congress to advance efforts to end the HIV epidemic. With the right investment, we can finally end an epidemic that has persisted for over 40 years, as well as address the intersecting crises of STIs, viral hepatitis, tuberculosis, and overdose deaths. This is why we remain particularly concerned with the Administration's changes to the vital HIV programs that your Committees funded in FY2025. The full-year continuing resolution kept overall funding for HIV programs level with FY2024, however, without an explanatory statement, we are concerned that the Administration may make changes to funding levels for our programs that are not in line with the intent of Congress. Additionally, we are extremely concerned that the Administration is arbitrarily ending grants and contracts for HIV research and prevention, eliminating key staff that ensure that these programs run effectively, and disrupting the flow of funds that go directly to your states and districts. As you craft the FY2026 appropriations bills, we ask that you provide necessary instructions to the Administration of your intent for these programs. We also strongly urge you to oppose any rescission to these programs that the Administration might propose.

We have the biomedical and behavioral tools to stop HIV transmission, ensure people with HIV live full lives, and protect those at risk. There is clear scientific consensus: people with HIV who achieve viral suppression through treatment cannot transmit the virus. Therefore, linking people to care and implementing prevention programs including pre-exposure prophylaxis medication (PrEP) effectively prevents HIV acquisition. However, these treatment and prevention efforts must reach the communities most impacted, requiring sustained federal funding.

Below are detailed domestic HIV and related programs funding requests that we urge you to include in the FY2026 appropriations bills. A chart detailing each request as well as previous fiscal year funding levels for each program is available here: <http://federalaidspolicy.org/fy-abac-chart/>

Ending the HIV Epidemic Initiative

Over the last five fiscal years, on a bipartisan basis, Congress has appropriated additional funding for the *Ending the HIV Epidemic (EHE)* Initiative, which sets the goal of reducing new HIV infections by 90% by 2030. President Trump started the EHE Initiative in his first term, and because of funding from Congress, it has resulted in successes across the U.S. The initial focus has been on the 57 jurisdictions across the U.S. where the majority of new HIV infections occur and the initiative has demonstrated results. Community Health Centers provided 66,000 people with PrEP in 2023 and conducted 2.5 million HIV tests with this funding. The Ryan White Program has brought 41,000 people living with HIV into or re-engaged them in HIV care. With the funding, the CDC has conducted over 1 million HIV tests, distributed 600,000 at-home HIV tests, helped diagnose 4,600 people living with HIV, and connected 61,000 people to PrEP services. Also, Indian Health Service EHE-supported sites have performed over 20,000 HIV tests. Overall, these activities have resulted in EHE jurisdictions experiencing a 21% decrease in new HIV infections since 2017, compared to only a 6% decrease in non-EHE jurisdictions.

We ask Congress to fund the Ending the HIV Epidemic Initiative in the amounts listed below in the following operating divisions in FY2026:

- **\$395 million** for *CDC Division of HIV/AIDS Prevention* for testing, linkage to care, and prevention services, including \$100 million to continue support for a national PrEP program to implement more equitable access to PrEP (+\$175 million);
- **\$358.6 million** for *HRSA Ryan White HIV/AIDS Program* to expand comprehensive treatment for people living with HIV (+\$193.6 million);
- **\$207 million** for *HRSA Community Health Centers* to increase clinical access to prevention services, particularly PrEP (+\$50 million)
- **\$52 million** for *The Indian Health Service (IHS)* to address and combat the disparate impact of HIV and hepatitis C on American Indian/Alaska Native populations (+\$47 million); and
- **\$26 million** for *NIH Centers for AIDS Research* to expand research on implementation science and best practices in HIV prevention and treatment.

The Ryan White HIV/AIDS Program

For over 30 years, the Ryan White HIV/AIDS Program has provided life-saving medications, medical care, and support services to low-income, uninsured, and underinsured individuals with HIV. Serving over 576,000 clients, which accounts for over half of people diagnosed with HIV in the U.S. As the population ages, the program remains essential because nearly half of Ryan White clients are people 50 years or older. Ryan White provides more than just medication, it provides the necessary wrap-around services that people need in order to stay healthy and remain on HIV treatment. With 91% of clients achieving viral suppression—allowing them to live longer, healthier lives while preventing transmission—the program is a proven public health success.

Despite this, Ryan White funding has not kept pace with inflation since 2001 and has declined in real dollars since 2013. Increased investment is essential to expand access, meet growing demand, and sustain effective HIV care and treatment.

We urge Congress to fund the Ryan White HIV/AIDS Program at a total of \$3.024 billion in FY2026, an increase of \$453.4 million over FY2025, distributed in the following manner:

- Part A: \$751.4 million
- Part B (Care): \$520 million
- Part B (ADAP): \$968.3 million
- Part C: \$231 million
- Part D: \$85 million
- Part F/AETC: \$58 million
- Part F/Dental: \$18 million
- Part F/SPNS: \$34 million
- EHE Initiative: \$358.6 million

CDC Prevention Programs

CDC HIV Prevention and Surveillance

HIV prevention methods are more effective than ever, offering options such as PrEP, HIV testing, behavioral interventions, and advanced scientific knowledge. However, HIV does not impact all communities equally. Thus, tailored prevention approaches are essential for success, recognizing the risks and needs of each community. There is no one-size-fits-all approach to HIV prevention, and the CDC's staff of experts provide the knowledge and resources needed for communities to find what works best for them.

Investing in evidence-based prevention now can prevent thousands of new HIV cases and save billions in lifetime medical costs. The CDC's **Division of HIV Prevention** leads federal efforts in developing innovative prevention strategies, working closely with state, local, and community partners to meet the needs of their populations. Funding supports expanded, targeted programs, including non-traditional HIV testing such as at-home testing to reduce stigma. Effective prevention strategies include testing, linkage to care, condom distribution, syringe service programs, and PrEP, with jurisdictions employing a combination of these approaches to combat HIV transmission.

We urge you to fund the CDC Division of HIV Prevention at \$822.7 million in FY2026, an increase of \$67 million over FY2025. This is in addition to the \$395 million for EHE Initiative work within the Division.

PrEP

PrEP is a medication that effectively prevents HIV when taken as directed. Increasing access to PrEP is key to ending the HIV epidemic in the U.S. Currently, only about two in five people who need access to PrEP have it. In addition to delivering powerful HIV prevention, the return on investment for PrEP is high. PrEP can be prescribed for as little as \$26 per month per person, helping to prevent a personally and financially costly illness - each new case of HIV costs approximately \$500,000 per person in lifetime medical expenses. Currently, it is estimated that the U.S. adds \$16 billion in lifetime costs from new HIV infections each year. This demonstrates the need to expand access to this effective, cost-efficient intervention. EHE funding has helped to reduce HIV incidence by 21% - 3.5 times better than the national average - with much of this gain resulting from increased access to PrEP.

To address these costs and maximize PrEP's substantial return on investment, expanding access to PrEP nationwide is imperative, particularly as new long-acting drugs become approved. We urge the Committee to support FY26 funding to continue work on a National PrEP Program and to expand PrEP access through other pathways, including EHE Initiative programs.

CDC Division of Adolescent and School Health (DASH)

Twenty percent of new HIV infections are among young people between the ages of 13 and 24, however, less than half of high schools and less than one-fifth of middle schools teach CDC's recommended sexual health topics. **CDC's Division of Adolescent and School Health** has provided funding for schools to increase access to health services, implement evidence-based health education, and foster environments for young people to learn. These programs have shown tremendous success in reducing risk factors related to HIV and other STIs, but more funding is needed to reach students in all 50 states.

We urge you to fund the CDC Division of Adolescent and School Health at \$100 million in FY2026, an increase of \$61.9 million over FY2025.

CDC STD Prevention

Sexually transmitted infection (STI) rates remain at all-time highs in the United States, with syphilis reaching levels not seen since 1950 and congenital syphilis rates increasing tenfold in the last decade. Infections such as chlamydia, gonorrhea, and syphilis come at a steep price, with new cases each year resulting in more than a billion dollars in direct lifetime medical costs. Without treatment, STIs can have serious health consequences, including cervical cancer, ectopic pregnancy, pelvic inflammatory disease, neurological conditions, birth defects, infant death, infertility, and increased risk of acquiring and transmitting human immunodeficiency virus (HIV).

Additional funding for the **CDC's Division of STD Prevention** will allow STD programs to increase capacity, invest in disease intervention, monitor trends in STI cases throughout their jurisdictions, and quickly respond to new outbreaks.

We urge you to fund the CDC Division of STD Prevention at \$322.5 million in FY2026, an increase of \$148.2 million over FY2025.

CDC Viral Hepatitis Prevention

Viral hepatitis prevention programs have been dramatically underfunded in the U.S. over the past decade, despite the costly impact to the health system and the significant disease burden and mortality for people living with viral hepatitis. Hepatitis B virus (HBV) and hepatitis C virus (HCV) are preventable diseases; however, of the nearly 5 million people now living with HBV and 2.4 million people living with HCV in the U.S., as many as 65% are undiagnosed. Left untreated, viral hepatitis results in significant costs to public health programs due to liver cancer and liver transplants. Liver transplants were estimated at over \$800,000 per procedure in 2021, so, with approximately 1,500 liver transplants annually due to HCV, \$1.2 billion avoidable medical costs are being incurred. The **CDC's Division of Viral Hepatitis (DVH)** is the lead agency combating viral hepatitis at the national level by coordinating hepatitis education and technical assistance for providers and providing funding to the state and local health departments. DVH is currently funded at only \$43 million—a debilitatingly small amount of funding compared to the financial resources required to reverse course on the worsening HBV and HCV epidemics, prevent more cases, and link those living with the disease to care, treatment, and for HCV, a cure. Now is the time to fully fund DVH and strengthen the public health infrastructure needed to respond to infectious diseases.

We urge you to fund the CDC DVH Division of Viral Hepatitis at \$150 million in FY2026, an increase of \$107 million over FY2025.

CDC Infectious Diseases and Opioid Epidemic Funding

Funding is essential for the CDC to address infectious diseases linked to injection drug use in areas heavily affected by the opioid crisis. In 2024, the U.S. saw approximately 87,000 drug overdose deaths—a decline from previous years but still an urgent crisis. This decrease reflects the impact of overdose prevention efforts, including expanded access to naloxone and harm reduction programs. Syringe Services Programs (SSPs) play a key role by distributing naloxone, connecting people to medical care, and increasing the likelihood of individuals entering substance use treatment. Research shows new SSP users are five times more likely to seek treatment and significantly reduce their drug use. Additionally, SSPs help curb the spread of HIV and viral hepatitis. Sustained funding is critical to continue these life-saving efforts and prevent a resurgence in overdose deaths.

Syringe Service Program Language

Syringe service programs (SSPs) are proven to be highly effective in preventing HIV and hepatitis, as well as reducing overdose deaths. However, current policy prevents the use of federal funds to purchase sterile syringes. We urge you to remove policy riders which prevent SSPs from purchasing syringes with their federal funding, which would allow more SSPs to reach people most impacted by the intersections of HIV, hepatitis, and drug use.

We urge you to fund the CDC's Infectious Diseases and Opioid Epidemic program in FY2026 at \$150, an increase of \$127 million over FY2025.

CDC Division of Tuberculosis Elimination (DTBE)

The CDC's **Division of Tuberculosis Elimination** (DTBE) spearheads the fight against TB in the U.S., providing support and guidance to state and local TB programs. Despite their vital role, TB cases persist in all states, with approximately 13 million Americans carrying latent TB infections. In 2024, programs reported 10,347 TB cases (a rate of 3.0 per 100,000 persons), the highest case count in over a decade. Case counts increased in both U.S.-born and non-U.S.-born persons, and in 34 states and the District of Columbia. Delays in diagnosis due to the pandemic have exacerbated the situation, resulting in more complex cases, including infant fatalities. In 2021, TB-related deaths in the U.S. reached a 16-year high. To support DTBE in its essential functions, including research and supporting domestic TB programs, and to address the National Action Plan to Combat Multidrug-Resistant Tuberculosis (NAP), increased funding is imperative. This includes funding for a national prevention initiative, prioritizing high-risk individuals, and resources to address ongoing infrastructure challenges such as treatment shortages.

We urge you to fund the CDC Division of Tuberculosis Elimination at \$225 million in FY2026, an increase of \$88 million over FY2025.

HIV/AIDS Housing

Housing is the number one unmet need for people living with HIV, and two out of five people living with HIV or AIDS (PLWHA) who need housing assistance do not get it. Stable housing is associated with a 20% higher rate of viral suppression than those who are unhoused and is not only a matter of quality of life, but health. The Department of Housing and Urban Development's **Housing Opportunities for People With AIDS (HOPWA)** program is the only federal program that directly provides supportive and affordable housing for low-income people living with HIV. HOPWA is a highly effective housing program, providing housing to 55,000 households and supportive services to over 100,000 individuals. The program provides critical supportive services that are specialized to help low-income PLWHA obtain and retain housing. However, there is only enough HOPWA funding to house PLWHA who need housing for 1.24 months, per person, per year. To end HIV in America, we must robustly fund the HOPWA program.

We urge you to fund the HOPWA program at least at \$600 million in FY2026, an increase of \$95 million over FY2025.

Minority HIV/AIDS Initiative (MAI)

Racial and ethnic minorities in the U.S. are disproportionately affected by HIV/AIDS, with African Americans bearing the greatest burden. Three-quarters of new HIV infections occur among people of color, and rates are not decreasing among Black and Latinx gay and bisexual men, or transgender women of color. Targeted investments in minority populations are urgently needed. The **Minority AIDS Initiative** (MAI), established two

decades ago, aims to improve HIV-related health outcomes for racial and ethnic minorities and reduce disparities. MAI resources complement federal HIV/AIDS funding, fostering collaboration between agencies to enhance effectiveness. The **Minority HIV/AIDS Fund** supports cross-agency initiatives for HIV prevention, care, treatment, and education. **SAMHSA's MAI program** provides tailored services, including prevention, treatment, and support for individuals at risk of mental illness and/or substance abuse, along with HIV testing and linkage services.

We urge you to fund the Minority HIV/AIDS Fund at \$105 million, and SAMHSA's MAI program at \$160 million in FY2026, an increase of \$48 million and \$44 million over FY2025 levels, respectively. We also urge you to fund Minority AIDS Initiative programs across HHS agencies at \$610 million in FY2026.

Bio-Preparedness Workforce Pilot Program

It is estimated that 80% of the counties in 14 Southern states where some of the highest numbers of new HIV infections are occurring have no experienced HIV clinicians, with the disparities being most significant in rural areas. We urge your committee to fund the **Bio-Preparedness Workforce Pilot Program** within HRSA. This program will ensure a robust workforce of healthcare professionals is available to provide infectious disease and HIV services in health professional shortage areas with underserved patient populations and at certain federally funded facilities and clinics, including Ryan White HIV/AIDS clinics.

We urge you to fund the Bio-Preparedness Workforce Pilot Program at \$50 million in FY 2026.

HIV/AIDS Research at the National Institutes of Health

Far-reaching AIDS research at the NIH supports innovative basic science for better drug therapies and behavioral and biomedical prevention interventions, which have saved and improved the lives of millions around the world. One area where investment in HIV research is showing its critical value is in developing a COVID-19 vaccine, where years of painstaking work by the NIH to develop HIV vaccines is now making possible the record-breaking timelines for the development of COVID-19 vaccines and other therapeutics.

The NIH Office of AIDS Research's FY2026 Professional Judgment Budget identified promising unfunded research priorities, such as reducing incidence through vaccines, more effective treatments, cure research, addressing the relationship between HIV and aging, and HIV co-morbidities research involving opioid co-epidemics, viral hepatitis, tuberculosis, and cancer. Without increases in HIV research funding, advances in these areas will be slowed or even stopped, research support for the EHE Initiative and the National HIV/AIDS Strategy for the United States will falter, and the early career researchers so critical to the future of HIV will move to other fields. While HIV treatment and prevention are the primary beneficiaries of HIV research, advances in basic medicine funded through HIV research at NIH have led to new vaccines, treatments, and medication for many other diseases, such as cancer, Alzheimer's, kidney disease, tuberculosis, and now COVID-19.

We urge you to fund HIV/AIDS research at the NIH at \$3.953 billion for FY2026. This request is based on the FY2026 NIH HIV/AIDS Professional Judgment Budget.

Sexual Health Programs

The **Teen Pregnancy Prevention Program** provides young people with evidence-informed or evidence-based information to prevent unintended pregnancies, HIV, and other STDs. As noted above, HIV and STDs disproportionately impact young people, so they must receive age-appropriate medically accurate, and complete information. This program is an important tool in our quest to end HIV and STDs.

We urge you to fund the Teen Pregnancy Prevention Program at \$150.0 million in FY2026, an increase of \$49 million over FY2025.

Despite decades of research that shows that “**sexual risk avoidance**” **abstinence-only programs** are ineffective at their sole goal of abstinence until marriage for young people, more than \$2 billion has been spent on abstinence-only programs since its emergence in 1982. These programs withhold necessary and lifesaving information, reinforce gender stereotypes, often ostracize LGBTQIA+ youth, and stigmatize young people who are sexually active or survivors of sexual violence.

We urge you to eliminate funding for the failed and incomplete abstinence-only-until-marriage “Sexual Risk Avoidance Education” competitive grant program and the Title V “Sexual Risk Avoidance Education” state grant program in FY2026, which would render a \$35 million savings.

The Title X program is the only dedicated federal family planning program and is a vital tool in fighting the HIV and STD epidemics in the United States. Title X-funded health centers provide millions of people with high-quality care—including contraceptive care, HIV and STD screening, STD treatment, cancer screening, and sexual health education—each year and are a particularly important lifeline for low-income women, especially women of color.

We urge you to fund Title X at \$512 million in FY2026, an increase of \$225.5 million over FY2025.

SAMHSA HIV Block Grant

Finally, we urge you to include language that would modernize how states qualify to be eligible for the HIV set-aside of the Substance Abuse Block Grant (SABG). Instead of using the outdated measurement of AIDS cases for a state to qualify for the 5% HIV set-aside, the number of HIV cases in the state should be used.

Thank you for considering these requests and for your continued support for domestic HIV/AIDS programs. We hope the FY 2026 appropriations bills demonstrate Congress’s commitment to fighting HIV/AIDS and help set our nation on a path to eradicating HIV as we know it in the United States.

Should you have any questions, please contact the ABAC co-chairs Nick Armstrong at narmstrong@tmail.org, Drew Gibson at dgibson@aidsunited.org, Kendall Martinez-Wright at kendall.martinez.wright@treatmentactiongroup.org, Emily McCloskey Schreiber at eschreiber@nastad.org, or Carl Schmid at cschmid@hivhep.org.

Sincerely,

AIDS Action Baltimore (MD)

ACR Health (NY)

AIDS Alabama (AL)

Act Now End AIDS (ANEA) Coalition (SC)

AIDS Alabama South (AL)

Advocacy House Services, Inc. (NC)

AIDS Alliance for Women, Infants, Children, Youth & Families (DC)

Advocates for Youth (DC)

AIDS Foundation Chicago (IL)

Agape Missions, NFP (IL)

AIDS Treatment Activists Coalition (NY)	Drug Policy Alliance (NY)
AIDS United (DC)	Equality California (CA)
Alliance Care 360 (IL)	Equitas Health (OH)
Alliance for Positive Change (NY)	Fatty Liver Foundation (ID)
Aliveness Project (MN)	Five Horizons Health Services (AL)
American Academy of HIV Medicine (DC)	Food for Thought (CA)
American Psychological Association (DC)	Georgia AIDS Coalition (GA)
American Sexual Health Association (NC)	Georgia Equality (GA)
Amida Care (NY)	Harlem United (NY)
APLA Health (CA)	HealthHIV (DC)
Appalachian Learning Initiative Inc. (WV)	Heartland Alliance Health (IL)
Argus Community, Inc. (NY)	HEP (WA)
Arianna's Center (FL, PR)	HIV + Hepatitis Policy Institute (DC)
Association of Nurses in AIDS Care (OH)	HIV AIDS Alliance of Michigan (MI)
AVAC (NY)	HIV Dental Alliance (GA)
Black AIDS Institute (GA)	HIV Medicine Association (VA)
BOOM!Health (NY)	Hope and Help Center of Central Florida, Inc. (FL)
CAEAR Coalition (DC)	Hope House of St. Croix Valley (MN)
CARES of Southwest Michigan (MI)	Housing Works (NY)
Cascade AIDS Project (OR)	Hyacinth Foundation (NJ)
CenterLink: The Community of LGBT Centers (FL)	iHealth (NY)
Chicago House and Social Service Agency (IL)	In Our Own Voice: National Black Women's Reproductive Justice Agenda (DC)
Colorado Organizations and Individuals Responding to HIV/AIDS (CORA) (CO)	Indiana Recovery Alliance (IN)
Community Liver Alliance (PA)	International Association of Providers of AIDS Care (DC)
Community Resource Initiative (MA)	

Korean Community Services of Metropolitan
New York (NY)

Lansing Area AIDS Network (MI)

Latino Commission on AIDS (NY)

Legal Council for Health Justice (IL)

Life is Work (IL)

Medical Students for Choice (PA)

NASTAD (DC)

National Association of County and City Health
Officials (DC)

National Black Gay Men's Advocacy Coalition
(DC)

National Black Women's HIV/AIDS Network (SC)

National Tuberculosis Coalition of America (GA)

National Viral Hepatitis Roundtable (WA)

National Working Positive Coalition (NY)

NMAC (DC)

Open Door Health Center of Illinois (IL)

PrEP4All (NY)

Poderosos (TX)

Positive Impact Health Centers (GA)

Positive Women's Network-Ohio (OH)

Positive Women's Network-USA (CA)

Proactive Community Services (IL)

Project Vida (IL)

Reproductive Health Access Project (NY)

Rural AIDS Action Network (MN)

San Francisco AIDS Foundation (CA)

San Francisco Community Health Center (CA)

SIECUS: Sex Ed for Social Change (DC)

Silver State Equality (NV)

SisterLove, Inc. (GA)

Southwest Center for HIV/AIDS (AZ)

Southwest Recovery Alliance (AZ)

TaskForce Prevention & Community Services (IL)

The AIDS Institute (DC)

The Aliveness Project, Inc. (MN)

The Well Project (NY)

Thomas Judd Care Center at Munson Medical
Center (MI)

Thrive Alabama (AL)

Treatment Action Group (NY)

UNIFIED- HIV Health and Beyond (MI)

URGE: Unite for Reproductive & Gender Equity
(DC)

US People Living with HIV Caucus (DC)

Vivent Health (CO, MO, TX, WI)

Wellness AIDS Services, Inc. (MI)