



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

September 8, 2025

Dear Chairman Cole, Ranking Member DeLauro, and Members of the Committee:

On behalf of the members of the AIDS Budget and Appropriations Coalition (ABAC), a national coalition advocating for sound federal policies and funding for domestic and global HIV programs, we write to urge you to **vote against the FY 2026 Labor, Health and Human Services, Education, and Related Agencies (LHHS) Appropriations bill in Committee.**

After decades of bipartisan support and progress in combating HIV in the United States, the bill would reverse hard-fought progress against HIV by cutting \$1.7 billion for HIV programs. If these proposals were signed into law, there would be more new HIV infections, more unnecessary negative health outcomes, and more health spending needed to treat people living with HIV. We must be able to provide HIV treatment, prevention, and support services to the millions of people in the U.S. who are living with or at risk of HIV, but we will be unable to do so under these proposals.

The House L-HHS bill specifically proposes to cut or eliminate the following programs:

- **Eliminates** funding for the CDC's HIV Prevention Programs (-\$755.6 million) and Division of Adolescent and School Health (-\$38.1 million)
- **Eliminates** funding for the *Ending the HIV Epidemic Initiative* within the Centers for Disease Control and Prevention (-\$220 million), the Ryan White HIV/AIDS Program (-\$165 million), and Community Health Centers Program (-\$157 million)
- **Eliminates** funding for Parts C, D, and F of the Ryan White HIV/AIDS Programs which includes:
  - Part C Early Intervention Services and Capacity Development Grants (-\$209 million)
  - Part D Services for Women, Infants, Children, and Youth (-\$77.9 million)
  - Part F Dental Programs (-\$13.6 million)
  - Part F AIDS Education and Training Centers (-\$34.9 million)
  - Part F Special Projects of National Significance (-\$25 million) 3
- **Cuts** funding for the Minority HIV/AIDS Fund (-\$40 million)
- **Cuts and Block Grants** funding for CDC's STI, Hepatitis, TB, and Opioid Related Infectious Disease Prevention programs (-\$24 million)

- **Eliminates** funding for Title X Family Planning (-\$286.5 m) and the Teen Pregnancy Prevention Program (-\$101 million)

The proposed eliminations and cuts in the House LHHS bill would devastate our nation's ability to prevent and treat HIV, reverse progress toward ending the epidemic, and dismantle essential public health infrastructure. Zeroing out funding for the CDC's HIV prevention programs, the Ending the HIV Epidemic Initiative, and critical components of the Ryan White HIV/AIDS Program would leave hundreds of thousands of people without access to lifesaving treatment, prevention, and support services. These programs are cornerstones of our federal response to HIV, and eliminating them, particularly at a time when we have new long-acting PrEP drugs, would directly result in more infections, worsened health outcomes, and higher long-term costs for our health system.

The *Ending the HIV Epidemic (EHE)* initiative was launched in 2019 under the Trump Administration as a signature public health priority. It set the ambitious but achievable goal of reducing new HIV infections in the United States by 90 percent within a decade, combining prevention, testing, treatment, and workforce investments to reach communities most impacted. Eliminating funding for EHE now would dismantle a program championed by the current Administration and bipartisan leadership, waste years of planning and investment, and abandon a critical opportunity to finish the job.

Eliminating federal investments in HIV prevention and care would not only jeopardize decades of progress in combating the epidemic, but it would also lead to higher long-term health care costs for states and the federal government. The CDC's HIV prevention programs and the Ryan White HIV/AIDS Program are cost-effective tools that keep people healthy, reduce emergency room visits, and prevent new infections that would otherwise result in substantial treatment expenses. Removing these programs would shift costs onto local providers, state budgets, and taxpayers—undermining the very goal of fiscal responsibility.

This bill also eliminates or cuts funding for programs that protect public health more broadly, including efforts to prevent sexually transmitted infections, hepatitis, tuberculosis, and opioid-related infectious diseases. These diseases do not discriminate by political affiliation or geography, and outbreaks are expensive and difficult to contain once they spread. Maintaining stable support for prevention and treatment programs is the fiscally responsible choice: it costs far less to prevent new cases than to manage them after the fact. Congress has a proud history of bipartisan leadership in responding to HIV and public health threats and abandoning that commitment now would be both short-sighted and harmful to the nation's health and economic security.

To learn more about the significance of these programs and their crucial role in combating HIV in the United States, we invite you to read our letter to Congress, which was sent earlier this year, [here](#).

ABAC members are deeply concerned that this bill, as currently written, would reverse progress in ending the HIV epidemic and weaken critical programs that protect the health of millions of Americans. We respectfully urge you to **vote no on Committee Markup of the L-HHS bill** in its current form and instead work toward a bipartisan package that sustains and strengthens our nation's commitment to public health, health care access, and the fight against HIV.

Sincerely,

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The AIDS Institute

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