



FAPP
FEDERAL AIDS POLICY PARTNERSHIP
AIDS BUDGET & APPROPRIATIONS COALITION

"In recent years we have made remarkable progress in the fight against HIV and AIDS. Scientific breakthroughs have brought a once-distant dream within reach. My budget will ask Democrats and Republicans to make the needed commitment to eliminate the HIV epidemic in the United States within 10 years. Together, we will defeat AIDS in America and beyond."

-President Donald Trump, 2019 State of the Union Address

"The time to end the HIV epidemic is now. I have always believed in seeing the possible. Embracing the possible, we will do it together."¹

– Dr. Robert Redfield, Director, Centers for Disease Control

"If we only implemented the public health tools we have now, we could end the AIDS epidemic."²

-Dr. Anthony Fauci, Director, National Institute of Allergy and Infectious Diseases

March 6, 2019

The Honorable Richard Shelby
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Patrick Leahy
Vice Chairman
Committee on Appropriations
United States Senate
Washington, DC 20510

The Honorable Nita Lowey
Chairwoman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

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

Dear Chairman Shelby, Vice Chairman Leahy, Chairwoman Lowey and Ranking Member Granger:

The undersigned 213 organizations of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP) urge you to increase crucial funding for domestic HIV/AIDS and related programs in the Fiscal Year 2020 Appropriations Bills so that our Nation can

¹ "CDC Media Statement from Dr. Redfield on Ending the HIV Epidemic: A Plan for America"
<https://www.cdc.gov/media/releases/2019/s0206-HIV-epidemic-plan.html>

² "AIDS epidemic could effectively end if steps taken, Fauci says" <https://www.axios.com/aids-epidemic-could-end-if-steps-taken-fauci-says-682ffeb0-2156-4606-861c-e0b18e260d33.html>

implement the public health tools to fulfill the goal of ending HIV/AIDS in the United States. In order to achieve this goal, we also request increases to programs combating STDs, viral hepatitis, and tuberculosis, as we cannot fully eliminate these diseases unless we aggressively address the syndemics that connect them.

Researchers and public health officials all agree – we have the tools, knowledge and drive to end the epidemic; however, we must ensure there is sufficient federal leadership and resources to make it a reality. In order to end HIV in the United States, the federal government must make sustained, targeted and impactful investments in the public health infrastructure to prevent, treat, and research HIV/AIDS.

Currently, 1.2 million people in the United States are living with HIV, and an estimated 38,500 people become infected every year. Recent advances in HIV prevention and treatment have resulted in decreases in new HIV infections and increased access to care and treatment for people living with HIV so that they may become virally suppressed. Pre-exposure prophylaxis, or PrEP, is a once a day pill that effectively prevents the spread of HIV. In addition, if a person living with HIV is on medication that reduces the amount of virus in their body to undetectable levels, they cannot transmit the virus to their partners and can expect to live near normal life expectancies.

Though we have the tools and knowledge to end the epidemic, leadership, proper policies and resources are needed to put these tools to work, particularly in those areas where it is most needed. HIV does not impact communities equitably, so our investments must be targeted toward areas disproportionately impacted by the epidemic. Whether they are communities of color, people impacted by the opioid crisis, geographic regions such as the South, or populations that could benefit the most from PrEP uptake, targeted funding for effective programs will result in a high return on investment.

As your Committees begin to craft the Fiscal Year 2020 Appropriations Bills, we urge you to increase investments in the public health infrastructure created to combat the HIV epidemic in the United States. Great progress has been made since the beginning of the HIV/AIDS crisis, and through the leadership of your Committees, we can continue to make progress. However, the changing face of the epidemic coupled with constrained funding for HIV/AIDS programs could reverse course.

In the President's State of the Union Address, he announced a new initiative called "Ending the HIV Epidemic: A Plan for America." The Administration has outlined a goal of reducing new HIV infections by 90% in the next 10 years through targeted investments and expansion of programs in areas most impacted by HIV. We understand that the President's forthcoming FY2020 Budget will request additional funding for the first year of this initiative, and ABAC's funding requests may change as details of the plan are released. We look forward to learning more about the initiative and will provide revised recommendations and analysis after the release of the President's FY2020 Budget.

Additionally, we encourage the Congress and the Administration to work on a budget deal to avert sequestration and raise domestic non-defense discretionary budget caps. The spending caps implemented by the Budget Control Act of 2011 impose unrealistic limits on spending for essential federal programs. We encourage you and your colleagues to craft a new budget deal so that there will be enough funding to accommodate necessary increases for FY2020 and in the future. We urge you to begin working on a budget deal as soon as possible so that appropriations bills can be passed in a timely manner. We hope you can continue the bipartisan success of enacting into law many of the appropriations bills before the end of the fiscal year.

Below are detailed funding levels we urge you to include in the Fiscal Year 2020 Appropriations Bills.

For a chart of current and historical funding levels, along with coalition requests for each program, please click here: <https://adobe.ly/2ELL57d>

The Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program provides medications, medical care, and essential coverage completion services to low-income, uninsured, and/or underinsured individuals living with HIV. Approximately 52 percent of people living with HIV in the United States receive Ryan White Program services. The Ryan White Program has consistently shown success in the treatment of HIV, with almost 86 percent (an increase of over 23 percent since 2010) of clients achieving viral suppression in 2017 compared to just 49 percent of all HIV-positive individuals nationwide. Achieving viral suppression is key because it improves individual health, as well as public health by reducing transmission of HIV. This is due not only to access to expert quality health care and effective medications, but also to the patient centered, comprehensive care that the Ryan White Program provides that enables it clients to remain in care and adherent to treatment.

The Ryan White Program provides services critical to managing HIV, often inadequately covered by insurance, including case management; mental health and substance use services; adult dental services; and transportation, legal, and nutritional support services. While increasingly clients have access to insurance, patients still experience cost barriers to insurance, such as high premiums, deductibles, and other patient cost sharing. The Ryan White Program, particularly the AIDS Drug Assistance Program, assist with these costs so that clients can access comprehensive and effective medical care and treatment.

Many Ryan White Program clients live in states that have not expanded Medicaid and must rely on the Ryan White Program as their only source of HIV/AIDS care and treatment. This is particularly true in the South, which is disproportionately impacted by the HIV epidemic. In order to improve the continuum of care and progress toward an AIDS-free generation, continued, robust funding for all parts of the Ryan White Program is needed.

Ryan White Program services are especially important in areas impacted by the opioid crisis, where new HIV infections associated with injection drug use are increasing in rural areas with healthcare access barriers. The Ryan White Program is uniquely able to expand services to these areas, including substance use and mental health treatment services, but increased Ryan White Program funding is required to adequately meet the growing need.

We urge you to fund the Ryan White HIV/AIDS Program at a total of \$2.465 billion in FY2020, an increase of \$141.8 million over FY2019, distributed in the following manner:

- **Part A: \$686.7 million**
- **Part B (Care): \$437 million**
- **Part B (ADAP): \$943.3 million**
- **Part C: \$225.1 million**
- **Part D: \$85 million**
- **Part F/AETC: \$35.5 million**
- **Part F/Dental: \$18 million**
- **Part F/SPNS: \$34 million**

CDC Prevention Programs

CDC HIV Prevention and Surveillance

There has been incredible progress in the fight against HIV over the last 35 years. Through investments in HIV prevention, hundreds of thousands of new infections have been prevented and billions of dollars in treatment costs have been averted. The CDC reported that there was a 15 percent decline in new infections between 2008 and 2015, resulting in \$16 billion in cost savings for medical care. This provides solid evidence that HIV prevention efforts are working.

While strides have been made in preventing new infections, gay and bisexual men still remain the most impacted community, especially gay and bisexual men of color. Also, the South continues to have disproportionate HIV infections, with over half of new HIV infections in 2016, while only representing 37 percent of the population.

The **CDC's Division of HIV Prevention** has led the way in creating strategies and interventions to prevent new HIV infections. In 2015, CDC and their grantees funded over 3 million HIV tests which identified two-thirds of newly diagnosed people that year. Through partnerships with state and local public health departments, and community-based organizations, the CDC has expanded targeted, high-impact prevention programs that work to address racial and geographic health disparities in HIV transmissions. Additionally, CDC's national surveillance system is a key tool in identifying people and regions most impacted by the epidemic, and tailoring prevention efforts to meet the needs of those populations and prevent HIV transmission clusters. There is no single way to prevent HIV, but jurisdictions use a combination of effective evidence-based approaches including testing, linkage to care, condoms, syringe service programs, and PrEP.

We urge you to fund the CDC Division of HIV Prevention at \$822.7 million in FY2020, an increase of \$67 million over FY2019.

CDC Division of Adolescent and School Health (DASH)

One in five new HIV infections are among young people between the ages of 13 and 24, so it is crucial that young people have access high-quality, effective and sustainable prevention programs. **CDC's school-based HIV prevention** efforts funds 35 education agencies, which reach approximately 1.8 million students across the Nation. This funding is a unique source of support for our nation's schools, helping education agencies provide school districts and schools with the tools to implement to reduce HIV, other STDs, and unintended pregnancies among adolescents. By increasing funding to our request level, CDC can expand school-based HIV prevention to all 50 states.

We urge you to fund the CDC Division of Adolescent and School Health at \$50 million in FY2020, an increase of \$16.9 million over FY2019.

CDC STD Prevention

While our Nation has made great progress in preventing new HIV infections, new STDs are at an all-time high in the United States. In 2017, there were nearly 2.3 million cases of syphilis, chlamydia and gonorrhea, which is an increase of 200,000 cases in one year. Syphilis cases rose 76 percent, chlamydia 21 percent, and gonorrhea by 67 percent. These increases have been occurring consistently over the past decade, yet funding for **CDC's STD prevention programs** has not been increased since 2003. Not receiving the appropriate infusion of funds to address the rising STD rates have strained the STD response ability of state and local health departments across this country. In order to address the

growing epidemic, CDC's STD prevention program must be adequately funded to meet the needs of our Nation's public health system.

We urge you fund the CDC's Division of STD Prevention at \$227.3 million in FY2020, an increase of \$70 million over FY2019.

CDC Viral Hepatitis Prevention

The ongoing opioid crisis has drastically increased the number of new viral hepatitis cases in the U.S. The CDC estimates that between 2010 and 2016 the country experienced a 350 percent increase in new hepatitis C (HCV) infections. Of the nearly 4.2 million people now living with hepatitis B (HBV) and/or HCV in the U.S., as many as 65 percent are not aware of their infection. HBV and HCV remain the leading causes of liver cancer, one of the most lethal and fastest growing cancers in America.

The **CDC's Division of Viral Hepatitis (DVH)** remains the lead agency combating viral hepatitis at the national level by providing important information and funding to the states. The division is currently funded at only \$39 million. This is nowhere near the nearly \$317 million CDC estimates is needed for a national viral hepatitis program focused on decreasing mortality and reducing the spread of the disease. We have the tools to prevent this growing epidemic, but only with significantly increased funding can there be an adequate level of testing, education, screening, treatment, surveillance, and on-the-ground syringe service programs needed to reduce new infections, and put the U.S. on the path to eliminate hepatitis as a public health threat.

We urge you to fund the CDC's Division of Viral Hepatitis at \$134 million in FY2020, an increase of \$95 million over FY2019.

CDC Opioid and Infectious Diseases Funding

In October, the President signed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act. It includes Sec. 7141 - **Eliminating Opioid Related Infectious Diseases**, a provision authorizing \$40 million a year over five years for the CDC to combat infectious diseases commonly associated with injection drug use in areas most impacted by the opioid crisis. This program would increase prevention, testing and linkage to care efforts to combat increasing new infections, such as HIV and viral hepatitis, which have increased in areas impacted by the opioid crisis. These services are urgently needed, and the authorized \$40 million would provide a critical down payment for services needed to help stop the spread of opioid-related infectious diseases.

We urge you to fund the authorized \$40 million for Sec. 7141 – Eliminating Opioid Related Infectious Diseases of the SUPPORT for Patients and Communities Act in FY2020. We urge that this funding be new resources, and that funding for other HIV/AIDS and related programs not be decreased.

CDC Division of Tuberculosis Elimination (DTBE)

CDC's domestic Tuberculosis program leads tuberculosis (TB) elimination in the U.S. and is a key federal partner in TB research and development through its TB Trials Consortium (TBTC), helping accelerate the global TB response. TB continues to be reported in every state in the U.S. every year. Flat funding has eroded TB program capacity against this airborne disease as evidenced by outbreaks across the country, stagnant rates of TB cases, and the rise of deadlier drug-resistant forms of TB. To enable the domestic TB program to pursue its core functions—including research for new tools and supporting domestic TB programs—as well as fulfill the National Action Plan to Combat Multidrug-Resistant Tuberculosis (NAP), increased funding is needed. This includes funding for a national prevention initiative prioritizing those

who are infected and are at highest risk for progressing to active disease, and additional resources to address ongoing infrastructural issues such as critical treatment shortages related to an unstable TB drug supply.

We urge you to fund the CDC Division of Tuberculosis Elimination at \$195.7 million in FY2020, an increase of \$53.5 million over FY2019.

Syringe Services Programs

The CDC has identified 220 counties in the United States vulnerable to HIV and HCV outbreaks as a result of injection drug use. However, over 93 percent of these counties do not have comprehensive syringe service programs. Recognizing the proven effectiveness of syringe service programs, federal funding of syringe exchange services, but not the actual purchase of syringes, is allowed in jurisdictions that are experiencing or at risk for a significant increase in hepatitis or HIV infections due to injection drug use.

We urge you to include appropriations language that removes all restrictions on federal funding for syringe service programs in those jurisdictions that are experiencing or at risk for a significant increase in HIV or hepatitis infections due to injection drug use.

Minority HIV/AIDS Initiative (MAI)

Racial and ethnic minorities in the U.S. are disproportionately impacted by HIV/AIDS. African Americans, more than any other racial/ethnic group, continue to bear the greatest burden of HIV in the U.S. Three out of four new HIV infections occur among people of color. While there have been consistent decreases in new HIV infections among certain populations, HIV infections are still increasing for gay and bisexual African American and Latino men, demonstrating that targeted investments in minority populations is still desperately needed.

Twenty years ago, The Minority AIDS Initiative was created to improve the HIV-related health outcomes for racial and ethnic minorities and reduce HIV-related health disparities. MAI resources supplement other federal HIV/AIDS funding and are designed to encourage collaboration between agencies, breaking down silos in order to increase capacity and target funding to programs that demonstrate effectiveness.

The **HHS Secretary's MAI Fund (SMAIF)** supports cross-agency demonstration initiatives to support HIV prevention, care and treatment, and outreach and education activities across the federal government. In FY 2016, SMAIF projects were conducted by more than 200 health departments, community based organizations, and community health centers across the country. **MAI programs at the Substance Abuse and Mental Health Administration** target specific populations and provide prevention, treatment, and recovery support services, along with HIV testing and linkage service when appropriate, for people at risk of mental illness and/or substance abuse.

We urge you fund SMAIF at \$105 million, and SAMHSA's MAI program at \$160 million in FY2020, an increase of \$51.1 million and \$44 million over FY2019 levels, respectively.

HIV/AIDS Research at the National Institutes of Health

AIDS research supported by the NIH is far reaching and has supported innovative basic science for better drug therapies, behavioral and biomedical prevention interventions, and has saved and improved the lives of millions around the world. We are thankful that the overall budget for the NIH has increased significantly over the past few fiscal years, though we remained concerned that those increases have not

translated into increases in HIV research, which has been effectively flat funded for almost a decade. The NIH Office of AIDS Research has identified \$450 million promising research priorities that remain unfunded, including in areas such as reducing incidence through vaccines, more effective treatments, cure research, addressing the relationship between HIV and aging, as well as HIV co-morbidities research across viral hepatitis, tuberculosis, cancer, etc. Without increases in HIV research funding, advances in these areas will be slowed or stopped in their tracks, and funding will be insufficient to continue to engage new young researchers who are critical to the future of HIV and research into other diseases. While HIV treatment and prevention are the primary beneficiaries of HIV research, advances in basic medicine funded through HIV research at NIH has led to new vaccines, treatments and medication for many other diseases such as cancer, Alzheimer's, kidney disease and tuberculosis.

Consistent with the most recent FY2019 Trans-NIH HIV/AIDS Professional Judgment Budget, we urge you to support funding HIV/AIDS research programs at the NIH at a total of \$3.45 billion in FY2020, an increase of \$405 million over FY2019.

HIV/AIDS Housing

Housing is the greatest unmet service need for people living with HIV. Housing is an essential element to ensure that people living with HIV can engage with medical services, and unstable housing significantly reduces the likelihood of a person living with HIV achieving viral suppression. The Department of Housing and Urban Development's **Housing Opportunities for People With AIDS (HOPWA)** program is the only federal program that expands access to safe and affordable housing for low-income people living with HIV. HOPWA is a proven, highly effective housing program, serving over 66,000 households, in which 80% are severely low income. HOPWA, however, only meets a fraction of the need, especially given that an estimated half of all people living with HIV in the U.S. will need some sort of housing assistance during the course of their illness. In 2015, Congress passed legislation to update the HOPWA formula, ensuring funds go to communities at most need. This update was necessary, however, some jurisdictions could lose significant resources if funding for HOPWA isn't increased to offset the impact of the formula change.

We urge you to fund the HOPWA program at \$410 million in FY2020, an increase of \$17 million over FY2019.

Sexual Health Programs

The **Teen Pregnancy Prevention Program**, through the Office of Adolescent Health, 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 it is vital that they receive age-appropriate and medically-accurate information. In its first five-year award cycle, TPPP served more than half a million young people; trained more than 7,000 professionals; and partnered with over 3,000 community-based organizations. The 84-funded entities in 33 states, DC, and the Marshall Islands currently serve nearly 300,000 young people each year through evidence-based and evidence-informed innovative strategies to support adolescent health.

We urge you to fund the Teen Pregnancy Prevention Program at \$130 million in FY2020, an increase of \$29 million over FY2019.

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. We are concerned that these

programs have received *increases* in funding over the past years, while showing no evidence of effectiveness, and waste too many tax dollars that could be spent elsewhere. 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 completely 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 FY2020, which would render a \$35 million savings based upon FY2019 funding levels.

The **Title X Family Planning** program funds our Nation’s family planning safety net. Sexual health services provided at Title X facilities are important tool in fighting the HIV and STD epidemics in the United States. Title X is the only dedicated federal family planning program, and it provides more than 4 million people with high-quality care—including contraceptive care, HIV and STD Screening, STD treatment, cancer screening, and sexual health education—each year.

We urge you to fund Title X at \$400.0 million in FY2020, an increase of \$113.5 million over FY2019.

Thank you for considering these requests. We hope your Fiscal Year 2020 Appropriations Bills demonstrate Congress’s commitment to fighting HIV/AIDS, and helps 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 Carl Schmid at CSchmid@theaidsinstitute.org, Emily McCloskey at emccloskey@nastad.org or Carl Baloney at cbaloney@aidsunited.org.

Sincerely,

AcadianaCares (LA)
ADAP Advocacy Association (DC)
ADAP Education Initiative (OH)
Affirmations Lesbian Gay Community Center (MI)
African American Health Alliance (MD)
African American Office of Gay Concerns (NJ)
AIDS Action Baltimore (MD)
AIDS Action Committee of Massachusetts (MA)
AIDS Alabama (AL)
AIDS Alabama South (AL)
AIDS Alliance for Women, Infants, Children, Youth & Families (DC)
AIDS Care (PA)
AIDS Community Research Initiative of America (NY)
AIDS Foundation of Chicago (IL)
AIDS Legal Council of Chicago (IL)
AIDS Legal Referral Panel (CA)
AIDS Project New Haven (CT)

AIDS Project of the East Bay (CA)
AIDS Resource Center of Wisconsin (WI)
AIDS Resource Council, Inc. (GA)
AIDS Services Foundation Orange County (CA)
AIDS United (DC)
AIDS/HIV Services Group (ASG) (VA)
AL GAMEA (MI)
Alliance for Positive Health (NY)
American Academy of HIV Medicine (DC)
American Liver Foundation (NY)
American Medical Student Association (VA)
American Psychological Association (DC)
American Run to End AIDS (AREA) (NY)
American Sexual Health Association (NC)
American Thoracic Society (DC)
amfAR, The Foundation for AIDS Research (NY)
Amida Care (NY)
APICHA Community Health Center (NY)
APLA Health (CA)

Asian & Pacific Islander American Health Forum (DC)
 Association of Nurses in AIDS Care (OH)
 AVAC (NY)
 Bailey House (NY)
 Baltimore Student Harm Reduction Coalition (MD)
 Bill's Kitchen, Inc. (PR)
 BOOM! HEALTH (NY)
 Borinquen Medical Centers (FL)
 Bronx Lebanon Family Practice (NY)
 Buddies for NJ, Inc. (NJ)
 CAEAR Coalition (DC)
 Callen-Lorde Community Health Center (NY)
 CANN - Community Access National Network (DC)
 Canticle Ministries, Inc. (IL)
 Cascade AIDS Project (OR)
 Center for Black Equity (DC)
 Center on Halsted (IL)
 CenterLink: The Community of LGBT Centers (FL)
 Chicago Recovery Alliance (IL)
 CHOW Project (HI)
 Cicatelli Associates Inc. (NY)
 Clare Housing (MN)
 Community AIDS Network, Inc. (FL)
 Community AIDS Resource and Education Services (CARES) (MI)
 Community Education Group (DC)
 Community Health of South Florida (FL)
 Community Research Initiative of New England, Inc. (MA)
 Community Servings (MA)
 cTp Community Health Inc. (MO)
 Dab the AIDS Bear Project (FL)
 DC Fights Back (DC)
 Delaware HIV Consortium (DE)
 Digestive Disease National Coalition (DC)
 EAC Network (NY)
 Elizabeth Glaser Pediatric AIDS Foundation (DC)
 End AIDS Now (NY)
 Equality California (CA)
 Equality Federation (OR)
 Equitas Health (OH)
 Food for Thought (CA)
 Georgia AIDS Coalition (GA)
 Georgia Equality (GA)
 Georgia Rural Urban Summit (GA)
 Grady Health System – Ponce de Leon Center (GA)
 Gregory House Programs (HI)
 Harlem United (NY)
 Harm Reduction Coalition (NY)
 Health Emergency Lifeline Programs (MI)
 HealthHIV (DC)
 Healthy Teen Network (MD)
 Heartland Cares (KY)
 Hep B United (DC)
 Hep Free Hawaii (HI)
 Hepatitis B Foundation (PA)
 Hepatitis C Allies of Philadelphia (PA)
 Heritage Health and Housing (NY)
 Hispanic Health Network (NY)
 HIV AIDS Alliance of Michigan (HAAM) (MI)
 HIV Dental Alliance (GA)
 HIV Medicine Association (VA)
 HIV Prevention Justice Alliance (IL)
 HIVRN Associates
 Hope and Health Center of Central Florida, Inc. (FL)
 Hope House of St. Croix Valley (MN)
 HopeSprings (MD)
 House of Blahnik, Inc. (PA)
 Housing Works (NY)
 Howard Brown Health (IL)
 HRA Wellness Center of New Britain (CT)
 Human Rights Campaign (DC)
 Hyacinth AIDS Foundation (NJ)
 iHealth (NY)
 International Association of Providers of AIDS Care (DC)
 Iris House (NY)
 Joseph H. Neal Wellness Center (SC)
 JustUS Health (MN)
 Lansing Area AIDS Network (MI)
 Latino Commission on AIDS (NY)
 Life We Live Youth Advocates Of Colors (TN)
 LifeLinc of Maryland (MD)
 Lifelong AIDS Alliance (WA)
 LLHC (Louisiana Latino Health Coalition for HIV/AIDS Awareness) (LA)
 Los Angeles LGBT Center (CA)
 Loving Arms For Families, Inc. (CA)
 Mayfaire (FL)
 Medical IMPACT

Mendocino County AIDS/Viral Hepatitis Network (CA)
Mercy Health McClees Clinic (MI)
Metropolitan Area Neighborhood Nutrition Alliance (MANNA) (PA)
Metropolitan Community Churches (FL)
Metropolitan Latino AIDS Coalition (MLAC) (DC)
Michigan Coalition for HIV Health and Safety (MI)
Minnesota AIDS Project (MN)
Miracle of Love, Inc. (FL)
Moveable Feast (MD)
Multicultural AIDS Coalition (MA)
NASTAD (DC)
National AIDS Housing Coalition (DC)
National Alliance of HIV Education and Workforce Development (NAHEWD) (DC)
National Association of County and City Health Officials (DC)
National Black Gay Men's Advocacy Coalition (NBGMAC) (DC)
National Black Justice Coalition (DC)
National Black Women's HIV/AIDS Network
National Coalition for LGBT Health (DC)
National Coalition of STD Directors (DC)
National Family Planning and Reproductive Health Association (DC)
National Gay and Lesbian Task Force Action Fund (DC)
National Latino AIDS Action Network (NLAAN) (NY)
National Native American AIDS Prevention Center (CO)
National Partnership for Women & Families (DC)
National Transgender Law Center (CA)
National Tuberculosis Controllers Association (GA)
National Working Positive Coalition (NY)
NMAC (DC)
North Carolina AIDS Action Network (NC)
North Central Health District - Hope Center (GA)
North Central Texas HIV Planning Council (TX)
Open Door Clinic of Greater Elgin (IL)
Pediatric AIDS Chicago Prevention Initiative (IL)
PFLAG National (DC)
Pierce County AIDS Foundation (WA)
Planned Parenthood Federation of America (DC)

Positive Impact Health Centers (GA)
Positive Women's Network - USA (CA)
Positively U, Inc. (FL)
POZ Military Veterans USA International (GA)
Presbyterian AIDS Network (DC)
Prevention On The Move/ Steward Marchman Act Behavioral Healthcare (FL)
Pride at Work (DC)
Project Inform (CA)
PWN-USA-Ohio (OH)
Racial and Ethnic Health Disparities Coalition (MD)
Rainbow Health Initiative (MN)
Rocky Mountain CARES (CO)
Rural AIDS Action Network (MN)
Ryan White Medical Providers Coalition (DC)
Saint Louis Effort for AIDS (MO)
San Francisco AIDS Foundation (CA)
San Francisco Community Health Center (CA)
Seattle TGA HIV Planning Council (WA)
Sexuality Information and Education Council of the U.S. (SIECUS) (DC)
Shanti (CA)
Shelter Resources - Bele Reve (LA)
Sierra Foothills AIDS Foundation (CA)
SisterLove, Inc. (GA)
Southern HIV/AIDS Strategy Initiative (NC)
Southwest Louisiana AIDS Council (LA)
START at Westminster (DC)
Tennessee Association Of People With AIDS (TN)
Test Positive Aware Network (IL)
The AIDS Health Education Foundation, Inc. (FL)
The AIDS Institute (DC & FL)
The Center for Black Equality - Baltimore (MD)
The Global Justice Institute (NY)
The Grand Rapids Red Project (MI)
The HIV/AIDS Prevention and Planning Group of St. Lucie County (FL)
The Promises Project (AL)
The Women's Collective (DC)
Thomas Judd Care Center (MI)
Thrive Alabama (AL)
Ti-chee Native Health Service Agency (WA)
TOUCH-Together Our Unity Can Heal, Inc. (NY)
TransSOCIAL, Inc. (FL)
Treatment Action Group (TAG) (NY)
Trillium Health (NY)

True Colors Fund (DC)
UNIFIED-HIV Health and Beyond (MI)
University of Minnesota Youth and AIDS Project
(MN)
Urban Coalition for HIV/AIDS Prevention
Services (UCHAPS) (DC)
VillageCare (NY)
Volunteers of America Greater Baton Rouge
(LA)

Washington Heights CORNER Project (NY)
We Are TB (NJ)
Wellness AIDS Service, Inc. (MI)
Whitman-Walker Health (DC)
Williams & Associates, Inc. (MO)
Women at Work International
Women With a Vision, Inc. (LA)

