



March 23, 2026

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 2051

Subject: HIV Community Funding Requests for FY2027 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 118 undersigned organizations write to urge you to maintain and meaningfully increase critical federal funding for domestic HIV/AIDS programs in FY2027.

We are at a defining crossroads in the fight to end the HIV epidemic. The scientific and biomedical tools to reduce new infections, connect people to life-saving care, and support communities most impacted by HIV exist and have been proven effective. What is needed is the sustained political will and federal investment to deploy them at the scale required. As Congress crafts the FY2027 appropriations bills, we ask that you demonstrate that commitment by protecting and building upon the investments made in prior years.

We remain deeply concerned about the disruptions to HIV programs that have occurred in the last year, including the arbitrary termination of grants and contracts, the elimination of key program staff, and threats to funding streams that flow directly to your states and districts. These disruptions have had real consequences for real people. As you craft the FY2027 bills, we urge you to provide clear direction to the Administration regarding your intent for these programs, and to vigorously oppose any rescissions or administrative actions that would undermine them.

The evidence is unambiguous: people with HIV who achieve and maintain viral suppression through treatment cannot transmit the virus. Linking people to care and expanding access to prevention tools, including pre-exposure prophylaxis (PrEP) are the cornerstones of ending this epidemic. But those tools only work when they reach the communities that need them most — and that requires consistent, robust federal funding. We thank you for level funding almost all domestic HIV programs in FY2026, particularly given the difficult fiscal environment and the Administration's proposals to eliminate many of them entirely. However, flat funding is not progress — inflation erodes purchasing power each year, meaning programs effectively serve

fewer people with each passing cycle. We urge you to build on that baseline in FY2027 with the meaningful increases outlined below.

Below are detailed domestic HIV and related programs funding requests that we urge you to include in the FY2027 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

Congress has, on a bipartisan basis, invested in the Ending the HIV Epidemic (EHE) Initiative since its launch, a program originally championed by President Trump, to reduce new HIV infections by 90% by 2030. That investment is working. The 57 EHE jurisdictions where the majority of new HIV infections occur have experienced a 21% decline in new infections since 2017, compared to only 6% in non-EHE jurisdictions. Community Health Centers have provided over 66,000 people with PrEP and conducted 2.5 million HIV tests. The Ryan White Program has brought 41,000 people living with HIV into or back into care. The CDC has tested over one million people, distributed 600,000 at-home HIV tests, helped diagnose 4,600 individuals, and connected 61,000 people to PrEP services. Indian Health Service EHE-supported sites have performed more than 20,000 HIV tests. These are not abstract statistics; they represent lives saved, transmissions prevented, and communities strengthened.

We ask Congress to fund the Ending the HIV Epidemic Initiative in the amounts listed below in the following operating divisions in FY2027:

- **\$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 more than three decades, the Ryan White HIV/AIDS Program has served as a critical safety net for low-income, uninsured, and underinsured people living with HIV. The program currently serves over 600,000 clients — more than half of all people diagnosed with HIV in the United States — providing not only life-saving medications but the comprehensive wrap-around services essential to keeping people healthy and in care. Nearly half of Ryan White clients are 50 years of age or older, underscoring the program's enduring importance as the population of people living with HIV ages.

Ryan White's effectiveness is measurable: 91% of clients achieve viral suppression, meaning they live longer, healthier lives and cannot transmit HIV to others. Yet the program's purchasing power has eroded significantly, with funding failing to keep pace with inflation since 2001 and declining in real dollars since 2013. Demand continues to grow. A meaningful increase in FY2027 is necessary to protect access to care and meet the needs of an expanding client population.

The AIDS Drug Assistance Program (ADAP), funded through Ryan White Part B, faces an acute funding crisis in FY2027. Federal ADAP funding has been flat since FY2013, yet enrollment has grown 10% since 2022 and now

serves over 250,000 clients. In that same period, prescription drug costs have risen 17.4%, insurance premiums 12.1%, and cost-sharing expenditures 14.7%. Seventeen ADAPs already have or forecast budget deficits, and five states have reduced eligibility levels, cutting thousands of clients off from life-saving medications. These pressures will intensify in FY2027 as the expiration of Enhanced Premium Tax Credits drives up insurance costs and expected Medicaid disenrollments under H.R. 1 push more individuals onto ADAP rolls. Of the \$175 increase for ADAPs, we request that \$75 million of the increase be allocated through the ADAP base funding awards and \$100 million be allocated to the ADAP Emergency Relief Funding.

We urge Congress to fund the Ryan White HIV/AIDS Program at a total of \$3.024 billion in FY2027, an increase of \$559.4 million over FY2026, distributed in the following manner:

- ***Part A: \$751.4 million***
- ***Part B (Care): \$520 million***
- ***Part B (ADAP): \$1.075 billion***
- ***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, yet HIV does not impact all communities equally. In 2023, there were 39,000 new HIV diagnoses in the United States, with just over half occurring in the South. Tailored, community-driven prevention approaches are essential to addressing these disparities, and the CDC's **Division of HIV Prevention** provides the backbone for that work, supporting state, local, and territorial health departments and their community partners in delivering testing, linkage to care, PrEP and PEP access, partner services, surveillance, and rapid outbreak response.

The results of this investment are measurable. In 2022, CDC HIV prevention funding supported 1.75 million HIV tests and referred 113,309 people to PrEP services. States with the most PrEP uptake saw a 38% decrease in HIV diagnoses from 2012 to 2022. Between 2022 and 2024, CDC-funded health departments detected and contained 404 HIV outbreaks. And between 2017 and 2022, HIV prevention efforts averted approximately 9,000 transmissions, saving an estimated \$5 to \$10 billion in lifetime healthcare costs. Every new HIV transmission carries an estimated \$1.1 million in lifetime medical costs, making investment in prevention one of the most fiscally responsible choices Congress can make.

Any cut to the Division of HIV Prevention would immediately curtail testing, PrEP, and PEP navigation, surveillance, and outbreak response. Independent analyses show that a 50% cut to CDC prevention funding could cause approximately 75,000 additional infections and 7,500 additional deaths by 2030. States cannot fill these gaps on their own; the vast majority of DHP funding flows directly to health departments and community partners, and state balanced-budget requirements limit their ability to replace lost federal dollars.

We urge you to fund the CDC Division of HIV Prevention at \$822.7 million in FY2027, an increase of \$67 million over FY2026. This is in addition to the \$395 million for EHE Initiative work within the Division.

PrEP

PrEP is one of the most powerful tools in our HIV prevention arsenal — when taken as directed, it is highly effective at preventing HIV acquisition. Yet today, only about two in five people who could benefit from PrEP have access to it. That gap is both a public health failure and an economic one: each new HIV infection carries an estimated \$500,000 in lifetime medical costs, and the U.S. incurs an estimated \$16 billion annually in

lifetime costs from new infections. By contrast, PrEP can be prescribed for as little as \$26 per month per person.

EHE-funded PrEP access has contributed significantly to the 21% reduction in new HIV infections in EHE jurisdictions — 3.5 times better than the national average. As new long-acting PrEP formulations become available, demand and opportunity will only grow. We urge the Committee to support FY2027 funding to advance a National PrEP Program and expand PrEP access through all available pathways, including the EHE Initiative.

CDC Division of Adolescent and School Health (DASH)

Young people between the ages of 13 and 24 account for 20% of new HIV infections in the United States, yet fewer than half of high schools and less than one-fifth of middle schools teach the sexual health topics CDC recommends. The **CDC's Division of Adolescent and School Health** funds schools to increase access to health services, deliver evidence-based health education, and create supportive learning environments for young people. These investments have demonstrated measurable success in reducing HIV and STI risk factors. Sustaining and growing this program is essential to reaching young people in every state.

We urge you to fund the CDC Division of Adolescent and School Health at \$100 million in FY2027, an increase of \$61.9 million over FY2026.

CDC STD Prevention

STI rates in the United States remain at historic highs. Syphilis has reached levels not seen since 1950, and congenital syphilis rates have increased tenfold in the past decade. New STI cases generate more than a billion dollars in direct lifetime medical costs each year, and untreated infections carry serious health consequences, including cervical cancer, ectopic pregnancy, pelvic inflammatory disease, birth defects, infertility, and increased risk of acquiring and transmitting HIV.

Adequate federal investment in the **CDC's Division of STD Prevention** is essential to build state and local capacity to monitor STI trends, accelerate disease intervention, and respond rapidly to emerging outbreaks.

We urge you to fund the CDC Division of STD Prevention at \$322.5 million in FY2027, an increase of \$158.2 million over FY2026.

CDC Viral Hepatitis Prevention

Despite effective prevention and treatment options, viral hepatitis remains severely underfunded relative to its disease burden. Of the nearly 5 million Americans living with hepatitis B and the 2.4 million living with hepatitis C, as many as 65% are undiagnosed. Left untreated, both diseases lead to liver cancer, liver failure, and the need for liver transplants — procedures estimated at over \$800,000 each. Approximately 1,500 liver transplants occur annually due to hepatitis C alone, representing \$1.2 billion in avoidable medical costs. The **CDC's Division of Viral Hepatitis (DVH)** leads the national response to viral hepatitis, coordinating education and technical assistance for providers and directing funding to state and local health departments. Current DVH funding of approximately \$43 million is wholly inadequate to reverse the worsening hepatitis B and C epidemics. Meaningful investment in FY2027 is urgently needed.

We urge you to fund the CDC DVH Division of Viral Hepatitis at \$150 million in FY2027, an increase of \$107 million over FY2026.

CDC Infectious Diseases and Opioid Epidemic Funding

Sustained and increased federal funding for the CDC to address infectious diseases linked to injection drug use is essential to building on recent progress. Drug overdose deaths have declined significantly in recent years,

falling from approximately 110,000 in 2023 to an estimated 79,000 in 2024, a nearly 27% drop. This progress reflects the impact of investment in harm reduction and prevention programs, and continued investment is critical to sustaining and accelerating these gains. Syringe Services Programs (SSPs) have been central to this success. SSPs distribute naloxone, connect participants to medical care, and substantially increase the likelihood that individuals will enter substance use treatment. Research shows new SSP participants are five times more likely to seek treatment and significantly reduce their drug use. SSPs also play a critical role in curbing the spread of HIV and viral hepatitis. Increased federal investment will allow communities to expand these proven programs, reach more people, and continue driving down overdose deaths and new infections.

We urge you to fund the CDC's Infectious Diseases and Opioid Epidemic program in FY2027 at \$150 million, an increase of \$127 million over FY2026.

Syringe Service Program Language

Syringe service programs have a proven track record of reducing HIV and hepatitis transmission and decreasing overdose deaths. Current policy, however, prohibits the use of federal funds to purchase sterile syringes. We urge you to remove policy riders that prevent SSPs from purchasing syringes with federal funding, enabling these programs to more fully serve people at the intersection of HIV, hepatitis, and substance 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 FY2026.

CDC Division of Tuberculosis Elimination (DTBE)

TB cases persist in every state, and approximately 13 million Americans carry latent TB infections. In 2024, programs reported 10,347 TB cases — the highest case count in over a decade — with increases among both U.S.-born and non-U.S.-born persons and in 34 states and the District of Columbia. Pandemic-related delays in diagnosis have compounded the problem, producing more complex cases and contributing to infant fatalities. In 2021, TB-related deaths reached a 16-year high. The **CDC's Division of Tuberculosis Elimination (DTBE)** provides essential support and guidance to state and local TB programs. Adequate funding for DTBE is critical to advancing the National Action Plan to Combat Multidrug-Resistant Tuberculosis, supporting domestic TB programs, prioritizing high-risk individuals for prevention, and addressing persistent infrastructure challenges.

We urge you to fund the CDC Division of Tuberculosis Elimination at \$225 million in FY2027, an increase of \$88 million over FY2026.

HIV/AIDS Housing

Stable housing is the number one unmet need for people living with HIV, and two out of five who need housing assistance do not receive it. The Department of Housing and Urban Development's **Housing Opportunities for People With AIDS (HOPWA)** program is the only dedicated federal program providing supportive and affordable housing to low-income people living with HIV, currently serving 55,000 households and over 100,000 individuals. A 2024 HUD-CDC joint study found that supportive housing was associated with a 41% reduction in emergency room visits and a 23% reduction in detectable viral loads, directly preventing HIV transmission. Each new HIV infection carries a lifetime medical cost of at least \$500,000, making HOPWA one of the most cost-effective investments Congress can make. The requested funding level is also necessary as the hold-harmless provisions protecting jurisdictions from losses under the new HOPWA formula have expired, and \$600 million ensures no current residents lose access to supportive housing.

We urge you to fund the HOPWA program at \$600 million in FY2026, an increase of \$71 million over FY2026.

Minority HIV/AIDS Initiative (MAI)

Racial and ethnic minorities in the United States bear a profoundly disproportionate burden of HIV. Three-quarters of new HIV infections occur among people of color. Rates of new infections are not declining among Black and Latinx gay and bisexual men or transgender women of color. Closing these persistent disparities requires meaningful investments that fund programs that have been shown to have a direct impact on HIV racial and ethnic health disparities.

The **Minority AIDS Initiative (MAI)**, established over two decades ago, was designed specifically to improve HIV health outcomes for racial and ethnic minorities and reduce disparities across the spectrum of HIV prevention and care. MAI resources complement core federal HIV funding by fostering cross-agency collaboration and targeting populations with the highest unmet need. The **Minority HIV/AIDS Fund** supports comprehensive cross-agency initiatives in prevention, care, treatment, and education, while **SAMHSA's MAI program** provides tailored services, including prevention, treatment, and support for individuals at risk of mental illness or substance use, 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 FY2027, an increase of \$49 million and \$40.7 million over FY2026 levels, respectively. We also urge you to fund Minority AIDS Initiative programs across HHS agencies at \$610 million in FY2027.

HIV/AIDS Research at the National Institutes of Health

Federal investment in HIV research through the National Institutes of Health (NIH) has driven breakthroughs in prevention, treatment, and care over the past four decades. The NIH Office of AIDS Research's [FY 2026 Professional Judgment Budget](#) highlights critical opportunities to advance HIV science, including developing new prevention tools such as vaccines and antibody-based strategies, improving treatments, and accelerating research toward a cure. Continued investment is also essential to better understand HIV pathogenesis, address co-occurring conditions such as aging and co-infections, and translate scientific discoveries into real-world interventions that reduce new infections and improve health outcomes.

NIH HIV research also plays a critical role in ensuring that effective prevention and treatment strategies reach communities most impacted by the epidemic. Importantly, advances driven by HIV research have also transformed broader medical science, contributing to breakthroughs in areas such as immunology, vaccine development, cancer therapies, and treatments for other infectious diseases. Investments in implementation science, research infrastructure, and the next generation of HIV researchers will help sustain progress toward ending the HIV epidemic while producing scientific advances that benefit many other areas of medicine.

We urge you to fund HIV/AIDS research at the NIH at \$3.953 billion for FY2027. This request is based on the FY2026 NIH HIV/AIDS Professional Judgment Budget.

Bio-Preparedness Workforce Pilot Program

An estimated 80% of counties in 14 Southern states have no experienced HIV clinicians. The shortage is most acute in rural areas and among federally designated health professional shortage areas. This workforce gap directly undermines our ability to reach the communities most in need. We urge your committee to fund the **Bio-Preparedness Workforce Pilot Program** within HRSA, which would ensure a trained and adequate workforce of healthcare professionals is available to deliver infectious disease and HIV services in underserved communities.

We urge you to fund the Bio-Preparedness Workforce Pilot Program at \$5 million in FY 2027.

Sexual Health Programs

The **Teen Pregnancy Prevention Program** equips young people with evidence-informed, medically accurate information to prevent unintended pregnancies, HIV, and other sexually transmitted diseases. Young people are disproportionately affected by both HIV and STDs, making age-appropriate comprehensive sexual health education a critical component of any national strategy to reduce these epidemics.

We urge you to fund the Teen Pregnancy Prevention Program at \$150.0 million in FY2027, an increase of \$49 million over FY2026.

Despite decades of evidence demonstrating that **"sexual risk avoidance" abstinence-only programs** fail to achieve their stated goal, more than \$2 billion has been spent on these programs since 1982. These programs withhold medically accurate and potentially lifesaving information, reinforce harmful gender stereotypes, frequently stigmatize and marginalize LGBTQIA+ youth, and shame 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 FY2027, which would render a \$35 million savings.

The **Title X program** is the nation's only dedicated federal family planning program and an indispensable tool in reducing HIV and STD transmission. Title X-funded health centers serve millions of people annually — providing contraceptive care, HIV and STD screening and treatment, cancer screening, and sexual health education. These centers serve as a critical lifeline for low-income women, particularly women of color, who might otherwise have no access to these services.

We urge you to fund Title X at \$512 million in FY2027, an increase of \$225.5 million over FY2026.

SAMHSA HIV Block Grant

We urge you to include language in the FY2027 appropriations bills that would modernize the criteria by which states qualify for the HIV set-aside of the Substance Abuse Block Grant (SABG). The current eligibility threshold is based on the outdated measure of AIDS cases. It should instead be updated to reflect current HIV case counts in each state, ensuring that resources reach the communities with the greatest present need.

Thank you for your consideration of these requests and for your continued leadership in support of domestic HIV/AIDS programs. The organizations undersigned represent patients, providers, advocates, and communities across the United States who are counting on Congress to act. We urge you to ensure that the FY2027 appropriations bills reflect Congress's enduring commitment to ending the HIV epidemic and to the health and well-being of all Americans.

Should you have any questions, please contact the ABAC co-chairs Nick Armstrong at narmstrong@tmail.org, Drew Gibson at dgibson@aidsunited.org, Omar Martínez González at omartinezgonzalez@aidschicago.org, Kendall Martinez-Wright at kendall.martinez.wright@treatmentactiongroup.org, or Carl Schmid at cschmid@hivhep.org.

Sincerely,

ACR Health (NY)

Act Now End AIDS (ANEA) Coalition (SC)

Advocacy House Services, Inc. (NC)	CAEAR Coalition (DC)
Advocates for Youth (DC)	CARES of Southwest Michigan (MI)
Agape Missions, NFP (IL)	Cascade AIDS Project (OR)
AIDS Action Baltimore (MD)	CenterLink (National)
AIDS Alabama (AL)	Chicago House and Social Service Agency (IL)
AIDS Alabama South (AL)	Colorado Organizations and Individuals Responding to HIV/AIDS (CORA) (CO)
AIDS Alliance for Women, Infants, Children, Youth & Families (DC)	Community Liver Alliance (PA)
AIDS Foundation Chicago (IL)	Community Resource Initiative (MA)
AIDS Treatment Activists Coalition (NY)	Drug Policy Alliance (NY)
AIDS United (DC)	Elizabeth Glaser Pediatric AIDS Foundation (DC)
Aliveness Project (MN)	Empower HIV Health (FL)
Alliance Care 360 (IL)	Equality California (CA)
Alliance for Positive Change (NY)	Equitas Health (OH)
American Academy of HIV Medicine (DC)	Erie Family Health Centers (IL)
American Psychological Association (DC)	Family Centers Inc. (CT)
American Sexual Health Association (NC)	Fatty Liver Foundation (ID)
amfAR (NY)	Five Horizons Health Services (AL, MS)
Amida Care (NY)	Food for Thought (CA)
APLA Health (CA)	Georgia AIDS Coalition (GA)
Appalachian Learning Initiative Inc. (WV)	Georgia Equality (GA)
Argus Community, Inc. (NY)	Grace House, Inc (MS)
Arianna's Center (FL, PR)	Harlem United (NY)
Association of Nurses in AIDS Care (OH)	HealthHIV (DC)
AVAC (NY)	Heartland Alliance Health (IL)
Black AIDS Institute (GA)	HEP (WA)
BOOM!Health (NY)	HIV + Hepatitis Policy Institute (DC)

HIV AIDS Alliance of Michigan (MI)	National Family Planning & Reproductive Health Association (DC)
HIV Dental Alliance (GA)	National Tuberculosis Coalition of America (GA)
HIV Medicine Association (VA)	National Viral Hepatitis Roundtable (WA)
Hope and Help Center of Central Florida, Inc. (FL)	National Working Positive Coalition (NY)
Hope House of St. Croix Valley (MN)	NMAC (DC)
Housing Works (NY)	Open Door Health Center of Illinois (IL)
Human Rights Campaign (DC)	Poderosos (TX)
Hyacinth Foundation (NJ)	Positive Impact Health Centers (GA)
iHealth (NY)	Positive Women's Network-Ohio (OH)
In Our Own Voice: National Black Women's Reproductive Justice Agenda (DC)	Positive Women's Network-USA (CA)
Indiana Recovery Alliance (IN)	PrEP4All (NY)
International Association of Providers of AIDS Care (DC)	Proactive Community Services (IL)
Korean Community Services of Metropolitan New York (NY)	Project Vida (IL)
Lansing Area AIDS Network (MI)	Reproductive Health Access Project (NY)
Latino Commission on AIDS (NY)	Ribbon-A Center for Excellence (MD)
Legal Council for Health Justice (IL)	Rural AIDS Action Network (MN)
Life is Work (IL)	Ryan White Medical Providers Coalition (VA)
Medical Students for Choice (PA)	San Francisco AIDS Foundation (CA)
Michael Reese Research and Education Foundation (IL)	San Francisco Community Health Center (CA)
NASTAD (DC)	SIECUS: Sex Ed for Social Change (National)
National Association of County and City Health Officials (DC)	Silver State Equality (NV)
National Black Gay Men's Advocacy Coalition (DC)	Sinai Infectious Disease Center (IL)
National Black Women's HIV/AIDS Network (SC)	SisterLove, Inc. (GA)
National Coalition of STD Directors (DC)	Southern AIDS Coalition (TX)
	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)

Transcanwork (CA)

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, IL, MI, MO, TX, WI)

Wellness AIDS Services, Inc. (MI)