



October 24, 2024

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 Patty Murray  
Chair  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

The Honorable Susan Collins  
Vice Chair  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

**Subject: Final HIV Community Funding Requests for FY2025 Domestic HIV Programs**

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

We, the undersigned 120 organizations of the AIDS Budget and Appropriations Coalition (ABAC), a workgroup of the Federal AIDS Policy Partnership (FAPP), write to stress the importance of maintaining and increasing funding for domestic HIV, hepatitis, STI, TB, and related programs in the final FY 2025 appropriations. While ABAC continues to advocate for our original FY 2025 funding requests, ***we urgently ask that you reject the House's proposed \$712 million cuts to domestic HIV programs and support, at minimum, the levels mainly proposed by the Senate to sustain these essential programs.***

We believe we have the tools, science, and bipartisan support needed to end the HIV epidemic by 2030. A syndemic approach is crucial, as the risk factors tied to hepatitis, STIs, TB, and drug use are interconnected. Cutting funding will not only halt progress but could reverse gains made over the past decade.

***For a chart outlining proposed funding levels and ABAC's original FY 2025 requests, please visit:*** <http://federalaidspolicy.org/fy-abac-chart/>. You can also refer to our previous letter to Congress, signed by 121 organizations: <https://federalaidspolicy.org/abac-documents-fy2025/>

**Ending the HIV Epidemic Initiative**

The ***Ending the HIV Epidemic Initiative (EHE)*** was announced by then-President Trump as part of his 2019 State of the Union Address, where he said that the EHE would “eradicate AIDS in America once and for all.” Over the past four fiscal years, Congress has provided resources to 57 jurisdictions across the U.S. where the majority of new HIV infections occur. EHE has seen early successes despite challenges posed by the COVID-19 pandemic. Federal EHE funding has:

- Provided 66,000 people with PrEP in 411 centers through HRSA Health Center EHE funding in 2023;
- Conducted 2.45 million HIV tests through HRSA Health Center EHE funding in 2023;
- Brought 22,001 people living with HIV into care and re-engaged 19,204 others in care through Ryan White EHE funding in 2022 (nearly double the number of new or re-engaged clients in 2020);
- Conducted 483 EHE-funded trainings in the Ryan White Part F AIDS Education and Training Center in one year;
- Provided over 61,000 people with pre-exposure prophylaxis (PrEP) through CDC EHE funding in 2021-23;
- Conducted over 1 million HIV tests, distributed over 600,000 at-home HIV self-tests, and diagnosed 4,600 people through CDC EHE funding in 2021-23.

**Importantly, since 2017 there was a 21% decrease in new HIV infections in the 57 priority EHE jurisdictions. This is compared to an only 6% decrease in new HIV infections during that same time period in non-EHE jurisdictions.**

**While current funding levels fall short of what is needed, we urge Congress to fund the EHE Initiative at the following levels:**

- **\$220 million for the CDC Division of HIV Prevention for testing, care linkage, and PrEP services;**
- **\$165 million for HRSA Ryan White HIV/AIDS Program for comprehensive treatment;**
- **\$157.3 million for HRSA Community Health Centers to expand PrEP access;**
- **\$5 million for the Indian Health Service to address HIV and hepatitis C in Native populations;**
- **\$26 million for NIH Centers for AIDS Research for research on prevention and treatment strategies.**

### **The Ryan White HIV/AIDS Program**

The Ryan White HIV/AIDS Program remains a critical safety net, serving over half of people living with HIV in the U.S. Despite its expanding caseload, funding has barely increased in the past decade. The program helps to ensure more equitable access to life-saving health care for some of the most underserved populations and communities in our nation, including the growing population of people aging with HIV. **We ask Congress to fund the Ryan White Program *at least* at the Senate's proposed \$2.571 billion and reject the House proposal to eliminate all EHE funding and the Special Programs of National Significance, ensuring equitable access to life-saving care, especially in states without Medicaid expansion.**

**We urge Congress to fund the Ryan White HIV/AIDS Program *at least* at the following levels:**

- |                                  |                                   |
|----------------------------------|-----------------------------------|
| ● Part A: \$680.8 million        | ● Part F/AETC: \$34.9 million     |
| ● Part B (Care): \$464.6 million | ● Part F/Dental: \$13.6 million   |
| ● Part B (ADAP): \$900.3 million | ● Part F/SPNS: \$25.0 million     |
| ● Part C: \$209.0 million        | ● EHE Initiative: \$165.0 million |
| ● Part D: \$77.9 million         |                                   |

### **Centers for Disease Control and Prevention**

**We urge Congress to fund the CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention *at least* at \$1.394 billion as proposed mainly by the Senate.** The tools available to prevent HIV have never been stronger, yet there must be enough funding available to get those tools to the communities most impacted by HIV, including the equitable expansion of PrEP. As progress is being made to prevent new HIV infections, rates

of viral hepatitis, STIs, and TB remain alarmingly high. The National Center's work is vital in preventing the spread of these infectious diseases, especially among populations most impacted.

**We urge Congress to fund the National Center for HIV, Viral Hepatitis, STD, and TB Prevention *at least* at the following levels, which were mainly proposed by the Senate:**

- **\$1.014 billion for the Division of HIV Prevention, with \$755.6 million for HIV prevention, \$38.1 million for the Division of Adolescent and School Health, and \$220.0 million for EHE Initiative Activities;**
- **\$53.0 million for the Division of Viral Hepatitis; [Note: In this instance, the House level is higher than the Senate and we urge conferees to support this higher number.]**
- **\$176.3 million for STD prevention; and reject the House proposed cut of \$10 million.**
- **\$138.0 million for TB elimination; and,**
- **\$29.1 million for Infectious Diseases and Opioid Epidemic programs. [Note: In this instance, the House level is higher than the Senate and we urge conferees to support this higher number.]**

We also urge the Committee to remove the ban on the use of federal funding for the purchase of sterile syringes, as proposed by both chambers. This funding ban negatively impacts the ability of state and local public health groups to expand Syringe Service Programs (SSPs), which are a key tool in combating infectious diseases and overdose deaths, as well as connecting people to substance use treatment, HIV and hepatitis testing, and other supportive services.

#### **Housing Opportunities for Persons With AIDS (HOPWA)**

Housing is the number one unmet need for people living with HIV and 2 out of 5 PLWHA who need housing assistance do not receive it. HOPWA is a highly effective housing program, providing housing to 50,000 households and supportive services to over 100,000 individuals. However, there is only enough HOPWA funding to house PLWHA who need housing for 1.24 months, per person, per year.

**We urge Congress to fund HOPWA *at least* at \$524 million, an increase of \$19 million, as proposed by the Senate.**

#### **Minority HIV/AIDS Initiative (MAI)**

Racial and ethnic minorities in the U.S. are disproportionately impacted by HIV/AIDS. Our coalition believes that the end of the HIV epidemic will rely on breaking down racist barriers to accessing healthcare. The Minority AIDS Initiative is an important tool that works to improve HIV-related health outcomes for racial and ethnic minorities and reduce HIV-related health disparities. The Minority HIV/AIDS Fund supports cross-agency demonstration initiatives to support HIV prevention, care and treatment, and outreach and education activities across the federal government. 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 Congress to fund the Minority HIV/AIDS Fund *at least* at \$60 million, and SAMHSA's MAI program *at least* at \$119.3 million, as proposed by the Senate, and reject the House proposed cut of \$15 million for MHAF and the total elimination of the SAMHSA's MAI program.**

#### **HIV/AIDS Research**

**We urge you to fund the National Institutes of Health's HIV/AIDS research work *at least* at the FY2024 level of \$3.294 billion.** This research has been critical in developing innovative and effective tools for combating HIV, as well as furthering research to find a vaccine or cure for HIV. Additionally, 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 Congress to fund the HIV/AIDS research at the NIH *at least* at the FY2024 level of \$3.294 billion in FY 2025.**

### **Sexual Health Programs**

We also urge you to protect funding for the Title X family planning program, which provides critical HIV and STI testing and counseling for millions of low-income people, especially people of color, as well as the Teen Pregnancy Prevention Program, which provides evidence-informed or evidence-based information to prevent unintended pregnancies, HIV, and other STDs.

**We urge Congress to fund Title X *at least* at \$286.5 million and the Teen Pregnancy Prevention Program *at least* at \$101 million, as proposed by the Senate. We also urge Congress to eliminate funding for ineffective and wasteful abstinence-only programs in FY 2025.**

We recognize that the Fiscal Responsibility Act has set discretionary spending caps, and we appreciate the Senate's effort to maintain level funding while adhering to these constraints. The proposed House cuts would significantly harm HIV programs, and we urge you to adopt a final FY 2025 appropriations bill that mirrors the Senate's overall recommendations.

Additionally, we urge you to work diligently to finalize FY 2025 appropriations before the end of the 118<sup>th</sup> Congress. Fiscal Year 2024 appropriations were not signed into law until almost halfway through the fiscal year. Constantly delaying finalization of appropriations bills puts an enormous burden on health departments, community-based organizations, and others working to end HIV who receive funding through federal sources. Programs like these need more certainty about when and how much money will be available for their programs so that they can plan accordingly and ensure that there is enough time to get the money into communities. While the beginning of FY 2025 has already begun, we hope that you can work in a bipartisan manner to ensure that final appropriations bills are signed into law before the end of the year so that public health programming is not impacted by Congress's inability to pass appropriations bills.

We thank you for your continued leadership in ending the HIV epidemic. Should you have any questions, please contact the ABAC co-chairs Nick Armstrong at [narmstrong@taimail.org](mailto:narmstrong@taimail.org), Drew Gibson at [dgibson@aidsunited.org](mailto:dgibson@aidsunited.org), Emily Schreiber at [eschreiber@nastad.org](mailto:eschreiber@nastad.org), or Carl Schmid at [cshmid@hivhep.org](mailto:cshmid@hivhep.org).

Sincerely,

ACR Health (NY)

Act Now End AIDS (ANEA) Coalition (SC)

ADAP Advocacy (NC)

Advocacy House Services, Inc. (NC)

Advocates for Youth (DC)

Agape Missions, NFP (IL)

AIDS Action Baltimore (MD)

AIDS Alabama (AL)

AIDS Alabama South (AL)

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

AIDS Foundation Chicago (IL)

AIDS Treatment Activists Coalition (NY)

AIDS United (DC)

Alliance Care 360 (IL)

Alliance for Positive Change (NY)

Aliveness Project (MN)

American Academy of HIV Medicine (DC)

American Psychological Association (DC)

American Sexual Health Association (NC)

Amida Care (NY)

APLA Health (CA)

Appalachian Learning Initiative Inc. (WV)

Argus Community, Inc. (NY)

Arianna's Center (FL, PR)

Association of Nurses in AIDS Care (OH)

AVAC (NY)

BLACHE: Black Leadership Advocacy Coalition for  
Healthcare Equity (IL)

Black AIDS Institute (GA)

BOOM!Health (NY)

CAEAR Coalition (DC)

CARES of Southwest Michigan (MI)

Cascade AIDS Project (OR)

CenterLink: The Community of LGBT Centers (FL)

Chicago House and Social Service Agency (IL)

Colorado Organizations and Individuals Responding  
to HIV/AIDS (CORA) (CO)

Community Access National Network (LA)

Community Liver Alliance (PA)

Community Resource Initiative (MA)

Drug Policy Alliance (NY)

Elizabeth Glaser Pediatric AIDS Foundation (DC)

Equality California (CA)

Equitas Health (OH)

Fast-Track Cities Institute (DC)

Fatty Liver Foundation (ID)

Five Horizons Health Services (AL)

Food for Thought (CA)

Georgia AIDS Coalition (GA)

Georgia Equality (GA)

Harlem United (NY)

HealthHIV (DC)

Heartland Alliance Health (IL)

HEP (WA)

HIV + Hepatitis Policy Institute (DC)

HIV AIDS Alliance of Michigan (MI)

HIV Dental Alliance (GA)

HIV Medicine Association (VA)

Hope and Help Center of Central Florida, Inc. (FL)

Hope House of St. Croix Valley (MN)

Housing Works (NY)

Howard Brown Health (IL)

Human Rights Campaign (DC)

Hyacinth Foundation (NJ)

iHealth (NY)

In Our Own Voice: National Black Women's  
Reproductive Justice Agenda (DC)

Indiana Recovery Alliance (IN)

International Association of Providers of AIDS Care  
(DC)

Korean Community Services of Metropolitan New  
York (NY)

Lansing Area AIDS Network (MI)

Latino Commission on AIDS (NY)

Legal Council for Health (IL)

Life Is Work (IL)

Medical Students for Choice (PA)

Michael Reese Care Program (IL)

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 Coalition of STD Directors (DC)

National Family Planning & Reproductive Health Association (DC)

National HIV/AIDS Housing Coalition (DC)

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)

PlusInc (DC)

PrEP4All (NY)

Project Vida (IL)

Poderosos (TX)

Positive Impact Health Centers (GA)

Positive Women's Network-Ohio (OH)

Positive Women's Network-USA (CA)

Proactive Community Services (IL)

Reproductive Health Access Project (NY)

Rural AIDS Action Network (MN)

Ryan White Medical Providers Coalition (DC)

SAGE (NY)

San Francisco AIDS Foundation (CA)

San Francisco Community Health Center (CA)

Sero Project (IA)

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 Project of the Quad Cities (IL)

The Puerto Rican Cultural Center Public Health Initiatives (IL)

The Well Project (NY)

Thomas Judd Care Center at Munson Medical Center (MI)

Thrive Alabama (AL)

Transforming Reentry Services/MWIPM (IL)

Treatment Action Group (NY)

UNIFIED- HIV Health and Beyond (MI)

URGE: Unite for Reproductive & Gender Equity (DC)

U.S. People Living with HIV Caucus (DC)

Vivent Health (CO, MO, TX, WI)

Wellness AIDS Services, Inc. (MI)

Woodhull Freedom Foundation (DC)