



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 20515

The Honorable Susan Collins  
Vice Chair  
Committee on Appropriations  
United States Senate  
Washington, DC 2051

April 16, 2024

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

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

The undersigned **121 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 programs. We hope that Congress takes this opportunity to commit to ending the HIV epidemic and at the same time, combatting the STI, hepatitis, TB, and overdose syndemics that continue to ravage vulnerable communities in this Nation.

Now more than ever, we are missing the opportunity to put an end to an epidemic that is over 40 years old. We currently have biomedical, behavioral, and scientific tools that can effectively stop the transmission of HIV, ensure people living with HIV have full lives, and protect someone who may be at risk of HIV. There is now scientific and community consensus that if a person living with HIV is on treatment and achieves viral suppression, they cannot pass HIV on to a partner. Additionally, people who are HIV-negative have an ever-expanding toolbox of HIV prevention options, most notably pre-exposure prophylaxis (PrEP), medications that effectively prevent HIV. However, to finally end the HIV epidemic, public health programs across the country must have sufficient resources so that these tools can equitably reach the communities most impacted by HIV.

We thank you for ensuring that funding for these programs was maintained in the FY2024 appropriations bills and urge you to invest now so that we can save lives, save money by preventing illness, and finally end the HIV epidemic.

**Below are detailed domestic HIV and related programs funding requests that we urge you to include in the FY2025 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 four fiscal years, on a bipartisan basis, Congress has appropriated additional funding for the Ending the HIV Epidemic Initiative, which sets the goal of reducing new HIV infections by 50% by 2025, and 90% by 2030. The initial focus has been on the 57 jurisdictions across the U.S. where the majority of new HIV

infections occur and have demonstrated results. Community Health Centers provided 85,000 people with PrEP in 2022 - nearly one-quarter of all PrEP prescriptions nationwide - and conducted 3.5 million HIV tests with this funding. The Ryan White Program has brought 37,731 people into or re-engaged them in HIV care. With the funding, CDC has conducted over 831,000 HIV tests, distributed 518,000 at-home HIV tests, and helped diagnosed 3,000 people living with HIV, and 55,000 persons were prescribed PrEP. These accomplishments have occurred as the program has not received the funding needed as originally designed.

**We ask Congress to fund the Ending the HIV Epidemic Initiative by the amounts listed below in the following operating divisions in FY2025:**

- **\$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 the 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 medications, medical care, and essential coverage completion services to low-income, uninsured, and/or underinsured individuals living with HIV. With over 561,000 clients, the Ryan White Program provides comprehensive care to populations disproportionately impacted by the HIV epidemic. Nearly three-quarters of Ryan White Program clients are racial and ethnic minorities, and nearly two-thirds are under the federal poverty level. The Ryan White Program will continue to remain vital for this population as they grow older and begin experiencing comorbidities associated with aging. It is estimated that by 2030, 64% of Ryan White clients will be 50 years and older. With 90% of Ryan White Program clients achieving viral suppression, which means a person can live longer and healthier lives and cannot transmit HIV, the program is a model for a successful public health response to an infectious disease.

An increase in funding could expand access to effective HIV care and treatment to more people living with HIV. When adjusted for inflation, Ryan White Program funding has not increased since 2001, and funding has slowly decreased since 2013 based on 2001 dollars.<sup>1</sup> Since HIV treatment is a lifelong endeavor, it is essential that funding for this program be maintained and increased to address client growth and inflation.

**We urge Congress to fund the Ryan White HIV/AIDS Program at a total of \$3.082 billion in FY2025, an increase of \$510.8 million over FY2024, distributed in the following manner:**

- **Part A: \$809 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**

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<sup>1</sup> Kaiser Family Foundation, The Ryan White HIV/AIDS Program: The Basics. 2022, Nov 3; <https://www.kff.org/hivaids/fact-sheet/the-ryan-white-hivaids-program-the-basics/>

## **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 disproportionately affects specific communities, including Black and Latinx gay and bisexual men, Black heterosexual women, transgender and gender nonconforming individuals, people who inject drugs, and those in the South. Tailored prevention approaches are essential for success, recognizing the diversity of risks and needs within each community.

Investing in evidence-based prevention now can prevent thousands of new HIV infections 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 address racial and geographic disparities. 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 FY2025, an increase of \$67 million over FY2024. This is in addition to the \$395 million for EHE Initiative work within the Division.***

### **Pre-Exposure Prophylaxis**

Pre-exposure prophylaxis, or PrEP, are medications that effectively prevent HIV transmission when taken as prescribed. PrEP medication was approved by the FDA twelve years ago, and now there are multiple types of medications available, including generics and a long-acting regimen. Increasing access to PrEP has been a key strategy in ending the HIV epidemic, yet more progress must be made. Currently, only about one in three people who need PrEP are on a prescription. In 2022, only 13% of Black individuals, 24% of Hispanic individuals, and 15% of women assessed to be most in need of PrEP had a prescription. Reducing these disparities must be a priority as we work to expand PrEP use.

We are thankful that there has been an increased focus on PrEP both in Congress and from President Biden. In his FY2025 Budget Request, President Biden again called for a National PrEP Program to expand PrEP through providing medication to un- and under-insured individuals, as well as supporting and expanding PrEP programs across a variety of agencies. To increase equitable access to PrEP nationwide, we urge the Committee to support FY25 funding to continue work on a National PrEP Program and to expand PrEP access through other programs, including Ending the HIV Epidemic 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 sexual health education, and foster supportive environments for young people to learn. These programs have shown tremendous success in reducing risk factors related to HIV and other STIs, but only reach a small number of middle and high school students. To create a generation free of HIV, we must start in schools and ensure young people have the tools they need to make healthy decisions.

***We urge you to fund the CDC Division of Adolescent and School Health at \$100 million in FY2025, an increase of \$61.9 million over FY2024.***

### 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. However, the COVID-19 pandemic and the 2022 mpox outbreak, coupled with more than seventeen years of level funding for STD programs, has resulted in a 40% reduction in buying power for those working in STI prevention, further impeding efforts to get STIs under control. Last year's rescission of the remaining funding for the disease intervention specialist workforce expansion threatens the future of more than 1,000 full-time employees working to break transmission chains of STIs, HIV, viral hepatitis, and tuberculosis.

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 are also requesting continuation of the funds begun in the FY2023 appropriations bill and continued in FY2024, including \$20 million to move the grant year by one month, and \$5 million to hold harmless grantee funding levels.

***We urge you to fund the CDC Division of STD Prevention at \$322.5 million in FY2025, an increase of \$148.2 million over FY2024.***

### CDC Viral Hepatitis Prevention

Viral hepatitis prevention programs have been dramatically underfunded in the US 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. HBV and HCV are preventable diseases; however, of the nearly 5 million people now living with hepatitis B virus (HBV) and 2.4 million people living with hepatitis C virus (HCV) in the U.S., as many as 65% are undiagnosed.

The **CDC 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, particularly those caused and exacerbated by the nation's opioid crisis. We also encourage Congress to enact President Biden's proposal for a mandatory funded national initiative to eliminate Hepatitis C.

***We urge you to fund the CDC DVH Division of Viral Hepatitis at \$150 million in FY2025, an increase of \$107 million over FY2024.***

### CDC Infectious Diseases and Opioid Epidemic Funding

Funding is also needed for the CDC to combat infectious diseases commonly associated with injection drug use in areas most impacted by the opioid crisis. The U.S. is experiencing an ongoing public health emergency crisis with the U.S. nearing 112,000 annual drug overdose deaths in 2023. Preventable outbreaks or significant spikes in infections of viral hepatitis and HIV continue to occur throughout the U.S. among people who inject drugs. Syringe Services Providers (SSPs) are first responders to the overdose and infectious disease crisis. They have the knowledge, contacts, and ability to reach people who use drugs, providing them with naloxone and other overdose prevention resources connecting people to medical care and support services, and increasing the likelihood that they seek treatment for their substance use disorder by 500%. A recent study shows

overdose deaths alone cost the U.S. economy over \$1 trillion per year, costs that SSPs can help prevent. Funding 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 CDC's Infectious Diseases and Opioid Epidemic program in FY2025 at \$150, an increase of \$127 million over FY2024.***

#### 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. These programs, crucial in combating emerging outbreaks, played a pivotal role in responding to COVID-19 due to their expertise in managing airborne infectious diseases. Despite their vital role, TB cases persist in all states, with approximately 13 million Americans carrying latent TB infections. However, flat funding has undermined the capacity of TB programs, leading to outbreaks, increased TB rates, and the emergence of drug-resistant strains. In 2023, programs reported 9,615 TB cases (a rate of 2.9 per 100,000 persons), an increase of 1,295 cases, the first increase over pre-pandemic case numbers and rates, and the highest case count in a decade. Case counts increased in all age groups, in both US-born and non-US-born persons, and in 40 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, the most recent year for which data are available, TB-related deaths in the U.S. reached a 16-year high.

DTBE is integral to TB research and development, notably through its TB Trials Consortium (TBTC), which accelerates the development of new, safer, and more effective drug regimens. However, stagnant funding has impeded the pace and scope of these critical trials, hampering our ability to prevent and treat TB effectively, especially among vulnerable populations like children and those with HIV. 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 FY2025, an increase of \$88 million over FY2024.***

#### Harm Reduction Programs

Syringe service programs (SSPs) are proven to be highly effective in preventing HIV and hepatitis, as well as reducing overdose deaths. These programs offer sterile syringes and connect individuals to substance use treatment, HIV and hepatitis testing, and other healthcare services. With nearly 112,000 overdose deaths in 2023, expanding these cost-effective programs, especially in areas most impacted by the overdose crisis, is crucial. To combat the overdose epidemic, we must support harm reduction programs that meet individuals where they are and adhere to best practices. Unfortunately, the FY2024 omnibus retained a policy rider limiting federal funds for the purchase of sterile syringes, hindering the expansion of SSPs by state and local public health agencies.

***We urge you to fund the SAMHSA Community Harm Reduction and Engagement Initiative at \$50 million in FY2025 and to remove bill language restricting the use of federal funds for the purchase of syringes while also not adding additional restrictions.***

## **HIV/AIDS Housing**

Housing is the number one unmet need for people living with HIV and 2 out of 5 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 FY2025, an increase of \$95 million over FY2024.***

## **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 FY2025, an increase of \$48 million and \$44 million over FY2024 levels, respectively. We also urge you to fund Minority AIDS Initiative programs across HHS agencies at \$610 million in FY2025.***

## **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 ID 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 2025.***

## **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 FY2025 [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, as well as 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 FY2025. This request is based on the FY2025 NIH HIV/AIDS Professional Judgment Budget.**

### **Federal HIV/AIDS Coordination**

ABAC is requesting increased funding for two important offices that coordinate the implementation of the NHAS and EHE activities. The **White House Office of National AIDS Policy** and the **HHS Office of Infectious Disease and HIV/AIDS Policy** both play an important role in developing and implementing government-wide HIV strategies, as well as coordinating efforts among the wide range of federal agencies working to end the HIV epidemic and the syndemics of STDs, hepatitis, TB, and overdoses.

***We urge you to provide a total of \$20 million for the Office of Infectious Disease and HIV/AIDS Policy and \$3 million for the White House Office of National AIDS Policy in FY2025.***

### **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 FY2025, an increase of \$49 million over FY2024.***

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 FY2025, which would render a \$35 million savings based upon FY2024 funding levels.***

**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 FY2025, an increase of \$225.5 million over FY2024.***

To treat the rising costs of new STI infections and address healthcare access issues, we request \$200 million for a new demonstration project within the Bureau of Primary Health Care at HRSA to award grants to eligible public and private nonprofit clinics for **STI clinical services**, which will address staffing shortages, enhance training, and expand capacity. Testing and prompt treatment for bacterial STIs are the best tools to reduce STI rates in the US. However, there is currently no dedicated federal program to directly support high-quality and accessible STI clinical services. This demonstration project will provide long-overdue support for patients seeking care, and their public and nonprofit providers.

***We urge you to fund a new STI clinical services demonstration project within HRSA at \$200.0 million in FY2025.***

### **SAMHSA HIV Block Grant**

We urge you to include language, as was proposed in the President’s budget, 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 percent HIV set-aside, the number of HIV cases in the state should be used.

Thank you for considering these requests and your continued support for domestic HIV/AIDS programs. We hope your Fiscal Year 2025 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](mailto:narmstrong@tmail.org), Drew Gibson at [dgibson@aidsunited.org](mailto:dgibson@aidsunited.org), Emily McCloskey Schreiber at [eschreiber@nastad.org](mailto:eschreiber@nastad.org), or Carl Schmid at [cschmid@hivhep.org](mailto:cschmid@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 Activist Coalition (NY)

AIDS United (DC)

Aliveness Project (MN)

Alliance Care 360 (IL)

Alliance Community Healthcare, Inc. (NJ)

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)

Big Bend Cares (FL)

Big Cities Health Coalition (MD)

Black AIDS Institute (GA)

BOOM!Health (NY)

CAEAR Coalition (DC)

CARES of Southwest Michigan (MI)

Cascade AIDS Project (OR)

Center for Health Law and Policy Innovation (MA)

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 (MA)

Equality California (CA)

Equitas Health (OH)

Fatty Liver Foundation (ID)

Five Horizons Health Services (AL)

Food for Thought (CA)

Georgia AIDS Coalition (GA)

Georgia Equality (GA)

Grady Health System (GA)

Harlem United (NY)

HealthHIV (DC)

Healthy Teen Network (MD)

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)

Infectious Diseases Society of America (VA)

International Association of Providers of AIDS Care  
(DC)

JSI (MA)

Korean Community Services of Metropolitan New  
York (NY)

Lansing Area AIDS Network (MI)

Latino Commission on AIDS (NY)

LGBTQ Community Center of the Desert (CA)  
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 Coalition of STD Directors (DC)  
National Tuberculosis Coalition of America (GA)  
National Viral Hepatitis Roundtable (WA)  
National Working Positive Coalition (NY)  
NMAC (DC)  
Northeast Florida AIDS Network, Inc. (FL)  
Poderosos (TX)  
Positive Impact Health Centers (GA)  
Positive Women's Network-Ohio (OH)  
Positive Women's Network-USA (CA)  
PrEP4All (NY)  
Proactive Community services (IL)  
Reproductive Health Access Project (NY)  
Rural AIDS Action Network (RAAN) (MN)  
Ryan White Medical Providers Association (VA)  
SAGE (NY)  
San Francisco AIDS Foundation (CA)  
San Francisco Community Health Center (CA)  
SIECUS: Sex Ed for Social Change (DC)  
SisterLove, Inc. (GA)  
Southern AIDS Coalition (AL)  
Southwest Center for HIV/AIDS (AZ)  
Southwest Recovery Alliance (AZ)  
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)  
Trellus (IL)  
Truckee Meadows Community College (NV)  
UChicago | Care2Prevent (IL)  
Unconditional Love, Inc. (FL)  
UNIFIED- HIV Health and Beyond (MI)  
University of Illinois at Chicago - Community Outreach Intervention Projects (IL)  
URGE: Unite for Reproductive & Gender Equity (DC)  
US People Living with HIV Caucus (DC)  
Valley AIDS Council (TX)  
Vivent Health (CO, MO, TX, WI)  
Wellness AIDS Services, Inc. (MI)  
Whitman-Walker Institute (DC)