



Nov 19, 2025

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

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

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

Subject: Domestic HIV Community Funding Requests for Final FY2026 Appropriation Bills

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

On behalf of the undersigned 131 organizations of the AIDS Budget and Appropriations Coalition (ABAC), a workgroup of the Federal AIDS Policy Partnership (FAPP), we write to urge you to support in almost all instances—at minimum—the Senate’s FY2026 funding levels for domestic HIV, hepatitis, STI, TB, and related public health programs, and to reject the deep and harmful cuts proposed by the House.

This year presents a pivotal moment in protecting decades of bipartisan progress in the fight against HIV, and whether we will seize the narrowing window to end HIV in the United States. Thanks to robust federal investment and bipartisan leadership, our nation has the tools, scientific consensus, and community infrastructure necessary to reduce new HIV cases by 90 percent by 2030. However, we are at a juncture. Congress must decide whether we sustain the progress and stay on track, or allow the system to erode at a time when HIV cases, healthcare spending, and preventable deaths would rise.

We are deeply alarmed by the House FY2026 Labor-HHS proposal, which would **cut or eliminate more than \$1.7 billion for HIV programs**, including **zeroing out the CDC’s HIV Prevention programs, eliminating the Ending the HIV Epidemic (EHE) Initiative, and eliminating multiple components of the Ryan White Program**, among other essential public health programs.

Such cuts would **reverse hard-fought progress, dismantle core public health infrastructure, and lead to significant increases in new HIV cases, deaths, and avoidable long-term health care costs**. By contrast, the Senate’s FY2026 funding levels reflect a continued bipartisan commitment to ending the HIV epidemic, sustaining critical services, and respecting the fiscal responsibility of investing in prevention and treatment that will avoid far greater spending later. **We urge you to continue bipartisan support for ending HIV, and fund these programs at least at the levels proposed by the Senate.**

For a chart outlining proposed funding levels and ABAC's original FY 2026 requests, please visit: <http://federalaidspolicy.org/fy-abac-chart/>. You can also refer to our previous letter to Congress, signed by 155 organizations: <https://federalaidspolicy.org/abac-documents-fy2026/>

Ending the HIV Epidemic Initiative

The EHE Initiative was launched under President Trump and has delivered meaningful results. Federal EHE investments have enabled targeted communities to expand access to PrEP, testing, and treatment—including **66,000 people receiving PrEP in 2023, 2.5 million HIV tests through community health centers, and 41,000 people newly linked or re-engaged in HIV care.** EHE jurisdictions have seen a **21% decrease in new HIV cases since 2017**, compared to a 6% decrease in non-EHE jurisdictions—demonstrating that targeted investment works.

We urge Congress to fund the EHE Initiative at no less than the Senate levels, which would sustain and expand progress:

- **\$220 million for the CDC Division of HIV Prevention for testing, care linkage, PrEP services, and developing a national PrEP program;**
- **\$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 communities;**
- **\$26 million for NIH Centers for AIDS Research for research on prevention and treatment strategies.**

The Ryan White HIV/AIDS Program

The Ryan White Program provides comprehensive care, medication, and wraparound services to over 576,000 people—more than half of all people diagnosed with HIV in the U.S.—with **91% of clients achieving viral suppression.** Eliminating EHE and multiple Parts of the Program, as proposed by the House, would cut off lifesaving care for tens of thousands of individuals and destabilize care systems across the country. Parts C, D, and F of the program are vital to the entire success of Ryan White. They provide direct care through community-based organizations, guarantee women and children have access to HIV services, ensure that healthcare providers have access to the best HIV treatment science, provide much-needed dental care to Ryan White clients, and test new and innovative HIV care models.

We urge Congress to fund the Ryan White Program at least at the Senate levels to ensure access to treatment and continuity of care, particularly for low-income and uninsured individuals:

- **Part A: \$680.8 million**
- **Part B (Care): \$464.6 million**
- **Part B (ADAP): \$900.3 million**
- **Part C: \$209.0 million**
- **Part D: \$77.9 million**
- **Part F/AETC: \$34.9 million**
- **Part F/Dental: \$13.6 million**
- **Part F/SPNS: \$25.0 million**
- **EHE Initiative: \$165.0 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 them to the communities most impacted by HIV,

including the equitable expansion of PrEP. As progress is being made to prevent new HIV cases, rates of viral hepatitis, STIs, and TB remain alarmingly high. The National Center's work is vital to preventing the spread of these infectious diseases, especially among the communities most affected. The elimination of the Division of HIV Prevention, as proposed by the House, would increase new cases and deaths from HIV, close clinics and eliminate jobs, limit our ability to efficiently target resources where they're most needed, and reverse all the progress we've made in ending the HIV epidemic. We ask that you allow the viral hepatitis, STI, TB, and opioid-related infectious diseases divisions to continue their individual activities, unique to each disease state.

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.]**
- **\$174.3 million for STD prevention; [FY2025 level]**
- **\$137.0 million for TB elimination; and,**
- **\$23.0 million for Infectious Diseases and Opioid Epidemic programs.**

We also urge the Committee to remove the ban on the use of federal funding for the purchase of sterile syringes, which are a key tool in combating infectious diseases and overdose deaths.

Housing Opportunities for Persons With AIDS (HOPWA)

Housing is the number one unmet need for people living with HIV/AIDS (PLWHA), 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 \$529 million, an increase of \$24 million, as proposed by the Senate.

Minority HIV/AIDS Initiative (MAI)

HIV/AIDS disproportionately impacts racial and ethnic minorities in the U.S. 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 communities and provide prevention, treatment, and recovery support services, along with HIV testing and linkage services 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 the FY2025 level of \$60 million, and SAMHSA's MAI program *at least* at \$119.3 million, and reject the House proposed cut of \$40 million for MHAF and the total elimination of the SAMHSA's MAI program.

HIV/AIDS Research

The NIH's far-reaching AIDS research has driven breakthroughs in drug therapies and prevention strategies that have saved millions of lives worldwide, including HIV cure and basic science research. Continued investment in HIV research is essential to sustaining progress in developing vaccines, more effective treatments, cure research, and understanding HIV's relationship to aging and co-morbidities such as opioid

use, hepatitis, tuberculosis, and cancer. Without sustained research funding, advances in HIV treatment and prevention will stall, as well as advances in medicine broadly, leading to innovations benefiting cancer, Alzheimer's, kidney disease, and other diseases.

We urge Congress to fund the HIV/AIDS research at the NIH *at least* at the FY2025 level of \$3.288 billion in FY 2026.

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 offers 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 2026.

Delayed appropriations have severe consequences for public health. When funding bills pass months into the fiscal year, health departments, clinics, and community-based organizations are forced to freeze hiring, pause services, and delay prevention and care activities—interrupting treatment and reducing access to PrEP, testing, and housing supports. These delays harm the very communities these programs are designed to serve. **We strongly urge Congress to pass FY2026 appropriations without delay**, ensuring timely and predictable funding so providers can plan, hire, and deliver uninterrupted services.

We also urge that this FY2026 appropriations package include clear and robust protections against any withholding, rescission, or delay of funding by the executive branch. A bipartisan appropriations agreement must not be undermined by administrative actions that freeze or claw back funds after enactment. Congress must ensure that the funding it secures remains intact, timely, and shielded from administrative disruption.

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@tmail.org, Drew Gibson at dgibson@aidsunited.org, Kendall Martinez-Wright at kendall.martinez.wright@treatmentactiongroup.org, Emily Schreiber at eschreiber@nastad.org, or Carl Schmid at cschmid@hivhep.org.

Sincerely,

ACR Health (NY)

Act Now End AIDS (ANEA) Coalition (SC)

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)

Aliveness Project (MN)

Alliance Care 360 (IL)

Alliance for Positive Change (NY)

American Academy of HIV Medicine (DC)

American Psychological Association (DC)
American Sexual Health Association (NC)
amFAR, The Foundation for AIDS Research (NY)
Amida Care (NY)
ANEA Coalition (SC)
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)
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 Health Commission of Missouri (MO)
Community Liver Alliance (PA)
Community Resource Initiative (MA)
CrescentCare (LA)
DOORWAYS (MO)
Drug Policy Alliance (NY)
Equality California (CA)
Equality Michigan (MI)
Equitas Health (OH)
Fast-Track Cities Institute (DC)
Fatty Liver Foundation (ID)
Five Horizons Health Services (AL)
Food for Thought (CA)
Food Is Medicine Coalition (National)
Fourth City Sisters, Abbey of the Glittering Arch (MO)
Georgia AIDS Coalition (GA)
Georgia Equality (GA)
H&A Support Service (TX)
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)
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)

Lambda Legal Defense and Education Fund (NY)

Lansing Area AIDS Network (MI)

Latino Commission on AIDS (NY)

Legal Council for Health Justice (IL)

Life is Work (IL)

Medical Students for Choice (PA)

Metropolitan Community Church of Greater St. Louis (MO)

NASTAD (DC)

National Alliance for HIV Education and Workforce Development (National)

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 Tuberculosis Coalition of America (GA)

National Viral Hepatitis Roundtable (WA)

National Working Positive Coalition (NY)

NMAC (DC)

OASIS Florida. (FL)

Open Door Health Center of Illinois (IL)

Poderosos (TX)

Positive Impact Health Centers (GA)

Positive Women's Network-Ohio (OH)

Positive Women's Network-USA (CA)

PrEP4All (NY)

Presbyterian HIV Network, PHEWA, PC USA (DC)

Proactive Community Services (IL)

Project Vida (IL)

PROMO Fund (MO)

Promotores De Esperanza (CO)

R.I.S.E. IMPACT (MO)

Reproductive Health Access Project (NY)

Rural AIDS Action Network (MN)

Ryan White Medical Providers Coalition (VA)

SAGE (NY)

San Francisco AIDS Foundation (CA)

San Francisco Community Health Center (CA)

Save HIV Funding Campaign (National)

SIECUS: Sex Ed for Social Change (DC)

Silver State Equality (NV)

SisterLove, Inc. (GA)

Southern AIDS Coalition (GA)

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)

Transgender Education Network of Texas (TX)

Treatment Action Group (NY)

UNIFIED- HIV Health and Beyond (MI)

URGE: Unite for Reproductive & Gender Equity
(DC)

US People Living with HIV Caucus (DC)

Valley AIDS Council (TX)

Vivent Health (CO, IL, MI, MO, TX, WI)

Wellness AIDS Services, Inc. (MI)