FAPP
Federal AIDS Policy Partnership

AIDS Budget and Appropriations Coalition (ABAC)

March 23, 2026

The Honorable Donald J. Trump
President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

The Honorable Russell Vought
Director, Office of Management and Budget
725 17th Street, NW
Washington, DC 20503

Subject: FY2027 Domestic HIV and Infectious Disease Program Funding

Dear President Trump and Director Vought:

On behalf of the AIDS Budget and Appropriations Coalition (ABAC), a work group of the Federal AIDS Policy Partnership (FAPP), the undersigned organizations write to urge the Administration to maintain critical federal funding for domestic HIV/AIDS programs in FY2027.

Federal investment in HIV prevention, treatment, and related infectious disease programs is not simply a health expenditure; it is one of the highest-returning investments the federal government makes. Every dollar spent preventing a new HIV infection avoids an estimated $500,000 to $1.1 million in lifetime medical costs. Every dollar invested in viral hepatitis treatment averts liver transplants that can cost over $800,000 each. Every dollar directed toward tuberculosis elimination prevents the far more expensive treatment of active disease and multi-drug-resistant infections. These programs have decades of results and could truly result in an end to some of these epidemics in the near future.

In your 2019 State of the Union Address, you said, "no force in history has done more to advance the human condition than American freedom. In recent years, we have made remarkable progress in the fight against HIV and AIDS. Scientific breakthroughs have brought a once-distant dream within reach. My budget will ask Democrats and Republicans to make the needed commitment to eliminate the HIV epidemic in the United States within 10 years. We have made incredible strides. Together, we will defeat AIDS in America and beyond."

The following day, your Administration announced the Ending the HIV Epidemic (EHE) Initiative. With funding from Congress for six fiscal years, your Initiative has already made important strides. The 57 EHE jurisdictions have seen a 21% decline in new HIV infections since 2017, compared to only 6% in non-EHE jurisdictions. This is a measurable return on investment, and continued funding will accelerate those savings.

We are concerned that disruptions to these programs, including grant terminations, staff eliminations, and funding uncertainty, will increase long-term federal health expenditures by driving up new infections, emergency hospitalizations, and expensive late-stage disease treatment. We urge the Administration to provide stable direction for these programs and to oppose actions that would undermine proven cost-saving interventions.

We respectfully request your support for the following program funding levels in the FY2027 budget. A full funding chart is available at: http://federalaidspolicy.org/fy-abac-chart/

Ending the HIV Epidemic Initiative

The EHE Initiative is a proven, results-driven program that is reducing new HIV infections at 3.5 times the national average in targeted jurisdictions. Since launch, Community Health Centers have provided over 66,000 people with PrEP, the CDC has conducted 1 million HIV tests, and the Ryan White Program has brought 41,000 people back or into care. These results translate directly into averted lifetime medical costs and reduced federal healthcare spending.

We urge the administration to request the following FY2027 EHE Initiative funding levels:

- **$395 million** for the CDC Division of HIV Prevention for testing, linkage to care, and prevention services, including $100 million for a national PrEP program (+$175 million);
- **$358.6 million** for the 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) (+$47 million); and
- **$26 million** for NIH Centers for AIDS Research to expand implementation science research.

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, is facing an acute fiscal crisis. Federal ADAP funding has been flat since FY2013, yet enrollment has grown 10% since 2022, prescription drug costs have risen 17.4%, and insurance premiums have increased 12.1%. Seventeen ADAPs already project budget deficits. Without a meaningful increase, states are being forced to cut clients from life-saving medications - producing worse health outcomes and higher downstream costs. Of the requested increase, $75 million should be allocated through the ADAP base funding awards, and $100 million to ADAP Emergency Relief Funding.

We urge the Administration to request $3.024 billion for the Ryan White HIV/AIDS Program 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 the Administration to request $822.7 million for the CDC's Division of HIV Prevention in FY2027, an increase of $67 million over FY2026, in addition to the $395 million for EHE Initiative work within the Division.

PrEP

PrEP is one of the most cost-effective interventions in the federal health portfolio. When taken as directed, it is highly effective at preventing HIV acquisition. 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 every year. By contrast, PrEP can be prescribed for as little as $26 per month per person. This is an extraordinary return on investment. EHE-funded PrEP access has contributed to the 21% reduction in new HIV infections in EHE jurisdictions. We urge the Administration to support FY2027 funding to advance an expansion of 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 the Administration to request $100 million for the CDC's Division of Adolescent and School Health in FY2027, an increase of $61.9 million over FY2026.

CDC STD Prevention

STI rates in the United States remain at historic highs, generating more than a billion dollars in direct lifetime medical costs each year. Syphilis has reached levels not seen since 1950, and congenital syphilis rates have increased tenfold in the past decade. Untreated infections carry serious downstream health consequences - including conditions that require far more expensive medical intervention than early STI treatment. Adequate federal investment in the CDC's Division of STD Prevention is essential to contain these costs and protect public health infrastructure.

We urge the Administration to request $322.5 million for the CDC's Division of STD Prevention in FY2027, an increase of $158.2 million over FY2026.

CDC Viral Hepatitis Prevention

Of the nearly 5 million Americans living with hepatitis B and 2.4 million living with hepatitis C, as many as 65% are undiagnosed. Left untreated, both diseases lead to liver failure and liver cancer, requiring transplants 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. Current CDC Division of Viral Hepatitis (DVH) funding of approximately $43 million is wholly inadequate given this disease burden. Expanding DVH investment now will produce substantial long-term federal savings by averting costly late-stage disease treatment.

We urge the Administration to request $150 million for the CDC's Division of Viral Hepatitis in FY2027, an increase of $107 million over FY2026.

CDC Infectious Diseases and Opioid Epidemic Funding

Drug overdose deaths have declined significantly in recent years, from approximately 110,000 in 2023 to an estimated 79,000 in 2024, reflecting the measurable impact of investment in harm reduction and prevention programs. Syringe Services Programs (SSPs) have been central to this success, distributing naloxone, connecting participants to care, and making participants five times more likely to enter substance use treatment. SSPs also reduce HIV and viral hepatitis transmission, preventing infections that carry six-figure lifetime medical costs. Increased federal investment allows communities to expand these proven, high-return programs.

We urge the Administration to request $150 million for the CDC's Infectious Diseases and Opioid Epidemic program in FY2027, an increase of $127 million over FY2026.

CDC Division of Tuberculosis Elimination (DTBE)

In 2024, programs reported 10,347 TB cases - the highest count in over a decade - with increases in 34 states and the District of Columbia. TB cases persist in every state, and approximately 13 million Americans carry latent TB infections. Pandemic-related delays in diagnosis have produced more complex, expensive cases and contributed to fatalities. Treatment of active TB - especially multidrug-resistant TB - is dramatically more costly than early intervention and prevention. The CDC's Division of Tuberculosis Elimination provides essential support to state and local programs and is critical to containing costs by catching cases early.

We urge the Administration to request $225 million for the CDC's Division of Tuberculosis Elimination in FY2027, an increase of $88 million over FY2026.

HIV/AIDS Housing (HOPWA)

Stable housing is the most effective tool for keeping people with HIV adherent to treatment, which in turn suppresses viral load, prevents transmission, and reduces federal healthcare expenditures. 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, making HOPWA one of the most cost-effective investments in the federal portfolio. The requested funding level is also necessary to ensure no current residents lose access to housing, as hold-harmless provisions under the HOPWA formula have expired.

We urge the Administration to request $600 million for the HOPWA program in FY2027, an increase of $71 million over FY2026.

HIV/AIDS Research at the National Institutes of Health

Federal investment in HIV research through the NIH has driven decades of breakthroughs that have transformed HIV from a fatal disease into a manageable chronic condition - dramatically reducing federal spending on disability, inpatient care, and mortality. NIH HIV research continues to advance new prevention tools, including vaccines and antibody-based strategies, improved treatments, and progress toward a functional cure. Critically, advances driven by HIV research have also produced breakthroughs in immunology, cancer therapies, and treatments for other infectious diseases - delivering value far beyond HIV alone. Continued investment preserves a research infrastructure that generates broad returns for American health and economic productivity.

We urge the Administration to request $3.953 billion for HIV/AIDS research at the NIH in FY2027.

Minority HIV/AIDS Initiative (MAI)

The Minority AIDS Initiative (MAI) and Minority HIV/AIDS Fund support targeted HIV prevention, care, treatment, and education programs that reach minority populations with the highest rates of undiagnosed and untreated HIV — the groups where investment yields the greatest public health return. By directing resources toward communities where HIV burden is most concentrated, MAI programs maximize the efficiency of federal HIV spending and accelerate progress toward reducing new infections nationwide. SAMHSA's MAI program provides prevention, treatment, and support services for individuals at elevated risk of mental illness or substance use, along with HIV testing and linkage services. These programs complement core federal HIV funding by ensuring that dollars flow to where the epidemic is most active and where intervention is most cost-effective.

We urge the Administration to request $105 million for the Minority HIV/AIDS Fund and $160 million for SAMHSA's MAI program in FY2027, increases of $49 million and $40.7 million over FY2026 levels, respectively. We also urge the Administration to request $610 million for Minority AIDS Initiative programs across HHS agencies in FY2027.

Bio-Preparedness Workforce Pilot Program

An estimated 80% of counties in 14 Southern states have no experienced HIV clinicians. This workforce gap directly undermines our ability to deliver cost-effective early intervention and is particularly acute in rural areas and federally designated health professional shortage areas. We urge the Administration to

fund the Bio-Preparedness Workforce Pilot Program within HRSA to build a trained workforce capable of delivering infectious disease and HIV services where they are most needed.

We urge the Administration to request $5 million for the Bio-Preparedness Workforce Pilot Program in FY2027.

Other Health Programs

The Teen Pregnancy Prevention Program equips young people with evidence-based, medically accurate information to prevent unintended pregnancies, HIV, and other sexually transmitted diseases. These interventions have demonstrated measurable success in reducing costly downstream health consequences.

We urge the Administration to request $150 million for the Teen Pregnancy Prevention Program in FY2027, an increase of $49 million over FY2026.

More than $2 billion has been spent on abstinence-only programs since 1982 without evidence that they reduce HIV or STI rates. Eliminating this ineffective spending would redirect federal resources toward programs with demonstrated results.

We urge the Administration to eliminate funding for the "Sexual Risk Avoidance Education" competitive grant program and the Title V "Sexual Risk Avoidance Education" state grant program in FY2027, producing $35 million in savings.

The Title X program is the nation's only dedicated federal family planning program and a critical tool for reducing HIV and STD transmission. Title X-funded health centers provide contraceptive care, HIV and STD screening and treatment, cancer screening, and sexual health education to millions annually.

We urge the Administration to request $512 million in FY2027 for the Title X Program, an increase of $225.5 million over FY2026.

SAMHSA HIV Block Grant

We ask the Administration to support language in the FY2027 appropriations package 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 be updated to reflect current HIV case counts, ensuring resources are efficiently directed to the communities with the greatest present need.

Thank you for your consideration of these requests. The programs described above represent some of the most fiscally efficient investments in the federal health portfolio - each demonstrably reducing long-term costs, averting expensive disease progression, and producing returns that far exceed their upfront investment. We urge you to build upon your call in 2019 to end HIV in the United States once and for all.

Should you have any questions, please contact the ABAC co-chairs Nick Armstrong at narmstrong@taimail.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,

AIDS Action Baltimore (MD)

AIDS Alabama (AL, MS)

AIDS Foundation Chicago (IL)

AIDS United (DC)

APLA Health (CA)

Association of Nurses in AIDS Care (DC)

AVAC (NY)

CAEAR Coalition (DC)

Chicago House and Social Service Agency (IL)

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

Equality California (CA)

Erie Family Health Centers (IL)

Family Centers Inc. (CT)

Five Horizons Health Services (AL, MS)

Grace House Inc (MS)

HIV Dental Alliance (GA)

HIV Medicine Association (VA)

HIV+Hepatitis Policy Institute (DC)

Michael Reese Research and Education Foundation (IL)

NASTAD (DC)

National Coalition of STD Directors (DC)

NMAC (DC)

Positive Women's Network-USA (National)

Ribbon-A Center for Excellence (MD)

Ryan White Medical Providers Coalition (VA)

San Francisco AIDS Foundation (CA)

SIECUS: Sex Ed for Social Change (National)

Silver State Equality (NV)

Sinai Infectious Disease Center (IL)

The AIDS Institute (FL, DC)

Treatment Action Group (NY)

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

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