FAPP
Federal AIDS Policy Partnership
HIV/AIDS Prevention
Action Coalition (HPAC)

July 22, 2026

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Jay Bhattacharya, MD, PhD
Acting Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear Secretary Kennedy and Acting Director Bhattacharya:

On behalf of the HIV Prevention Action Coalition (HPAC), a workgroup of the Federal AIDS Policy Partnership (FAPP), and the undersigned 70 organizations, we write with urgent concern regarding reports that the Centers for Disease Control and Prevention (CDC) does not intend to recompete the Comprehensive High-Impact HIV Prevention Programs for Community-Based Organizations (PS21-2102). **We respectfully urge the Administration to reconsider.** Ending this program without a clear plan for what comes next would dismantle prevention infrastructure that has taken more than three decades of federal investment to build, and do so just as that long record of measurable returns is accelerating.

The Ending the HIV Epidemic in the U.S. Initiative, launched during President Trump's first term, set a clear, results-driven goal: reduce new HIV transmissions by 90 percent by 2030. The 96 community-based organizations (CBOs) funded under PS21-2102 are a critical part of the delivery infrastructure for achieving that goal. They provide targeted HIV testing, rapid linkage to medical care, referrals for pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), and frontline outbreak response. Ending this program would not simply pause progress; it would surrender the gains of an initiative this Administration itself set in motion.

Discontinuing this program would also cost far more than it saves. Every HIV transmission prevented avoids an estimated lifetime treatment cost of roughly half a million dollars per person to the healthcare system—costs that fall heavily on taxpayer-funded programs, including Medicaid, Medicare, and the Ryan White HIV/AIDS Program. CBO-delivered prevention is among the lowest-cost, highest-return investments in the federal health portfolio: modest grants that avert enormous downstream obligations. Eliminating this funding does not reduce federal spending; it shifts it, at far greater expense, from prevention today to treatment for decades to come. And once local prevention capacity is dismantled, rebuilding it after a resurgence in transmissions would cost far more than sustaining it now.

These programs support communities across the country, and nowhere is their role more important than in the South and other areas with a high burden of HIV, where CBOs are trusted partners in expanding access to testing, prevention, and linkage to care. In many of these communities, there is no backup system: no alternative provider, no county infrastructure, no private-sector substitute. A lapse in

this program means testing stops, referrals stop, and outbreak response capacity disappears, leaving states and localities to absorb the consequences without the tools to respond.

PS21-2102 funds a proven, efficient model, and the most responsible course is to sustain it with as little disruption as possible. These grants pay for real jobs and local infrastructure—the testing counselors, outreach workers, and care navigators who staff clinics and programs in communities across the country. When the funding stops, those positions are eliminated, local programs close, and the trusted community relationships that make this work effective are lost. Rebuilding that capacity from scratch, after it has been dismantled, would cost far more and take far longer than maintaining it.

The nation's HIV surveillance system ensures these dollars are directed precisely where the need is greatest. We know where new transmissions are occurring, allowing funding to follow the epidemic in real time rather than being spread thin. This is what an efficient, accountable use of federal dollars looks like: targeted investment, guided by hard data, delivered by organizations with a demonstrated record of results.

For these reasons, we urge the Administration to:

- **Reconsider the decision not to recompete PS21-2102 and commit publicly to releasing a new NOFO for community-based HIV prevention;**
- **Communicate a clear timeline to current grantees immediately, so that organizations are not forced into layoffs and service shutdowns that would be costly and difficult to reverse; and**
- **Sustain the current direct-funding model with as little disruption as possible, continuing to use the nation's HIV surveillance data to direct resources to the communities and regions where new transmissions are most concentrated.**

The choice before the Administration is straightforward: a modest, targeted investment in prevention now, or far greater public expense for treatment later. We would welcome the opportunity to meet and discuss how to preserve this cost-effective, results-driven component of the national HIV prevention system.

If you have any questions regarding this letter, please do not hesitate to contact the HPAC co-chairs: Kevin Herwig (kherwig@hivhep.org), Mike Weir (mweir@NASTAD.org), and Nick Armstrong (NArmstrong@taimail.org).

Endorsements

Acacia Network
ACR Health
Act Now: End AIDS (ANEA) Coalition
Act Up New York
Advocates for Youth
AIDS Action Baltimore
AIDS Alabama
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS Foundation Chicago
AIDS United
Albany Damien Center
Albany Damien Center
Aliveness Project
Alliance for Positive Change
APLA Health
Association of Nurses in AIDS Care
AVAC

Betances Health Center
CAEAR Coalition
Care Resource Community Health Centers, Inc.
Caring Ambassadors Program
CenterLink: The Community of LGBTQ Centers
CHASI
Clare Housing
Equality California
Equity Is the Word
Family Health Centers of San Diego
Five Horizons Health Services
Georgia AIDS Coalition
Georgia Equality
Harlem United
Health Services Center, Inc.
HealthHIV
HIV Medicine Association
HIV/AIDS Alliance of Michigan
HIV+Hepatitis Policy Institute
Housing Works
HRC
Hyacinth AIDS Foundation
Impact MN
International Association of Providers of AIDS Care
Latino Commission on AIDS
LGBT Life Center
Los Angeles LGBT Center
Matthew 25 AIDS Services, Inc.
NASTAD
National Working Positive Coalition
NC AIDS Action Network
NMAC
One Tent Health
Positive Impact Health Centers
Positive Women's Network-USA
PrEP4All
Public Health Innovation Lab (PHIL)
Rural AIDS Action Network (RAAN)
Ryan White Medical Providers Coalition
SAGE
San Francisco AIDS Foundation
Save HIV Funding Campaign
Silver State Equality
South Side Help Center
Southern Tier AIDS Program
St. Ann's Corner of Harm Reduction
The AIDS Institute
The Reunion Project
TransCanWork
Treatment Action Group (TAG)
TruEvolution
Truth Pharm, Inc.
Vivent Health

CC: Renáta D. Ellington, PhD, MSEd; CDC/NCHHSTP
Robyn Neblett Fanfair, MD, MPH; CDC/NCHHSTP/DHP