FAPP
Federal AIDS Policy Partnership
AIDS Budget and Appropriations Coalition (ABAC)

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

July 30, 2026

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

The Honorable Tom Cole
Chairman
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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

The Honorable Rosa DeLauro
Ranking Member
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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

The AIDS Budget and Appropriations Coalition (ABAC) and the HIV Prevention Action Coalition (HPAC) write to alert you to an imminent threat to the nation's HIV prevention infrastructure—and to urge your Committees and Congress to take action to prevent harm. The Office of Management and Budget has directed the Centers for Disease Control and Prevention (CDC) not to recompete the Comprehensive High-Impact HIV Prevention Programs for Community-Based Organizations (PS21-2102), the cooperative agreement under which CDC has, for decades, directly funded community-based organizations (CBOs) to deliver HIV prevention services. Today, 96 organizations across the country are funded through this agreement. Without congressional action, this national network will begin to unravel when the current program period ends this fall.

CBOs are the frontline of the country's HIV prevention effort. Through them, people who are least likely to walk into a traditional health care setting get tested for HIV, start and stay on pre-exposure and post-exposure prophylaxis (PrEP and PEP), get connected to treatment following a diagnosis, and benefit from the fast, local response that stops emerging outbreaks before they spread. For many of the people they reach, a CBO is the only place these services are within reach at all. When this funding ends, that work stops: testing sites close, trained staff are laid off, people lose their point of contact for prevention and care, and trusted relationships built over decades—relationships that cannot be quickly rebuilt—are lost. The harm will fall first and hardest on the communities where HIV is most concentrated, and it will be felt within months, not years.

We call on Congress to act now on two fronts.

1. We urge you to make clear to the Department of Health and Human Services, CDC, and OMB, through every tool available to the Committees, that eliminating direct federal funding for community-based HIV prevention defies congressional intent, and to demand that the Administration recompete PS21-2102 and preserve this program.

2. We urge Congress to include language in the Fiscal Year 2027 Labor, Health and Human Services, Education, and Related Agencies appropriations bills—and their accompanying committee reports—

that establishes a floor for direct CBO funding within CDC's HIV prevention account. Specifically, we request the inclusion of the following language:

> *"no less than $60 million of this amount shall be used for directly funding community-based organizations to conduct HIV prevention activities"*

This language would not add a dollar to the federal budget. It would simply ensure that a defined portion of the HIV prevention funding Congress already appropriates continues to reach the community organizations that put it to work. Preventing a single HIV transmission avoids an estimated lifetime treatment cost of roughly half a million dollars, costs that federal programs such as Medicaid, Medicare, and the Ryan White HIV/AIDS Program often pay for. Sustaining these grants is far cheaper than paying for lifelong HIV treatment and far cheaper than rebuilding a prevention network once it has been dismantled.

Support for community-based HIV prevention has never been a partisan matter. The Ending the HIV Epidemic in the U.S. Initiative was launched in 2019 by President Trump and has been funded by this Committee under both Democratic and Republican leadership ever since. Direct CDC support for CBOs has been sustained for more than 30 years because it produces results the whole country benefits from: earlier diagnoses, faster connections to care, and fewer new transmissions in the places where the epidemic is most concentrated, including across the South and in rural communities.

ABAC and HPAC together represent organizations in communities in every state you serve, and we would welcome the opportunity to work with your staff as the FY27 bills move forward. Thank you for your longstanding, bipartisan leadership in the fight against HIV. Please contact Nick Armstrong, The AIDS Institute, at narmstrong@taimail.org with any questions or to discuss how we can support this effort.

Sincerely,

Nick Armstrong
The AIDS Institute
ABAC Co-Chair, HPAC Co-Chair

Kendall Martinez-Wright
Treatment Action Group
ABAC Co-Chair

Drew Gibson
AIDS United
ABAC Co-Chair

Carl Schmid
HIV + Hepatitis Policy Institute
ABAC Co-Chair

Kevin Herwig
HIV + Hepatitis Policy Institute
HPAC Co-Chair

Mike Weir
NASTAD
HPAC Co-Chair

CC:

The Honorable Robert Aderholt, Chairman, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, U.S. House of Representatives

The Honorable Shelley Moore Capito, Chair, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, United States Senate

The Honorable Tammy Baldwin, Ranking Member, Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, United States Senate