



April 26, 2022

The Honorable Rosa L. DeLauro
Chairwoman
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Kay Granger
Ranking Member
Committee on Appropriations
United States House of Representatives
Washington, DC 20515

The Honorable Patrick Leahy
Chairman
Committee on Appropriations
United States Senate
Washington, DC 20515

The Honorable Richard Shelby
Vice Chairman
Committee on Appropriations
United States Senate
Washington, DC 20515

Subject: HIV Community Funding Requests for FY2023 Domestic HIV Programs

Dear Chairwoman DeLauro, Ranking Member Granger, Chairman Leahy, and Vice Chairman Shelby:

The undersigned 82 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.

We must deploy the tools, science, and support to end the HIV epidemic by 2030 by taking a syndemic approach to ending the HIV epidemic as the risk factors associated with hepatitis, STIs, TB, and injection drug use are linked. Since 2013, new HIV diagnoses have plateaued at around 38,000 per year. This comes after years of steady progress in combating the disease and new science that increases the effectiveness of treating and preventing 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.

Our scientific knowledge of HIV treatment, prevention and epidemiology has never been stronger, but progress, until recently, has stalled. Over the past three years, a concerted effort to target resources where they can be most effective has occurred through the Ending the HIV Epidemic Initiative (EHE Initiative), which has the goal of reducing new HIV infections by 90% by 2030. Additionally, President Biden released a new [National HIV/AIDS Strategy](#), which sets ambitious yet achievable goals for reducing new HIV infections, increasing quality of life for people living with HIV, and dismantling the social and structural barriers which drive disparities in HIV. **Ending HIV by 2030 is possible, but resources are needed to achieve this goal.**

The COVID-19 pandemic has proven that our Nation's public health infrastructure has been underfunded for decades, resulting in an inadequate response to an incredibly destructive pandemic.

We believe that public health programs are vital for the defense of this Nation and urge Congress to fund these programs and protect our health in the future.

Below are detailed domestic HIV and related programs funding requests that we urge you to include in the FY2023 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 three 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 Initiative focuses initially on 48 counties, the District of Columbia, San Juan, P.R., and seven rural states where the burden of new HIV infections are the highest. The Initiative has already shown success with the money appropriated the past three years. The Health Resources and Services Administration's HIV/AIDS Bureau reports that in 2020, the Ryan White Program served 11,139 new clients and re-engaged an additional 8,282 clients for a total of 19,421 clients during the first year of the COVID-19 pandemic when services often were disrupted. Additionally, community health centers funded by the EHE Initiative were able to increase PrEP (HIV prevention medication) to 389,000 people. In FY 2023, we urge Congress to fund EHE activities at the level requested in President Biden's FY23 Budget Request. The funding Congress provided has already achieved measurable outcomes, and we want to continue and expand on this progress in the next fiscal year.

We ask Congress to fund the Ending the HIV Epidemic Initiative by the amounts listed below in the following operating divisions in FY 2023:

- **\$310 million** for *CDC Division of HIV/AIDS Prevention* for testing, linkage to care, and prevention services, including pre-exposure prophylaxis (PrEP) (+\$115 million);
- **\$290 million** for *HRSA Ryan White HIV/AIDS Program* to expand comprehensive treatment for people living with HIV (+\$165 million);
- **\$172 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 clients are racial and ethnic minorities, and nearly two thirds are under the federal poverty level. With 89% of Ryan White clients achieving viral suppression, the program is a model for a successful public health response to an infectious disease.

This program is especially important in many states where there are large health care coverage gaps as a result of states choosing not to expand Medicaid. The program also helps to ensure more equitable access to life-saving health care for some of the most underserved populations and communities in our nation. Ryan White has proven extremely successful and an increase in funding could expand access to

effective HIV care and treatment to more people living with HIV. However, the Ryan White Program also needs additional support to address the complex challenges of the current environment, which in addition to HIV includes the overdose crisis, mental health crisis, and prevention and treatment of other infectious diseases, including COVID-19, viral hepatitis, and STIs. Additional resources are needed nationwide to maintain and expand the gains of this outstanding program.

We urge Congress to fund the Ryan White HIV/AIDS Program at a total of \$2.942 billion in FY2023, an increase of \$447 million over FY2022, distributed in the following manner:

- **Part A: \$751.1 million**
- **Part B (Care): \$509.4 million**
- **Part B (ADAP): \$968.3 million**
- **Part C: \$231 million**
- **Part D: \$85 million**
- **Part F/AETC: \$58 million**
- **Part F/Dental: \$15.4 million**
- **Part F/SPNS: \$34 million**
- **EHE Initiative: \$290 million**

CDC Prevention Programs

CDC HIV Prevention and Surveillance

There has been incredible progress in the fight against HIV over the last 35 years, but that progress has stalled with new infections plateauing since 2013. Increasing funding for high-impact, community-focused HIV prevention services has proven to result in a strong return on investment. Not only are these prevention tools effective at preventing new HIV infections, but in the long term they result in decreased lifetime medical costs that are associated with HIV treatment.

HIV continues to disproportionately impact Black gay and bisexual men, Latinx gay and bisexual men, Black heterosexual women, transgender and gender nonconforming women, people who inject drugs, and people who live in the South. HIV prevention tools that meet the special prevention needs of these populations must be expanded. HIV will not be eliminated unless we focus resources on those most impacted.

The **CDC's Division of HIV Prevention** is the federal leader in creating new and innovative strategies for HIV prevention. Through partnerships with state and local public health departments and community-based organizations, the CDC has expanded targeted, high-impact prevention programs that work to address racial and geographic health disparities. Additionally, CDC's national surveillance system is a key tool in identifying people and regions most impacted by the epidemic, and tailoring prevention efforts to meet the needs of those populations and prevent HIV transmission clusters. There is no single way to prevent HIV, but jurisdictions use a combination of effective evidence-based approaches including testing, linkage to care, condoms, syringe service programs, and PrEP.

We urge you to fund the CDC Division of HIV Prevention at \$822.7 million in FY2023, an increase of \$67 million over FY2022. This is in addition to the \$310 million for EHE Initiative work within the Division.

CDC Division of Adolescent and School Health (DASH)

Twenty one percent of new HIV infections are among young people between the ages of 13 and 24, however, only 43% of high schools and 18% of middle schools teach CDC's recommended sexual health topics. For less than \$10 a student, **CDC's school-based HIV prevention** has provided funding for schools to increase access to health services, implemented 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, 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 FY2023, an increase of \$63.9 million over FY2022.

CDC STD Prevention

Our nation faces a compounded public health crisis. For the sixth consecutive year, U.S. cases of chlamydia, gonorrhea, and syphilis hit an all-time high, with a yearly increase of 2.5 million cases. The sharpest increase was in the rates of congenital syphilis, which increased 279 percent since 2015. Without treatment, STDs can have serious health consequences, including cervical cancer, ectopic pregnancy, pelvic inflammatory disease, infertility, and increased risk of acquisition and transmission of HIV. The COVID-19 emergency response continues impact STD prevention efforts across the nation. During the pandemic response, 78 percent of the STD/HIV health department workforce were redeployed to COVID-19 emergency response, including a large portion of the disease intervention specialists (DIS)/contact tracers who were tracking STDs.

Direct funding to state and local health departments is critical in addressing STIs. We urge you to fund the **CDC's Division of STD Prevention** at \$279 million to help State and local health departments to increase capacity, address understaffing, and for DIS training and team management. Additionally, we are requesting a one-time investment of \$50 million to change the current grant year, from January to July, for State health departments engaged in STD prevention and control activities. Under the current timetable, State health departments must submit grant applications by January 1 based on previous year appropriations levels if final appropriations have not been enacted, and then must file additional paperwork before any funds added by Congress can be distributed. Moving the grant year to July—which is a common application date for many grant programs—would lessen the administrative burden on State health departments and ensure more efficient use of funds.

We urge you to fund the CDC Division of STD Prevention at \$329.2 million in FY2023, an increase of \$164.9 million over FY2022.

CDC Viral Hepatitis Prevention

Hepatitis B (HBV) and hepatitis C (HCV) continues to have a dramatic impact on the health of some of the nation's most vulnerable communities, and show no signs of abating, as lack of sterile equipment among people who use drugs creates perfect conditions for the virus to thrive. The CDC estimates there were 57,800 new HCV cases in 2019, with potentially 70% of those cases a result of drug use. Since 2010, the country has experienced a nearly 500% increase in new HCV infections. Despite effective vaccines to protect against HBV, new cases of HBV remain plateaued, with an estimated 20,700 new cases in 2019. In addition, programs must contend with the ongoing impact of service disruptions related to the COVID-19 pandemic, when hepatitis B/C testing, hepatitis A/B vaccination and community outreach were reduced by half or more. Of the nearly 5 million people now living with HBV and/or HCV in the U.S., as many as 65% are not aware of their infection. With so many people impacted by viral hepatitis, it is imperative that the evidence-based prevention, testing, surveillance, and treatment programs have the resources they need to protect the country's health.

The **CDC's Division of Viral Hepatitis (DVH)** remains the lead agency combating viral hepatitis at the national level by providing important information and funding to the states. The division is currently

funded at only \$41 million. This is nowhere near what is needed for a national viral hepatitis program focused on decreasing mortality and reducing the spread of the disease. We have the tools to prevent this growing epidemic, laid out in the [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination \(2021 – 2025\)](#). However, only with a significant investment can there be an adequate level of testing, education, screening, treatment, surveillance, and on-the-ground syringe service programs needed to reduce new infections and put the U.S. on the path to eliminate hepatitis as a public health threat.

We urge you to fund the CDC's Division of Viral Hepatitis at \$140 million in FY2023, an increase of \$99 million over FY2022.

CDC Infectious Diseases and Opioid Epidemic Funding

The FY2019 budget included new funding 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. surpassing 105,000 annual overdose deaths from opioid overdose in 2020, a more than 45% increase from January 2020. 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 opioid and infectious disease crisis and effectively help prevent drug overdoses and new HIV and hepatitis infections. They have the knowledge, contacts, and ability to reach people who use drugs; they provide naloxone and other overdose prevention resources; and they connect people to medical care and support, including Substance Use Disorder treatment. This program increases prevention, testing, and linkage to care efforts to combat new infections and is extremely needed to provide a strong on-the-ground response to this crisis. 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 FY2023 at \$150, an increase of \$132 million over FY2022.

CDC Division of Tuberculosis Elimination (DTBE)

CDC's Division of Tuberculosis Elimination leads the fight against tuberculosis (TB) in the U.S. and provides funding, coordination, and guidance to state and local TB programs across the country, which are on the front lines of fighting emerging outbreaks. When COVID-19 arrived in the United States, TB programs formed the backbone of the public health response due to their unique expertise in addressing airborne infectious disease. Even as these underfunded and overstretched programs contribute toward the pandemic response, TB cases continue to be reported in every state, and approximately 13 million Americans have latent TB infection which can later progress to active disease. Flat funding has eroded TB program capacity against this airborne disease as evidenced by outbreaks across the country, rising rates of TB cases in the US for the first time in decades, and the rise of deadlier drug-resistant forms of TB. As a result of pandemic-related delays to diagnosis, state and local programs are seeing increasingly complicated and difficult-to-treat TB, including infant deaths. DTBE is also a key federal partner in TB research and development through its TB Trials Consortium (TBTC), helping accelerate the development of simpler, safer, and more effective new drug regimens to prevent and treat TB.

Years of flat funding have slowed the speed and rollout of these crucial clinical trials, limiting our ability to effectively prevent and treat TB in the future, especially among priority populations such as children

and people living with HIV. To enable DTBE to pursue its core functions—including researching new tools and supporting domestic TB programs—as well as fulfill the National Action Plan to Combat Multidrug-Resistant Tuberculosis (NAP), increased funding is needed. This includes funding for a national prevention initiative, prioritizing those who are infected and are at highest risk for progressing to active disease, and additional resources to address ongoing infrastructural issues such as critical treatment shortages related to an unstable TB drug supply.

We urge you to fund the CDC Division of Tuberculosis Elimination at \$225 million in FY2023, an increase of \$90 million over FY2022.

Syringe Services Programs

The Department of Health and Human Services, relying on the results of multiple studies, states that syringe service programs (SSPs) are a proven, evidence-based, and effective tool in HIV and hepatitis prevention. Beyond providing access to sterile syringes, SSPs prevent overdose, connect people to substance use treatment, HIV and hepatitis testing, and other supportive services. Given the more than 100,000 annual overdose deaths in 2021, these cost-effective programs must be expanded, especially in areas hardest hit by the opioid epidemic. SSPs have also been providing COVID-19 related services to vulnerable populations during the pandemic. The FY2022 omnibus continued a harmful policy rider that restricts the use of federal funds for the purchase of sterile syringes, which negatively impacts the ability of state and local public health groups from expanding SSPs.

We urge you to remove all restrictions on federal funding for syringe service programs in those jurisdictions that are experiencing or at risk for a significant increase in HIV or hepatitis infections due to injection drug use.

Pre-Exposure Prophylaxis

Pre-exposure prophylaxis, or PrEP, is a medication that effectively prevents HIV transmission when taken as prescribed. The first PrEP medication was approved by the FDA ten years ago, and now there are multiple medications available, including generic medications. Now there is a new long-acting injectable version of PrEP which shows signs of increasing adherence among people who may have trouble taking daily medication. Increasing access to PrEP has been a key strategy in ending the HIV epidemic, yet more progress must be made.

It is estimated that only 23.4% of people who could benefit from PrEP have received a prescription. PrEP coverage is highest among white people, at 63.3%, yet only 8.2% of black people and 14% of Hispanic/Latino people who could benefit from PrEP in the United States are on a prescription. Additionally, PrEP coverage among women is only at 9.7%. 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 FY 2023 Budget Request, President Biden called for a new mandatory funding program to expand PrEP across the United States through providing medication to un and under insured individuals, as well as supporting and expanding PrEP programs across a variety of agencies. Additionally, there is a bill in Congress seeking to increase insurance coverage of PrEP and ancillary services ([S. 3295](#)) and a bill which seeks to provide grants to HHS entities to expand PrEP programs throughout the U.S. ([H.R. 5605](#)). As Congress moves through the regular appropriations cycle, we urge you to support funding for new and innovative programs to expand PrEP access, ensure that those who want PrEP can easily access the

medication without any costs or barriers, and increase demand for PrEP among people who could benefit from this important medication.

Minority HIV/AIDS Initiative (MAI)

Racial and ethnic minorities in the U.S. are disproportionately impacted by HIV/AIDS. African Americans, more than any other racial/ethnic group, continue to bear the greatest burden of HIV in the U.S. Three out of four new HIV infections occur among people of color. While there have been consistent decreases in new HIV infections among certain populations, HIV infections are not decreasing among Black and Latinx gay and bisexual men. It is estimated that Black and Latinx transgender women face the highest burden of HIV. These disparities demonstrate that targeted investments in minority populations is still desperately needed.

Twenty years ago, the Minority AIDS Initiative was created to improve the HIV-related health outcomes for racial and ethnic minorities and reduce HIV-related health disparities. MAI resources supplement other federal HIV/AIDS funding and are designed to encourage collaboration between agencies, breaking down silos in order to increase capacity and target funding to programs that demonstrate effectiveness.

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 populations and provide prevention, treatment, and recovery support services, along with HIV testing and linkage service when appropriate, for people at risk of mental illness and/or substance abuse.

We urge you fund the Minority HIV/AIDS Fund at \$105 million, and SAMHSA's MAI program at \$160 million in FY2023, an increase of \$48.1 million and \$44 million over FY2022 levels, respectively. We also urge you to fund Minority AIDS Initiative programs across HHS agencies at \$610 million in FY2023.

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. Various DNA, messenger RNA (mRNA), viral vector, and antibody-based vaccine approaches, or “platforms”, currently in advanced development for HIV are simultaneously being deployed in COVID-19 vaccine candidates. We are thankful that the overall budget for the NIH has increased significantly over the past few fiscal years, though we remain concerned that those increases have not translated into increases in HIV research, which has been effectively flat-funded for almost a decade.

The NIH Office of AIDS Research's FY 22 [Professional Judgment Budget](#) identified \$755 million in 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 has 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 \$3.875 billion for FY2023, an increase of \$681 million over FY2022. This request is based on the FY2022 NIH HIV/AIDS Professional Judgment Budget.

HIV/AIDS Housing

Housing continues to be the greatest unmet need for people living with HIV. Those who have stable housing are 20% more likely to achieve viral suppression than those who are homeless or lack stable housing. When a person is housed they are able to engage with the medical services needed to become virally suppressed. 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 proven, highly effective housing program, providing housing to 55,000 households and supportive services to over 100,000 individuals. HOPWA funding currently only meets a fraction of the need, with HUD's estimate of HOPWA eligibility at around 400,000 people. Further, FY22 is the first year of the new HOPWA formula without any hold harmless restrictions, this is resulting in a \$15 million loss nationwide for current HOPWA recipients. In order to ensure that people living with HIV/AIDS do not become homeless, it is imperative that HOPWA is funded at a high enough level simply to be able to meet their renewals. Therefore, investing in the HOPWA program is an imperative approach to regional stabilization and improving public health.

We urge you to fund the HOPWA program at \$600 million in FY2023, an increase of \$150 million over FY2022.

Federal HIV/AIDS Coordination

This year, ABAC is requesting increased funding for two important offices which 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 FY 2023.

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 it is vital that they receive age-appropriate and 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 FY 2023, an increase of \$49 million over FY 2022.

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 completely 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 FY2023, which would render a \$35 million savings based upon FY 2022 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 more than three million 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 FY 2023, an increase of \$225.5 million over FY 2022.

Thank you for considering these requests and your continued support for domestic HIV/AIDS programs. We hope your Fiscal Year 2023 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, Emily McCloskey at emccloskey@nastad.org or Carl Schmid at cschmid@hivhep.org.

Sincerely,

ADAP Educational Initiative (OH)

Advocacy House Services, Inc. (NC)

Advocates for Youth (DC)

African American Health Alliance (MD)

AIDS Action Baltimore (MD)

AIDS Alabama (AL)

AIDS Alabama South (AL)

AIDS Alliance for Women, Infants, Children,
Youth & Families (DC)

AIDS Foundation of Chicago (IL)

AIDS United (DC)

Aliveness Project (MN)

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)

APLA Health (CA)

Appalachian Learning Initiative Inc. (WV)

Association of Nurses in AIDS Care (OH)

AVAC (NY)

Black AIDS Institute (GA)

CAEAR Coalition (DC)

CARES of Southwest Michigan (MI)

Cascade AIDS Project (OR)

CenterLink: The Community of LGBT Centers (FL)

Colorado Health Network (CO)

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

Community Education Group (WV)

Community Liver Alliance (PA)

Elizabeth Glaser Pediatric AIDS Foundation (DC)

Fatty Liver Foundation (ID)

Fenway Health (MA)

Food for Thought (CA)

Georgia AIDS Coalition (GA)

Georgia Equality (GA)

GLMA: Health Professionals Advancing LGBTQ Equality (DC)

Grady Health System - Ponce de Leon Center (GA)

HealthHIV (DC)

Healthy Teen Network (MD)

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)

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)

International Association of Providers of AIDS Care (DC)

Korean Community Services of Metropolitan New York (NY)

Lansing Area AIDS Network (MI)

Latino Commission on AIDS (NY)

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, Inc. (SC)

National Working Positive Coalition (NY)

NC AIDS Action Network (NC)

NMAC (DC)

PFLAG National (DC)

Positive Women's Network-USA (CA)

Reproductive Health Access Project (NY)

Ryan White Medical Providers Coalition (VA)

San Francisco AIDS Foundation (CA)

SisterLove, Inc. (GA)

Southwest Center for HIV/AIDS (AZ)

Southwest Recovery Alliance (AZ)

Suzanna Masartis (PA)

The AIDS Institute (DC)

The Aliveness Project, Inc. (MN)

The Well Project (NY)

Thomas Judd Care Center at Munson Medical
Center (MI)

Treatment Action Group (NY)

UNIFIED- HIV Health and Beyond (MI)

URGE: Unite for Reproductive & Gender Equity
(DC)

Vivent Health (CO, MO, TX, WI)

Wellness AIDS Services, Inc. (MI)