



The Honorable Kay Granger  
Chairwoman  
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

The Honorable Patty Murray  
Chair  
Committee on Appropriations  
United States Senate  
Washington, DC 20515

The Honorable Susan Collins  
Vice Chair  
Committee on Appropriations  
United States Senate  
Washington, DC 2051

March 27, 2023

**Subject: HIV Community Funding Requests for FY2024 Domestic HIV Programs**

Dear Chairwoman Granger, Ranking Member DeLauro, Chair Murray, and Vice Chair Collins:

The undersigned 96 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.

Since 2013, new HIV diagnoses have plateaued at around 36,000 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. While we still do not have a cure or a vaccine, we have the science and tools to eventually end HIV in the United States through science-based prevention and treatment programs. 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. However, to finally end the HIV epidemic, public health programs across the country must have the sufficient resources and proper policies in place.

Despite our strong scientific knowledge, until recently, progress has stalled. In 2019, President Trump initiated a concerted effort to target resources where they can be most effective 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.**

**Below are detailed domestic HIV and related programs funding requests that we urge you to include in the FY2024 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 four fiscal 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. While this initiative has received funding over the last 4 years, it remains severely underfunded based on the models that were run at its creation showing the investment needed to end HIV by 2030. Even though underfunded, the Initiative has shown success. The Health Resources and Services Administration reports that in FY2021, the Ryan White Program served 22,400 new clients and re-engaged clients while at the same time the COVID-19 pandemic disrupted services. Since the initiative began, CDC has distributed 100,000 free HIV self-test kits and health departments conducted almost 250,000 HIV tests in the first year and 1,000 people received a new diagnosis of HIV. Additionally, community health centers funded by the EHE Initiative were able to increase PrEP (HIV prevention medication) to over 52,000 people in the first two years.

**We ask Congress to fund the Ending the HIV Epidemic Initiative by the amounts listed below in the following operating divisions in FY2024:**

- **\$495 million** for *CDC Division of HIV/AIDS Prevention* for testing, linkage to care, and prevention services, including \$200 million increase for access to pre-exposure prophylaxis (PrEP) (+\$275 million);
- **\$330 million** for *HRSA Ryan White HIV/AIDS Program* to expand comprehensive treatment for people living with HIV (+\$165 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)* 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 Program clients are racial and ethnic minorities, and nearly two thirds are under the federal poverty level. In the US, over half of people living with HIV are over the age of 50. The Ryan White Program will continue to remain vital for this population as it is estimated that by 2030, 64% of Ryan White clients will be 50 years and older. With 89% of Ryan White Program 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. An increase in funding could expand access to effective HIV care and treatment to more people living with HIV. In 2020, the Ryan White Program served 566,416 clients and received \$2.3 billion, an amount that has basically stayed the same for ten years while its number of clients continue to grow. When adjusted for inflation, Ryan White Program funding has not increased since 2001, and funding has slowly decreased since 2013 based on 2001

dollars.<sup>1</sup> Since HIV treatment is a lifelong endeavor, it is essential that funding for this program be maintained and increased to address client growth and inflation.

**We urge Congress to fund the Ryan White HIV/AIDS Program at a total of \$3.058 billion in FY2024, an increase of \$487.3 million over FY2023, distributed in the following manner:**

- Part A: \$814.1 million
- Part B (Care): \$520.0 million
- Part B (ADAP): \$968.3 million
- 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: \$330 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. By investing now in high-impact, evidence-based prevention, thousands of new HIV infections can be prevented, and the healthcare system can save billions in lifetime medical costs 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. There is no one-size-fits all approach to preventing HIV, so prevention tools that are catered to each community at risk for HIV are needed to be successful.

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. With one in eight people living with HIV unaware of their status, CDC funding works to expand non-traditional HIV testing, including at-home HIV testing which works to eliminate stigma a person may experience in a clinical setting. 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 FY2024, an increase of \$67 million over FY2023. This is in addition to the \$495 million for EHE Initiative work within the Division.***

### **Pre-Exposure Prophylaxis**

Pre-exposure prophylaxis, or PrEP, are medications that effectively prevent HIV transmission when taken as prescribed. PrEP medication was approved by the FDA eleven years ago, and now there are multiple types of medications available, including generics. As of December 2021, there is a 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. Currently, only 1 in 4 people who need PrEP are on a prescription. In 2020, only 10.4% of women, 9% of Black individuals, and 16% of Hispanic individuals assessed to be most in need of PrEP had a prescription. Reducing these disparities must be a priority as we work to expand PrEP use.

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<sup>1</sup> Kaiser Family Foundation, The Ryan White HIV/AIDS Program: The Basics. 2022, Nov 3; <https://www.kff.org/hiv/aids/fact-sheet/the-ryan-white-hiv-aids-program-the-basics/>

We are thankful that there has been an increased focus on PrEP both in Congress and from President Biden. In his FY2024 Budget Request, President Biden called for a new mandatory funding program to expand PrEP through providing medication to un- and under- insured individuals, as well as supporting and expanding PrEP programs across a variety of agencies. While Congress considers this request, we urge the Subcommittee to support immediate funding for new and innovative programs to expand PrEP access as a key focus for CDC's Ending the HIV Epidemic Initiative programs to ensure increase community and provider outreach and assist those who need PrEP can easily access it without barriers and costs for the uninsured.

#### CDC Division of Adolescent and School Health (DASH)

Twenty percent of new HIV infections are among young people between the ages of 13 and 24, however, less than half of high schools and less than one fifth 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, but 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 FY2024, an increase of \$61.9 million over FY2023.***

#### CDC STD Prevention

Sexually transmitted infections (STIs), for the seventh year in a row, are at an all-time high in the United States. Infections such as chlamydia, gonorrhea, and syphilis come at a steep price, with more than a billion dollars each year in direct medical costs, and can lead to lifelong medical issues and death. Our nation's STI prevention and control programs and the sexual health clinics that test and treat STIs are our front line of defense against these epidemics. The COVID-19 pandemic, coupled with more than seventeen years of level funding for STD programs, has resulted in a 40% reduction in buying power, further impeding efforts to get STIs under control.

Additional funding for **CDC's Division of STD Prevention** will allow STD programs to increase capacity, invest in contact tracing efforts, monitor trends in STI cases throughout their jurisdictions, and quickly respond to new outbreaks to break the chain of infection. We are also requesting continuation of the funds begun in the FY2023 appropriations bill, including \$15 million to move the grant year by one month, and \$3 million to hold harmless grantee funding levels.

***We urge you to fund the CDC Division of STD Prevention at \$312.5 million in FY2024, an increase of \$138.2 million over FY2023.***

#### CDC Viral Hepatitis Prevention

Viral hepatitis prevention programs have been dramatically underfunded in the US over the past decade, despite the costly impact to the health system and the significant disease burden and mortality for people living with viral hepatitis. Of the nearly 5 million people now living with hepatitis B virus (HBV) and 2.4 million people living with hepatitis C virus (HCV) in the U.S., as many as 65% are undiagnosed and unaware of their significant and often fatal disease progression.

The **CDC Division of Viral Hepatitis (DVH)** is the lead agency combating viral hepatitis at the national level by coordinating hepatitis education and technical assistance for providers and providing funding to the state and local health departments. DVH is currently funded at only \$43 million—a debilitatingly small amount of funding

compared to the financial resources required for health departments, hepatitis providers, and community partners to reverse course on the worsening HBV and HCV epidemics. The HHS Viral Hepatitis National Strategic Plan released in 2021 first committed the nation to eliminating the public health threat of viral hepatitis—an achievable goal with the appropriate financial investments commensurate to the severity of the hepatitis epidemic.

**We urge you to fund the CDC DVH Division of Viral Hepatitis at \$150 million in FY2024, an increase of \$107 million over FY2023.**

*CDC Infectious Diseases and Opioid Epidemic Funding*

Funding is also needed 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. nearing 107,000 annual overdose deaths from opioid overdose in 2022, a more than 46% 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 \$127 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. As a result, in 2020, the number of deaths from TB in the U.S. was the highest it had been in 15 years.

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 FY2024, an increase of \$88 million over FY2023.***

### Harm Reduction Programs

Syringe service programs (SSPs) are an extensively proven, evidence-based, and effective tool in HIV and hepatitis prevention. Beyond providing access to sterile syringes, SSPs and other harm reduction programs prevent overdose, connect people to substance use treatment, HIV and hepatitis testing, and serve as a gateway to wide array of healthcare services. Given the more than 107,000 overdose deaths in the US in the 12 month period ending in October of 2022, it is essential these cost-effective programs be expanded, especially in the areas hardest hit by the overdose epidemic.

If we are going to end the overdose epidemic in the US, we need to support programs that meet people where they're at and are firmly rooted in best practices. This means directly investing in harm reduction programs that serve people who use drugs with dignity and compassion, and allowing them to purchase the supplies they need to provide care, including sterile syringes.

The FY2023 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 fund the SAMHSA Community Harm Reduction and Engagement Initiative at \$50 million in FY2024 and to remove bill language restricting the use of federal funds for the purchase of syringes while also not adding additional restrictions.***

### HIV/AIDS Housing

Housing is the number one unmet need for people living with HIV and 2 out of 5 PLWHA who need housing assistance do not get it. Stable housing is associated with a 20% higher rate of viral suppression than those who are unhoused and is not only a matter of quality of life, but health. 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 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. To end HIV in America, we must robustly fund the HOPWA program.

***We urge you to fund the HOPWA program at least at \$600 million in FY2024, an increase of \$101 million over FY2023.***

### 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 FY2024, an increase of \$48 million and \$44 million over FY2023 levels, respectively. We also urge you to fund Minority AIDS Initiative programs across HHS agencies at \$610 million in FY2024.***

### **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 FY2024 [Professional Judgment Budget](#) identified \$479 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 \$3.673 billion for FY2024, an increase of \$379 million, over FY2023. This request is based on the FY2024 NIH HIV/AIDS Professional Judgment Budget.***

### **Federal HIV/AIDS Coordination**

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, an increase of \$11.9 m over FY2023, and \$3 million for the White House Office of National AIDS Policy in FY2024.***

### **Sexual Health Programs**

In order to treat rising costs of new STI infections, we request \$200 million for a new demonstration project within the Bureau of Primary Health Care at HRSA to award grants to eligible public and private nonprofit clinics for **STI clinical services**, which will address staffing shortages, enhance training, and expand capacity. Testing and prompt treatment for bacterial STIs are the best tools to reduce STI rates in the US. However, there is currently no dedicated federal program to directly support high-quality and accessible STI clinical services. This demonstration project will provide long overdue support for patients seeking care, and their public and nonprofit providers.

***We urge you to fund a new STI clinical services demonstration project within HRSA at \$200.0 million in FY2024.***

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 FY2024, an increase of \$49 million over FY2023.***

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 FY2024, which would render a \$35 million savings based upon FY2023 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 millions of 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 FY2024, an increase of \$225.5 million over FY2023***

### **SAMHSA HIV Block Grant**

We urge you to include language, as was proposed in the President’s budget, that would modernize the way in which states qualify to be eligible for the HIV set-aside of the Substance Abuse Block Grant (SABG). Instead of



using the outdated measurement of AIDS cases in order for a state to qualify for the 5 percent HIV set-aside, the number of HIV cases in the state should be used.

Thank you for considering these requests and your continued support for domestic HIV/AIDS programs. We hope your Fiscal Year 2024 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](mailto:narmstrong@tmail.org), Drew Gibson at [dgibson@aidsunited.org](mailto:dgibson@aidsunited.org), Emily McCloskey Schreiber at [eschreiber@nastad.org](mailto:eschreiber@nastad.org), or Carl Schmid at [cschmid@hivhep.org](mailto:cschmid@hivhep.org).

Sincerely,

AcadianaCares (LA)

AccessHealth (MA)

Act Now: End AIDS (ANEA) Coalition (NY)

ADAP Advocacy Association (DC)

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 Chicago (IL)

AIDS United (DC)

Alliance Community Healthcare Inc. (NJ)

American Academy of HIV Medicine (DC)

American Psychological Association (DC)

American Sexual Health Association (NC)

APLA Health (CA)

Appalachian Learning Initiative Inc. (WV)

Association of Nurses in AIDS Care (DC)

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

Community Access National Network (LA)

Community Liver Alliance (PA)

Drug Policy Alliance (NY)

Elizabeth Glaser Pediatric AIDS Foundation (DC)

Equality California (CA)

Equality Federation (OR)

Fatty Liver Foundation (ID)

Five Horizons Health Services (AL)

Food for Thought (CA)

Georgia AIDS Coalition (GA)

Georgia Equality (GA)

HealthHIV (DC)

Healthy Teen Network (MD)

HEP (WA)

Hepatitis C Association (NJ)

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 (SC)  
National Coalition for LGBTQ Health (DC)  
National Coalition of STD Directors (DC)  
National Family Planning & Reproductive Health  
Association (DC)  
National Working Positive Coalition (NY)  
NMAC (DC)  
PlusInc (DC)  
Positive Women's Network-USA (CA)  
Poz Haven Foundation Inc. (NV)  
PrEP4All (NY)  
Prism Health North Texas (TX)  
PWN-USA (OH)  
Reproductive Health Access Project (NY)  
Ryan White Medical Providers Coalition (VA)  
SAGE (NY)  
San Francisco AIDS Foundation (CA)  
San Francisco Community Health Center (CA)  
SIECUS: Sex Ed for Social Change (DC)  
Silver State Equality (NV)  
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 Matrix Consulting, LLC (WV)  
The Well Project (NY)  
Thomas Judd Care Center at Munson Medical  
Center (MI)  
Treatment Action Group (NY)  
U=U plus (CA)  
UNIFIED- HIV Health and Beyond (MI)  
URGE: Unite for Reproductive & Gender Equity  
(DC)  
Vivent Health (CO, MO, TX, WI)  
Wellness AIDS Services, Inc. (MI)