July 22, 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 Partnership to End HIV, STDs, and Hepatitis—comprising AIDS United, NASTAD, the National Coalition of STD Directors, NMAC, and The AIDS Institute—writes to request that the fiscal year 2027 Labor, Health and Human Services, Education, and Related Agencies appropriations bills include language preserving the Centers for Disease Control and Prevention's (CDC) longstanding practice of directly funding community-based organizations (CBOs) to deliver HIV prevention services.

Specifically, we request that the bills include the following direction within the CDC HIV prevention line:

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

This request is prompted by reports that the Office of Management and Budget (OMB) has instructed the CDC not to recompete its current CBO cooperative agreement, Comprehensive High-Impact HIV Prevention Programs for Community-Based Organizations (PS21-2102), upon the conclusion of the current extended program period. Absent clear direction from Congress, funds that have long supported frontline HIV prevention in local communities could be redirected, and a national network of 96 funded organizations—built over decades with federal support—could be allowed to lapse. The language does not increase spending. It simply ensures that a portion of the funds Congress already provides for HIV prevention continues to reach the local organizations that deliver services on the ground.

Direct federal support for community-based HIV prevention has been a public health success story, made possible by decades of bipartisan support. For more than thirty years, under administrations and Congresses led by both parties, the CDC has funded CBOs to provide HIV testing, linkage to care,

referrals to pre-exposure and post-exposure prophylaxis, and outbreak response. The Ending the HIV Epidemic in the U.S. Initiative, launched in 2019 and sustained by your Committee's appropriations ever since, depends on these organizations to reach the communities where new transmissions are concentrated. Members on both sides of the aisle have supported this work because it delivers: people are diagnosed earlier, connected to care faster, and kept healthy at a fraction of the cost of treating preventable infections.

The fiscal case is straightforward. Each HIV transmission averted avoids an estimated lifetime treatment cost of roughly half a million dollars—treatment that federal programs, including Medicaid, Medicare, and the Ryan White HIV/AIDS Program, pay for. CBO-delivered prevention converts modest grants into significant long-term savings, and CDC surveillance data allow those grants to be targeted precisely to the counties and communities where they will prevent the most infections. In many high-burden areas, particularly across the South and in rural communities, a funded CBO is the primary local source of testing and prevention services, and these grants sustain local jobs and health infrastructure that no other program replaces.

What matters most is continuity. CBOs are effective because of the trust they have earned through years of consistent presence in their communities. This trust brings people in the door for testing, keeps them engaged in prevention and care, and cannot be quickly re-established once lost. We urge your Committees to protect a defined floor for direct CBO funding to preserve continuity of services, prevent avoidable loss of local capacity and community trust, and reaffirm Congress's intent that federal HIV prevention dollars reach the communities most impacted.

We thank the Committees for their sustained, bipartisan leadership on HIV prevention and would welcome the opportunity to provide additional information as the FY27 bills are developed.

Sincerely,

Elizabeth Finley
Interim Executive Director
National Coalition of STD Directors

Harold Phillips
CEO
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Carl Baloney, Jr.
Executive Director
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Michael Ruppal
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