

Submitted by Colleen Kelley, MD, MPH, FIDSA, Chair of the HIV Medicine Association. Prepared for the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies Regarding the FY 2026 Appropriations for Federal HIV and Related Programs. HIVMA recommends funding levels at \$960.9 million for the EHE initiative across CDC and HRSA, which includes \$395 million for CDC's EHE initiative, of which \$100 million would support the national PrEP program, and \$358.6 million in EHE funding for the RWP at HRSA. \$3.024 billion for RWP overall funding across all parts and \$231 million for RWP Part C programs at HRSA. \$1.318 billion for the Division of HIV Prevention, \$150 million for opioid-related infections programs, \$150 million for the Division of Viral Hepatitis, and \$322.5 million for the Division of STD Prevention at CDC. \$3.953 billion for HIV/AIDS research and \$7.151 billion for NIAID at NIH.

April 4, 2025

Chairman Aderholt, Ranking Member DeLauro and members of the Subcommittee, my name is Colleen Kelley, MD, MPH, FIDSA, chair of the HIV Medicine Association (HIVMA). I am a faculty member and researcher in the Division of Infectious Diseases at Emory University School of Medicine in Atlanta, Georgia, and I provide clinical care for patients at the Grady Health System Ponce De Leon Center and Grady Memorial Hospital. I am pleased to submit testimony on behalf of HIVMA, which represents nearly 6,000 physicians, scientists and other health care professionals on the front lines of the HIV epidemic in communities around the country. Our members provide care and treatment to people with HIV, conduct research and lead public health programs in communities across the country.

Four decades after HIV was first clinically observed in the U.S, we stand at a crossroad that could determine the fate of millions. Decades of groundbreaking advancements in prevention and care have saved lives, yet the very programs and research that have propelled us forward are in peril. As an HIV researcher and clinician in Atlanta, I have witnessed firsthand the profound impact of our collective efforts over the past decade, particularly with the advent of PrEP, which has emerged as a game-changer in HIV prevention. This remarkable drug has empowered individuals to take control of their health, drastically reducing new HIV cases and fostering hope in communities once overshadowed by despair. While bipartisan support for federal programs has fueled lifesaving initiatives, we now confront an alarming reality – prevention, care and research funding cuts and program eliminations threaten to reverse decades of progress.

For the FY 2026 appropriations process, we urge Congress to provide continued support for the Ending the HIV Epidemic (EHE) initiative, increased funding for the Ryan White HIV/AIDS Program (RWP) to keep pace with patient demand and inflation and sustained funding for the Centers for Disease Control and Prevention's (CDC's) Division of HIV Prevention and the HIV and infectious diseases research at the National Institutes of Health. The funding requests in our testimony reflect the consensus of the Federal AIDS Policy Partnership (FAPP), a coalition of nationwide HIV organizations. For a chart of current and historical funding levels and coalition requests for each program, please refer to [FAPP's FY 2026 Appropriations for Federal HIV/AIDS Programs](#).

Ending the HIV Epidemic Initiative – U.S. Department of Health and Human Services:

President Trump launched the EHE initiative during his first term with the bold goal of reducing the number of new HIV infections by at least 90% by [2030](#). To achieve the most impact, EHE focuses on communities hardest hit by HIV that account for more than half of new diagnoses. Reaching EHE goals by 2030 would prevent 255,000 new HIV cases and save \$127.5 billion in direct lifetime medical costs. In Georgia – Cobb, DeKalb, Fulton and Gwinnett counties have benefited from EHE funding to support prevention programs and to link people with HIV to essential care, support and treatment.

Nationally, EHE has demonstrated early successes. Since 2017, there has been a [21% decrease](#) in new HIV cases in the 57 priority EHE jurisdictions. This is compared to only a 6% decrease in new HIV cases during that same time period in non-EHE jurisdictions. Much of this gain is attributed to increased access to PrEP. I am thankful that, in the continuing resolution, Congress preserved EHE funding. **We urge sustained funding of the EHE initiative at \$960.9 million at the Health Resources and Services Administration (HRSA) and CDC for FY 2026 to be used for expanded access to antiretroviral treatment and PrEP to prevent HIV transmissions as well as improve access to routine and critical health services.**

HIV/AIDS Bureau – Health Resources and Services Administration: For more than three decades, HRSA’s RWP has saved lives by providing access to health care services for individuals with HIV without other sources of care, providing access to the care and treatment they need to stay healthy and sustain viral suppression. The program serves more than 550,000 people nationwide – more than half of the people diagnosed with HIV in the U.S. – and it provides care in rural, urban and suburban jurisdictions. In 2023, the Ryan White Program served 27,358 people with HIV in Georgia.

Increased funding for FY 26 will help the program ensure that people with HIV have the range of services that they need to achieve and sustain viral suppression – meaning the virus is undetectable and untransmittable. Viral suppression among people receiving HIV medical care through RWP has increased significantly, from [69.5% in 2010 to 90.6% in 2023](#), making this program one of the most successful federal investments.

RWP clinics not only save lives but also reduce costs. A [study](#) from the University of Alabama at Birmingham showed that people treated in the later stages of HIV required 2.6 times more health care spending than those with early treatment. **We urge Congress to fund the RWP at \$3.024 billion in FY 2026, an increase of \$453.4 million over FY 2025. In addition, we strongly recommend providing at least \$358.6 million in EHE funding for the RWP, a \$193.6 million increase over FY 2025.**

It is critical to ensure that clinics in all jurisdictions nationwide receive additional funding to increase access to HIV care to keep pace with increased demand and inflation and to help end HIV as an epidemic. Approximately half of the RWP clinics receiving Part C funding serve rural communities, making them the primary source for delivering HIV care to rural jurisdictions. **We urge an allocation of \$231 million, a \$22 million increase over the FY 2025 level, for Ryan White Part C programs.**

Division of HIV Prevention – Centers for Disease Control and Prevention: The Division of HIV Prevention (DHP) plays a crucial role in supporting national efforts to prevent HIV transmission. DHP tracks HIV incidence and prevalence, providing valuable data to make public health strategies and policies more effective and efficient; provides technical assistance to state and local health departments; and supports HIV education, HIV testing and PrEP programs. There has been significant progress against new HIV infections in the U.S., with a decline of 20% of new HIV infections since 2010, and [rates](#) declining most significantly among younger people ages 13 to 24.

DHP and RWP play unique and complementary roles in the HIV response. CDC's DHP is focused on prevention at the population level while the clinics and programs supported by RWP deliver health care services and treatment to individuals living with HIV. Together, they form a critical framework for ending the HIV epidemic.

Without federal support, [states](#) will struggle to replace the resources the division provides, and this will cost taxpayers millions of dollars if we see a resurgence in new HIV cases. The essential functions of HIV prevention must be preserved within CDC. **We urge the Division of HIV Prevention to be fully funded and remain within the CDC's purview. We request a total of \$1.318 billion, a \$304 million increase over FY 2025 levels.**

Additionally, under CDC's National Center for HIV, Viral Hepatitis, STD and Tuberculosis Prevention, we request the following:

- **For CDC's opioid-related infections programs, we request an appropriation of \$150 million, a \$127 million increase above the FY 2025 program.**
- **For the Division of Viral Hepatitis, we request a total of \$150 million, a \$107 million increase over FY 2025 levels.**
- **For the Division of STD Prevention, we request a total of \$322.5 million, a \$148.2 million increase over FY 2025.**

National PrEP Program – Centers for Disease Control and Prevention: A key strategy of the EHE initiative has been to improve access to PrEP, a drug that, when taken as prescribed, is [99%](#) effective in preventing HIV. The December 2023 HIV Surveillance Report estimates that 1.2 million people in the U.S. would benefit from PrEP, but only 31.3% were prescribed it. Only [29%](#) of people who could benefit from PrEP received a prescription in Georgia.

Currently there are approximately [32,000](#) new HIV cases per year, each with a lifetime care and treatment cost of roughly [\\$500,000](#) per person. A [study](#) from Johns Hopkins noted that PrEP could cost as little as \$26 per month for a 30-day supply. Expanding access to PrEP would drive down lifetime care and treatment costs and improve health outcomes.

A national PrEP program and exciting new long-acting treatment and prevention options are the building blocks that can dramatically reduce new HIV infections in the U.S. **We urge Congress to provide \$100 million to support PrEP as part of an overall increase of \$175 million for CDC's EHE initiative, \$395 million in total, to establish the foundation for a national PrEP program.**

Office of AIDS Research – National Institutes of Health: The remarkable advances in HIV research highlight the value of sustained investments in scientific inquiry. HIV research is one of the most powerful examples of the return on investments made by the National Institutes of Health (NIH). It is because of NIH funding that there are incredibly effective options for treating and preventing HIV – discoveries that have improved health for millions of people in the United States and worldwide. These groundbreaking discoveries have made it possible to end HIV as an epidemic and have spurred novel treatments for cancer, viral hepatitis and tuberculosis. Maintaining the U.S.’s position as the global leader in research and training the next generation of American scientists to produce tomorrow’s discoveries require consistent and robust resources. The imminent threats to the future of research and abrupt termination of grants, if not reversed, will lead to the collapse of our country’s research infrastructure while negatively impacting local economies across the country. Every dollar invested in research in the U.S. generates an economic benefit of \$2.56. In Georgia, NIH has [awarded](#) \$783 million in grants and contracts for FY 2024, which directly supported 11,593 jobs and generated \$2.27 billion in economic activity.

To advance these and other scientific discoveries, we ask that at least \$3.953 billion be allocated for HIV/AIDS research at NIH in FY 2026, an increase of \$659 million over FY 2025. We also request that the **National Institute of Allergy and Infectious Diseases be funded at \$7.151 billion** to support the development of vaccines, diagnostics and treatments for emerging threats like avian flu; smallpox and other pathogens categorized as posing the greatest risk to national biosecurity; mosquito- and tick-borne diseases, including dengue, Lyme disease, West Nile virus and others; and antimicrobial-resistant bacteria and fungi, among others.

Conclusion: As a clinician and researcher, I have witnessed the incredible advances in HIV prevention and treatment made possible by investments in HIV research, as well as clinical and public health initiatives such as the EHE initiative. The progress we have achieved, and the lives saved in the last 40 years of the HIV epidemic, are a result of our sustained commitment. We must maintain the momentum. We cannot afford to turn back the clock. Thank you for your support in addressing the HIV epidemic and for considering this request to support lifesaving investments in HIV prevention, care and research in the FY 2026 LHHS appropriations bill. Please contact HIVMA’s associate director of public policy and advocacy, Jose A. Rodriguez, at JRodriguez@hivma.org or (703) 299-0200 with questions.