FEDERAL AIDS POLICY PARTNERSHIP
AIDS BUDGET & APPROPRIATIONS COALITION

March 23, 2021

Rob Fairweather
Acting Director
Office of Management and Budget
725 17th Street NW
Washington, DC 20503

Re: HIV Community Funding Requests for FY2022 Domestic HIV Programs

Dear Acting Director Fairweather:

The undersigned 78 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 in the President's fiscal year 2022 Budget. We hope that President Biden uses his first Budget to signal his commitment to ending the HIV epidemic and at the same time, combatting the STI, hepatitis, and TB syndemics that continue to ravage vulnerable communities in this Nation.

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), a once daily medication that effectively prevents HIV.

Our scientific knowledge of HIV treatment, prevention and epidemiology has never been stronger, but progress, until recently, has stalled. Over the past two 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, the *HIV National Strategic Plan: A Roadmap to End the Epidemic* has been developed. **We urge President Biden to capitalize on the expertise developed by communities as part of the EHE Initiative so that we can improve and expand the Initiative. Ending HIV by 2030 is possible, but resources are needed to achieve this goal.**

We believe that this Initiative must be coupled with strong public policies that increase health equity, reduce barriers to healthcare access, end racism in health systems, and address co-occurring conditions such as STIs, viral hepatitis, TB, homelessness, and substance use to help us achieve the goal of ending the epidemic.

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 President Biden to request funding for these programs to protect our health in the future.

Below are detailed domestic HIV and related programs funding requests that we urge to be included in President Biden's FY2022 Budget. 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 two 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 first five years the Initiative focuses 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. Cities, counties, and states across the US have developed plans to end HIV, which build on the HIV programs currently in place, and implementing strategies to combat HIV in their jurisdictions. While much of this has been done as jurisdictions were battling COVID, the Ryan White HIV/AIDS Program reports that in these priority jurisdictions with the additional funding they were able to bring nearly 6,300 new clients into the program and re-engage an additional 3,600 between March and August of 2020. In those community health centers funded by the EHE Initiative, they were able to increase PrEP uptake from 19,000 in 2020 to nearly 50,000 people early this year. We urge you to request significant increases in funding for the Ending the HIV Epidemic Initiative in your FY2022 Budget Request so that this important work can be ramped up.

We ask the Administration to increase funding in the FY2022 Budget Request for the Ending the HIV Epidemic Initiative by *at least* the amounts listed below in the following operating divisions:

- *CDC Division of HIV/AIDS Prevention* for testing, linkage to care, and prevention services, including pre-exposure prophylaxis (PrEP) (+$196 m);
- *HRSA Ryan White HIV/AIDS Program* to expand comprehensive treatment for people living with HIV (+$107 m);
- *HRSA Community Health Centers* to increase clinical access to prevention services, particularly PrEP (+$34.7 m)
- *The Indian Health Service (IHS)* to address the combat the disparate impact of HIV on American Indian/Alaska Native populations (+$22 m); and
- *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 567,000 clients, The Ryan White Program provides comprehensive care to populations disproportionately impacted by the HIV epidemic. Over three quarters of Ryan White clients are racial and ethnic minorities, and nearly two thirds are under the federal poverty level. With 88% of Ryan White clients achieving viral suppression, the program has a proven track record of success.

The Ryan White Program provides services critical to managing HIV, often inadequately covered by insurance, including case management; mental health and substance use services; adult dental services;

and transportation, legal, and nutritional support services. Many Ryan White Program clients live in states that have not expanded Medicaid and must rely on the Ryan White Program as their only source of HIV/AIDS care and treatment. This is particularly true in the South, which is disproportionately impacted by the HIV epidemic. While increasingly clients have access to insurance, patients still experience cost barriers, such as high premiums, deductibles, and other patient cost sharing. The Ryan White Program, particularly the AIDS Drug Assistance Program (ADAP), assists with these costs so that clients can access comprehensive treatment.

Currently ADAPs are experiencing increased demand, particularly as people have lost health coverage and incomes due to the economic impact of COVID-19 and state and local budgets have been increasingly stressed. Without increased funding some states may have to institute wait lists and other cost containment measures. Therefore, we urge an increase for this part of Ryan White Program, along with the others, to prepare for the demand associated with the continued economic crisis.

We urge President Biden to request that the Ryan White HIV/AIDS Program receive a total of $2.768 billion in FY2022, an increase of $345 million over FY2021, distributed in the following manner:

- **Part A: $731.1 million**
- **Part B (Care): $437 million**
- **Part B (ADAP): $968.3 million**
- **Part C: $225.1 million**
- **Part D: $85 million**
- **Part F/AETC: $58 million**
- **Part F/Dental: $18 million**
- **Part F/SPNS: $34 million**
- **EHE Initiative: $212 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 halting 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 FY2022, an increase of $67 million over FY2021. This is in addition to the $371 million for EHE Initiative work within the Division.

CDC Division of Adolescent and School Health (DASH)

One in five 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, but because of a lack of funding, only reach 8% of our nation's 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 FY2022, an increase of $65.9 million over FY2021.

CDC STD Prevention

Our nation faces a compounded public health crisis. STI rates are at an all-time high for the sixth year in a row. STI data from 2018 shows that combined cases of chlamydia, gonorrhea, and syphilis infections are nearing 2.4 million cases a year – up 30%. STIs have life-changing and life-threatening consequences that include infertility, cancer, ectopic pregnancy, pelvic inflammatory disease, and transmission of HIV. More than 17 years of level funding for STI programs has resulted in a more than 40% reduction in buying power. The STI health infrastructure is part of the public health infrastructure and the need to rebuild is higher than ever. While STI rates peak, the same people who work to prevent the spread of sexually transmitted diseases – contact tracers and disease intervention specialists – have been redeployed to address the current COVID-19 pandemic. Consequently, 80% of sexual health screening clinics being forced to reduce hours or shut down because of understaffing.

Direct funding to state and local health departments is critical in addressing STIs. We urge you to fund the **CDC Division of STD Prevention** at $252.9 million to rebuild its infrastructure and respond to the dramatic rise in STIs across the country.

Congenital Syphilis is a fully preventable disease if women are provided early, accessible prenatal care that includes STI testing. Despite this, the transmission of congenital syphilis from mother to child during birth increased by 185% between 2014-2018 with an increase more than 40% between 2017 and 2018 alone. The result: a 22% increase in newborn deaths.

Twenty million dollars should be allocated to activate a new congenital syphilis elimination initiative at the CDC Division of STD Prevention (DSTDP) – with funds distributed to all STI-funded health departments – to increase prenatal outreach and screenings for congenital syphilis and postnatal follow-up for both mothers and babies to ensure that congenital syphilis is detected at the earliest possible stage. Congenital syphilis is fully preventable with early prenatal care and STI testing.

We urge you to fund the CDC Division of STD Prevention at $272.9 million in FY2022, an increase of $91.1 million over FY2021.

CDC Viral Hepatitis Prevention

The ongoing opioid crisis and increased injection drug has drastically increased the number of new viral hepatitis cases in the U.S. The CDC estimates that between 2010 and 2017 the country experienced a 374% increase in new hepatitis C (HCV) infections, with an estimated 44,600 new cases in 2017. The number of new cases of hepatitis B (HBV) has also increased over the past several years, with 22,200 new cases in 2017, ending years of declining rates. Of the more than 3.2 million people now living with HBV and/or HCV in the U.S., as many as 65% are not aware of their infection.

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 $39.5 million. This is nowhere near the nearly $393 million CDC estimates 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 and the *Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021 – 2025)*. However, only with significantly increased funding 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 $134 million in FY2022, an increase of $94.5 million over FY2021.

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 United States is experiencing an ongoing overdose crisis and some experts have estimated that the U.S. surpassed 100,000 deaths from opioid overdose in 2020, a more than 40% increase from 2019 itself a record year. Outbreaks or significant spikes in infections of viral hepatitis, as well as HIV, in a short period of time among people who inject drugs continue to occur throughout the country. Syringe Services Providers (SSPs) are first responders to the opioid and infectious diseases crisis 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, which is only funded at $13 million, increases prevention, testing, and linkage to care efforts to combat increasing new infections and is strongly needed to provide a strong on the ground response to this crisis. These services are urgently needed, and adequate 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 FY2022 at the $120 million requested in the president's FY2021 budget, an increase of $107 million over FY2021

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, stagnant rates of TB cases, and the rise of deadlier drug-resistant forms of TB. DTBE is also a key federal partner in TB research and development through its TB Trials Consortium (TBTC), helping accelerate the global TB response.

Years of flat funding have forced recent cuts to 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 FY2022, an increase of $90 million over FY2021.

Syringe Services Programs

The Department of Health and Human Services has said 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 connect people to substance use treatment, HIV and hepatitis testing, and other supportive services. 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 FY2021 appropriations bill 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.

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 FY2022, an increase of $49.6 million and $44 million over FY2021 levels, respectively. We also urge you to fund Minority AIDS Initiative programs across HHS agencies at $610 million in FY2022.

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 21 Professional Judgment Budget identified $769 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 $3.854 billion for FY2022, an increase of $769 million over FY2021. This request is based on the FY2021 NIH HIV/AIDS Professional Judgment Budget.

HIV/AIDS Housing

Housing continues to be the greatest unmet need for people living with HIV. Housing is an essential element to ensure that people living with HIV can engage with medical services and unstable housing significantly reduces the likelihood of a person living with HIV achieving viral suppression. 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. It is imperative that we make sure HOPWA is funded at a high enough level that will keep all programs able to meet their renewals so people living with HIV/AIDS do not become homeless. Therefore, a significant investment in the HOPWA program is imperative for reasons of public health and regional stabilization.

We urge you to fund the HOPWA program at $600 million in FY2022, an increase of $170 million over FY2021.

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 FY2022, an increase of $49 million over FY2021.

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 FY2022, which would render a $35 million savings based upon FY2021 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 $954 million in FY2022, an increase of $667.5 million over FY2021.

Thank you for considering these requests. We hope your Fiscal Year 2021 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@taimail.org, Emily McCloskey at emccloskey@nastad.org or Carl Schmid at cschmid@hivhep.org.

Sincerely,

ADAP Advocacy Association (Washington, DC)
ADAP Educational Initiative Columbus, OH (Columbus, Ohio)
Advocates for Youth (Washington DC)
African American Health Alliance (Dunkirk, MD)
AIDS Action Baltimore (Baltimore, MD)
AIDS Alabama (Birmingham, AL)
AIDS Alliance for Women, Infants, Children, Youth & Families (Washington, DC)
AIDS Foundation Chicago (Chicago, IL)
AIDS United (Washington, DC)
American Academy of HIV Medicine (Washington DC)
American Psychological Association (Washington, DC)
American Public Health Association (Washington, DC)
American Sexual Health Association (Research Triangle Park, NC)
amfAR, The Foundation for AIDS Research (New York, NY)
APLA Health (Los Angeles, CA)
AVAC (New York, NY)
Black AIDS Institute (Los Angeles, CA and Atlanta, GA)
CAEAR Coalition (Washington, DC)
CARES of Southwest Michigan (Kalamazoo, Benton Harbor, MI)
Cascade AIDS Project (Portland, OR)
CenterLink: The Community of LGBT Centers (Fort Lauderdale, FL)
Colorado Organizations and Individuals Responding to HIV/AIDS (CORA) (Colorado)
Community Access National Network (CANN) (Washington, DC)
Elizabeth Glaser Pediatric AIDS Foundation (Washington, DC)
Georgia AIDS Coalition (Snellville, GA)
Georgia Equality (Atlanta, GA)
Global Liver Institute (Washington DC)
Guttmacher Institute (New York, NY)
HealthHIV (Washington, DC)
Healthy Teen Network (Baltimore, Maryland)
HEP (Seattle, WA)
Hep B United (Doyslestown, PA)
Hepatitis B Foundation (Doyslestown, PA)
Hepatitis C Mentor and Support Group-HCMSG (New York, NY)
HIV + Hepatitis Policy Institute (Washington DC)
HIV AIDS Alliance of Michigan (Detroit, MI)
HIV Medicine Association (Arlington, VA)
Human Rights Campaign (Washington, DC)
Hyacinth Foundation (New Brunswick NJ)
iHealth (New York, NY)
Illinois Public Health Association (Springfield, IL)
In Our Own Voice: National Black Women's Reproductive Justice Agenda (Washington, DC)
Indiana Recovery Alliance (Bloomington, IN)
John Snow, Inc. (JSI) (Boston, MA)
Korean Community Services of Metropolitan New York (Bayside, NY)
Lansing Area AIDS Network (Lansing, MI)
Latino Commission on AIDS (New York, NY)
Medical Students for Choice (Philadelphia, PA)
NASTAD (Washington, DC)
National Association of County and City Health Officials (Washington, DC)
National Association of Nurse Practitioners in Women's Health (Washington, DC)
National Black Women's HIV/AIDS Network, Inc. (Brooklyn, NY)
National Coalition of STD Directors (Washington, DC)
National Family Planning & Reproductive Health Association (Washington, DC)
National Organization for Women (Washington, DC)
National Viral Hepatitis Roundtable (Seattle, WA)
NMAC (Washington, DC)
North Carolina AIDS Action Network (Raleigh, NC)
Positive Women's Network-USA (Oakland, CA)
Prevention Access Campaign (Brooklyn, NY)
Religious Coalition for Reproductive Choice (Washington, DC)

Reproductive Health Access Project (New York, NY)
Robert G Gish Consultants LLC (San Diego, CA)
Ryan White Medical Providers Coalition (Arlington, VA)
San Francisco AIDS Foundation (San Francisco, CA)
Sero Project (Milford, PA)
SIECUS: Sex Education for Social Change (Washington, DC)
Southwest Center for HIV/AIDS (Phoenix, AZ)
Southwest Recovery Alliance (Phoenix, AZ)
The AIDS Institute (Washington, DC and Tampa, FL)
The Well Project (Brooklyn, NY)
Thomas Judd Care Center at Munson Medical Center (Traverse City, MI)
Treatment Action Group (New York City, NY)
Trust for America's Health (Washington DC)
UNIFIED- HIV Health and Beyond (Detroit, MI)
URGE: Unite for Reproductive & Gender Equity (Washington, DC)
Vivent Health (Colorado, Missouri, Texas, Wisconsin)
Wellness AIDS Services, Inc. (Flint, MI)