

**Statement for the Record of
Colleen Kelley, MD, MPH, FIDSA, Chair of the HIV Medicine Association for the
Senate Labor, Health and Human Services and Education Appropriations Subcommittee
Regarding FY 2026 Department of Health and Human Services Appropriations
June 13, 2025**

HRSA Ryan White HIV/AIDS Program Total	\$3.024 billion
Part A	\$751.4 million
Part B: Care	\$520 million
Part B: AIDS Drug Assistance Program	\$968.3 million
Part C	\$231 million
Part D	\$85 million
Part F: AIDS Education and Training Centers	\$58 million
Part F: Dental	\$18 million
Part F: Special Programs of National Significance	\$34 million
EHE Initiative	\$358.6 million
CDC- HIV, Hepatitis, STD, TB Prevention	\$2.165 billion
HIV	\$822.7 million
EHE Initiative	\$395 million
Viral Hepatitis	\$150 million
STD Prevention	\$322.5 million
TB Elimination	\$225 million
Opioid Related Infectious Diseases	\$150 million
National Institutes of Health	\$51.3 billion
National Institutes of Allergy and Infectious Diseases	\$7.151 billion
Office of AIDS Research	\$3.953 billion

Chair Shelley Moore Capito, Ranking Member Tammy Baldwin and members of the Subcommittee, I appreciate the opportunity to submit this statement for the record on behalf of the HIV Medicine Association (HIVMA) about the importance of funding for HIV-related programs. HIVMA represents more than 5,000 physicians, scientists and other health care professionals on the front lines of the HIV epidemic in communities around the country. I also am a physician and researcher in the Division of Infectious Diseases at Emory University School of Medicine and at the Grady Health System Ponce De Leon Center and Grady Memorial Hospital in Atlanta, Georgia.

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. 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 preventing HIV infections.

While bipartisan support for federal programs has fueled lifesaving initiatives, we now confront an alarming reality where funding delays or cuts and program eliminations threaten to reverse decades of progress. Within a matter of months, more than \$9 billion in NIH grants have been terminated with nearly 40% being for HIV or AIDS-related research. In Georgia, [\\$114.4 million](#)

in NIH funding supporting medical research, training and career development grants has been abruptly halted. Ryan White Program grantees are still not receiving full grant awards for FY 2025 creating significant program instability and resulting in service cuts in some areas. HIV prevention programs supported by the CDC are in crisis due to abrupt and significant reductions in force resulting in funding delays that have resulted in some states pausing services.

We urge Congress to fully fund federal HIV-related programs in FY 2026 and ensure that federal funds are spent as intended and without delay. The funding requests in our testimony reflect the consensus of the Federal AIDS Policy Partnership, a coalition of nationwide HIV organizations. See [FAPP's FY 2026 Appropriations for Federal HIV/AIDS Programs](#).

Ending the HIV Epidemic (EHE) Initiative (U.S. Department of Health and Human Services)

President Trump launched the successful EHE initiative during his first term with the bold goal of reducing the number of new HIV infections by at least 90% by [2030](#). The initiative 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. 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 related services and HIV prevention services, including HIV testing and PrEP.

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. Increased funding for FY 26 is needed to ensure that people with HIV have the health care necessary to achieve and sustain viral suppression – meaning the virus is undetectable and untransmittable. Viral suppression among people receiving RWP services has increased from [69.5% in 2010 to 90.6% in 2023](#), making this program one of the most successful public health 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. It is critical that clinics in all jurisdictions nationwide have funding to keep pace with the increased demand for care and inflation. Approximately half of the RWP Part C clinics serve rural communities and are the primary source for HIV care in rural areas. We urge for FY 2026:

- \$3.024 billion for the Ryan White Program Total
- \$231 million for Part C of the Ryan White Program
- \$58 million for the AIDS Education and Training Centers
- \$358.6 million for the Ryan White Program EHE Initiative Program

Center for HIV, Viral Hepatitis, STD and TB 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 and anchors the prevention of viral hepatitis, sexually transmitted diseases (STD) and tuberculosis (TB). Every HIV case averted saves at least half-million dollars in lifetime health care expenses. DHP conducts HIV surveillance that informs more effective and efficient public health strategies and policies; supports technical assistance to state and local health departments to prevent and respond to outbreaks; and supports HIV education, HIV testing and PrEP programs. 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. 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.

DHP and RWP play unique but 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, but each program requires very different expertise and strategies. Without federal support for HIV prevention, [states](#) will see a resurgence in 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 urge for FY 2026:

- \$822.7 million for HIV prevention
- \$395 million for the EHE initiative, including \$100 million to support PrEP
- \$150 million for Viral Hepatitis prevention
- \$322.5 million for STD prevention
- \$225 million for TB Elimination
- \$150 million for Opioid Related Infectious Diseases

National Institutes of Health (NIH)

Investments in NIH are critical to improving the health of Americans and fueling the economy. Every \$1 invested in NIH research generates \$2.56 in economic activity. In [FY 2024](#) NIH investments drove \$94.58 billion in economic activity supporting directly and indirectly 407,782 jobs.

HIV is a powerful example of the value of NIH-supported research on improving care of people with HIV and catalyzing research that benefits all Americans. NIH research transformed HIV from a fatal disease to a chronic condition for those with access to antiretroviral treatment. HIV treatment has averted millions of deaths and saved billions of dollars in health care expenditures by preventing new HIV transmissions. However, the progress made so far is threatened by already enacted and proposed steep cuts to the NIH budget.

The rapid evolution of HIV therapies facilitated the development of PrEP options that are 99%

effective at preventing HIV acquisition. Thanks to NIH leadership and research in the U.S., South Africa and around the world, we can prevent transmission of the virus from a mother with HIV to her infant, provide a twice yearly injection to reduce HIV acquisition, prevent heart disease in people with HIV and advance health in many other transformative ways. Groundbreaking scientific discoveries have been made in the pursuit of an HIV vaccine, which is not yet available, but will be essential to achieving a durable end to the HIV epidemic.

HIV research has benefits well beyond HIV, including for cancer, aging and cardiovascular disease. Research into HIV and other infectious diseases has informed our approach to other diseases, such as cancer, cardiovascular disease, neurologic conditions like dementia, and premature frailty. *Examples include but certainly are not limited to:*

- PD-1 inhibitors, an important new approach to cancer immunotherapy that has revolutionized cancer treatment;
- Curative treatment for hepatitis C, a chronic liver disease that leads to cirrhosis, liver cancer and death and affects an estimated 58 million people globally; and
- Shedding light on mechanisms and prevention of cardiovascular disease and frailty that occur prematurely in people with HIV but also affect many Americans without HIV.

We urge for FY 2026:

- \$51.3 billion for NIH
- \$7.151 billion for the National Institutes of Allergy and Infectious Diseases
- \$3.953 billion for the Office of AIDS Research

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 me at colleen.kelley@emory.edu or the HIVMA executive director, Andrea Weddle at aweddle@hivma.org or (703) 299-0200 with questions.