FEDERAL AIDS POLICY PARTNERSHIP

Federal AIDS Policy Partnership Transition Plan for the Trump Administration to End the HIV Epidemic in the United States and Its Territories

The Honorable Donald Trump
Presidential Transition Headquarters
1800 F Street, NW, Room G117
Washington, DC 20270–0117

January 17, 2017

Dear President-elect Trump:

The Centers for Disease Control and Prevention (CDC) estimates that 1.2 million individuals are living with HIV and that nearly 40,000 people were diagnosed with HIV in the United States in 2015. Globally for the same year, nearly 37 million people were living with HIV and an estimated 2.1 million individuals became newly-infected.

Strong bipartisan support and leadership in addressing the HIV public health crisis has resulted in important investments in HIV research at the National Institutes of Health (NIH), the creation of the Ryan White HIV/AIDS Program and the PEPFAR program—among our country's greatest health care achievements. These investments have delivered remarkable breakthroughs in HIV research, leading to the development of highly effective HIV prevention and treatment tools over the last three decades. These advances have allowed us to provide care and lifesaving treatment to millions and put us on a path to ending the HIV pandemic in the United States and worldwide. Moreover, these HIV research investments have vastly improved our understanding of a host of other illnesses that affects millions more in the U.S. and around the globe, such as cancer, immune disorders, Alzheimer's, and other viral diseases. Finally, it is important to recall that HIV is an infectious disease that if not properly prevented and treated still has the potential to lead to a national and global public health crisis. HIV must continue to be a primary public health focus of your Administration.

Given the opportunity to save lives, promote lifelong health, and contain costs by ending the HIV epidemic, the undersigned organizations offer the following recommendations to strengthen our nation's response to the HIV epidemic as you and your Administration develop your health care and HIV policy agenda.

How to Create a Trump Administration Success -- Ending the HIV Epidemic in the United States and Its Territories

We have made substantial progress in responding to the HIV epidemic. At the beginning of the epidemic, no one could have predicted the incredible success of antiretroviral medications that permit people with HIV to live healthy, productive lives with similar life expectancies as those not living with HIV. In the last decade, the U.S. has created and implemented the first National HIV/AIDS Strategy; developed antiretroviral prevention technologies such as pre-exposure prophylaxis (PrEP) and treatment as prevention; implemented more syringe services programs, made science-based sexual health education available to additional young people; and improved access to health care for millions of Americans. The U.S. now has the technological capability to reverse and potentially end the epidemic here. The HIV community, in collaboration with state and local jurisdictions, is working to implement plans to do so. Your Administration can now accelerate these gains.

HIV Prevention and Treatment Are Cost-Effective

HIV prevention and treatment save money. Numerous studies on HIV prevention and treatment interventions demonstrate that we can save lives and money via HIV prevention tools, including male and female condoms, sterile syringe exchange, HIV treatment as prevention, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), accessible and affordable health care services, and comprehensive, evidence-informed sexuality education. Most of these interventions can be accomplished for a fraction of the cost of HIV treatment. HIV treatment interventions, including retention in care and treatment adherence, extend the lifespan and improve the quality of life of people living with HIV that otherwise would have been lost to premature death.

The return on investments in HIV prevention and treatment benefits our national economy. According to a recent estimate, each new HIV infection has a lifetime treatment cost of $379,668. In 2015, there were just under 40,000 new infections diagnosed in the U.S. resulting in lifetime costs of $15.2 billion for that year alone. Working to prevent new HIV infections in the U.S., and around the world, ultimately results in major savings for the U.S.

Health care coverage allows individuals living with HIV to receive the care and treatment they need to stay healthy and to suppress the virus, reducing treatment costs down the line. Also, with viral suppression achieved through access to comprehensive care, individuals with HIV can live near normal life expectancies and their risk of transmitting HIV drops to near zero. Furthermore, states that expanded Medicaid under the Affordable Care Act saw major budget savings. For example, New Jersey experienced a 43 percent reduction in uncompensated care. During the seven-year period from 2014 and 2021, Kentucky and Arkansas are both estimated to generate cost savings of $820 million and $370 million, respectively. While these savings are likely to be affected by changes to the Affordable Care Act, providing access to Medicaid contains costs. We urge the new Administration to maintain these programs.

Barriers to Achieving the End of the Epidemic

Unfortunately, barriers experienced by people living with or at-risk for HIV—including accessing HIV prevention, care, and treatment services; stigma, discrimination, and social determinants of health; and economic circumstance—continue to make it harder for individuals disproportionately impacted by or living with HIV to benefit from medical and scientific advancements. To overcome these challenges, it is critical that efforts to address HIV follow the epidemic with respect to geography, race, ethnicity, gender, gender status, sexual orientation, age and economic status.

Recommendations

Given the opportunity to end the HIV epidemic in the U.S. and its territories, ultimately saving funding and overcoming the barriers to ending the epidemic, we offer the following recommendations to strengthen our nation's response to the HIV epidemic as you and the new Administration develop your health care and HIV policy agenda.

1. Continue the implementation of the National HIV/AIDS Strategy (NHAS) in the U.S. and Territories.
Initially developed in 2010, the NHAS is a clear roadmap for harnessing public and private sector resources to make significant headway in responding to HIV in the U.S. The NHAS includes key goals with quantifiable targets developed with input from multiple stakeholders to measure progress and evaluate our collective efforts. The vision of the strategy is that the U.S. will become a place where new HIV infections are rare and when they do occur, every person regardless of age, gender, race, ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination. The strategy goals are to:

- Reduce New Infections
- Increase Access to Care and Improve Health Outcomes for People Living with HIV
- Reduce HIV-Related Health Disparities and Health Inequities
- Achieve a More Coordinated National Response to the HIV Epidemic

Strategy indicators for the 2016 Progress Report of the *National HIV AIDS Strategy: Updated to 2020*, showed that fewer people are being diagnosed with HIV, as the number of new HIV diagnoses decreased 7% from 2010 to 2013. According to the Progress Report, 87% of people with HIV are aware of their status and 3 in 4 people diagnosed with HIV are linked to care within 1 month. Fifty seven percent of people diagnosed with HIV are staying in care and 55% are virally suppressed. The indicators further show that the U.S. is making progress in ensuring that adolescents and young adults (historically a population with poorer health indicator outcomes for HIV) and people who inject drugs are virally suppressed and in lowering the disparity in diagnoses among Black women and adolescent females. Despite these gains, the diagnosis disparity between the South and the country as whole continues at the same rate as in the previous year, homelessness among people living with HIV has increased, and disparities in new HIV diagnoses increased among gay and bisexual men compared to heterosexual men.

These data and goals are critical to ending the epidemic. *We are currently on track to meet most of the strategy's updated 2020 targets. We strongly urge you to adopt and support the NHAS goals to avoid a serious setback in our nation's work to end HIV/AIDS in the U.S. and urge your Administration to build upon existing plans to end the HIV epidemic in all states and territories.*

2. Maintain the Office of National AIDS Policy and Presidential Advisory Council on HIV/AIDS
Meeting and exceeding the goals of the NHAS requires strong coordination among the federal agencies, states, and public and private organizations responding to the epidemic. The White House Office of National AIDS Policy (ONAP), within the Domestic Policy Council, is tasked with coordinating governmental efforts to reduce the number of HIV infections across the U.S. ONAP has been instrumental in ensuring accountability, continuity, and consistency between all sectors of government and the NHAS goals. ONAP also has a liaison and coordinating function to the Office of the Secretary of

HHS in the appointment and policy agenda of the Presidential Advisory Council on HIV/AIDS (PACHA). PACHA provides advice, information, and recommendations to the Secretary of Health and Human Services regarding programs, policies, and research to promote effective treatment, prevention and cure of HIV disease and AIDS. PACHA provides the Secretary of HHS and the Executive Branch with a formal opportunity to access policy advice from affected communities, academia, state and federal health policy experts on HIV disease both domestically and globally. *We urge that the work of both the Office of National AIDS Policy at the White House and Presidential Advisory Council on HIV/AIDS at the Department of Health and Human Services be maintained.*

3. Do not Repeal the Affordable Care Act until and unless an Affordable High Quality Replacement is in Place

The ACA is a critical vehicle for people living with HIV to obtain comprehensive health care coverage and should not be repealed without a well-defined replacement plan that maintains key policies that benefit people with HIV. Prior to the ACA, private insurance coverage was unavailable to many people with HIV because insurers refused to cover individuals with pre-existing medical conditions. The Kaiser Family Foundation estimates that 52 million people have pre-existing conditions that would have made them uninsurable before the ACA. Those who were offered coverage before the ACA faced staggering premiums, making coverage unaffordable. When people don't have reliable, affordable health insurance they often have disruptions in their treatment, leading to serious negative consequences for themselves and their communities, including the potential for HIV outbreaks if people are unable to maintain an undetectable viral load. Now thousands of individuals living with HIV have health insurance (both on and off the ACA exchanges) that not only covers their HIV-related care and treatment, but provides them with coverage for other conditions that they may not previously have been able to afford to treat.

Medicaid expansion is a key benefit of the ACA that must be maintained. At least 40 percent of people with HIV rely on the Medicaid program for their health care coverage. There is strong evidence that Medicaid expansion saves money. A Robert Wood Johnson study of eight states (selected for regional and population diversity) showed a $1.8 billion savings in health care costs through 2015 alone. Prior to the Medicaid expansion, most states required persons living with HIV to become disabled by AIDS before being eligible for Medicaid. This imposed great human and financial costs. Now, in states that have expanded Medicaid, low-income Americans living with HIV can access Medicaid before becoming disabled, allowing them to improve their quality of life by accessing covered treatments.

People with HIV will have serious and long-term negative health consequences due to disruptions in their treatment and care. Such disruptions pose additional public health issues including potential HIV outbreaks if people are unable to maintain an undetectable viral load. Lack of health care insurance, such as if the programs of the ACA are ended, means that not only will patients not have the financial means to pay for their care resulting in disease progression and more complicated and expensive health care, but that medical providers who are providing this care will do so to their own financial detriment. Any changes to the ACA, including Medicaid expansion and individual health insurance marketplaces, must ensure that there are no disruptions to treatment and care. Continued affordable health care coverage provisions must include:

- Banning insurers from denying coverage or charging individuals higher premiums based on health status or gender, commonly referred to as "cherry picking;"
- Maintaining enhanced federal support for the expansion of the Medicaid program to individuals and families with incomes up to 138 percent of the federal poverty level (FPL);

- Maintaining strong non-discriminatory provisions that do not allow insurers or providers to discriminate against individuals based on their race, color, national origin, sex, gender status, transgender status, gender identity, age, or disability;
- Ensuring all health plans provide access to the services and treatment people with and vulnerable for HIV need to stay healthy, including prescription drug benefits and recommended preventive services without cost-sharing;
- Supporting up-front premium and cost-sharing assistance for low-income individuals;
- Sustaining existing requirements for health plans to cover and eliminate cost-sharing for women's preventive health care; and
- Allowing adult children to stay on their parent's insurance until the age of 26.
- Providing states with flexibility to design comprehensive, patient-centered care delivery models that are effective in delivering enhanced patient outcomes while delivering cost savings (Medical Homes).

At a minimum, we urge that all benefits currently available to individuals under the ACA and Medicaid be grandfathered into any new or revised health care programs. This will ensure that patients do not lose the benefits upon which they have relied to manage and maintain their health. *The undersigned organizations do not support the repeal of the ACA given the potential loss of access to care and coverage for people throughout the U.S., including people living with HIV. Should the Administration and Congress move forward, we strongly urge that the ACA not be repealed unless and until a replacement plan that ensures affordable, high-quality health care coverage including access to all life-saving medications for people with HIV and other chronic health conditions is in place.*

4. Fully Support the Highly Successful Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program has provided funding to cities, states, clinics, and local community-based organizations for more than 25 years. The program serves more than 500,000 people—more than 50 percent of people living with HIV are in ongoing care in the U.S. In honor of the Program's 25th anniversary, Senator Orrin Hatch, one of the program's architects, said:

> *"This is a landmark piece of legislation. It is public health legislation of the highest sort. Its purpose is to alleviate pain and suffering, to find ways of ending the pain and suffering and the difficulties that AIDS has brought throughout this country."*
>
> September 9, 2015

More than 83% of Ryan White clients achieved viral suppression in 2015. Achievement of viral suppression is important not only because it allows people to live longer healthier lives, but also because it lowers the risk of transmission of HIV to near zero. This is the key to reducing new HIV infections and eventually ending the epidemic. Thus, viral suppression is a key measure of treatment engagement and success. Nationwide, approximately 55% of people diagnosed with HIV achieve viral suppression, however when including those who are unaware of their status only 30% of all people with HIV have achieved viral suppression. The Ryan White Program has shown it can improve these numbers. A key quality of the Ryan White Program is its responsiveness to the unique needs of individual jurisdictions. This responsiveness is essential as communities use the Ryan White Program in conjunction with other resources to increase access to the expanding number of people diagnosed with HIV in need of treatment, care, and supportive services. Furthermore, as the payer of last resort, the Ryan White Program has been able to adapt and become even more effective under the ACA by enabling more Ryan White beneficiaries to enroll in Medicaid and private insurance. Thus, Ryan White

grantees can reach more people to provide critical completion of care services and treatment to those who remain uninsured. The Ryan White Program has been a true American success in helping people to live longer, healthier lives in the face of a deadly epidemic.

Also, key to ending the epidemic is having a well-informed and committed health care workforce. This is particularly urgent now, with the ever-evolving science of treatment and prevention and the fact that many of the country's original HIV providers are retiring (with few entering the field). The Ryan White Program AIDS Education & Training Centers (AETCs) are a national network of HIV experts that provide continuing education and training programs and clinical consultation for healthcare providers on the latest HIV/AIDS treatment and care approaches and technologies. Such education and training continues to be vital to the success of the HIV workforce.

Finally, The Ryan White Program serves the most vulnerable people with HIV; almost three-quarters of Ryan White clients are members of racial or ethnic minority groups and almost two-thirds of Ryan White clients are living at or below 100% of the FPL; and more than 90% are living at or below 250% of FPL. Given its success, investment in the Ryan White Program is an investment in helping people with HIV be fully productive and contributing members of society. *We urge the Administration to fully support funding for the vital role of the Ryan White Program in helping states to address the HIV public health crisis, particularly in a changing funding and services environment.*

5. Support a Sustained Federal Investment in Responding to the HIV Public Health Crisis.
We ask the Administration to sustain or increase funding in the final fiscal year 2017 appropriation bills and the fiscal year 2018 budget and appropriations for each of the following discretionary domestic programs critical to ending the HIV epidemic:

- National Institutes of Health (NIH) HIV/AIDS-specific research;
- Health Resources and Services Administration (HRSA) Ryan White HIV/AIDS Program (all parts);
- Centers for Disease Control and Prevention (CDC) Division of HIV/AIDS Prevention (DHAP);
- CDC Division of Adolescent and School Health (DASH);
- Housing and Urban Development (HUD) Housing Opportunities for Persons with AIDS (HOPWA);
- Minority AIDS Initiative (MAI) (includes the Secretary of HHS MAI and cross-agency MAI programs);
- CDC Division of Viral Hepatitis;
- CDC Division of STD Prevention;
- Health and Human Services' Office of Adolescent Health (OAH) Teen Pregnancy Prevention Program;
- Substance Abuse and Mental Health Services Administration (SAMHSA); and
- Other HIV related programs including vocational programs at the Departments of Labor and Education, Title X Family Planning Funding which provides HIV prevention education and testing and the CDC National Center for Injury Prevention and Control which focuses on the relationship between the opioid epidemic, overdoses, and HIV/HCV.

While current funding does not meet the full HIV and AIDS care and prevention needs, we must build on the extraordinary progress we have made to date. FAPP's requests, as well as the FY2016 funding levels, can be found at http://bit.ly/2cf8bZk.

To properly fund these critical programs, we urge the Administration to maintain parity between defense and non-defense discretionary funding levels and to work with the 115th Congress to make changes to the amended Budget Control Act of 2011 and thereby reduce or eliminate the negative impact of sequestration.

6. Employ All Tools, Equipment and Medication of Science-Based HIV Prevention to Respond to the HIV, Hepatitis C Virus (HCV) and Opioid Epidemics

We have the tools to prevent the spread of HIV and hepatitis C, including male and female condoms, sterile syringes, treatment as prevention, PrEP, and comprehensive sexuality education.

There is a critical intersection of the opioid, hepatitis, and HIV epidemics in the U.S. As evidenced in 2015 in Scott County, Indiana, communities are at high risk for HIV and HCV outbreaks where injection drug use is high and access to syringe services programs, substance use treatment, and other health care services is low. Without serious attention, the human and financial consequences and costs will be extraordinary. The CDC released a supplement to its *Vulnerable Counties for Injection Related HIV Outbreak* report, which includes a list of the 220 counties in 26 states identified as at-risk for an outbreak like the one in Scott County. This document can be found here and is available through the contacts at the end of this paper. Governor of Indiana and Vice President-elect Mike Pence recognized the danger of the ongoing HIV outbreak in Indiana and responded by increasing access to treatment through Indiana's Medicaid plan and allowing counties in Indiana to establish syringe service programs that prevent HIV by providing clean needles and connecting people who inject drugs to needed health care services.

Overwhelming scientific evidence indicates that latex condoms stop the transmission of HIV and save lives. When used consistently and correctly these condoms are 98%–99% effective in preventing HIV transmission. Condoms are also effective in reducing transmission of many STDs, including chlamydia, gonorrhea, and syphilis. Female condoms are another highly effective prevention tool, offering a receptive-partner controlled option that is particularly valuable for women vulnerable to HIV and other STDs. We strongly urge the Administration to take a holistic approach to HIV and STD prevention and ensure that condom information is available.

The effective HIV prevention and treatment interventions available today have put both the nation and the world on a path to one day end the HIV pandemic. Antiretroviral drugs (ARVs) now suppress HIV to undetectable levels, keeping individuals living with HIV healthy and productive while also reducing their risk of transmitting the virus to others to near zero. In 2011, the HIV Prevention Trials Network (HPTN 052) study demonstrated that the use of ARVs by heterosexual men and women living with HIV cut the risk that their HIV-negative partner would contract HIV by roughly 96%. The final study results found that no participant with a fully suppressed viral load transmitted HIV to his or her HIV-negative partner.

We urge the Administration to continue the ongoing success in the US in decreasing the numbers of infants born with HIV from approximately 17,000 infected babies per year in the early 1990's to fewer than 75 per year in 2013. This is a result of the outcomes of the AIDS Clinical Trial 076 that led to using ARVs as recommended now for HIV-infected pregnant women and newborn prophylaxis therapy. We must continue to test, treat, and provide ongoing care for HIV-infected women and men to prevent a new increase in babies being born with HIV infection.

Advances in prevention mean that ARVs can be safely taken by HIV-negative people to prevent acquisition of HIV; this prevention regimen is known as Pre-Exposure Prophylaxis (PrEP). Current scientific evidence shows that daily adherence to PrEP is a highly effective way to prevent HIV among individuals at high risk of contracting the virus. We are deeply concerned that PrEP is not currently accessible to many people who might benefit from it. Education and awareness about PrEP as an HIV prevention option remains low among many men and women vulnerable to HIV and among many health care providers. Additionally, structural barriers, including a lack of or limited insurance coverage, high cost-sharing, inadequate pharmaceutical patient assistance and co-pay assistance programs, and unprepared clinicians and clinical care settings limit access to PrEP. We support nationwide implementation of CDC guidelines on PrEP as an effective HIV prevention strategy for men and women especially vulnerable to HIV.

We also know that curative treatment now exists for chronic hepatitis C, which affects some 3.5 million Americans and up to one-third of people with HIV. Hepatitis C is a leading cause of liver related cancers and deaths, and it exacerbates HIV infection. However, only an estimated 25 percent of people with hepatitis C have been tested and are aware of their serostatus. A significant increase in Federal support for hepatitis C testing is urgently needed. So, too, it is critical that restrictions on access to hepatitis C treatment imposed by public and private insurers are eliminated in order to prevent death and new infections. Hepatitis C is a winnable battle, and presents another opportunity for a Trump administration success.

Finally, the first step to preventing HIV is knowledge. Comprehensive sexuality education that is evidence-informed, age- and developmentally-appropriate, and medically-accurate provides young people with the information and skill development they need on a broad set of topics related to sexuality, including human development, relationships, personal skills, sexual behavior including abstinence, sexual health and sexuality in society and culture. Given that one in five new HIV infections each year occurs among young people ages 13–24, we know education is an essential HIV prevention tool. Decades of research has demonstrated that programs that incorporate elements of comprehensive sexuality education are effective in helping young people delay sexual activity and increase condom and contraceptive use when they do become sexually active. Beyond its effectiveness, recent CDC estimates showed that for every dollar invested in an effective school-based HIV, STD, and pregnancy prevention program, $2.65 in medical costs and lost productivity were saved. *To decrease the number of new HIV and hepatitis C infections occurring annually, and lower the longer-term treatment costs, we urge the Administration to support and fully deploy all available prevention tools. We particularly urge the Administration to eliminate barriers to the use of PrEP, increase efforts to educate people about the use of PrEP, and expand access to PrEP, particularly for individuals who meet the CDC guidelines.*

7. Support Efforts to End HIV Stigma and to Address Social and Economic Barriers that Negatively Affect People with HIV

Supportive services improve health outcomes and reduce costs. Studies repeatedly show that in addition to improving individuals' quality of life, supportive services facilitate people with HIV accessing and staying connected to HIV care and treatment. In turn, supportive services have been shown to improve health outcomes and reduce costs. People living with HIV who are food insecure routinely forego critical medical care—including medical appointments, prescriptions and other treatment—and are less likely to be virally suppressed. For people with HIV, proper nutrition is required to facilitate medication absorption, reduce side effects, and maintain a healthy body weight. Homeless or unstably housed individuals are more likely to delay treatment, less likely to have regular access to care, less

likely to receive optimal drug therapy, and less likely to adhere to their medication than are stably housed individuals. Consistent research findings show that an increase in housing stability is associated with significantly better health-related outcomes. In addition, people with HIV who are employed have better adherence to treatment and better physical and mental health outcomes. The Administration should also continue to focus resources on key populations that are disparately impacted by the HIV epidemic as outlined in the NHAS. *We urge sustained federal resources to address social and economic determinants of health, including stable, affordable housing; food support; and adequate employment and other supports that sustain treatment and prevention goals and promote health for people living with HIV.*

8. Support Ending the HIV Epidemic in the U.S. Territories

In addition to supporting a strong response to HIV in the 50 states and the District of Columbia, we also strongly urge the Administration to increase efforts to end the epidemic in Puerto Rico, the U.S. Virgin Islands and other U.S. Territories. The U.S. Virgin Islands had the 5th highest rate of new HIV diagnoses in 2014 with 27.4 diagnoses per 100,000 people, while Puerto Rico was 8th highest at 22.7 per 100,000. Given the lack of representation for U.S. Territories in Congress and the establishment of a new control board in Puerto Rico, the new Administration must work to ensure that the territories seek to end the HIV epidemic in their communities. *We urge the Administration to increase efforts to end the epidemic in Puerto Rico, the U.S. Virgin Islands and other territories.*

Conclusion

The undersigned members of the Federal AIDS Policy Partnership (FAPP) therefore write to urge you and your Administration to sustain and strengthen our national response to the domestic HIV epidemic. We strongly urge you to adopt the recommendations above and we stand ready to provide our assistance to end the HIV/AIDS epidemic. We also offer support to recommendations submitted to the Administration by the Global AIDS Policy Partnership (GAPP) to sustain the President's Emergency Plan for AIDS Relief (PEPFAR) and support the Global Fund.

Questions regarding these recommendations may be addressed to the FAPP co-chairs: Ann Lefert (alefert@nastad.org) with the National Alliance of State and Territorial AIDS Directors, Moises Agosto (MAgosto@nmac.org) with NMAC, or Kathie Hiers (kathie@aidsalabama.org) with AIDS Alabama.

CC:
Dr. Tom Price, Nominee, Secretary of Health and Human Services
Members of the Health Care Transition Team

The Federal AIDS Policy Partnership (FAPP) is a national coalition of more than 120 local, regional, and national organizations advocating for federal funding, legislation and policy to end the HIV epidemic in the United States. These organizations represent people with HIV and those most affected including communities of color, gay men, women and transgender people, together with HIV medical providers, HIV housing, food and employment providers, HIV/AIDS service and prevention organizations, state and local HIV health department programs, and legal advocates from across the United States and its territories.

Submitted on behalf of the following organizations:
(133 signing organizations)

Name of Organization	City	State
30 for 30 Campaign	Washington	DC
Acadiana CARES	Lafayette	LA
Access Support Network of San Luis Obispo, Monterey & San Benito Counties	San Luis Obispo	CA
ACRIA	New York City	NY
ADAP Advocacy Association (aaa+)	Washington	DC
ADAP Educational Initiative	Columbus	OH
Advocates for Youth	Washington	DC
African American Health Alliance	Dunkirk	MD
AIDS Action Baltimore	Baltimore	MD
AIDS Action Committee of Massachusetts	Boston	MA
AIDS Alabama	Birmingham	AL
AIDS Alliance for Women, Infants, Children, Youth & Families	Washington	DC
AIDS Foundation of Chicago	Chicago	IL
AIDS Resource Center of Wisconsin	Statewide - Wisconsin	Wisconsin
AIDS Treatment Activists Coalition (ATAC)	New York	NY
AIDS United	Washington	DC
American Sexual Health Association	Durham/Washington	NC/DC
Amida Care	New York City	NY
APLA Health	Los Angeles	CA
Asian & Pacific Islander American Health Forum	Washington	DC
Association of Nurses in AIDS Care	Washington	DC
Austin CBC-Hektoen	Chicago	IL
AVAC	New York	NY
BILL'S KITCHEN, INC.	San Juan	PR
Birmingham AIDS Outreach (BAO)	Birmingham	AL
BOOM!Health	Bronx	NY
BRONX LEBANON HOSPITAL Family Medicine	Bronx	NY
California Hepatitis Alliance	Statewide coalition	CA
Careteam Plus, Inc.	Myrtle Beach	SC
Cascade AIDS Project	Portland	OR
Chicago House and Social Service Agency	Chicago	IL
Christie's Place	San Diego	CA
Clare Housing	Minneapolis	MN
Collaborative Solutions	Birmingham	AL
Community Access National Network	Washington	DC
Community Servings, Inc.	Jamaica Plain	MA
Consumer Advisory Council	Columbia	SC
Delaware HIV Consortium	Wilmington	DE

El Punto en la Montaña	San Juan	PR
End AIDS Now	New York	NY
Equitas Health	Statewide - Ohio	Ohio
Fair Pricing Coalition	New York	NY
Food & Friends	Washington	DC
Food For Thought	Forestville	CA
Georgia AIDS Coalition	Atlanta	GA
GIRL U CAN DO IT, INC.	Philadelphia	PA
God's Love We Deliver	New York	NY
GRACE of Greater Kansas City	Kansas City	KS
Gregory House Programs	Honolulu	HI
Harlem United Community AIDS Center, Inc.	New York	NY
Harm Reduction Coalition	New York	NY
Hawaii Island HIV/AIDS Foundation	Kailua-Kona	HI
Health Global Access Project	Brooklyn	NY
HealthHIV	Washington	DC
Hep C Alliance	Columbia	MO
Hepatitis Education Project	Seattle	WA
Here 2 Life Inc.	Atlanta	GA
Hispanic Health Network	New York	NY
HIV Medicine Association	Washington	DC
HIV Modernization Movement-Indiana	Indianapolis	IN
Housing Works	New York	NY
Howard Brown Health	Chicago	IL
Human Rights Campaign	Washington	DC
Hyacinth AIDS Foundation	New Brunswick	NJ
iknowAwareness LCC	Atlanta	GA
International Association of Providers of AIDS Care	Washington	DC
IV CHARIS	Cincinnati	OH
Kitchen Angels	Santa Fe	NM
Lambda Legal	New York	NY
Latino Commission on AIDS	New York	NY
Legacy Community Health	Houston	TX
Legal Action Center	New York	NY
Legal Council for Health Justice	Chicago	IL
Let's Kick ASS P.S.	Palm Springs	CA
Living Forward	Winder	GA
Los Angeles LGBT Center	Los Angeles	CA
Moveable Feast, Inc.	Baltimore	MD
MANNA (Metropolitan Area Neighborhood Nutrition Alliance)	Philadelphia	PA
Meals on Wheels of Central Indiana	Indianapolis	IN
Metro Wellness & Community Centers	Tampa Bay Area	Florida
Miami Valley Positives for Positives	Dayton	OH

Minnesota AIDS Project	St. Paul	MN
Nashville CARES	Nashville	TN
NASTAD	Washington	DC
National AIDS Housing Coalition	Washington	DC
National Alliance for HIV Education and Workforce Development	Washington	DC
National Association of County and City Health Officials	Washington	DC
National Association of Social Workers	Washington	DC
National Black Gay Men's Advocacy Coalition	Washington	DC
National Black Justice Coalition	Washington	DC
National Black Women's HIV/AIDS Network, Inc.	Houston	TX
National Coalition for LGBT Health	Washington	DC
National Coalition of STD Directors	Washington	DC
National Family Planning & Reproductive Health Association	Washington	DC
National LGBTQ Task Force Action Fund	Washington	DC
National Native American AIDS Prevention Center	Denver	CO
National Women and AIDS Collective (NWAC)	Washington	DC
National Working Positive Coalition	Astoria	NY
NMAC	Washington	DC
NO/AIDS Task Force (d.b.a. CrescentCare)	New Orleans	LA
North Carolina AIDS Action Network	Raleigh	NC
Okaloosa AIDS Support and Informational Services, Inc. (OASIS)	Ft. Walton Beach	FL
Open Door Clinic of Greater Elgin	Elgin	IL
Positive Iowans Taking Charge	Statewide - Iowa	IA
Positive Women's Network - USA	Washington	DC
POZ MILITARY & VETERANS USA INTL	Atlanta	GA
Prevention Access Campaign	New York	NY
Project Inform	San Francisco	CA
PWN-USA Ohio	Youngstown	OH
PWN-USA Louisiana	Baton Rouge	LA
Racial and Ethnic Health Disparities Coalition (REHDC)	Dunkirk	MD
Ryan White Council of Atlanta	Atlanta	GA
Ryan White Medical Providers Coalition	Arlington	VA
San Francisco AIDS Foundation	San Francisco	CA
Sexuality Information and Education Council of the U.S. (SIECUS)	Washington	DC
Sinai Health Systems	Chicago	IL
SMART University	New York	NY
South Side Help Center	Chicago	IL
Southern AIDS Coalition	Birmingham	AL
Southern HIV/AIDS Strategy Initiative (SASI)	Durham	NC

The AIDS Institute	Washington	DC
The Change Project	Birmingham	AL
The Clint Spencer Clinic	Honolulu	HI
The Fenway Institute	Boston	MA
The Swan Project	New York	NY
The Women's Collective	Washington	DC
Treatment Access Expansion Project	Jamaica Plain	MA
Treatment Action Group	New York	NY
Treatment Educat10n Network	Denver	CO
Trillium Health	Rochester	NY
Tulsa CARES	Tulsa	OK
UCHAPS (Urban Coalition for HIV/AIDS Prevention Services)	Washington	DC
VillageCare	New York	NY
West Alabama AIDS Outreach	Tuscaloosa	AL
Whitman-Walker Health	Washington	DC
Women Together for Change	St. Croix	VI