



April 9, 2020

The Honorable Nancy Pelosi
Speaker of the House
United States House of Representatives

The Honorable Mitch McConnell
Senate Majority Leader
United States Senate

The Honorable Kevin McCarthy
House Minority Leader
United States House of Representatives

The Honorable Chuck Schumer
Senate Minority Leader
United States Senate

Dear Congressional Leaders:

The HIV Health Care Access Working Group (HHCAGW), the Ryan White Working Group (RWWG), and the AIDS Budget and Appropriations Committee (ABAC) write to ask for immediate policy guidance to protect access to care for people living with HIV in the face of the growing coronavirus (COVID-19) threat.

We are a coalition of over 100 national and community-based HIV service organizations representing HIV medical providers, public health professionals, advocates, and people living with HIV (PLWH) who are all committed to ensuring access to critical HIV and hepatitis C-related health care and support services.

As our nation has been battling the COVID-19 pandemic, it has become abundantly clear that we have failed to adequately invest in our public health infrastructure. In some places, hospitals are at capacity. Medical professionals are unable to acquire the necessary supplies to keep themselves safe on the job. State and local public health departments are stretched thin responding to COVID-19 while continuing to provide core public health services to their community. Programs that respond to the needs of people living with and at risk of HIV must continue to provide high-quality services. With many state and local health departments, community health centers, and Ryan White providers adjusting how they continue to provide HIV services while responding to COVID-19, increased funding will be required to prevent disruptions to care. Many of these programs now must expand telehealth options, are reassigning personnel to COVID-19 response, and could see an influx in new patients as a result of loss of income or health coverage.

Communities of color in the U.S. are disproportionately impacted by HIV. African Americans, more than any other racial/ethnic group, continue to bear the greatest burden of HIV in the U.S. Recent COVID-19 data shows that Black communities in the U.S. are experiencing higher rates of hospitalization and death compared to whites – exacerbated by many of the same health disparities that impact the HIV care continuum. To provide meaningful protection and support to communities facing a disproportionate share, the COVID-19 response must target investments to these communities to increase access to healthcare, prevention, testing, and treatment.

We urge Congress to provide supplemental funding for the following HIV and safety net programs in order to increase the capacity of the programs at a time of increased demand for their services:

HRSA HIV/AIDS BUREAU RYAN WHITE HIV/AIDS PROGRAM (RWHAP)

The RWHAP provides critical services for people living with HIV. The program is the payer-of-last-resort for low-income, uninsured and under-insured patients, and will see an increased demand in their services as people continue to lose their jobs, income and health insurance. All RWHAP Parts (A-F) must receive at least \$500M in additional funding to ensure that services will continue uninterrupted. For instance, RWHAP clinical and non-clinical providers must receive additional funding to navigate changes in program income and other budget impacts of COVID-19 as well as adapt their programs to expand telehealth and socially distant services. In addition, RWHAP Part A funding going to hardest hit metropolitan areas as well as RWHAP Part B AIDS Drug Assistance Programs, which provide lifesaving medications to people living with HIV, will require additional resources to meet increased demand as well as decreased program income. Without shoring up the foundation of all parts of this program, we will undoubtedly lose ground in our efforts to end new HIV infections in this country.

THE CDC'S NATIONAL CENTER FOR HIV/AIDS, VIRAL HEPATITIS, STD, AND TB PREVENTION (NCHSSTP)

NCHSSTP is one of our nation's premier programs that prevents the spread of infectious disease. The Center funds local, state and national programs that do targeted, high-impact prevention of HIV and other infectious diseases. The Center also funds surveillance systems across the nation that inform prevention activities. While our nation battles COVID-19, other infectious diseases continue to impact already vulnerable communities. These programs must receive increased funding in order to adapt their prevention services in light of the COVID-19 epidemic. Personnel within the Center are already trained in infectious disease tracking, so increasing funding would expand capacity of contact tracing for COVID-19.

THE HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS PROGRAM (HOPWA)

HOPWA is already seeing increases in demand for housing services during this pandemic. Demand for supportive housing and rental assistance will increase as the economic impacts of COVID-19 are felt. Social-distancing and quarantines are impossible if a person living with HIV does not have housing, so we urge you to supplement the HOPWA Program by \$65 million for COVID-19 response. To see a complete list of the AIDS Budget and Appropriations Coalition's

funding asks, please see the following chart here: <https://bit.ly/2xVm0qC>. Note that these requests were made prior to the COVID-19 pandemic.

PRESCRIPTION MEDICATION ACCESS ACROSS PUBLIC AND PRIVATE PAYERS

Restrictions by an insurer on when a patient can obtain a prescription refill or purchase essential medical supplies can present challenges to appropriate care in circumstances in which drug and product supply chains may experience brief but meaningful disruptions. These restrictions on life-sustaining, necessary medications and products can require frequent trips to a physical pharmacy location, needlessly putting PLWH at risk of COVID-19 exposure while attempting to pick up their supplies.

We note that just recently at the Conference on Retroviruses and Opportunistic Infections, John T. Brooks, M.D., an epidemiologist with the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention (CDC), explained the increased risk of COVID-19 some PLWH face due to an aging population and potential for decreased CD4 cell counts. In addition, people living with HIV have higher rates of cardiovascular and lung disease that could put them at higher risk. Given that only 53% of PLWH in the United States have an undetectable viral load,¹ and that 60% of the people living with HIV in the United States are age 50 or older,² a proportion of the PLWH in the US are at great risk during the rapid spread of COVID-19.

Accordingly, the Department Health and Human Services (HHS) *Interim Guidance on COVID-19 and Persons with HIV* recommends that people living with HIV “maintain on-hand at least a 30-day supply—and ideally a 90-day supply—of antiretroviral (ARV) drugs and other medications.”³ This ensures that people living with HIV are able to adhere to social distancing protocols, and minimizes any potential disruption in medication adherence should access to medications be cutoff. This also is critical for millions of other individuals living with chronic health conditions such as Hepatitis C and TB, who, due to their increased risk of complications, should also be practicing social distancing as much as possible.

We applaud the provision in the recently enacted CARES act that requires Medicare plans to allow for an early, up to 3-month refill of a beneficiary’s existing prescription.⁴ However, we urge you to go further by taking action to address the following:

- **Require private insurance plans to allow for early refills by relaxing timing restrictions and quantity limits, at minimum to the CDC-recommended 30-day supplemental**

¹ CDC, HIV in the United States: At A Glance, <https://www.cdc.gov/hiv/statistics/overview/ata glance.html>.

² CDC, Estimated HIV Incidence and Prevalence in the United States 2010–2016, <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-24-1.pdf>

³ HHS, Department Health and Human Services (HHS) Interim Guidance on COVID-19 and Persons with HIV, <https://aidsinfo.nih.gov/guidelines/html/8/covid-19-and-persons-with-hiv--interim-guidance-/554/interim-guidance-for-covid-19-and-persons-with-hiv>.

⁴ HR 748 CARES Act, §3714, <https://www.congress.gov/bill/116th-congress/house-bill/748/text#H22589153F903434C98CF914FE4C6BBE0>.

supply.⁵ Many PLWH rely on Ryan White’s AIDS Drug Assistance Program for access to medications. Increasingly, ADAPs are using the coverage available under the ACA as the most cost-effective means of delivery via health insurance premium and cost-sharing assistance for low-income individuals living with HIV. In 2017, 52% of ADAP clients received ADAP-funded insurance.⁶ Thus, ensuring that these individuals are able to access an early, extended-supply refill of their medications is critical. These protections should be inclusive of all medications and should not discriminate against controlled substances used to treat mental illness, epilepsy, cancer, and other serious medical conditions.

- **Require private insurance plans to temporarily waive all prior authorization and utilization management protocols.** Prior authorization already presents problems for patients living with HIV, their providers, and public health. Unnecessary delays can cause treatment disruptions, viral resistance, and lack of viral suppression. Furthermore, prior authorizations create a labyrinth of hurdles for providers, forcing them to spend hours of extra office work completing paperwork that on balance, does not improve patient care.⁷ Particularly as our nation’s health care providers are already stretched thin during the COVID-19 pandemic, this bureaucratic requirement is placing unnecessary burdens on an already-strained system.
- **Require payers waive requirements of in-person physician visits for prescription refills.** As discussed below, private insurers must be required to allow for telehealth and tele prescribing so that PLWH and other can adhere to social distancing protocols.

TELEHEALTH SERVICES ACROSS PUBLIC AND PRIVATE PAYERS

As noted above, given the particular susceptibility to COVID-19 related complications PLWH may face, maintaining social distancing protocols *and* retaining the ability to access health care services necessary for HIV care and treatment are both necessary. While we applaud the progress made in expanding telehealth flexibilities in Medicare and Medicaid, more action is needed to ensure that PLWH and others living with chronic conditions are able to access their regular care via telehealth to the extent possible. We urge Congress to include the following in its upcoming package:

- **Require that private insurers cover services delivered via telehealth on parity with services previously available in-person.** Provided that a service was already covered on an in-person basis under a plan, insurers should be prohibited from charging enrollees higher cost-sharing than if the service was delivered in-person. Similarly, insurers must be prohibited from requiring prior authorization for a service delivered via telehealth that would not require prior authorization if delivered in-person.

⁵ CDC, Prepare Your Health: Prescriptions, https://www.cdc.gov/cpr/prepareyourhealth/00_docs/18_295610-A_PIB_Prescriptions.pdf.

⁶ NASTAD, 2019 National RWHAP Part B and ADAP Monitoring Project: Annual Report, <https://publications.partbadap-2019.nastad.org/>.

⁷ American Academy of HIV Medicine, Prior Authorization, <https://aahivm.org/wp-content/uploads/2016/12/AAHIVM-policy-one-pager-Prior-Authorization-FINAL.pdf>.

- **Ensure that interpretation services are available to facilitate telehealth delivery to individuals with limited English proficiency.** While professional interpretation is always important for effective care, this need is heightened in the context of telehealth, as individuals with limited English proficiency may not have family or other support available to help them understand information communicated by their physicians. Congress should require that Medicare and Medicaid adequately provide and reimburse for telehealth interpretation services, and that private insurance coverage of telehealth includes professional interpretation services.
- **Congress should authorize additional appropriations sufficient to allow Lifeline subscribers unlimited minutes for at least six months.** Lifeline provides eligible individuals a subsidy on monthly telephone service, broadband Internet access service, or voice-broadband bundled service. Many low-income individuals rely on the Lifeline program as their only source of telecommunications. Indeed, if an individual qualifies for the Medicaid program, they are also eligible for Lifeline assistance. Without the Lifeline program, many PLWH and others that rely on Medicaid would be unable to access telehealth services. As the COVID-19 pandemic has worsened, many PLWH and others living with chronic health conditions that rely on the Lifeline program have found that their monthly allowed minutes have run out, leaving them unable to communicate with their physicians. While the FCC has taken steps already to prevent disconnections of Lifeline subscribers, more action is needed.

MEDICAID

The Medicaid program is a critical source of health coverage and access to health care for people living with HIV. A significant portion (42%) of PLWH in care count on the Medicaid program for the health care and treatment that keeps them healthy and productive.⁸ Medicaid not only promotes the individual health of PLWH, but by providing uninterrupted access to care and treatment, it is also an effective public health intervention.⁹ When HIV is effectively managed and viral suppression is achieved, the risk of transmitting the virus drops to zero.¹⁰ Given the measured success the Medicaid expansion has enjoyed thus far, we urge Congress to continue to support the program's capacity to respond to the COVID-19 pandemic. While the Families First Coronavirus Response Act included an option for state Medicaid programs to cover otherwise uninsured individuals for the limited purpose of COVID-19 testing,¹¹ as well as a modest increase in the Federal Matching Assistance Percentage (FMAP) for states during the

⁸ [Medicaid and HIV](#), Kaiser Family Foundation. October 1, 2019.

⁹ Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>.

¹⁰ Cohen, MS., et al. [Antiretroviral Therapy for the Prevention of HIV-1 Transmission](#). N Engl J Med 2016; 375:830-839. September 1, 2016.

¹¹ HR 6201 Families First Coronavirus Response Act, § 6009, <https://www.congress.gov/bill/116th-congress/house-bill/6201/text/enr#H14F09075C47742DF8DDB9454A722A44F>.

duration of the emergency period,¹² we urge Congress to go further by considering the following:

- **Increase incentives for states to immediately take up the ACA's Medicaid expansion.** In a previously debated, House bill (the Take Responsibility for Workers and Families Act) would have temporarily increased the FMAP for the expansion group from 90 percent currently to 100 percent. Several states are already close to adopting or are in the process of implementing a Medicaid expansion. This added financial benefit would likely be the final push needed for the remaining 14 states that have yet to expand their Medicaid programs under the ACA. This would open up coverage to hundreds of thousands of currently uninsured individuals, as well as many more who will likely become uninsured in the coming months as COVID-19 forces more layoffs and furloughs.
- **At a minimum, extend the option to cover COVID-19 testing for the uninsured to include treatment.** While full Medicaid expansion would provide access to more comprehensive and robust health care for uninsured individuals, currently the provision enacted in the Families First Coronavirus Response Act only allows states to cover uninsured individuals for the extremely limited purpose of COVID-19 testing. Congress should build on this action by also allowing states to cover any treatment that is provided to an otherwise uninsured individual that either tests positive for COVID-19 or is presumed positive due to a shortage of testing supplies.

AFFORDABLE CARE ACT MARKETPLACE

- **Establish a COVID-19 Special Enrollment Period:** Establishing a new special enrollment period for the uninsured to gain coverage would help offset the tremendous health care costs to individuals and the federal government created by the COVID-19 pandemic. New estimates suggest that hospitals could incur as much as \$42 billion in uncompensated care costs for coronavirus-related care alone, which the Administration has promised to cover.¹³ Ryan White programs will also see additional costs as PLWH lose their jobs, and their job-related health insurance. It is critical that the federal government quickly follow the lead of state-based health insurance marketplaces by establishing a new open enrollment period for the uninsured¹⁴ and 1) ensure that coverage takes effect as soon as the first of the month immediately following application; 2) waives verification requirements to smooth the enrollment process.
- **Shield Consumers from Premium Hikes:** In light of projections that COVID-19 will continue to impact insurer costs into 2021 and the likelihood that 2021 rate filings will take into account current insurer costs attributable to the pandemic, we are concerned

¹² HR 6201 Families First Coronavirus Response Act, §6008, <https://www.congress.gov/bill/116th-congress/house-bill/6201/text/enr#HEF7F947966E144B490634403AFC1147F>.

¹³ Kaiser Family Foundation, <https://www.kff.org/uninsured/issue-brief/estimated-cost-of-treating-the-uninsured-hospitalized-with-covid-19/>

¹⁴ NPR, <https://www.npr.org/sections/health-shots/2020/03/20/818981380/9-states-reopen-aca-insurance-enrollment-to-broaden-health-coverage>

that insurers selling ACA-compliant products will propose drastic increases to premiums for the 2021 plan year. Additionally, 2021 rate increases could reflect other factors not directly related to costs of COVID-19 care. For example, consumers may delay non-COVID-19-related care during the pandemic due to social distancing guidelines or concerns about spending money on health care during financially uncertain times, leading to poorer health outcomes in the near future. Given that the economic downturn caused by this crisis will likely lead to recession that outlasts the duration of the pandemic, consumers may continue to delay needed care in 2020 and 2021 due to financial concerns. As a result, consumers could face drastically increased costs for ACA-compliant coverage in the 2021 plan year. Congress can take action now to ameliorate some of these consequences of the COVID-19 pandemic. Policy responses include enhancing and extending premium tax credits to more people, offering a public plan option alongside private insurance in the marketplaces, and temporarily or permanently codifying in statute the premium adjustment percentage methodology that is currently left to administrative discretion (the Department of Health and Human Services' 2020 Notice of Benefit and Payment Parameters modified this methodology—a change allegedly justified by market stability, which this public health crisis puts in jeopardy—that ultimately increases premium contributions for subsidized coverage and out-of-pocket costs, further contributing to delayed care and higher uninsured rates).

Please contact Phil Waters with the Center for Health Law and Policy Innovation at pwaters@law.harvard.edu, Emily McCloskey with the National Alliance of State and Territorial AIDS Directors at emccloskey@nastad.org, Rachel Klein with The AIDS Institute at rklein@taimail.org with any questions.

Respectfully submitted by the undersigned organizations:

ADAP Advocacy Association (DC)	AIDS Community Research Initiative of America (NY)
ADAP Education Initiative (OH)	AIDS Foundation of Chicago (IL)
Advocates for Youth (DC)	AIDS Legal Council of Chicago (IL)
Affirmations Lesbian Gay Community Center (MI)	AIDS Legal Referral Panel (CA)
African American Office of Gay Concerns (NJ)	AIDS Project New Haven (CT)
AIDS Action Baltimore (MD)	AIDS Project of the East Bay (CA)
AIDS Alabama (AL)	AIDS Research Consortium of Atlanta (GA)
AIDS Alabama South (AL)	AIDS Resource Council, Inc. (GA)
AIDS Alliance for Women, Infants, Children, Youth & Families (DC)	AIDS Services Foundation Orange County (CA)
AIDS Care (PA)	AIDS United (DC)
	AIDS/HIV Services Group (ASG) (VA)
	AL GAMEA (MI)
	Aliveness Project (MN)

Alliance for Positive Health (NY)
 American Academy of HIV Medicine (DC)
 American Liver Foundation (NY)
 American Psychological Association (DC)
 American Run to End AIDS (AREA) (NY)
 American Sexual Health Association (NC)
 Amida Care (NY)
 API Wellness (CA)
 APICHA Community Health Center (NY)
 APLA Health (CA)
 Asian & Pacific Islander American Health Forum (DC)
 Association of Nurses in AIDS Care (OH)
 Bailey House (NY)
 Baltimore Student Harm Reduction Coalition (MD)
 Bill's Kitchen, Inc. (PR)
 Black AIDS Institute (CA)
 BOOM! HEALTH (NY)
 Borinquen Medical Centers (FL)
 Bronx Lebanon Family Practice (NY)
 Buddies for NJ, Inc. (NJ)
 CAEAR Coalition (DC)
 Callen-Lorde Community Health Center (NY)
 CANN - Community Access National Network (DC)
 Canticle Ministries, Inc. (IL)
 Cascade AIDS Project (OR)
 Center for Black Equity (DC)
 Center on Halsted (IL)
 CenterLink: The Community of LGBT Centers (FL)
 Chicago Recovery Alliance (IL)
 CHOW Project (HI)
 Cicatelli Associates Inc. (NY)
 Clare Housing (MN)
 Communities Advocating for AIDS Relief (DC)
 Community AIDS Network, Inc. (FL)
 Community AIDS Resource and Education Services (CARES) (MI)
 Community Education Group (DC)
 Community Health of South Florida (FL)
 Community Research Initiative of New England, Inc. (MA)
 Community Servings (MA)
 cTp Community Health Inc (MO)
 Dab the AIDS Bear Project (FL)
 DC Fights Back (DC)
 Delaware HIV Consortium (DE)
 Digestive Disease National Coalition (DC)
 EAC Network (NY)
 Elizabeth Glaser Pediatric AIDS Foundation (DC)
 End AIDS Now (NY)
 Equality California (CA)
 Equality Federation (OR)
 Equitas Health (OH)
 Five Horizons Health Services (AL)
 Food For Thought (CA)
 Georgia Equality (GA)
 Georgia Rural Urban Summit (GA)
 Gregory House Programs (HI)
 Harlem United (NY)
 Harm Reduction Coalition (NY)
 Hawaii Health & Harm Reduction Center (HI)
 Health Services Center, Inc. (AL)
 HealthHIV (DC)
 Heartland Cares (KY)
 Hep Free Hawaii (HI)
 Hepatitis C Allies of Philadelphia (PA)
 Heritage Health and Housing (NY)
 Hispanic Health Network (NY)
 HIV AIDS Alliance of Michigan (HAAM) (MI)
 HIV Dental Alliance (GA)
 HIV Medicine Association (VA)
 HIV Prevention Justice Alliance (IL)
 HIVRN Associates
 Hope and Help Center of Central Human Rights Campaign (DC)
 Florida, Inc. (FL)
 Georgia AIDS Coalition (GA)
 Hope House of St. Croix Valley (MN)
 HopeSprings (MD)
 House of Blahnik, Inc. (PA)

Housing Works (NY)
Howard Brown Health (IL)
HRA Wellness Center of New Britain (CT)
Hyacinth AIDS Foundation (NJ)
Human Rights Coalition (DC)
iHealth (NY)
International Association of Providers of
AIDS Care (DC)
Iris House (NY)
Joseph H. Neal Wellness Center (SC)
JustUS Health (MN)
Lansing Area AIDS Network (MI)
Latino Commission on AIDS (NY)
Life We Live Youth Advocates Of Colors
(TN)
LifeLinc of Maryland (MD)
Lifelong AIDS Alliance (WA)
LLHC (Louisiana Latino Health Coalition
for HIV/AIDS Awareness) (LA)
Los Angeles LGBT Center (CA)
Loving Arms For Families, Inc. (CA)
Mayfaire (FL)
Medical Advocacy & Outreach (AL)
Mendocino County AIDS/Viral Hepatitis
Network (CA)
Mercy Health McClees Clinic (MI)
Metropolitan Area Neighborhood
Nutrition Alliance(MANNA) (PA)
Metropolitan Community Churches (FL)
Metropolitan Latino AIDS Coalition
(MLAC) (DC)
Michigan Coalition for HIV Health and
Safety (MI)
Minnesota AIDS Project (MN)
Miracle of Love, Inc. (FL)
Moveable Feast (MD)
Multicultural AIDS Coalition (MA)
NASTAD (DC)
National AIDS Housing Coalition (DC)
National Alliance of HIV Education and
Workforce Development (NAHEWD)
(DC)
National Association of County and City
Health Officials (DC)

National Black Gay Men's Advocacy
Coalition (NBGMAC) (DC)
National Black Justice Coalition (DC)
National Black Women's HIV/AIDS
Network (TX)
National Coalition for LGBT Health (DC)
National Coalition of STD Directors (DC)
National Family Planning and
Reproductive Health Association (DC)
National Gay and Lesbian Task Force
Action Fund (DC)
National Latino AIDS Action Network
(NLAAN) (NY)
National Native American AIDS Prevention
Center (CO)
National Tuberculosis Controllers
Association (GA)
National Viral Hepatitis Roundtable (DC)
National Working Positive Coalition (NY)
NMAC (DC)
North Carolina AIDS Action Network (NC)
North Central Health District - Hope Center
(GA)
North Central Texas HIV Planning Council
(TX)
Open Door Clinic of Greater Elgin (IL)
Pediatric AIDS Chicago Prevention Initiative
(IL)
Pierce County AIDS Foundation (WA)
Positive Impact Health Centers (GA)
Positive Women's Network - USA (CA)
Positively U, Inc. (FL)
POZ Military Veterans USA International
(GA)
Presbyterian AIDS Network (DC)
Prevention Access Campaign (NY)
Prevention On The Move/ Steward
Marchman Act Behavioral Healthcare
(FL)
Pride at Work (DC)
Project Inform (CA)
PWN-USA-Ohio (OH)
Rainbow Health Initiative (MN)
Rocky Mountain CARES (CO)

Rural AIDS Action Network (MN)
Ryan White Medical Providers Coalition (DC)
Saint Louis Effort for AIDS (MO)
San Francisco AIDS Foundation (CA)
Seattle TGA HIV Planning Council (WA)
Selma AIR (AL)
Sexuality Information and Education Council of the U.S.(SIECUS) (DC)
Shanti (CA)
Shelter Resources - Bele Reve (LA)
Sierra Foothills AIDS Foundation (CA)
Silver State Equality-Nevada (NV)
SisterLove, Inc. (GA)
Southern HIV/AIDS Strategy Initiative (NC)
Southwest Louisiana AIDS Council (LA)
START at Westminster (DC)
Tennessee Association Of People With AIDS (TN)
Test Positive Aware Network (IL)
The AIDS Health Education Foundation, Inc. (FL)
The AIDS Institute (DC & FL)
The Center for Black Equality - Baltimore (MD)
The Global Justice Institute (NY)
The HIV/AIDS Prevention and Planning Group of St. Lucie County (FL)
The Promises Project (AL)

The Well Project (NY)
The Women's Collective (DC)
Thomas Judd Care Center (MI)
Thrive Alabama (AL)
Ti-chee Native Health Service Agency (WA)
TOUCH-Together Our Unity Can Heal, Inc. (NY)
TransSOCIAL, Inc. (FL)
Treatment Access Expansion Project (MA)
Treatment Action Group (TAG) (NY)
Trillium Health (NY)
True Colors Fund (DC)
UNIFIED-HIV Health and Beyond (MI)
University of Minnesota Youth and AIDS Project (MN)
Urban Coalition for HIV/AIDS Prevention Services (UCHAPS) (DC)
VillageCare (NY)
Vivent Health (WI)
Volunteers of America Greater Baton Rouge (LA)
Washington Heights CORNER Project (NY)
Wellness AIDS Service, Inc. (MI)
Whitman-Walker Health (DC)
Williams & Associates, Inc. (MO)
Women With a Vision, Inc. (LA)