



April 8, 2025

[submitted electronically via [LH.Appropriations@mail.house.gov](mailto:LH.Appropriations@mail.house.gov)]

The Honorable Robert Aderholt  
U.S. House of Representatives  
House Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education, and Related Agencies  
272 Cannon House Office Building  
Washington, DC 20515

The Honorable Rosa DeLauro  
U.S. House of Representatives  
House Appropriations Subcommittee on  
Labor, Health and Human Services,  
Education, and Related Agencies  
2413 Rayburn House Office Building  
Washington, DC 20515

Chairman Aderholt, Ranking Member DeLauro, and Members of the House  
Appropriations Subcommittee on Labor, Health and Human Services, Education, and  
Related Agencies:

The American Pharmacists Association (APhA) appreciates the opportunity to submit  
testimony regarding FY2026 appropriations for the Centers for Disease Control and  
Prevention (CDC), National Institutes of Health (NIH), Agency for Healthcare Research  
and Quality (AHRQ), and related public health agencies.

APhA is the largest association of pharmacists in the United States advancing the entire  
pharmacy profession. APhA represents pharmacists and pharmacy personnel in all  
practice settings, including community pharmacies, hospitals, long-term care facilities,  
specialty pharmacies, community health centers, physician offices, ambulatory clinics,  
managed care organizations, hospice settings, and government facilities. Our members  
strive to improve medication use, advance patient care, and enhance public health.

APhA writes today with deep concern about the consequences of proposed funding  
reductions to CDC's HIV prevention programs and urges the Subcommittee to preserve  
and strengthen these investments in FY2026. HIV continues to pose a major threat to  
public health, and the CDC's HIV Prevention Program remains one of the most effective  
tools in our national response.

The consequences of reduced funding are stark:

- **HIV Testing & Diagnosis:** CDC-supported efforts enable early detection of HIV. Without these resources, many new HIV infections would go undiagnosed, missing vital opportunities for early treatment and increasing the risk of onward transmission.
- **Public Health Surveillance:** The CDC leads national HIV surveillance and rapid outbreak response. These functions are essential for identifying trends, responding to clusters, and allocating resources where they are needed most. Funding cuts would threaten our real-time response capacity.
- **Community-Based Prevention and Care:** A vast majority of the CDC's HIV Prevention Program budget supports state and local health departments, community organizations, and academic institutions, not internal CDC operations.<sup>1</sup> Any cuts would disproportionately impact frontline prevention programs that deliver HIV testing, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) services, and linkages to care services, especially in underserved communities.
- **Implementation Science:** CDC's investment in implementation science ensures that prevention strategies are evidence-based, targeted, and effective. Cuts would slow innovation and hinder our ability to reach high-risk populations.

In response to the Office of Infectious Disease and HIV/AIDS Policy's Request for Information on the 2026–2030 National HIV/AIDS Strategy, APhA emphasized pharmacists' contributions to HIV prevention and public health.<sup>2</sup> Pharmacists are the most accessible health care providers, with nearly 90% of Americans living within five miles of a community pharmacy.<sup>3</sup> **In many states, pharmacists are now authorized to prescribe HIV PrEP and PEP,<sup>4</sup> provide testing and education, and collaborate with physicians to ensure longitudinal care.**

However, for these services to reach their full potential, stable federal funding is essential to save lives. State and local HIV prevention efforts, including those integrating pharmacists into care teams, rely on CDC funding to sustain and scale services.

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<sup>1</sup> <https://www.cdc.gov/nchhstp/budget-funding/index.html>

<sup>2</sup> <https://www.pharmacist.com/DNNGlobalStorageRedirector.ashx?egsfid=qkuBKpXaBtA%3d>

<sup>3</sup> Berenbrok LA, Tang S, Gabriel N, Guo J, Sharareh N, Patel N, Dickson S, Hernandez I, Access to Community Pharmacies: A Nation-Wide Geographic Information Systems Cross-sectional Analysis, Journal of the American Pharmacists Association (2022), doi: <https://doi.org/10.1016/j.japh.2022.07.003>.

<sup>4</sup> Arkansas, California, Colorado, Connecticut, Idaho, Illinois, Louisiana, Maine, Maryland, Montana, Nevada, New Mexico, North Carolina, Oregon, Rhode Island, Tennessee, Utah, Virginia

APhA respectfully urges the Subcommittee to:

1. Maintain or increase CDC HIV prevention funding in FY2026 to ensure the continuity of services that prevent new infections and save lives.
2. Preserve investments in CDC's surveillance, public health workforce, and implementation science infrastructure, which are critical to national outbreak detection and response.
3. Support the NIH and AHRQ in expanding research on HIV prevention, social determinants of health, and health system integration, including the role of pharmacists in providing HIV preventative care.

The United States has the tools to end the HIV epidemic, but only if Congress continues the leadership necessary to continue to invest in the prevention, care, and workforce that delivers them. Thank you for your leadership and commitment to a healthier future. If we can be of further assistance, please contact me at [mbaxter@aphanet.org](mailto:mbaxter@aphanet.org) with any additional questions or to arrange a meeting to discuss the life-saving services pharmacists are providing in your states and the additional removal of barriers that would help to end the HIV epidemic in the United States.

Sincerely,

A handwritten signature in black ink that reads "Michael Baxter". The script is cursive and fluid.

Michael Baxter

Vice President, Government Affairs