

HIV CARE ACCESS IN THE UNITED STATES

Findings from the 2025 Annual LGBTQ+ Community Survey

Last updated: November 19, 2025

Policy and HIV Care Access

In the days leading up to World AIDS Day, a new survey from the HRC Foundation finds that **one in five (20.9%)** U.S. adults said policies the federal government have made accessing HIV prevention and treatment care more difficult in the last year—including **30.0%** of LGBTQ+ adults.

Before asking respondents whether recent policies have affected their access to HIV-related care, the survey explicitly introduced the broader policy environment:

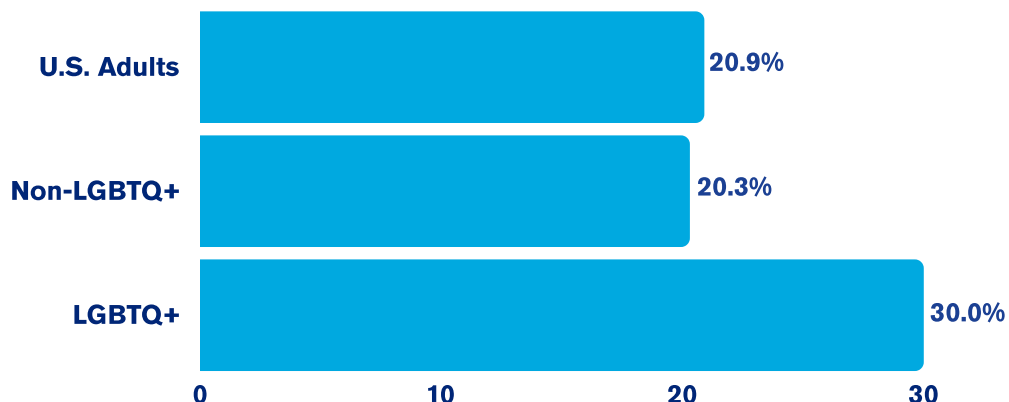
"Since January 2025, the federal government has introduced new policies relating to healthcare access, education, research funding, public health programs, the workplace, and diversity initiatives."

Then respondents were asked:

"Compared to 12 months ago, would you say these policies have made it more difficult or easier for you to acquire... [HIV prevention and treatment services?]"

One in Five U.S. Adults Say Federal Policies Have Made Accessing HIV Care Harder

% of U.S. Adults Who Said Accessing HIV Care Was More Difficult Due to Federal Policies
(Compared to 12 Months Ago)





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Household Income and HIV Care Access

Income remains a meaningful dividing line in perceived access to HIV care, especially for LGBTQ+ people. Looking at Adults in households of similar size and in number of children: those with incomes below \$75,000 report significantly greater difficulty navigating HIV prevention and treatment services under current policies than adults earning \$75,000 or more. This difference highlights how financial strain amplifies vulnerability when policy changes threaten healthcare access.

LGBTQ+ adults with household incomes less than \$75,000 annually are roughly

**1.5 times
more likely**

to say recent federal policies have made accessing HIV prevention and treatment care more difficult

41.5%

of LGBTQ+ adults with household incomes less than \$75,000 annually say recent federal policies have made accessing HIV prevention and treatment care more difficult

Taken together, these findings make clear that economic strain does not operate in isolation. Lower-income LGBTQ+ adults reported both a higher likelihood and a higher intensity of barriers when navigating HIV prevention and treatment under current policies.

Because LGBTQ+ people are disproportionately likely to experience poverty and financial insecurity, these income-based disparities mean that federal policy changes have, and will continue to, disproportionately harm LGBTQ+ communities with the fewest resources.

This challenge transcends income alone, extending even to those who rely on public assistance programs, including publicly supported health-insurance plans.



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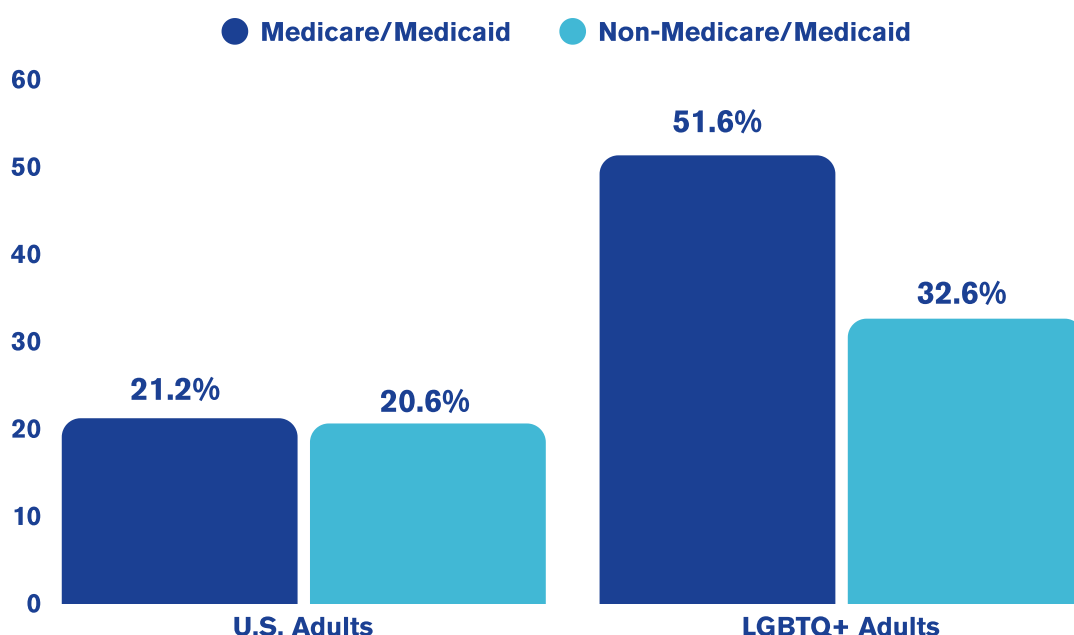
Medicare, Medicaid, and HIV Care Access

Medicare- and Medicaid-based coverage emerges as a major vulnerability point for the community. LGBTQ+ respondents who rely on these publicly supported plans have **twice the odds** of reporting difficulty accessing HIV prevention and treatment services due to recent federal policies.

Half (51.3%) of LGBTQ+ adults on Medicare or Medicaid said it has been more difficult to access HIV prevention and care treatment in the last 12 months compared to just a third of LGBTQ+ adults and a fifth of U.S. adults on another health insurance plan such as an employer-provided one.

Federal Policies Have Made Accessing HIV Care Harder for LGBTQ+ People on Medicare/Medicaid

% Who Said Accessing HIV Care Was More Difficult Due to Federal Policies by Medicare/Medicaid Use
(Compared to 12 Months Ago)



For many LGBTQ+ adults, Medicare or Medicaid is not just a form of coverage but a lifeline. Shifts in federal policy place that lifeline under significant strain. These disparities illustrate how publicly supported health-insurance plans have become a major pressure point for LGBTQ+ adults under current federal policies. For those who depend on Medicare or Medicaid, even small policy changes can translate into disproportionately large barriers to HIV prevention and treatment.



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Methodology

The Human Rights Campaign Foundation's 2025 Annual LGBTQ+ Community Survey (ALCS) provides robust data on the experiences, attitudes, and well-being of LGBTQ+ adults in the United States. The 2025 ALCS version included a supplemental comparison sample of non-LGBTQ+ adults.

Data were collected online from September 29 to October 27, 2025, among U.S. adults aged 18 and older. The LGBTQ+ sample, which includes nearly 10,000 LGBTQ+ adults, was drawn through the HRC Foundation's Community Marketing & Insights research panel of LGBTQ+ adults as well as from participants recruited from community organizations, while the non-LGBTQ+ sample (approximately N = 5,000) was fielded by [PSB Insights](#) during the same period. To ensure demographic representativeness, PSB used quotas for respondents' race, age, geography, education, and gender.

Post-survey weighting was applied to correct for non-probability sampling bias and align the dataset with external benchmarks. Estimates are predicted probabilities from logistic regression with robust standard errors controlling for race/ethnicity, education, and age.

See the [report methodology here](#).

See the [complete ALCS methodology and data quality report here](#).

For press inquiries: Press@HRC.org

For research inquiries: Research@HRC.org

Authors

Charleigh Flohr, Associate Director, Research, Human Rights Campaign Foundation

Tari Hanneman, Senior Director, Research & Education, Human Rights Campaign Foundation



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References

Human Rights Campaign Foundation. Understanding Poverty in the LGBTQ+ Community. <https://www.hrc.org/resources/understanding-poverty-in-the-lgbtq-community> (Accessed November 19, 2025)