

HIV/AIDS PROGRAM FUNDING

THE PROBLEM

The HIV/AIDS epidemic in the United States continues to impact individuals across ages, genders, and backgrounds, with a disproportionate burden on gay and bisexual men, transgender women, and communities of color—particularly in the South. More than 1.13 million people in the United States are currently living with HIV, with 39,201 new diagnoses reported in 2023.

Despite significant advances, critical gaps remain: approximately 13% of people living with HIV are undiagnosed, and one-third of those diagnosed are not virally suppressed, increasing the risk of poor health outcomes and ongoing transmission.

At the same time, the policy environment is becoming increasingly unstable. Federal funding disruptions, proposed program eliminations, and broader health care policy changes—including threats to Medicaid coverage—are placing the nation’s HIV response at risk. Without sustained investment and leadership, progress toward ending the epidemic could stall or reverse.

Ending the HIV epidemic is within reach—but only if we protect and strengthen the systems that make progress possible with sustained federal leadership, investment, and accountability.

OPPORTUNITIES AND PROGRESS

Over the past decade, federal investments in HIV prevention, treatment, and research have delivered measurable progress. New HIV infections declined by 12% between 2018 and 2022, reflecting expanded testing, treatment, and prevention strategies such as PrEP.

Programs like the Ryan White HIV/AIDS Program and CDC prevention initiatives have transformed HIV from a fatal disease into a manageable chronic condition. Today, the Ryan White Program serves more than 600,000 low-income and uninsured individuals, representing over half of all people diagnosed with HIV in the United States. The program achieves exceptional outcomes: more than 91% of Ryan White clients are virally suppressed, compared to approximately 67% nationally.

Federal prevention investments have also proven highly effective. Between 2012 and 2022, CDC prevention efforts averted 27,900 HIV infections, saving an estimated \$15.1 billion in lifetime treatment costs. These gains demonstrate that sustained federal

investment works—and that ending the HIV epidemic is achievable with continued commitment.

ONGOING CHALLENGES

Despite decades of progress, the effort to end the HIV epidemic is under renewed and immediate threat. Between January 2025 and February 2026, a series of federal administrative and legislative actions created significant instability across the HIV response infrastructure.

A federal funding freeze at the start of 2025 disrupted CDC-administered prevention programs, halting resources for state health departments and community-based organizations. Although later restored through court intervention, the disruption exposed the fragility of the prevention system.

At the same time, changes to NIH research portfolios have disrupted critical HIV research, including work on prevention technologies, treatment innovation, and vaccine development. Additional congressional proposals have targeted HIV prevention funding directly, including efforts to eliminate CDC prevention programs altogether. Delays in grant payments and the termination of behavioral health and harm reduction programs have further strained community-based organizations—the backbone of HIV prevention and care.

These challenges are compounded by broader health care policy changes. The Congressional Budget Office estimates that 5.3 million people could lose Medicaid coverage, including approximately 145,000 people living with HIV, increasing reliance on already strained safety-net programs like Ryan White.

Together, these actions threaten to destabilize the infrastructure responsible for preventing new infections and sustaining care—putting 40 years of progress at risk.

POLICY ASKS AND FUNDING LEVELS

At a minimum, Congress must maintain current funding levels while working toward increased investment to meet growing need. At this critical moment, we urge robust funding across federal HIV programs:

- **CDC Division of HIV Prevention: \$1.318 billion**
- **CDC Division of STD Prevention: \$322.5 million**
- **HRSA Ryan White HIV/AIDS Program: \$3.130 billion**
- **HRSA Community Health Centers (PrEP Program): \$207.3 million**
- **NIH Office of AIDS Research: \$3.953 billion**
- **NIH Centers for AIDS Research / HIV Research: \$3.673 billion**

- **CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention: \$2.165 billion**
- **Housing Opportunities for Persons With AIDS (HOPWA): \$600 million**
- **Minority HIV/AIDS Initiative (MAI): \$610 million**
- **Indian Health Service (IHS): \$52 million**
- **Title X Family Planning Program: \$512 million**
- **Teen Pregnancy Prevention Program: \$150 million**

These investments support testing, treatment, prevention, housing, research, and community-based care—forming the backbone of the national HIV response. Congress must reject cuts, restore stability, and invest in proven solutions that expand access to care, strengthen prevention, and address systemic inequities.