

Protecting HIV Programs and Services in the FY 2026 Budget

Federal HIV funding is under threat and it could derail national efforts to end the HIV epidemic. To date, efforts to prevent HIV transmission in the U.S. are paying off. Between 2017 and 2021, approximately **9,000 HIV infections were prevented which saved an estimated \$5 billion in lifetime medical costs**. During this time, **new HIV cases decreased by 12% nationwide**. This was made possible by federal HIV prevention, surveillance, care and treatment programs that are under threat. It is important to defend the important roles that these programs have played in this progress and to make clear the real risks if HIV funding is cut. The **CDC Division of HIV Prevention** was severely impacted by layoffs this spring. Further, the President's budget for fiscal year (FY) 2026, if enacted as proposed, would eliminate the Division, while shifting some, but not all, of the funds and functions to a new Administration for a Healthy America (AHA). The Division has played a crucial leadership role in reducing the number of new HIV cases in the U.S. More than simply funding programs, the Division has critical expertise and capacity to conduct surveillance, support states in outbreak response, and provide technical assistance in prevention interventions that could be lost through a reorganization.

The **Ryan White HIV/AIDS Program (RWHAP)** is the cornerstone of the U.S. HIV care and treatment response, providing HIV services to uninsured and underinsured people with HIV. Its leadership has driven continued improvements in HIV care outcomes nationwide. In 2023, **HIV Viral suppression among people receiving services through the RWHAP was nearly 91%**, up from 70% in 2010. Comparatively, **viral suppression among all people with diagnosed HIV in the U.S. in 2023 was 65%**. Limited funding for the program, however, has constrained the ability to do more to find and serve the roughly **one in five people with**

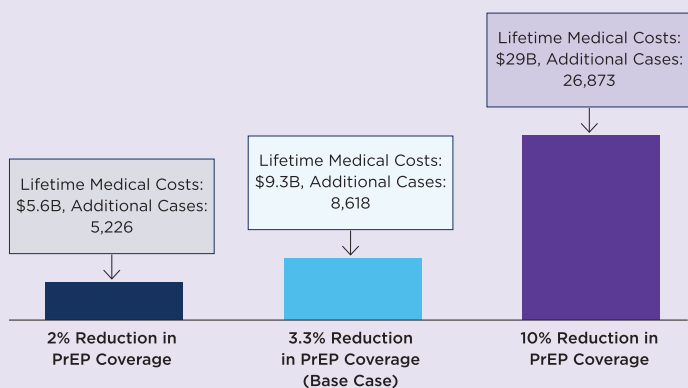
GOVERNMENT SHUTDOWN ENDED

The recent federal government shutdown ended with Congress passing a continuing resolution that lasts until the end of January 2026. Key federal HIV programs and functions have a big stake in the outcome of the final fiscal year (FY) 2026 budget. The HIV community must redouble its efforts to ensure continued investments in programs that advance the goal of ending the HIV epidemic.

diagnosed HIV who are not in care. The program would struggle greatly to effectively serve additional individuals who could lose Medicaid or private insurance coverage due to recent policy actions. **Forty percent of people living with HIV are on Medicaid** and work requirements and other Medicaid reforms could cause people with HIV to lose Medicaid coverage and increase demand for RWHAP services. This would directly impact the availability of HIV services, putting even more strain on the program and its largest component, the AIDS Drug Assistance Program (ADAP). Additionally, the President's budget proposed to eliminate Part F of the RWHAP that includes the dental program, the Special Projects of National Significance (SPNS) Program, and the AIDS Education and Training Centers (AETC) Program. While funding for Part F is a small part of the overall program, reduction or elimination of this part would harm efforts to achieve high viral suppression and weaken the broader health system's capacity to train providers to provide high-quality HIV care.

REDUCTIONS IN HIV FUNDING COULD CAUSE MORE HIV CASES AND INCREASE NATIONAL HEALTH SPENDING

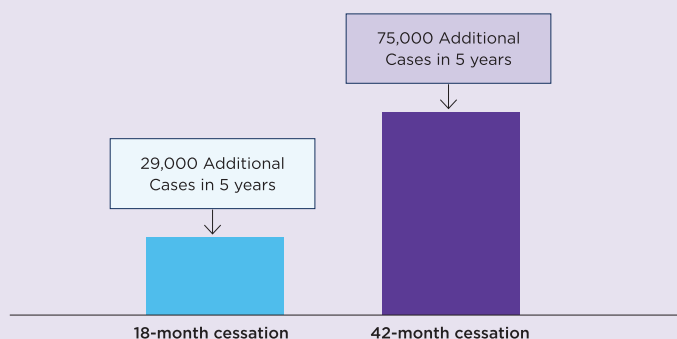
HIV Cases Failed to be Averted Because of Lowered PrEP Uptake During a 10-Year Period



*The estimates assume that no other programmatic changes will be made, for example, reductions to the Ryan White Care HIV/AIDS Program or other programs that support people engaged in HIV care.

Source: Patrick S. Sullivan et al., Excess HIV Infections and Costs Associated With Reductions in HIV Prevention Services in the U.S., 8 JAMA Netw. Open e2531341 (2025), <https://doi.org/10.1001/jamanetworkopen.2025.31341>

Potential Increase In HIV Cases Across 31 US Cities by Stalling the Ryan White HIV/AIDS Program



*The analyses assume that cessation of Ryan White services will affect only Ryan White clients; in reality, a sudden cut to clinic funding is likely to have spillover effects on non-Ryan White clients living with HIV.

Source: Forster, Ryan, et al. The Potential Impact of Ending the Ryan White HIV/AIDS Program on HIV Incidence: A Simulation Study in 31 U.S. Cities. Ann. Intern. Med. (2025), <https://doi.org/10.7326/ANNALS-25-01737>

MORE THAN MONEY—NEW REQUIREMENTS FOR THE FY 2026 BUDGET

In addition to working to ensure adequate funding for critical programs, the budget should:

Prevent Unilateral Rescissions: Place guardrails on future appropriations language that prohibits rescissions and the withholding or canceling of essential funding for health and HIV specifically.

Limit Reviews, Delays & Cancellations: Predictable and timely funding is needed to ensure that consistent HIV services are maintained, but grants and contracts previously awarded were cancelled for arbitrary reasons. Further, modifications to grantmaking systems and the grantmaking process were politicized, leading to the withholding of appropriated funds.

Require Congressional Approval for Major Agency Reorganizations: The proposal to eliminate the entire CDC HIV prevention program and move various HIV programs into a new agency, the Administration for a Healthy America (AHA), should begin with gathering public input and consultation with Congress.

Throughout 2025 there have been significant disruptions to staffing and funding for HIV prevention and care services and HIV research. The President's budget for FY 2026 also proposed significant reductions in funding and a major restructuring of programs that could set back our progress. Congress has yet to enact a budget for the remainder of FY 2026, that runs from October 1, 2025, through September 30, 2026, and it is hoped that they will not support many of the cuts that have been proposed.

In the past, when an appropriations bill was signed into law, the disbursement of those funds was routine, and typically not subject to barriers. This year, however, the interruptions in the smooth flow of funds appropriated by Congress and efforts to eliminate them have led to instability.

A large share of federal HIV funding is passed through as grants to states and local governments, as well as other grantees. The insertion of politicized oversight into the grantmaking process has delayed, reduced, or eliminated funding to critical programs with limited justification or transparency. Funding interruptions and uncertainty have disrupted services, resulted in loss of staff, and prevented these programs from operating efficiently. To ensure that agencies award funding for HIV research, programs, and services as Congress intends, action is needed.

KEY ACTIONS FOR HIV STAKEHOLDERS

Budget Advocacy Must Focus on More Than the Funding Level: Budget advocacy must be expanded to include more specificity in how appropriated funds are disbursed. It is imperative that Congress includes enforceable provisions in the FY 2026 appropriations bill(s) to prevent unilateral Rescissions, delaying when appropriated funds are allocated and spent, and adding new grant conditions that limit the effectiveness of the programs

being funded. Advocates also should then track funds approved by Congress through the entire process of disbursement to the agencies to ensure funds are distributed in full and as intended. They should then track funds approved by Congress through the grantmaking process to ensure federal funds are received by recipients. Since these funds are distributed across both Democratic and Republican districts, there is an opportunity for a bipartisan response to intervene if funds are withheld or delayed.

Elevate state and local leadership in federal advocacy: Many organizations already engage in federal advocacy, but there is greater need for coordinated leadership to galvanize additional state and local HIV organizations to advocate for full funding and strong HIV program structures. Few states, however, utilize state general funds to support HIV prevention and treatment efforts on the state and local levels. AIDSWatch, the HIV community's federal lobby days along with state-level lobby days, show the power of individuals to convey the impact of the federal budget in their lives. **The work of state and local advocates is needed more than ever** to share the community, financial, and workforce impact of HIV programs, highlight stories of people in their communities and health care systems most impacted by funding cuts, and to develop strategies to reach members of Congress in their home districts. Advocates also should push for states to supplement federal funds as much as possible.

HIV advocates must prioritize their role in broader coalitions: In this moment, when a broad base of social and human services is under attack, HIV advocates must do more to show that they are unified in protecting against budget and program cuts that affect all vulnerable communities, including the Housing Opportunities for Persons With AIDS (HOPWA) Program and other housing supports, the Supplemental Nutritional Assistance Program (SNAP) and other anti-hunger programs, and Medicaid and Affordable Care Act health insurance. Collective action is essential to protect people with and vulnerable to HIV.

THE TIME IS NOW

The current federal budget and appropriations environment is challenging and has the potential to negatively impact access to HIV prevention and care, housing and other services. The HIV community has come a long way, but we risk losing ground and could see a resurgent crisis. By working through sustained and diligent advocacy and seeking bipartisan support, we can continue to strengthen our communities and better prevent and treat HIV.

TO LEARN MORE

For additional background information, see:

HIV Federal Budget Priorities: **The AIDS Budget and Appropriations Coalition (ABAC)** at <https://federalaidspolicy.org/category/abac/>

Federal Budget Policy: **The Center on Budget and Policy Priorities (CBPP)** at <https://www.cbpp.org>