State Strategies to Sustain HIV Prevention, Care, and Treatment

The U.S. has spent more than four decades building one of the most effective HIV care systems in the world, and this has underpinned the progress the nation has made at curbing the impact of the HIV epidemic. That system is now under threat from a convergence of factors, including eroded funding amid inflation, rising costs, and growing demand for Ryan White HIV/AIDS Program (RWHAP) services, driven in significant part by policy changes enacted under the One Big Beautiful Bill Act (OBBBA) of 2025. With 19 states already implementing active AIDS Drug Assistance Program (ADAP) cost-containment measures and many others considering them, the current changes threaten access to HIV medications and care, as some states impose tighter eligibility rules, benefit reductions, or waiting lists.

THE TIME IS NOW

As federal and state funding crises deepen, urgent and creative solutions are needed to ensure state-level advocates can respond effectively and protect continuity of care for people with and at risk for HIV.

POLICY ACTION TO SUSTAIN HIV PREVENTION, CARE AND TREATMENT

Immediate policy interventions can help to preserve access to critical HIV services as states respond to a multi-pronged, growing crisis.

STABILIZING ADAPS AND THE HIV SAFETY NET

- Federal investment in ADAPs must be increased to meet growing enrollment demand, rising drug and premium costs, and the erosion of 340B rebate revenue.
- Increase transparency, coordination, and accountability for 340B revenues.
- Braided financing can help to preserve access to HIV services.

PROTECTING COVERAGE CONTINUITY

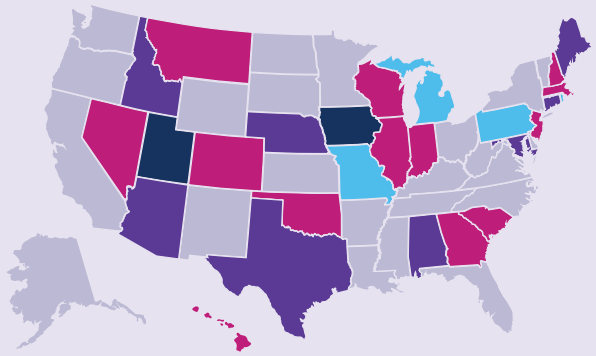
- States should pursue every available pathway to exclude people with HIV from Medicaid work requirements.
- Data use agreements between state RWHAP programs and Medicaid agencies are needed to identify and prevent coverage losses.
- States must ensure no-cost coverage free from prior authorization for all FDA-approved antiretroviral medications, independently of federal USPSTF action.

PROVIDING HIV SUPPORT TO BROADER CONSUMER COALITIONS

- State HIV advocacy must center the lived experience of people with HIV.
- Establish rapid-response funds to mobilize communities and educate policymakers on budget and policy changes that impact HIV prevention and care.
- Broad coalition-building across health, housing, immigration, and chronic disease advocacy is essential to sustain political and fiscal support for HIV systems under simultaneous attack.

ADAP PROGRAMS ARE UNDER GROWING STRESS

2026 ADAP State Stress Map. State-level AIDS Drug Assistance Program cost-containment actions as of July 2026.



ACTIVE WAITING LIST
ELIGIBILITY OR FORMULARY CUT
OTHER COST-CONTAINMENT
CONSIDERING FUTURE MEASURES

2 STATES
HAVE ACTIVE WAITING LISTS: Iowa (1,035 people) • Utah (48 people)

19 STATES
WITH ACTIVE MEASURES: Waiting list, eligibility / formulary, or other cost-containment restrictions

15 ADAPs
ADAPs FORECASTING DEFICITS: Currently Ryan White FY ending March 2027 (down from 19 in April 2026)

Source: NASTAD ADAP Watch (July 2026).

O'NEILL INSTITUTE
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CENTER FOR HIV & INFECTIOUS DISEASE POLICY

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