



WHY MEDICAID MATTERS

www.hivma.org/letstalkHIV

Why Protecting Medicaid Matters for People With HIV

Take Action!

Let your members of Congress (representative and senators) know that Medicaid is critical for HIV prevention, care and treatment and ask them to protect the program from harmful cuts.

- Email your congressional members from HIVMA's [Action Center](#).
- Call using the Protect Medicaid Line: 866-426-2631.
- Let your members of Congress know that many of your patients with HIV count on Medicaid for access to lifesaving health care services.
- Urge them to reject billions in funding cuts to the Medicaid program that will harm people with HIV and tens of millions of other Americans, including many seniors and children.

WHY IS CONGRESS CONSIDERING MAKING CUTS TO MEDICAID?

The congressional majority is considering massive cuts to the Medicaid program as a way to pay for an extension of tax cuts passed in 2017. They plan to use a fast-track budgeting process called "reconciliation," which allows them to pass a bill with just a majority in the Senate instead of the usual 60 votes.

WHAT TYPES OF CHANGES COULD CONGRESS MAKE TO THE MEDICAID PROGRAM?

Proposals that Republicans may pursue to cut Medicaid include the following:

BLOCK GRANTS

Block grants would change Medicaid from an entitlement program (where anyone who is eligible can enroll and federal funding increases automatically) to a block grant program (where each state receives a reduced fixed amount of federal funding for the program). A block grant would mean that federal funding would not increase as Medicaid needs increase, such as when new treatments, such as long-acting injectables for HIV treatment and prevention, are available or during an economic downturn when more people rely on Medicaid. States would need to make significant cuts to benefits and eligibility that they are not allowed to make under current law.

PER CAPITA CAPS

Like a block grant, a per capita cap is also designed to drastically reduce federal funding for Medicaid. However, instead of a fixed total amount available to each state, federal Medicaid funding would be capped for each enrollee. This would cause the same challenges as a block grant, forcing states to cut benefits and/or eligibility.

WORK REQUIREMENTS

Congress may impose a requirement that Medicaid enrollees demonstrate they are working or looking for work as a condition of continued eligibility for the program. Most working age adults enrolled in Medicaid already work and those who don't are disabled or ill, in school or a caregiver. In states that have enacted work requirements for Medicaid in the past, [thousands of people lost coverage](#), not because they were not working, but because they could not navigate the administrative requirements of logging their work hours.

REDUCE FEDERAL FUNDING FOR THE MEDICAID EXPANSION GROUP

Congress is also considering reducing the federal share for the Medicaid expansion group. Under the Affordable Care Act, states have the option of expanding Medicaid eligibility to individuals with incomes up to 138% of the federal poverty level based on income alone. As of March 2025, 41 states and Washington, D.C., have expanded Medicaid under ACA. If Congress reduces federal funding for the expansion, many states could decide they can no longer afford to keep the expansion. [Twelve states](#) have "trigger" laws on the books that automatically rescind the Medicaid expansion if Congress reduces funding. About 4.3 million enrollees could be impacted.

HOW COULD CUTS TO MEDICAID AFFECT HIV PREVENTION, CARE AND TREATMENT?

Medicaid is the largest source of insurance coverage for people with HIV, providing coverage for over 40% of nonelderly people with HIV. Cuts like the ones being considered by Congress would likely result in harmful disruptions to care and treatment, such as formulary limitations for HIV and other medications, limits on covered services and reduced eligibility.

Threats to the Medicaid expansion are particularly concerning. Prior to the ACA, in most states, to be eligible for Medicaid someone had to have very low income and fall into a qualifying category of eligibility, such as being disabled, being pregnant or being a parent. For people with HIV, this limited eligibility created a cruel catch-22 that required someone to become completely disabled by HIV before they were eligible for the care and treatment that would have prevented the disability. Eliminating the Medicaid expansion would force many states to return to pre-ACA Medicaid rules, ending coverage for many people with HIV.

Where Can I Learn More?

The following organizations and resources provide useful information on Medicaid and HIV:

- KFF, [Medicaid and People With HIV](#)
- KFF, [Medicaid Work Requirements and People With HIV](#)
- KFF, [Eliminating the Medicaid Expansion Federal Match Rate: State-by-State Estimates](#)
- KFF, [Medicaid Enrollment by Congressional District](#)
- Georgetown Center for Children and Families, [Medicaid: 50 State Snapshots](#)