

Policy actions to end the HIV epidemic

May 19, 2025

Federal investments in HIV research, prevention, care and treatment drove the remarkable progress that's been made in transforming HIV from a fatal disease to a chronic condition. This progress enables people with timely and reliable access to HIV care and treatment to live healthy and productive lives. The HIV Medicine Association and the Ryan White Medical Providers Coalition urge Congress to build on these successes by sustaining and growing funding for federal HIV programs in the final FY 2026 funding bill. We support the Federal AIDS Policy Partnership's recommended [funding levels](#) for critical federal HIV-related programs.

Leverage the Ryan White HIV/AIDS Program at HRSA

RWP is a model program for effectively delivering health care services to people with complex needs, serving more than half a million low-income individuals with HIV in the U.S. [Every state](#) across the country relies on RWP funding to provide services to people with HIV without other sources for care. In 2023, more than [90% of RWP clients](#) were virally suppressed, compared to around [65% nationally](#). Virally suppressed individuals stay healthy and [cannot transmit the virus](#). RWP clinics not only save lives but also reduce costs. A study from the University of Alabama at Birmingham showed that people treated in the later stages of HIV required 2.6 times more health care spending than those with early treatment.

Request:

Fund the Ryan White HIV/AIDS Program at \$3.024 billion, including \$231 million for Part C and \$358.6 million for Ending the HIV Epidemic initiative activities within the Health Resources and Services Administration to ensure access to effective and cost-efficient HIV care and treatment.



Build on the success and health care savings of HIV prevention at CDC

Over the past four decades, incredible progress has been made in the fight against HIV. As a result of the efforts by the CDC's Division of HIV Prevention and its grantees, hundreds of thousands of new HIV cases have been averted, and billions of dollars in HIV treatment costs have been saved. Between 2012 and 2022, 27,900 HIV cases were prevented, saving an estimated \$15.1 billion in lifetime medical costs. Such HIV prevention efforts are clinically and fiscally impactful nationwide, and expanding them would achieve even greater returns.

Request:

Fully fund the CDC's Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention at \$2.165 billion, including \$1.318 billion for the Division of HIV Prevention, with \$395 million for the Ending the HIV Epidemic initiative to expand access to PrEP (and effective HIV prevention medication).

Invest to achieve even greater gains through the Ending the HIV Epidemic initiative

The bipartisan federal [Ending the HIV Epidemic initiative](#) focuses on communities that account for more than half of new HIV diagnoses. Over the last four fiscal years, Congress has allocated resources to heavily impacted jurisdictions with significant success. Notably, since 2017, new HIV cases decreased by 21% in the EHE jurisdictions, compared to only a 6% reduction in non-EHE areas during the same timeframe.

Request:

Fully fund the EHE initiative to effectively treat and prevent HIV in the most heavily impacted jurisdictions and states.



Create a healthier nation through NIH research

Research supported by the National Institutes of Health, notably the National Institute of Allergy and Infectious Diseases, continues to lead to novel HIV treatment and prevention interventions, including new long-acting options for HIV prevention and treatment and promising new discoveries for a cure. HIV research also has spurred new, effective treatments for cancer, viral hepatitis and tuberculosis, among other conditions.

Request:

Provide at least \$48.9 billion for NIH in FY 2026, including \$7.29 billion for NIAID and \$3.9 billion for the Office of AIDS Research.

Protect Medicaid to ensure access to HIV care and treatment

Medicaid is the largest source of health insurance coverage for people with HIV, covering over 40% of nonelderly people with HIV. Prior to Medicaid expansion, most people with HIV did not qualify for coverage until they became sick and disabled. Any cuts to Medicaid, including block grants, reducing the federal match rate or imposing administrative barriers, such as work requirements, will harm people with HIV and result in treatment delays and disruptions, leading to poorer health outcomes and increased health care costs.

Request:

Reject all proposals that would eliminate or reduce Medicaid health care coverage for people with HIV.



Protect global health and security through sustained support for PEPFAR

The President's Emergency Plan for AIDS Relief plays a critical role in the global fight against HIV/AIDS. The bipartisan program has saved more than 25 million lives since 2003 and provides lifesaving HIV treatment to 20 million people. Accelerating access to treatment, which keeps people healthy and stops HIV transmission, is key for controlling the global HIV pandemic. PEPFAR also strengthens health systems so that resource-limited countries are better prepared to respond to Ebola and other infectious diseases threats.

Request:

Maintain the U.S. commitment to providing HIV treatment and maintaining global health security by fully funding programs through PEPFAR and USAID.

Learn more

HIVMA is a community of nearly 6,000 physicians and other health care professionals working nationwide on the front lines of the HIV epidemic. RWMPC represents clinicians in communities across America who provide HIV care with the support of the Ryan White Program.

For questions or to be connected with an HIV or infectious diseases expert, please contact HIVMA Associate Director of Policy and Advocacy Jose Rodriguez at jrodriguez@hivma.org or RWMPC Convener Jenny Collier at jcollier@colliercollective.org.