National HIV Clinician Survey Warns of HIV Service Disruptions

Emergency HIV Clinical Response Task Force

October 2025

After decades of remarkable progress in the response to the HIV epidemic in America, HIV clinical and community-based programs face unprecedented threats and restrictions on federal funding that supports HIV prevention, care, and treatment services in communities across the country. The American Academy of HIV Medicine, Association of Nurses in AIDS Care, Gay and Lesbian Medical Association, HIV Medicine Association, and International Association of Providers of AIDS Care formed the Emergency HIV Clinical Response Task Force to monitor and inform actions to mitigate service disruptions for people with HIV and vulnerable to HIV.

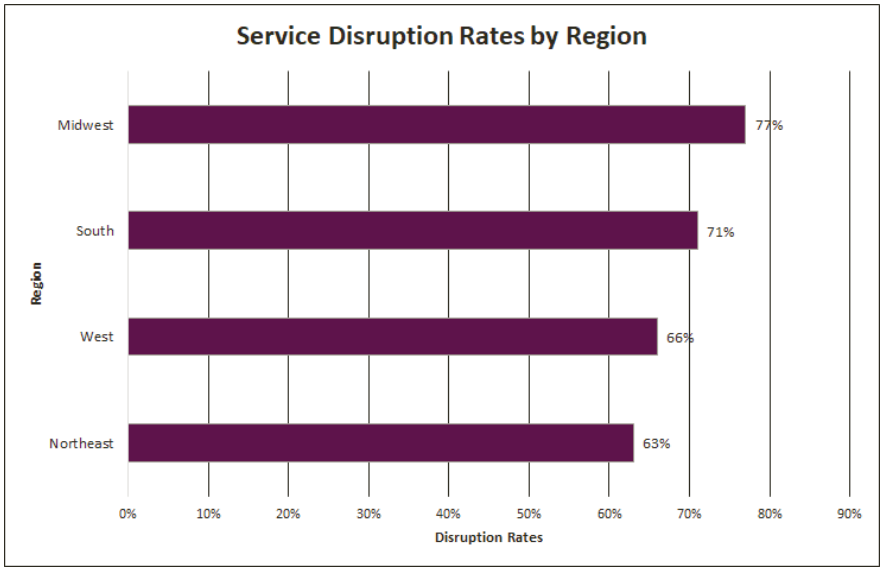
To assess current and future impacts of cuts and restrictions on federal funding and programs, Task Force members fielded a survey with their respective constituencies yielding 526 unique responses. This brief spotlights key data points from the survey that are a warning call for efforts to end the U.S. HIV epidemic if federal funding for HIV prevention, care, and treatment programs is not maintained. Task Force members plan to conduct periodic surveys of our constituencies to monitor changes in service disruptions over time. This data brief is the first of what will be regular snapshots from the frontlines of the HIV epidemic across the country.

New Threats

Since this survey was conducted, the House of Representatives has proposed to eliminate the Centers for Disease Control and Prevention's HIV Prevention Program and no longer fund Ryan White HIV/AIDS Program (RWP) grants that go to clinics and community-based organizations to provide HIV care and treatment services (RWP Parts C and D) and the AIDS Education and Training Centers and dental care (RWP Part F). State health departments have also imposed additional cuts to HIV services due to rising drug costs and the uncertainty of federal funding.

Snapshot of Survey Responses

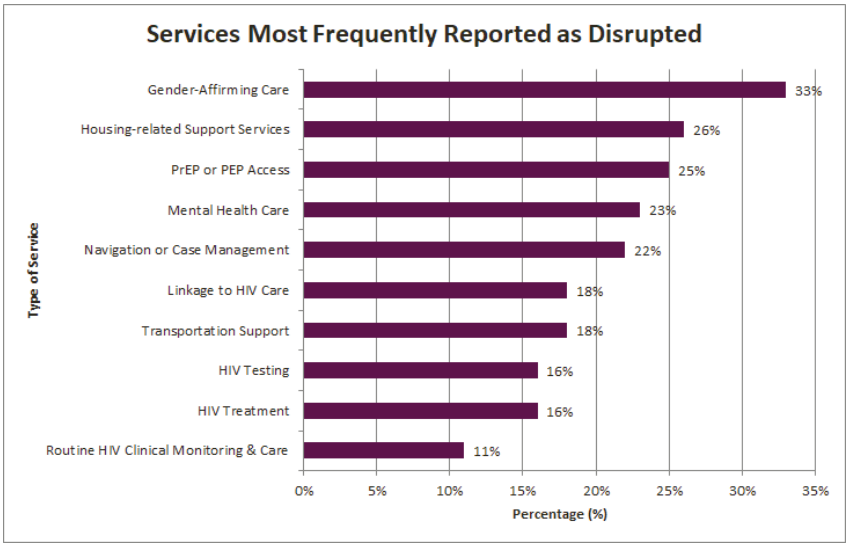
All regions (based on U.S. Census region designations) report high rates of service disruptions, with the Midwest and Southern regions reporting the highest rates



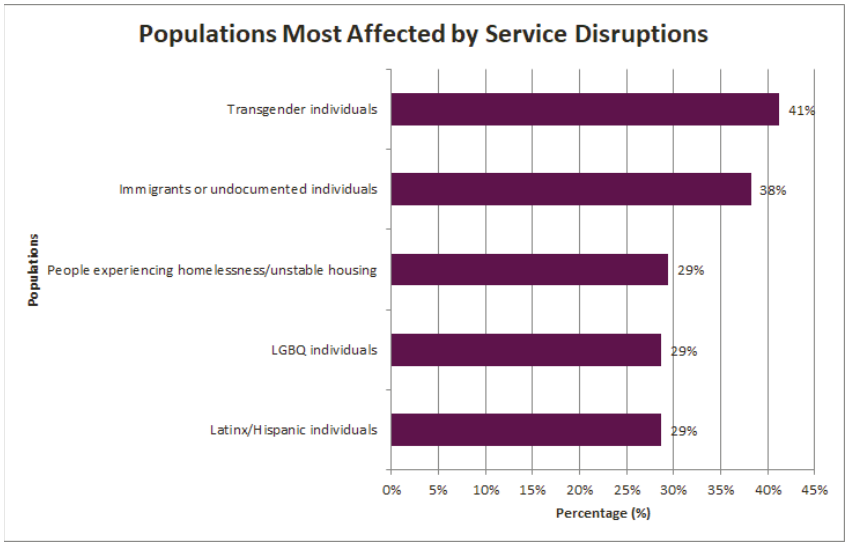
Service disruptions were reported across settings, including academic medical centers, community health centers, hospital-based clinics, and private practices.

A large majority of respondents anticipate that disruptions will increase, with 72% anticipating moderate or significant disruptions in services in the next 6 to 12 months, with the number increasing to 77% in the next 12 to 18 months.

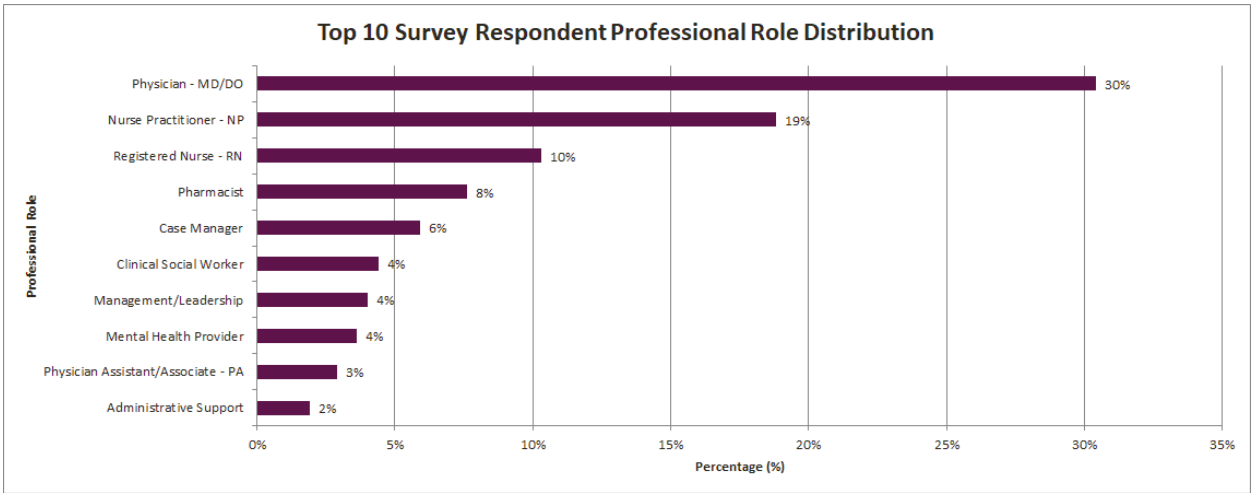
70% of survey respondents reported services disruptions, with gender-affirming care, housing, HIV PrEP and PEP, mental health, and case management being most impacted



70% of respondents reported that their patient populations have been affected by service disruptions, with transgender individuals and immigrants/undocumented individuals being most affected



Breakdown of survey respondents by professional role



Why It Matters

Ensuring access to the HIV prevention and treatment options developed over the last four decades for those who can benefit from them is important to keep people healthy by preventing or treating HIV and to efforts to end the HIV epidemic by dramatically reducing HIV incidence. PrEP is highly effective and cost effective for preventing HIV acquisition. Prevention is cost-effective; the lifetime treatment costs for people with HIV are more than $500,000.

HIV is a manageable chronic condition for people diagnosed early through routine screening and with reliable access to care and treatment. HIV remains fatal for most people who do not have access to treatment. People with HIV who are effectively treated and achieve an undetectable viral load cannot transmit the virus sexually, known as undetectable equals untransmittable (U=U).

Questions or Comments?

Contact Dashiell Sears at dsears@iapac.org