

Policy Actions to End the HIV Epidemic

February 2025

Federal investments in HIV research, prevention, care and treatment drove the remarkable progress that's been made in transforming HIV from a fatal condition to a manageable one. 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 2025 funding bill and continuing this commitment in FY 2026 spending.

Leverage the Ryan White HIV/AIDS Program

The RWP is a model program for effectively delivering health care services to people with complex needs serving more than a half 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: Sustain federal funding for all parts of the Ryan White Program to ensure people with HIV across the country maintain access to HIV services that keep them healthy and protect public health by preventing disease transmission. We support the Federal AIDS Policy Partnership recommended [funding levels](#).

Support the Federal 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 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.

Fund NIH to Advance Innovations and a Cure

Research supported by NIH's 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 novel treatments for cancer, viral hepatitis and tuberculosis, among other conditions.

Request: Provide at least \$48.9 billion for NIH in FY 2025, including \$7.151 billion for NIAID and \$3.9 billion for the Office of AIDS Research.

Significantly Reduce New HIV Cases by Supporting the National PrEP Initiative

PrEP is 99% effective in preventing HIV when taken as directed, yet approximately 1 in 3 individuals do not have access. PrEP also is cost effective. A Johns Hopkins study showed that PrEP can be prescribed for \$26 per month/per person and avert HIV acquisition. These results highlight the significant disparity in costs compared to the considerable lifetime expenses associated with HIV care.

Request: Allocate \$100 million for PrEP as part of a \$175 million increase for CDC's Ending the HIV Epidemic initiative in FY 2025 and FY 2026.

Sustain PEPFAR Funding

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 treatment to 20 million people with HIV. Accelerating HIV treatment, which keeps people healthy and stops transmission, is key for controlling the global HIV pandemic. PEPFAR also strengthens health systems so resource-limited countries are better prepared to respond to Ebola and other infectious disease threats.

Request: Fully fund programs to maintain the U.S. commitment to providing HIV treatment and maintaining global health security through PEPFAR and USAID.

Protect Medicaid

Medicaid is the largest source of insurance coverage for people with HIV, covering over 40% of non-elderly people with HIV. Prior to the Medicaid expansion, most people living with HIV did not qualify for coverage until they became sick and disabled. Block granting Medicaid, cutting the federal match rate or imposing administrative hurdles such as work requirements will harm people with HIV, resulting in treatment delays and increased health care costs.

Request: Reject proposals that will take health care services away from people with HIV by cutting them off Medicaid coverage.

Learn More

HIVMA is a community of nearly 6,000 physicians and other health care professionals working around the country 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 ID or HIV expert, contact HIVMA Associate Director of Policy and Advocacy Jose Rodriguez at jrodriguez@hivma.org or RWMPC Convener Jenny Collier at jcollier@colliercollective.org.