Public Health Funding Must Fully Invest in HIV Care and Prevention for All

Amid Trump's State of the Union, AIDS United warns that attacks on public health programs and affordable coverage threaten HIV efforts.

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WASHINGTON – Ahead of President Donald Trump's 2026 State of the Union address last week, AIDS United called on the administration and Congress to reject cuts to public health infrastructure and instead invest in the coverage, treatment, and prevention systems required to end the HIV epidemic in the United States. More than 1.2 million people are living with HIV nationwide, and over 560,000 rely on the Ryan White HIV/AIDS Program each year to access care and stay healthy.

AIDS United's statement comes as the administration faces legal challenges over efforts to rescind roughly $600 million in CDC public health funding from California, Colorado, Illinois, and Minnesota. This funding supports core public health functions, including HIV-related programs and monitoring. A federal judge has temporarily blocked the cuts in at least part of the dispute. Public health infrastructure is not discretionary spending—it is the backbone of disease prevention, cost containment, and community stability.

"Ending the HIV epidemic in the United States requires major investment from our federal government in HIV prevention, treatment, and support services in every state, county, and city in the country," said Carl Baloney, Jr., President and CEO of AIDS United. "These investments prevent transmission, keep communities safe, save money over time by avoiding more expensive care later, and save lives. Each HIV infection prevented saves an estimated half-million dollars in lifetime treatment costs. Cutting public health infrastructure now is cutting our future."

AIDS United also warned that weakening affordable coverage and Medicaid access pushes more people into crisis and shifts costs onto already stretched safety-net programs, including HIV assistance programs. Medicaid currently covers roughly 40 percent of people living with HIV in the United States.

"You cannot claim to prioritize public health while attacking the Affordable Care Act or weakening Medicaid," Baloney said. "For people living with HIV, Medicaid and ACA coverage pathways have been essential to accessing treatment, staying healthy, and preventing new transmissions. Pushing people off affordable coverage does not reduce need. Instead, it shifts cost and harm onto patients, communities, and under resourced programs like the AIDS Drug Assistance Program.

Fiscal responsibility does not mean destabilizing care systems that prevent hospitalizations, disability, and long-term public expense."

AIDS United emphasized that ending the HIV epidemic requires federal leaders to fully fund and strengthen proven programs, including the Ryan White HIV/AIDS Program and the Ending the HIV Epidemic (EHE) initiative that was created in President Trump's first term, while expanding access to preventative services such as PrEP, particularly for underserved communities. Launched in 2019 as a bipartisan national commitment, EHE set the goal of reducing new HIV infections by 90 percent. That commitment cannot be honored rhetorically while being undermined administratively.

For decades, the United States has also led the global fight against HIV through bipartisan initiatives such as PEPFAR, saving millions of lives and strengthening global health security. American leadership on HIV—at home and abroad—has been a defining example of science-driven, values-based governance. Retreating from that leadership now would weaken both our global standing and our domestic progress.

"If this administration wants to make history, it must stop undermining the very systems that save lives," Baloney said. "Ending the HIV epidemic means ending it everywhere — in rural communities, across the South where more than half of new diagnoses occur, in immigrant communities, in the trans community, and in communities of color. Not in select states. Not for select communities. Everywhere."

Baloney also stressed that public health policy must not be used to punish communities or providers.

"When funding is pulled from clinics and community-based organizations because of politics, that is not budget reform — it is punishment," he said. "Congress appropriates public health funding for a reason. Bypassing congressional intent to redirect or withhold those dollars undermines both public health and the rule of law."

AIDS United added that while courts have sometimes stepped in to slow or block harmful actions, litigation should not be the primary safeguard for the nation's healthcare systems.

"Communities deserve stability, not constant legal whiplash," Baloney said. "The courts should not be the last line of defense for lifesaving healthcare. AIDS United will continue organizing, speaking out, and demanding accountability until every community has access to lifesaving HIV prevention, treatment, and care."

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