Ryan White Funding Cuts Could Lead to Dramatic Rise in New HIV Cases

Study predicts HIV incidence could rise by 73% over five years if federal funding for treatment and other services ends.

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Cuts to the Ryan White HIV/AIDS Program could lead to more than 117,000 additional cases of HIV acquisition over the next five years, according to a modeling study presented at the Conference on Retroviruses and Opportunistic Infections (CROI 2026). The researchers projected that eight states could see new infections more than double.

Melissa Schnure, PhD, of the Johns Hopkins University School of Medicine, and colleagues used mathematical models of HIV transmission to estimate the increase in new HIV infections if Ryan White services were ended permanently or interrupted until the end of the Trump administration.

The Ryan White HIV/AIDS Program, enacted by Congress in 1990, provides federal funding for primary care, antiretroviral treatment and support services for low-income people with HIV, and it is the main source of funding for state AIDS Drug Assistance Programs (ADAPs). More than half of the 1.2 million people living with HIV in the United States received services funded through the program in 2024.

Recent cuts have already led some states to curtail HIV services, which could have long-term consequences. More than 90% of people who receive HIV medical care through the Ryan White Program have achieved viral suppression. This not only preserves the health of people living with HIV, but it also prevents new infections, as those with an undetectable viral load do not transmit the virus via sex.

The Johns Hopkins Epidemiological and Economic Model (JHEEM) used data from 30 states that account for 99% of people diagnosed with HIV in the United States. The model took into account the proportion of people in each state who receive Ryan White ADAP services, outpatient health services (including primary care and diagnostic services) or support services (such as case management and housing). The researchers simulated the loss of viral suppression if these services were to end permanently in July 2026 or be reestablished after a delay of 2.5 years and projected the resulting increase in new HIV infections from 2026 to 2031.

In a survey of 180 Ryan White clinic directors, administrators and health officials, respondents

estimated that 65% of people using ADAP services, 49% of those using outpatient services and 37% of those using all Ryan White services combined could lose viral suppression if these services are cut.

If Ryan White services continue as they are, the model projected around 160,000 new HIV infections between 2026 and 2031 across all 30 states. This assumes that the number of annual new infections—estimated at 31,800 in 2022—would remain roughly stable.

If Ryan White services were to cease in 2026, the model projected an additional 117,431 new infections during this period, a 73% increase. A temporary interruption of 2.5 years, followed by a return to the previous level of viral suppression, was projected to result in 68,264 additional new infections, a 43% rise.

Excess new infections varied across states, from a 42% increase in Indiana to a 147% rise in Colorado. The model suggested that eight states—Colorado, South Carolina, Missouri, Tennessee, Kentucky, Alabama, Illinois and Wisconsin—would see HIV incidence more than double. (Results for specific states are available on the JHEEM Portal.)

“Projected increases in HIV infections due to disruptions of Ryan White services threaten the progress made in curtailing the U.S. HIV epidemic, illustrating the critical role Ryan White plays in preventing HIV transmission,” the researchers concluded. “Though not examined in this analysis, additional proposed funding cuts—such as those to Medicaid or HIV prevention services—may lead to higher HIV incidence than estimated here.”

Schnure noted that the impact of Ryan White funding cuts could be especially dire in states that have not expanded Medicaid eligibility. Currently, around 40% of HIV-positive adults under age 65 (the eligibility age for Medicare) rely on Medicaid.

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