



June 13, 2025

The Honorable John Thune
U.S. Senate
511 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Chuck Schumer
U.S. Senate
322 Hart Senate Office Building
Washington, DC 20510

Dear Senate Leaders:

We are writing on behalf of 126 national, regional, and local organizations advocating for federal funding, legislation, and policy to end the HIV epidemic in the United States. **We urge the Senate to oppose the House-passed H.R. 1.** This bill cuts more than \$1 trillion from life-saving health programs, which will result in an estimated 16 million people losing coverage. These programs, especially Medicaid and the Affordable Care Act, are relied on heavily by people living with and at risk of HIV. Cuts to Medicaid and Affordable Care Act (ACA) coverage would undermine our national strategy to end the HIV epidemic. With access to regular antiretroviral treatment and care, HIV is not only a manageable health condition, but also impossible to transmit to others.¹ **If this bill is enacted, the US will reverse decades of progress towards ending the HIV epidemic in the United States.**

Medicaid is the most important source of health coverage and life-saving care for people living with HIV, providing coverage for more than 40% of people living with HIV and contributing 45% of all federal funding for domestic HIV care and treatment.² Medicaid expansion is especially critical, offering low-income people with HIV full scope health insurance without having to wait until they have become disabled due to advanced HIV to qualify for Medicaid.³ Additionally, Medicaid expansion helps state AIDS Drug Assistance Programs (ADAPs) avoid waiting lists and serve more people.⁴

¹ Myron Cohen, MD, Ying Q. Chen, Ph.D., et al. [Antiretroviral Therapy for the Prevention of HIV-1 Transmission](#). N Engl J Med 2016; 375:830-839. September 1, 2016.

² Lindsay Dawson, Jennifer Kates, et al., [Medicaid and People with HIV](#), March 27, 2023.

³ Jennifer Kates, Lindsay Dawson, [Insurance Coverage Changes for People with HIV Under the ACA](#), February 14, 2017.

⁴ NASTAD, [Expanding and Adapting ADAP Service Delivery in a Dynamic Healthcare Environment](#).

Medicaid coverage is also proven to increase access to and utilization of HIV Pre-Exposure Prophylaxis (PrEP), a highly effective way to prevent HIV transmission.^{5,6} Increased use of PrEP is one of the key strategies embraced in the national plan to end the HIV epidemic in the U.S.⁷

Finally, Medicaid is a key source of coverage for other epidemics that intersect with and exacerbate the HIV epidemic, such as hepatitis C, sexually transmitted infections, and substance use disorder. For example, Medicaid is the single largest payer for behavioral health services in the nation,⁸ and Medicaid expansion has helped states significantly impacted by the opioid epidemic to recover.⁹

H.R. 1 threatens to unravel decades of progress toward ending the HIV epidemic. Among its many harmful provisions, it would impose new bureaucratic hurdles like work-reporting requirements and more frequent eligibility redeterminations, adding onerous new bureaucratic hurdles to people applying for and renewing enrollment. It would shorten retroactive coverage periods and add new out-of-pocket costs for low-income individuals, making it harder for people to access the care they need. It would harm older adults, who are increasingly impacted by HIV, in numerous ways, including by rolling back efforts to ease Medicaid eligibility processes and to improve nursing home staffing. It would also restrict state Medicaid financing options and reduce incentives for states to expand Medicaid, potentially ending expansion in states that rely on enhanced federal support. The bill would also undermine ACA protections and access to affordable private coverage by letting critical premium subsidies expire, ending automatic enrollment, and creating new barriers to marketplace coverage. These changes would hit working families and people with chronic conditions like HIV the hardest.

The Congressional Budget Office (CBO) estimates that these combined provisions would lead to at least 16 million people losing their health coverage. For people living with HIV, who rely on consistent access to medications and care, even short gaps in coverage can lead to serious health consequences and increased risk of viral mutation and transmission.

In addition, the bill targets some of the very communities most disproportionately affected by HIV. It would restrict access to care for transgender individuals, immigrants, and others who already face barriers to the health care system. And by weakening safety-net providers and public health infrastructure, it would destabilize the very systems we depend on to deliver HIV prevention and treatment services in high-need communities.

⁵ Alex Hollingsworth, Shyam Raman, et al., [Panel Paper: Does Providing Insurance Coverage Reduce the Spread of Infectious Disease? The Impact of Medicaid Expansions on HIV Diagnoses](#), Association for public Policy Analysis and Management 41st Annual Fall Research Conference, November 9, 2019.

⁶ Bita Fayaz Farkhad, David R Holtgrave, and Dolores Albarracín, [Effect of Medicaid Expansions on HIV Diagnoses and Pre-Exposure Prophylaxis Use](#), March 1, 2022.

⁷ HIV.gov, [Key EHE Strategies](#), June 27, 2024.

⁸ Heather Saunders, [A Look at Substance Use Disorders \(SUD\) Among Medicaid Enrollees](#), Feb. 17, 2023.

⁹ Alexis Robles-Fradet, [Why Medicaid is Important for Treating Substance Use Disorders](#), January 15, 2025.

Put simply, this bill would take us backwards. It would undo hard-won progress, cause undue suffering, and will likely end up requiring more spending on HIV care in the long run. If we are serious about ending the HIV epidemic, we cannot afford to cut off the health care coverage and services that make that goal possible. **We strongly urge you to oppose H.R. 1 and to protect and strengthen Medicaid and the ACA.**

We appreciate your support for ending the HIV epidemic in the U.S. and again urge you to reject all proposals to enact cuts to Medicaid during reconciliation for the 2025 and 2026 fiscal year budgets. If you would like to discuss any of these points further, please contact the Co-Chairs of the Federal AIDS Policy Partnership's HIV Healthcare Access Working Group: Elizabeth Kaplan (ekaplan@law.harvard.edu) with the Center for Health Law and Policy Innovation; Rachel Klein (rklein@tmail.org) with The AIDS Institute; and Leslie McGorman with AIDS United (LMcGorman@aidsunited.org).

Sincerely,

AIDS United

Center for Health Law and Policy
Innovation

The AIDS Institute

5280 Fast Track Cities

Access Support Network

Act Now: End AIDS (ANEA) Coalition

Advocates for Youth

African American Health Alliance

Agape Missions, NFP

AID Upstate Inc.

AIDS Action Baltimore

AIDS Alabama

AIDS Alabama South

AIDS Alliance for Women, Infants,
Children, Youth & Families

AIDS Foundation Chicago

AIDS Law Project of Pennsylvania

Alliance Care 360

American Academy of HIV Medicine

Amida Care

APLA Health

Association of Nurses in AIDS Care

AVAC

Black Women's Health Imperative

CAEAR Coalition

CAPSLO

Cares of Southwest Michigan

Cascade AIDS Project

CenterLink: The Community of LGBTQ
Centers

Chicago Women's AIDS Project	Health GAP
Christie's Place	Healthcare Across Borders
Citizen Action/Illinois	HealthHIV
Collaborative Solutions	HIV Dental Alliance
Colorado Health Network	HIV Medicine Association
Colorado Organizations and Individuals Responding to HIV/AIDS (CORA)	HIV/AIDS Alliance of Michigan
CORE Medical Clinic	HIV+Hepatitis Policy Institute
CrescentCare	Housing Works, Inc.
Delaware HIV Consortium	ICAN!
Ending Criminalization of HIV and Overincarceration in Virginia (ECHO VA) Coalition	iHealth, Inc.
Equality California	International Association of Providers of AIDS Care
Equality Federation	International Community of Women Living with HIV - North America
Equitas Health	Kedren Community Health Center
Equity Is the Word	KLowInspires, LLC
Family Centers Inc.	Lambda Legal Defense and Education Fund
Family Health Care Clinic, Inc.	Lansing Area AIDS Network
Five Horizons Health Services	Latino Action Network
Food For Thought	Latino Commission on AIDS
Food is Medicine Coalition	Legal Council for Health Justice
Georgia AIDS Coalition	Los Angeles LGBT Center
Georgia Equality	LOTUS
GMHC	Matthew 25 AIDS Services, Inc.
God's Love We Deliver	Metropolitan Charities, Inc.

Michael Reese Care Program	Professional Association of Social Workers on HIV & AIDS
Mother and Child Alliance	
MPact Global	PWN-USA-Ohio
Naper Pride Inc	Radiant Health Centers
NASTAD	Ribbon-A Center for Excellence
National Alliance for HIV Education and Workforce Development	Ryan White Medical Providers Coalition
National Coalition for LGBTQ Health	SAGE
National Harm Reduction Coalition	San Francisco AIDS Foundation
National HIV and Aging Advocacy Network	Save HIV Funding Campaign
National HIV/AIDS Housing Coalition	SIECUS: Sex Ed for Social Change
National Viral Hepatitis Roundtable (NVHR)	Silver State Equality - Nevada
National Working Positive Coalition	Sinai Chicago
NC AIDS Action Network	Southern Black Policy and Advocacy Network
Neelyx Labs	Southwest Care Center
NMAC	The Amistad Clinic
PMBSGN	The Center for HIV Law and Policy
Positive Impact Health Centers	The Institute for Health Research & Policy at Whitman-Walker
Positive People Network, Inc.	The Project of the Quad Cities
Positive Women's Network-USA	The Reunion Project
PrEP in Black America (PIBA)	The Sero Project
PrEP4All	The TransLatin@ Coalition
Prevention Access Campaign	The Well Project
Proactive Community Services	Thrive Alabama
	Treatment Action Group

US PLHIV Caucus

Vivent Health

W King Health Care Group

Waves Ahead

Wellness Services, Inc.

Whitman-Walker Health