

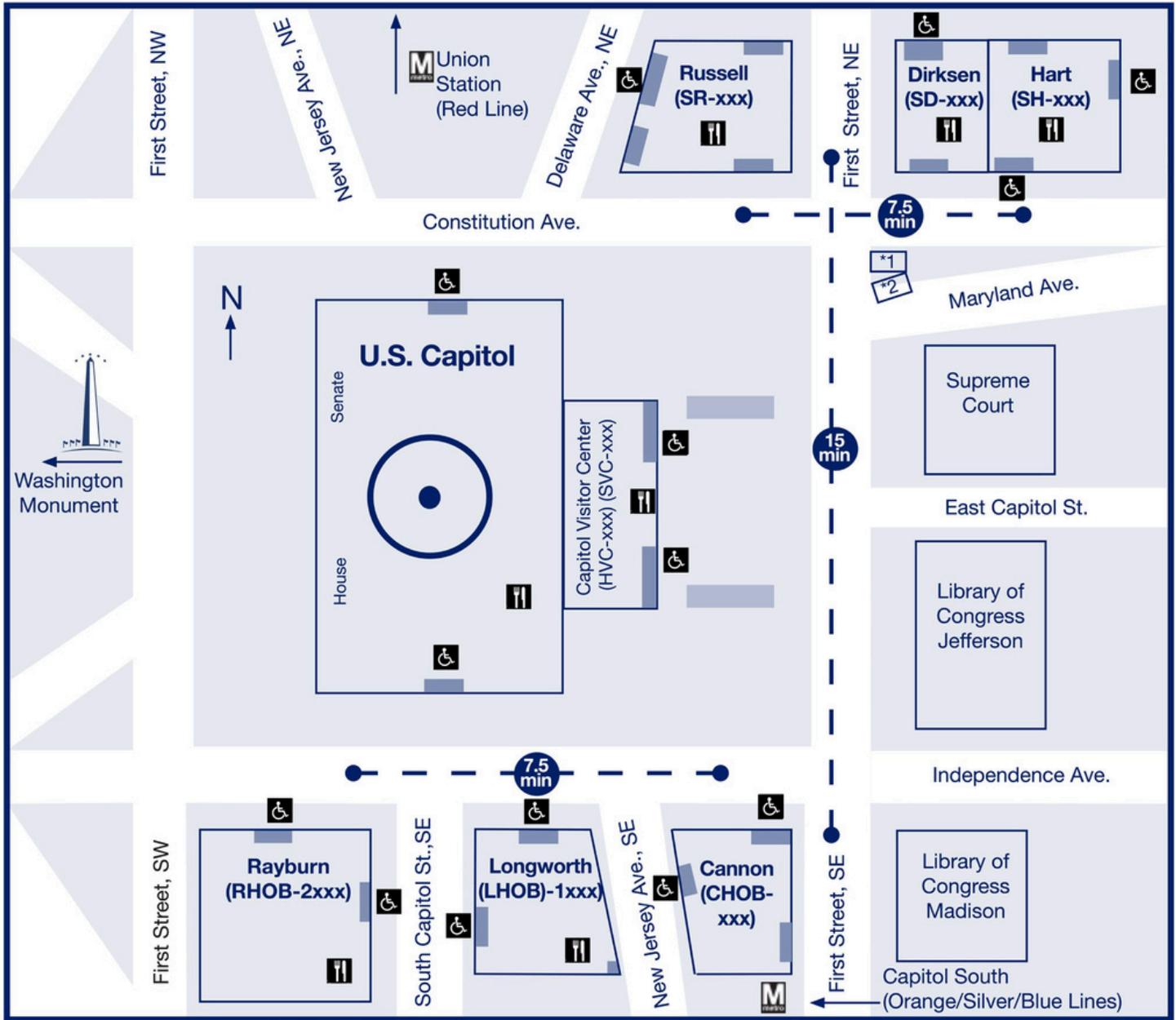


A&D SWatchSM

2026 Policy Brief

March 16 - 18, 2026
Washington, D.C.

Map of Capitol Hill



Senate Office Buildings

SH-xxx Hart
SD-xxx Dirksen
SR-xxx Russell

House Office Buildings

CHOB-xxx Cannon
LHOB-1xxx Longworth
RHOB-2xxx Rayburn

Capitol Visitor Center

HVC-xxx House Side
SVC-xxx Senate Side

*1 Reserve Officers Building

*2 United Methodist Building

Estimated walking times

- Entrance
- Wheelchair Access
- Food/Dining

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25 Years of Advocacy



AIDSWatch[®]

2026 Policy Brief

Introduction

More than 40 years into the HIV epidemic, it is indisputable that we have the tools and ability to end it, both in the United States and abroad. Thanks to scientific advances in single-pill regimens and long-acting agents, we now have antiretroviral therapies that can more efficiently reduce the viral load of someone living with HIV to undetectable levels, preventing them from transmitting the virus to their partners (undetectable equals untransmittable, U=U), and Pre-exposure Prophylaxis (PrEP), a safe and effective medication that can reduce the risk of getting HIV by as much as 99%. The science is there, yet our nation's HIV response is not.

For 33 years, those of us living with HIV and our allies have come together from all across the country to Washington, D.C. for AIDSWatch. As the largest constituent-led HIV advocacy event in the country, AIDSWatch has always been a space to share our stories with Congress and to advocate for policies, programs, and funding for people living with and affected by HIV. But this year, with all aspects of our federal health care infrastructure under threat and the basic human rights of our communities at risk, there is even more at stake.

The theme of this year's AIDSWatch is Defending Progress, Demanding Justice. As our nation faces the potential dismantling of decades of progress at the state, federal, and global levels, now is the time for all of us to fight to preserve past victories while pushing for the change that the HIV community still needs. While HIV/AIDS funding and legislation has historically had strong bipartisan support, as seen with programs like PEPFAR, the domestic Ending the HIV Epidemic initiative, and the Ryan White HIV/AIDS Program, there has been increased political tension in recent years, and in turn, attempts to cut critical public health programs that will take us backward rather than forward. Whether it's cuts to funding for programs that allow the nation to provide effective, innovative, and holistic health care to people living with HIV in the United States or attacks on the identities and communities to which people living with and affected by HIV belong, one thing is for certain – HIV advocacy and support from Congressional champions is more important than ever.

In this policy brief, AIDS United and our partners at the U.S. People Living with HIV Caucus and the Center for Health Law and Policy Innovation share several policy and funding priorities that can get us back on track in ending the epidemic and make a profound impact on the health and well-being of people living with HIV.

Access to Care

While we have the tools to end the HIV epidemic in the United States, we need reliable funding and safe access to health care services. In our current political climate, many people face uncertainty and fear when accessing health care services. We must protect the programs and pathways that allow people to feel safe and seen, while accessing lifesaving care. By investing in these programs, we are making a long-term investment in people's lives.

Protecting Medicaid and Medicare

Mandatory spending through public health insurance programs like Medicaid and Medicare are the backbone of the U.S. domestic HIV response, with these two programs alone accounting for roughly two-thirds of all domestic HIV spending by the federal government.¹ Any cuts to these programs will have disastrous effects on our nation's ability to end the HIV epidemic and to provide care to all people living with HIV who need it.



Medicaid is the largest public health insurance program in the U.S. and is the single largest source of coverage for people living with HIV. Protecting the structure of the program and ensuring that there are no further cuts to funding is crucial to ending the HIV epidemic. In last year's budget reconciliation legislation, Congress added a structural change to the program – work requirements. Implementation of these new requirements will cause millions of people to lose Medicaid coverage due to difficulty showing that they have complied with the new rules. Medicaid coverage losses and an increase in the percentage of uninsured adults will have a huge impact on people living with and impacted by HIV.

Medicare is a federal health insurance program for people ages 65 and older and for adults with long-term disabilities, and it's the second largest source of federal funding for HIV care and treatment. As people living with HIV continue to age, it's important to fund and strengthen this program so it can meet the growing needs of this population.

The Ryan White HIV/AIDS Program

Since its inception in the 1990s, the **Ryan White HIV/AIDS Program** has provided access to HIV medications and preventive care services for over half of those in the country diagnosed with HIV, particularly for individuals who are underinsured or uninsured, increasing viral suppression rates of those covered by the program. The program is the main source of federal funding for support services, with each part funding different services for different recipients: clinical services through Part A; access to medication through the AIDS Drug Assistance Program (ADAP) in Part B; funding for community based organizations through Parts C & D; and funding for the AIDS Education and Training Centers and dental services through Part F. The program continues to be successful in its ability to provide care and services, but cuts to Medicaid and financial supports for private insurance will increase demand for Ryan White services as people lose coverage. Additional funding for the program in response to those additional pressures is needed to ensure its continued success.

Ensuring Access to Affordable Private Insurance

Despite spending a substantial amount on health care, the U.S. grapples with disparities and gaps in coverage. Rising health care costs mean that people, even those with insurance, are facing new difficulties affording medical care and lifesaving drugs, which will increase new HIV transmissions and drive up long-term health care costs across the country.

Enhanced **premium tax credits** lower the cost of health care for over 20 million people nationwide. If these credits remain expired, millions will lose coverage, and premiums will balloon for millions more. While that alone presents an urgent call to action, the loss of these tax credits alongside the attacks on the rest of the health care system and HIV care continuum make this situation more dire.

Protecting PrEP and Public Health Infrastructure

Pre-exposure Prophylaxis (PrEP) can reduce the risk of HIV transmission from sexual activity by 99% and is an essential component of our efforts to end the HIV epidemic. Yet PrEP still remains out of reach for far too many as access varies and can depend on what type of health insurance someone has (if any). For people with private health insurance, plans must be held accountable for providing robust no-copay access to preventive care. For people without insurance, Congress should establish a National PrEP Program to make PrEP more widely accessible, especially to communities disproportionately affected by HIV, such as Black and Latine populations, LGBTQ+ individuals, and people living in rural areas. The program would address barriers such as high medication costs, lack of insurance coverage, and geographic access disparities.



Protecting PrEP and Public Health Infrastructure cont.

It is also essential that the federal government continue to invest in our nation's public health infrastructure in ways that protect and expand HIV prevention efforts while strengthening the ability for newly diagnosed individuals to be quickly linked to comprehensive care. The success of America's HIV response depends on collaborative multi-agency and multi-sector initiatives that dedicate expertise, technology, and resources to communities that are hardest hit by the epidemic and that do not deny access to services based on a person's race or ethnicity, gender, gender identity, sexual orientation, or immigration status.

Asks

- Ensure that the programs and agencies that help people living with HIV access health care, like Medicaid and the Ryan White HIV/AIDS Program, are fully funded and meet the needs of the community.
- Pass legislation that increases health care access for justice-involved individuals throughout all stages of the carceral system and after release.
- Support the PrEP Access Act (H.R. 7189), a bill that would allow Medicare beneficiaries to receive screening of HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) services at their pharmacy.
- Support efforts to protect access to evidence-based preventive services, such as PrEP, for people with private insurance.
- Permanently extend the enhanced premium tax credits, which significantly increase enrollment and make marketplace coverage more affordable for millions of enrollees, especially in states without Medicaid expansion.
- Oppose efforts to decrease access to care for groups that have been targeted by the current Administration, including people of transgender experience and immigrants.

Impacted Communities

From the beginning of the epidemic, HIV/AIDS has been driven by stigma and discrimination related to race and ethnicity, gender, gender identity, sexual orientation, immigration status, and social and economic injustice. Recent years have seen escalating and coordinated attacks on the advancement of civil/human rights, and there is a concerted effort to roll back decades of hard-won progress to protect marginalized and underserved communities.

While HIV impacts everyone, the data clearly shows that Black and Latine communities are disproportionately impacted by HIV when compared to the rest of the population. Between 2018 and 2022, Black and Latine individuals accounted for 37% and 33% of all new HIV diagnoses in the United States despite only representing 12% and 18% of the nation's population.² These disparities only get worse when accounting for gender, gender identity, and sexual orientation. Black cisgender women contracted HIV at a rate 10 times higher than their white cisgender counterparts, accounting for half of all new HIV diagnoses in 2022³ within this population, while Latine men who have sex with men (MSM) saw substantial increases in HIV incidence at a time when many other racial and ethnic MSM groups saw stable or declining HIV incidence.

Ensuring a higher quality of life for all people living with HIV and ending the HIV epidemic domestically and across the world requires increased investment in and support for communities most impacted by the virus and those that face the largest barriers to care, not the implementation of policies that broaden those barriers and cause further harm to already underserved communities.

Transgender Health Care and Rights

Everyone deserves access to the care they not only want, but need – and that includes transgender and gender-diverse communities. There has been a wave of legislation targeting evidence-based, lifesaving health care across the United States, which has disrupted health care access for more than 120,000 transgender young people⁴ and imposed significant geographic, financial, and emotional burdens on their families. For people living with HIV, these health care disruptions are especially critical, as stable access to affirming, whole-person care improves retention in care, medication adherence, and viral suppression, all while reducing the stigma and discrimination that often drive people out of health systems. We must improve, expand, and fund access to gender-affirming care by addressing systemic insurance and coverage barriers that inhibit the health and well-being of this community.

Voting Rights

Voting directly impacts public health outcomes by shaping policies that address the social determinants of health. Protecting that right and supporting nondiscrimination and voting rights protections is essential to ensuring that the voices of people living with HIV are heard and that the community's priorities are reflected in the legislative process.

Immigrant Health Care and Rights

Any successful domestic HIV response must include meaningful health care and social support for all immigrants, including undocumented individuals. HIV does not discriminate based on a person's immigration status and our nation's approach to providing HIV care cannot discriminate either.

Unfortunately, recent federal policy changes, including **H.R. 1**, have made devastating cuts to immigrants' access to health care through public programs such as Medicaid, Medicare, and the Affordable Care Act. At the same time, the unprecedented increase in the utilization of Immigration and Customs Enforcement (ICE) officials at sensitive locations like hospitals and health clinics has led to a massive chilling effect, with immigrants living with and affected by HIV abstaining from receiving care out of fear of deportation and harassment.

The cumulative effect of these policy changes is a harmful and discriminatory environment that directly undermines our efforts to end the HIV epidemic. Progress towards that goal can only be achieved when all people, regardless of immigration status, can access care without fear.

Reproductive Health and Bodily Autonomy

Culturally relevant, non-stigmatizing, and comprehensive sexual and reproductive health care is essential to the quality of life of people living with and affected by HIV. That care is multi-faceted and can include contraception, abortion care, fertility services, prenatal care, STI prevention and treatment, and gender-affirming reproductive services. Both reproductive justice and HIV justice are rooted in the fundamental human right to bodily autonomy, health, and freedom from discrimination. The right to bodily autonomy is a fundamental right and protecting the health, dignity, and decision-making power of people living with HIV is critical to ending the epidemic.

Global HIV Efforts

Thanks to the work of partner governments, communities, the U.S. government's PEPFAR program and the Global Fund to Fight AIDS, Tuberculosis and Malaria, new HIV infections have declined 40% worldwide since 2010 — but now the world faces cuts to global HIV funding, and infection rates are rising among key populations in many countries. As the current Administration pushes countries to rapidly take ownership of their HIV programs, it is essential that Congress provide partner governments with the best chance at maintaining and building on decades of progress. At a moment when the equitable distribution of new long-acting PrEP drugs offers high-burden countries the opportunity to finally achieve epidemic control, supporting the long-term health of these programs is crucial.

Asks

- Advocate for legislation like the Transgender Health Care Access Act (H.R. 2487), which would expand access to lifesaving, evidence-based health care and invest in training for health care providers.
- Support non-discrimination protections for people living with and vulnerable to HIV and/or LGBTQ+ people, such as the Equality Act (H.R. 15).
- Pass the John R. Lewis Voting Rights Advancement Act (H.R. 14), which would strengthen the government's ability to respond to voting discrimination.
- Support the Health Equity and Access under Law (HEAL) for Immigrant Families Act (S. 2149), which removes cruel and unnecessary barriers to health care for immigrants of all statuses.
- Advocate for the Women's Health Protection Act (WHPA) (S. 2150), which aims to restore and protect the right to abortion care nationwide.
- Support the Right to Contraception Act (S. 422), which protects access to contraception and the providers who deliver that care, allowing individuals to make informed reproductive choices.
- Prohibit any interference by federal law enforcement or immigration officials in the provision of health care to both documented and undocumented immigrants and ensure universal access to services needed to end the HIV epidemic, including the provision of clinically indicated treatment regimens for all people living with HIV who are in the custody of the federal government.
- Support robust funding for the United States' global HIV programs, including \$1.53 billion for the Global Fund to Fight AIDS, Tuberculosis and Malaria—one-third of the administration's pledge of \$4.6 billion for the Global Fund's current three-year funding cycle.

Quality of Life

The only way we can truly end the HIV epidemic is by fully investing in holistic care and support for people living with HIV in every aspect of life. While the reduction of HIV viral loads to undetectable and untransmittable levels are at the core of effective HIV care, this makes up only one part of the continuum of care and support services that are needed to ensure people living with HIV can live the lives they deserve.

Syndemics

Effective care for people living with and affected by HIV requires access to prevention and treatment services for often co-occurring conditions such as certain infectious diseases, issues related to mental health conditions, and substance use. Living with any one of these issues is challenging, but for someone living with HIV, the presence of viral hepatitis, sexually transmitted infections, substance use disorder, or mental health concerns compound the impacts of these conditions and can complicate efforts to successfully provide care.

Achieving the best health outcomes requires a syndemics approach to care, which addresses the whole person, rather than focusing exclusively on any individual health issue. We can end these epidemics and improve the quality of life for all of those who are impacted, but to do so, we must account for the unique interactions of these overlapping health issues and the diverse needs of people living with and vulnerable to HIV.

Housing

Whether or not someone has housing is one of the biggest drivers of health outcomes for people living with and affected by HIV. Someone's housing status can determine their level of personal safety, whether or not they have a place to store and take lifesaving antiretroviral HIV medications, and if they have access to jobs with livable wages, grocery stores, good schools, and public transit. An estimated 100,000 people living with HIV are experiencing homelessness, and 1 in 4 people living with HIV need housing assistance. Of those living with HIV who need housing assistance, 2 in 5 do not receive any public or private assistance. Moreover, housing programs like the Housing Choice Voucher (formerly Section 8) program, the Housing Opportunities for People Living With HIV/AIDS (HOPWA) program, and others have years-long waiting lists. As affordable and decent housing continues to shrink in our nation, the HIV epidemic will be exacerbated.

Under HOPWA, the only federal program dedicated to the housing needs of people living with HIV, grants are given to local communities, states, and nonprofit organizations for projects that support low-income people living with HIV and their families. But funding for HOPWA has not kept up with community demand, and the unmet housing needs of people living with HIV remain a major barrier to ending the HIV epidemic in America.

HIV and Aging

Over half of the people living with HIV in the United States are 50 or older, and this number continues to grow every year. Older adults living with HIV face a multitude of challenges and barriers, including difficulties in managing health care, increased comorbidities, social isolation, and stigma. Increasing the quality of life for all people living with HIV requires dedicated strategies for addressing the unique challenges related to aging with HIV and public sector investment in medical interventions and social services that promote healthy aging for this growing population.

Asks

- Fully fund all federal programs dedicated to HIV, viral hepatitis, and STI prevention while strengthening investment in evidence-based efforts to address substance use disorder, reduce overdose, and prevent the transmission of opioid-related infectious diseases.
- Support the Cure Hepatitis C Act (S.1941), which would create a National Hepatitis C Elimination Program to expand access to screening, testing, treatment, prevention, and monitoring of hepatitis C infections in the United States.
- Provide robust funding for the HOPWA program to meet the housing needs of people living with HIV in the U.S.
- Pass the Housing Not Handcuffs Act (H.R. 4182), which would make it illegal for localities to arrest, jail, and fine people simply for being unhoused.
- Advance legislation like the Strategic Plan for Aging Act (S. 3337) that promotes multisector plans for aging that provide better and more holistic care for older adults living with HIV.

Footnotes

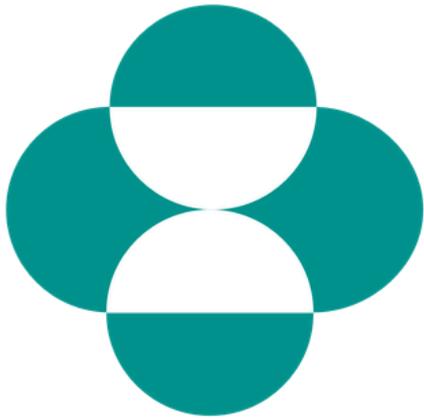
¹ <https://www.kff.org/hiv-aids/u-s-federal-funding-for-hiv-aids-trends-over-time/>

² <https://www.cdc.gov/hiv-data/nhss/estimated-hiv-incidence-and-prevalence.html>

³ <https://stacks.cdc.gov/view/cdc/156509>

⁴ <https://www.hrc.org/resources/transgender-health-care-access-act>

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