



February 3, 2025

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

The Honorable Mike Johnson  
U.S. House of Representatives  
568 Cannon House Office  
Washington, DC 20515

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

The Honorable Hakeem Jeffries  
U.S. House of Representatives  
2433 Rayburn House Office Building  
Washington, DC 20515

Dear Congressional Leaders:

We are writing on behalf of 95 national, regional, and local organizations advocating for federal funding, legislation, and policy to end the HIV epidemic in the United States. **We urge Congress to reject all proposals to enact cuts to Medicaid—whether through per capita caps or block grants, reductions to the Federal Medical Assistance Percentage (FMAP), or mandatory work requirements—during reconciliation for the 2025 and 2026 fiscal year budgets.**

Cuts to Medicaid, whether accomplished through reductions in federal funding for Medicaid or imposition of work requirements, 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.<sup>1</sup> Since Medicaid is a crucial source of access to HIV prevention, care and treatment, robust access to Medicaid must be at the center of the federal government’s ambitious plan to end the HIV epidemic by 2030.<sup>2</sup>

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.<sup>3</sup> Medicaid expansion is especially critical, since it enables people with HIV who lack access to private insurance to obtain full scope health insurance without having to wait until they have become disabled due to advanced HIV to qualify for Medicaid.<sup>4</sup> Additionally, Medicaid expansion helps state AIDS Drug

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<sup>1</sup> 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.

<sup>2</sup> [About Ending the HIV Epidemic](#), Centers for Disease Control and Prevention, March 20, 2024.

<sup>3</sup> Lindsay Dawson, Jennifer Kates, et al., [Medicaid and People with HIV](#), March 27, 2023.

<sup>4</sup> Jennifer Kates, Lindsay Dawson, [Insurance Coverage Changes for People with HIV Under the ACA](#), February 14, 2017.

Assistance Programs (ADAPs)—payers of last resort for HIV medications for people with HIV who are lower income or under- or uninsured—to maximize their eligibility criteria and improve service offerings, since enrolling ADAP members into Medicaid helps ADAPs avoid having to pay the full cost of HIV medications.<sup>5</sup>

Medicaid coverage is also proven to increase access to HIV prevention, thereby reducing transmissions and furthering public health goals.<sup>6</sup> In particular, Medicaid expansion has been found to be associated with increased awareness of HIV status among people living with HIV and increased use of Pre-Exposure Prophylaxis (PrEP).<sup>7</sup> Increased use of PrEP is one of the key strategies embraced in the national plan to end the HIV epidemic in the U.S.<sup>8</sup>

Finally, Medicaid is a key source of coverage for other public health 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,<sup>9</sup> and Medicaid expansion has helped states significantly impacted by the opioid epidemic to recover.<sup>10</sup>

A strong Medicaid program is thus critical to ending the national HIV epidemic. We therefore urge you to oppose all cuts to Medicaid in the fiscal year 2025 and 2026 reconciliation processes, including but not limited to the following proposals:

- **Block grants or per capita caps.** These proposals reduce federal funds to the states and would transfer the burden to make up the shortfall. To do so, states could enact cuts to services, make changes that would reduce eligibility, cap enrollment, and/or cover fewer services—all actions that would place additional pressure on other safety net programs and harm people with chronic conditions and disabilities. With reduced Medicaid eligibility, the state population inevitably becomes sicker, driving up costs of care, at the same time that overall health care costs continue to grow nationwide. States may achieve more flexibility with less oversight, but state dollars simply will not go as far, creating program inefficiencies. Importantly, block grants and per capita caps also result in reduced reimbursement rates to physicians, hospitals, and nursing homes—placing further pressure on rural and suburban populations experiencing massive reductions in health care facilities and providers.

People living with HIV rely on consistent access to medication to achieve and maintain viral suppression—and keep the broader community safer. Medicaid block grants and per capita caps that force a reduction in Medicaid patient roles can place people living

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<sup>5</sup> NASTAD, [Expanding and Adapting ADAP Service Delivery in a Dynamic Healthcare Environment](#).

<sup>6</sup> 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 41<sup>st</sup> Annual Fall Research Conference, November 9, 2019.

<sup>7</sup> Bitia Fayaz Farkhad, David R Holtgrave, and Dolores Albarraçín, [Effect of Medicaid Expansions on HIV Diagnoses and Pre-Exposure Prophylaxis Use](#), March 1, 2022.

<sup>8</sup> HIV.gov, [Key EHE Strategies](#), June 27, 2024.

<sup>9</sup> Heather Saunders, [A Look at Substance Use Disorders \(SUD\) Among Medicaid Enrollees](#), Feb. 17, 2023.

<sup>10</sup> Alexis Robles-Fradet, [Why Medicaid is Important for Treating Substance Use Disorders](#), January 15, 2025.

with HIV who also rely on Medicaid at greater risk. Additionally, when compared to the broader Medicaid population, people living with HIV have a higher prevalence of certain co-morbidities, which may lead to higher costs, and 25% of people living with HIV are dually eligible for Medicaid and Medicare—a population with more chronic conditions requiring long-term care.<sup>11</sup> A loss of Medicaid eligibility could simply transfer that coverage burden to Medicare.

- **Reductions to the FMAP.** All proposals to reduce federal matching funds for Medicaid would also hinder efforts to end HIV by shifting additional costs to states. However, dramatic reductions to the current FMAP rate for the Medicaid expansion population (currently 90%) could have particularly dire repercussions for people living with or vulnerable to HIV. Medicaid expansion has been associated with increased coverage for those living with HIV, increased HIV testing (which informs people of their status and keeps communities safer), as well as increased PrEP uptake.<sup>12</sup> In short, Medicaid expansion is crucial to ending the HIV epidemic by increasing access to care and prevention services.

Unfortunately, despite the benefit to people living with and at risk for HIV particularly, twelve states with Medicaid expansion have trigger laws that would likely result in immediate or eventual termination of Medicaid expansion in those states if the FMAP falls below 90%.<sup>13</sup> In addition, other states will likely follow suit if they simply cannot afford the billions of dollars that would be needed to maintain the expansion without the 90% FMAP rate. The result would be significant losses of coverage to people living with and vulnerable to HIV and dramatically increased pressure on the Ryan White HIV/AIDS Program to pay the full cost of HIV treatment for the newly uninsured.

- **Instituting work requirements.** Mandatory work requirements for any Medicaid population, even healthy adults in the Medicaid expansion group, would jeopardize efforts to end the HIV epidemic. Although many Medicaid beneficiaries living with HIV are already working or would likely qualify for an exemption, these individuals would still be vulnerable to interruptions in their coverage due to difficulty meeting administrative burdens associated with work requirements.<sup>14</sup> For people living with HIV, even temporary losses of coverage can be life-threatening, as HIV requires continuous access to treatment to achieve viral suppression and live a healthy life. And for the smaller population of Medicaid beneficiaries with HIV who may be able to work but are not yet working—possibly due to stigma and discrimination or the need to spend more time seeking medical care—continuous access to Medicaid coverage supports them to eventually work by enabling them to remain healthy.

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<sup>11</sup> Lindsay Dawson, Jennifer Kates, et al., [Medicaid and People with HIV](#), March 27, 2023.

<sup>12</sup> Jennifer Kates, Lindsay Dawson, [Insurance Coverage Changes for People with HIV Under the ACA](#), February 14, 2017; Bitu Fayaz Farkhad, David R. Holtgrave, et al., [Effect of Medicaid Expansions on HIV Diagnoses and Pre-Exposure Prophylaxis Use](#), *Am J Prev Med.* 2021 Mar; 60(3):335-342.

<sup>13</sup> Adam Searing, [Federal Funding Cuts to Medicaid May Trigger Automatic Loss of Health Coverage for Millions of Residents of Certain States](#), November. 27, 2024.

<sup>14</sup> Lindsay Dawson and Jennifer Kates, [Medicaid Work Requirements and People with HIV](#), February 3, 2020.

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: Liz Kaplan ([ekaplan@law.harvard.edu](mailto:ekaplan@law.harvard.edu)) with the Center for Health Law and Policy Innovation; Rachel Klein ([rklein@tmail.org](mailto:rklein@tmail.org)) with The AIDS Institute; and Leslie McGorman with AIDS United ([LMcGorman@aidsunited.org](mailto: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  
AID Upstate Inc.  
AIDS Action Baltimore  
AIDS Alabama  
AIDS Foundation Chicago  
AIDS Law Project of Pennsylvania  
American Academy of HIV Medicine  
Amida Care  
APLA Health  
AVAC  
Black Women's Health Imperative  
CAEAR Coalition  
CAPSLO  
Cares of Southwest Michigan  
Cascade AIDS Project  
CenterLink: The Community of LGBTQ  
Centers  
Christie's Place  
Colorado Health Network

Colorado Organizations and Individuals  
Responding to HIV/AIDS (CORA)  
CORE Medical Clinic  
CrescentCare  
Delaware HIV Consortium  
Equality California  
Equality Federation  
Equitas Health  
Family Centers Inc.  
Family Health Care Clinic, Inc.  
Five Horizons Health Services  
Georgia AIDS Coalition  
Georgia Equality  
GMHC  
God's Love We Deliver  
Health GAP  
Health Partners of Western Ohio  
Healthcare Across Borders  
HealthHIV  
HIV Dental Alliance  
HIV Medicine Association  
HIV/AIDS Alliance of Michigan  
HIV+Hepatitis Policy Institute  
Hope and Help Center of Central Florida, Inc

Housing Works, Inc.  
iHealth, Inc.  
International Association of Providers of  
AIDS Care  
International Community of Women Living  
with HIV - North America  
Kedren Community Health Center  
KLowInspires, LLC  
Lansing Area AIDS Network  
Latino Commission on AIDS  
LOTUS  
Matthew 25 AIDS Services, Inc.  
Metropolitan Charities, Inc.  
MPact Global  
NASTAD  
National Alliance for HIV Education and  
Workforce Development  
National Coalition for LGBTQ Health  
National Harm Reduction Coalition  
National HIV/AIDS Housing Coalition  
National Working Positive Coalition  
NC AIDS Action Network  
NMAC  
Positive Impact Health Centers  
Positive People Network, Inc.  
Positive Women's Network-Ohio  
Positive Women's Network-USA  
PrEP4All  
Radiant Health Centers  
Ribbon-A Center for Excellence  
Ryan White Medical Providers Coalition  
San Francisco AIDS Foundation  
SIECUS: Sex Ed for Social Change  
Silver State Equality - Nevada  
Southern Black Policy and Advocacy  
Network  
Southwest Care  
Southwest Care Center  
The Amistad Clinic  
The Center for HIV Law and Policy  
The Institute for Health Research & Policy at  
Whitman-Walker  
The Reunion Project  
The Sero Project  
The TransLatin@ Coalition  
The Well Project  
Thrive Alabama  
Treatment Action Group  
US PLHIV Caucus  
Vivent Health  
W King Health Care Group  
Waves Ahead  
Wellness Services, Inc.  
Whitman-Walker Health