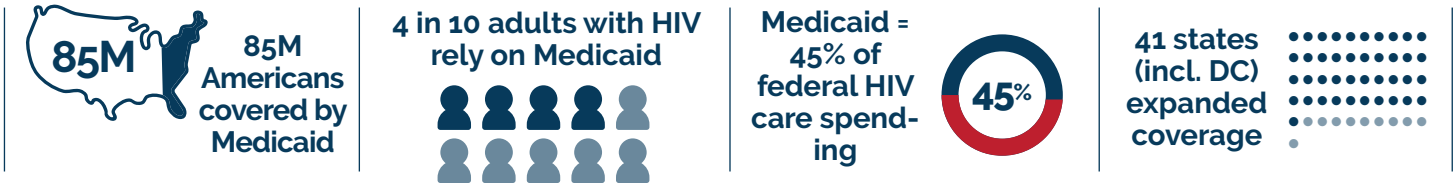
MEDICAID AND THE HIV COMMUNITY:
PROTECTING HEALTH, ACCESS, AND EQUITY

NMAC
Ending the HIV Epidemic

Medicaid remains a cornerstone of health coverage for low-income Americans and a lifeline for people living with HIV. As of 2025, it covers more than 85 million people, including roughly four in ten adults with HIV, far higher than the general adult population.

Yet, recent federal funding cuts and new administrative barriers threaten to roll back progress, putting lifesaving care and prevention out of reach for many, especially for marginalized and rural communities. If these funding reductions are enacted, millions could lose access to medications, community health centers, and behavioral health services that keep people healthy and communities safe.

> Medicaid By the Numbers



> Positive Impact of Medicaid on People Living with HIV

Medicaid ensures consistent, affordable access to HIV prevention and care, especially for Black, Latinx, LGBTQ+, and low-income communities disproportionately impacted by HIV. Coverage includes antiretroviral therapy (ART) and PrEP, primary and specialty care, behavioral health, and home- and community-based supports for people aging with HIV. In states that expanded Medicaid, viral suppression rates have risen sharply, reflecting better access to care.

Medicaid finances about 45% of federal HIV care spending; more than Medicare or Ryan White HIV/AIDS Program (RWHAP), making it one of the nation's most cost-effective health investments.

> How Changes to Medicaid Will Impact This Community

Proposed budget cuts and policy shifts under Public Law 119-21 (H.R. 1) could cause millions to lose Medicaid coverage, disrupt continuity of care, and destabilize safety-net providers. Reducing retroactive eligibility and increasing re-verification requirements would hit hardest among people with chronic conditions like HIV. Community clinics, Ryan White programs, and state systems cannot absorb these patients without severe service gaps.

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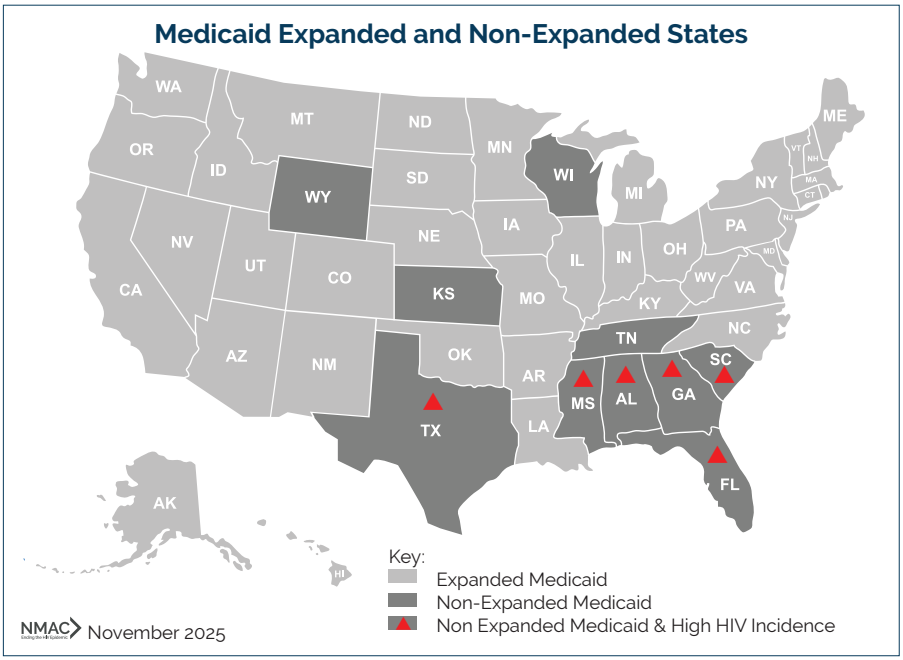

State snapshot: In Medicaid expansion states, only about 5% of people with HIV remain uninsured compared to 19% in non-expansion states.

Of the eight states with the highest new HIV diagnosis rates, six—Georgia, Florida, Texas, Mississippi, Alabama, and South Carolina—have not expanded Medicaid, meaning cuts would disproportionately harm those most at risk. Medicaid cuts may worsen these numbers.

> Why Protecting Medicaid Matters

Medicaid is the largest insurer for people with HIV and a backbone of the Ending the HIV Epidemic initiative.

Cutting it would reverse decades of progress, drive up preventable hospitalizations, and shift costs to states and local programs already at capacity. Protecting Medicaid is not only a public health priority, it is a sound fiscal policy that saves lives and taxpayer dollars.

Lawmakers have a responsibility to safeguard Medicaid for all constituents; especially those with chronic and preexisting conditions such as HIV. Every lapse in coverage makes it harder for people living with HIV to stay on their medication, which keep their viral load suppressed enough to prevent passing on HIV (viral suppression).

Protecting Medicaid protects public health, strengthens communities, and keeps the nation on track to end the HIV epidemic.

SOURCES:

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The AIDS Institute, *Deep Cuts to Medicaid and ACA Coverage Threaten Progress Against HIV,* Aug. 2025.

CDC, *HIV Surveillance Report,* 2022; vol. 35, published May 2024.

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