TuSalud

After Mulling Extreme Cuts, Congress Funds Domestic HIV Programs

As Congress looks ready to pass this funding bill, the HIV+Hepatitis Policy Institute urges the Trump administration to implement the HIV programs.

January 22, 2026 By HIV+Hepatitis Policy Institute

Washington DC — "After a tumultuous year of proposed program cuts and eliminations, Congress has agreed to reject them and instead has maintained funding for domestic HIV prevention and treatment programs on a bipartisan basis. Now, the Trump administration must focus its attention on properly implementing these programs in order to get the nation back on track to end HIV in the U.S.," said Carl Schmid, executive director of the HIV+Hepatitis Policy Institute.

In the final FY2026 spending bill released January 20 by the Appropriations Committees, Congress rejected the House Republicans' spending bill that would have decimated domestic HIV programs by cuts of over $1.7 billion, including the elimination of all HIV prevention programs, the entire Ending the HIV Epidemic initiative, and $525 million, or 20 percent, of the Ryan White HIV/AIDS Care and Treatment Program.

The final spending package closely tracks the Senate bipartisan bill that passed out of Committee in July 2025.

Advocates, including the HIV+Hepatitis Policy Institute, have spent the entire year explaining the importance of funding domestic HIV prevention and treatment programs, and fighting against the proposed massive spending cuts, which have caused great uncertainty and disarray across the country.

"We urge Congress to pass the bill that hopefully will end the instability, particularly for HIV prevention, and allow state and local health departments, community-based organizations, and the federal staff to do their work," continued Schmid. "With such promising tools as long-acting treatment and prevention there is so much more to be done to get them to the people who need them. Flat funding will certainly not address the growing demands, but it is far better than receiving no funding."

Funding for hepatitis prevention received an increase of $3 million for a total of $46 million.

The spending package also includes long-awaited and needed regulation of pharmacy benefit managers that play a large role in determining prescription drug access and how much patients pay. The bill includes provisions that delink PBM compensation from drug prices in Medicare, require 100 percent pass-through of rebates and fees, and impose greater transparency and reporting requirements.

This press release was originally published January 20, 2026, by the HIV+Hepatitis Policy Institute.
