

Trump Budget Ends All CDC HIV Prevention Programs While Maintaining Care, Treatment and PrEP

The existing \$220 million for the CDC's Ending the HIV Epidemic initiative would be the only funding allocated to HIV prevention.

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The [Fiscal Year 2026 budget](#) released by the Trump administration, which largely maintains funding for existing domestic HIV care, treatment, and PrEP [pre-exposure prophylaxis] programs, eliminates HIV prevention and surveillance at the CDC, housing, and other programs, amounting to cuts of over \$1.5 billion.

“While we are reassured that the 576,000 low-income people currently accessing care and treatment through the Ryan White HIV/AIDS Program, along with those using PrEP at community health centers, can maintain their services, the obliteration of CDC HIV prevention and surveillance programs is an absurd proposal that will just increase HIV infections and health costs down the road. We urgently call on Congress to reject these cuts in order to ensure that states and community-based organizations have the resources to prevent HIV, which is still a serious infectious disease and results in about 32,000 new cases each year,” commented Carl Schmid, executive director of the [HIV+Hepatitis Policy Institute](#).

The proposed budget maintains the existing \$220 million allocated to the CDC for the Ending the HIV Epidemic (EHE) initiative, and proposes to transfer it to the new Administration for a Healthy America (AHA). That would be the only funding allocated to HIV prevention activities. An earlier leaked draft of the budget had the entire EHE initiative eliminated in all agencies, but the officially released budget preserves the initiative, one of Trump's significant first term accomplishments. The budget includes \$165 million for the Ryan White Program and \$157 million for PrEP in community health centers in support of EHE activities.

“Maintaining funding for the Ending the HIV Epidemic initiative, which only focuses on 57 distinct geographic areas, while eliminating nearly \$800 million for our nationwide surveillance, testing, education and outreach programs is a recipe for disaster. The Ending the HIV Epidemic initiative, which is laid on top of and relies on existing programs, will just become a misnomer,” continued Schmid.

“It also does not recognize that many of CDC’s HIV prevention programs support HIV treatment with extensive HIV testing and linkage to care programs and the Ryan White Program, by law, only focuses on people living with HIV. We cannot ignore people who are at risk of HIV,” added Schmid.

He continued, “HIV is an infectious disease, and a nationwide testing and surveillance system is necessary to know where infections are occurring and to link people to lifesaving treatment and, if they are at risk of HIV, preventive services such as PrEP. With a new twice-yearly PrEP drug expected to be approved by the FDA in the next couple of weeks, now is not the time to pull the rug out from under HIV prevention.”

To underscore the need for HIV prevention functions, CDC staff just released [updated modeling](#) that projects that the number of people needing PrEP in the US is 2.2 million, rather than the previous estimate of 1.2 million—an increase of 83 percent.

Earlier this year, despite Congressionally appropriated funding, the Trump administration eliminated five CDC HIV prevention branches, including public health communications, modeling, behavioral surveillance, training and non-lab research, and in the process lost staff, leadership, and expertise, and ended many grants such as the successful [Take Me Home](#) testing program.

CDC grant programs are also necessary for clinics and pharmacies to utilize the 340B program, which allows them to purchase medications, such as PrEP, at reduced prices and use those savings to assist un- and under-insured people and provide other essential services.

Other proposed cuts include Part F of the Ryan White Program, which funds dental reimbursements, clinical training, and community-driven implementation research (\$74 million); the Secretary’s Minority HIV/AIDS Fund (\$60 million); and SAMHSA’s Minority HIV/AIDS Initiative programs (\$119 million). HUD’s entire Housing Opportunities for Persons with AIDS program which currently serves 55,000 households, funded at \$505 million, would be eliminated. NIH research would be cut by 40 percent, dealing a major setback for America’s leadership in medical research. If that were to be applied to the current AIDS research portfolio, it would result in a cut of another \$1.3 billion.

The budget eliminates \$43 million in dedicated funding for hepatitis prevention at the CDC and instead proposes a \$300 million block grant to states that would also include STD and tuberculosis prevention. Combined, those programs currently are funded at \$377 million, therefore resulting in a cut of \$77 million that would also end the opioid-related infectious diseases program.

“Instead of decreasing and diluting funding for hepatitis, if the Trump administration is serious about addressing chronic health conditions,” added Schmid, “we should be increasing funding so that people with hepatitis can be identified through testing and linked to treatment, and in the case of hepatitis C, a cure.”

The previous Office of Infectious Diseases and HIV/AIDS Policy at OASH would be moved to AHA in order to coordinate EHE and other HIV activities and funded at \$8 million. Authorization of HIV and hepatitis C testing at the Indian Health Service would continue.

Schmid concluded, “While we appreciate the need to improve government efficiency and look forward to having those discussions, it is not efficient to decimate the nation’s established and successful programs to prevent an infectious disease. This will only result in an increase in costly lifetime chronic illnesses and run completely contrary to what the administration has been promoting. We believe Congress understands the critical federal role in preventing infectious diseases, such as HIV and hepatitis, and the serious implications and consequences to the health of our country if these programs are not adequately supported.”

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