

Trump's Proposed 2027 Budget Doubles Down on Devastating HIV Cuts, Says AIDS United

If approved, Trump's FY2027 budget would slash billions from programs that support HIV prevention, treatment, care and related services.

April 3, 2026 By AIDS United

On April 3, the Trump Administration released its Fiscal Year 2027 discretionary budget request. It makes clear, once again, that the health and well-being of Americans is not a governing priority. Instead, this proposal continues a pattern of disinvestment in the public health and social safety net systems that allow people living with and affected by HIV to survive and thrive.

Over the last 14 months, this administration has made repeated attempts to reduce or eliminate funding for initiatives that support HIV prevention, treatment, care, and services — programs critical to reaching some of our communities' most vulnerable populations.

At the same time, the administration has laid off thousands of federal employees at the Department of Health and Human Services who worked to support our nation's essential public health infrastructure while simultaneously rescinding billions of dollars of grant funding to support the communities most impacted by the HIV epidemic.

The FY27 President's Budget doubles down on these massive and devastating cuts, repeating many of the same disastrous proposals that were just rejected by Congress in their FY26 spending bills and undermining our nation's—and the first Trump Administration's—efforts to end the HIV epidemic.

Among the most harmful provisions:

- More than \$1 billion in cuts to the Centers for Disease Control and Prevention's National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention, including the elimination of core HIV prevention funding which would devastate our nation's HIV prevention infrastructure and leave states without the means to effectively reduce new HIV transmissions and get undiagnosed

people into care.

- The erasure of the Housing Opportunities for Persons With AIDS (HOPWA) Program and the \$529 million in funding it provides to ensure that unhoused and unstably housed people living with HIV get the assistance they need to provide shelter for themselves and their families, allowing them to effectively manage their HIV and improve their quality of life.
- The elimination of all funding for Part F of the Ryan White HIV/AIDS Program, which includes the AIDS Education & Training Centers that are responsible for public health workforce development around HIV and other infectious diseases, as well as the Ryan White HIV/AIDS Dental Program, and the Special Projects of National Significance.
- The zeroing out of all funding for the Minority HIV/AIDS Fund within HHS, which would widen already existing gaps in access to care for Black, Brown and Indigenous communities who are disproportionately impacted by HIV.
- Opposition to funding for lifesaving and evidence-based harm reduction interventions including syringe services programs that are essential for preventing HIV and viral hepatitis transmission for people who inject drugs and for providing pathways to treatment, recovery, and better health outcomes for those who want it.
- Cutting \$77 million in funding for the CDC's work around viral hepatitis, sexually transmitted infections, tuberculosis, and infectious diseases and the overdose epidemic through the creation of a new consolidated grant program.
- \$5 billion in cuts to the National Institutes of Health, including \$1.8 billion in cuts to the National Institute of Allergy and Infectious Diseases, which is essential for continuing research on new treatments, prevention modalities, and cures for HIV and other infectious diseases.

- The elimination of the Teen Pregnancy Prevention Program and the \$101 million in funding to support high-quality, evidence-based sexual health education and information that reduce behaviors that put young people at increased risk for unintended pregnancy, HIV, and other STIs.

Our communities deserve better.

Our communities deserve to be at the top of the priority list of the President of the United States, along with everyone else in this nation who wants for healthcare, housing, or human rights. We, the people, need to be prioritized, and investments in public health infrastructure are investments in people — in our communities, our neighbors, and our future. Undermining these systems not only threatens progress toward ending the HIV epidemic but also weakens our nation's ability to respond to ongoing and emerging public health challenges.

While the proposed budget remains a proposal, it sends a clear message about this administration's priorities. We must remain committed to ensuring such devastating cuts to funding are stopped and demand that Congress pass a budget that will ensure full funding for HIV programming and services. Ending the HIV epidemic is within reach — but only if we choose to prioritize it.

[This press release](#) was originally published April 3, 2026, by AIDS United.

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