AMERICAN ACADEMY OF HIV MEDICINE

ANAC Association of Nurses in AIDS Care

GLMA Health Professionals Advancing LGBTQ+ Equality

hivma hiv medicine association

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

HIV Response in U.S.
EXPERIENCING RENEWED STRAIN

Emergency HIV Clinical Response Task Force
April 2026

KEY TAKEWAYS

- HIV service disruptions are occurring, especially for vulnerable populations. These disruptions affect clinical care, prevention and supportive services, and workforce capacity.
- Structural and social determinants of health – particularly unemployment, housing instability, food insecurity, and insurance loss – are emerging as drivers of disruption.
- Clinics are making operational adjustments to their services and staffing that may further limit access to HIV prevention, treatment, and care services.
- Vulnerable populations are falling out of care, notably transgender people, migrants and undocumented individuals, and people experiencing homelessness.
- Continuing to monitor service disruptions will be important as state AIDS Drug Assistance Programs (ADAPs) contract and the Medicaid expansion cuts take effect.

BACKGROUND

Despite decades of progress in HIV prevention and treatment, the HIV response in the United States is experiencing renewed strain. Funding uncertainty, workforce attrition, policy shifts, and rising social and economic precarity are reshaping the delivery of HIV services at the clinic and community levels. In response to reports of HIV clinical and supportive service disruptions, five U.S.-based professional medical and nursing associations – the American Academy of HIV Medicine, Association of Nurses in AIDS Care, Gay and Lesbian Medical Association, HIV Medicine Association, and International Association of Providers of AIDS Care – launched the Emergency HIV Clinical Response Task Force (Task Force) in June 2025.

The Task Force fielded an online Emergency HIV Clinical Response Survey in July 2025 to quantify the scope, nature, and equity dimensions of these disruptions as experienced by frontline HIV service providers across the U.S. A follow-up survey was fielded in November through December 2026 to map additional dimensions related to HIV service disruptions, including structural and social determinants of health, as well as operational austerity measures in the face of federal funding cuts.

METHODOLOGY

Between November 6, 2025, and December 11, 2025, a follow-up online Emergency HIV Clinical Response Survey was distributed to HIV service providers nationwide through the five members of the Emergency HIV Clinical Response Task Force. Analyses are based on 383 clinical provider respondents who completed the survey across 47 states and Puerto Rico. Respondents included physicians, nurses, pharmacists, case managers, social workers, and community-based providers working across academic medical centers, Federally Qualified Health Centers (FQHCs), hospitals, private practices, and outreach settings. Questions were intended to capture the breadth of disruptions and impacts experienced from July to October 2025.

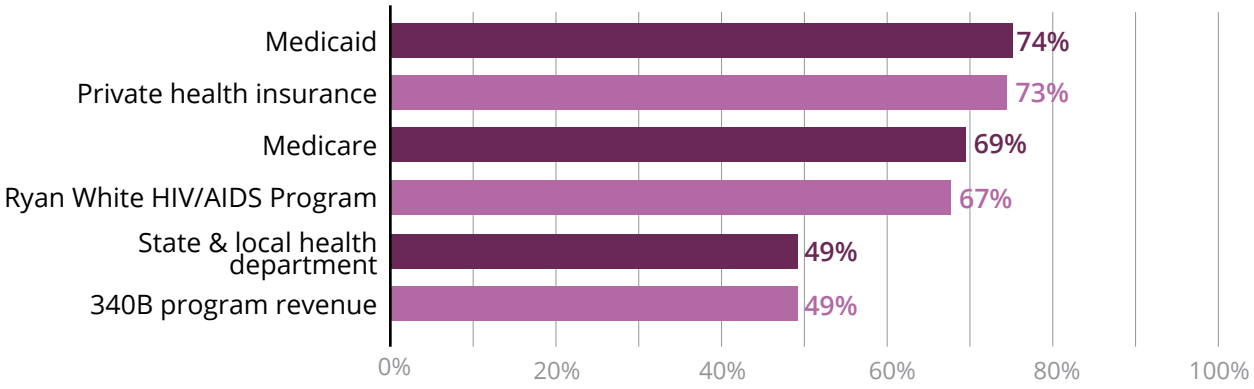
RESPONDENT AND SITE PROFILES

The perspectives captured reflect a cross-section of the HIV workforce and a diversity of clinical settings that deliver HIV care:

- Clinical roles dominated the sample, with physicians (30%), nurse practitioners (23%), and registered nurses (14%) comprising two-thirds of respondents.
- Over 65% of responses came from hospital-based clinics (33%) and community health centers and FQHCs (32%), underscoring impacts within core HIV care infrastructure.
- The South accounted for more than one-third of responses (36%), with responses from three other regions: Northeast (24%), West (23%), and Midwest (18%).

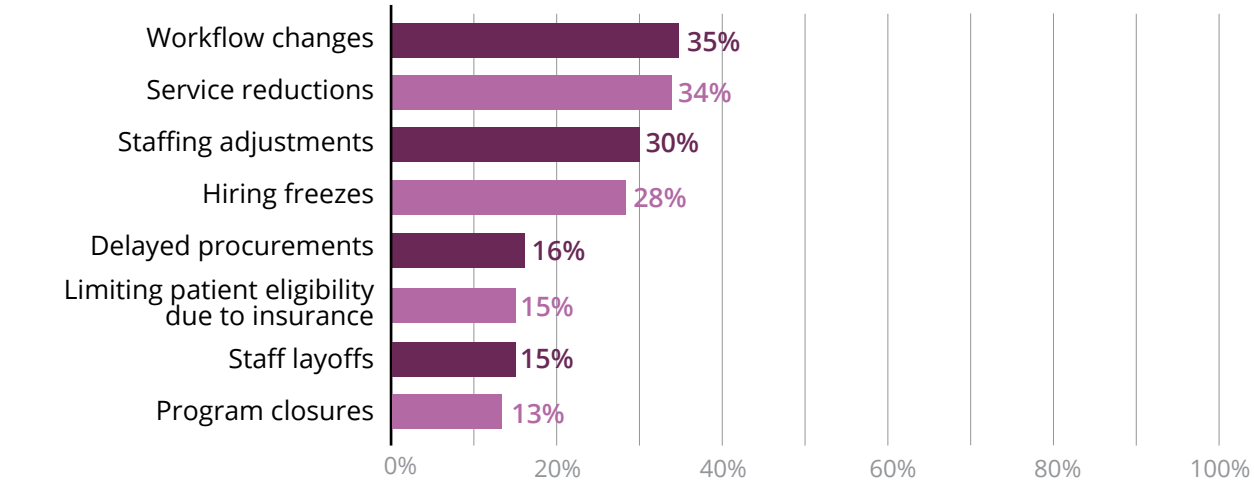
SOURCES OF FUNDING

Respondents reported a combination of funding sources for their clinical settings, including:



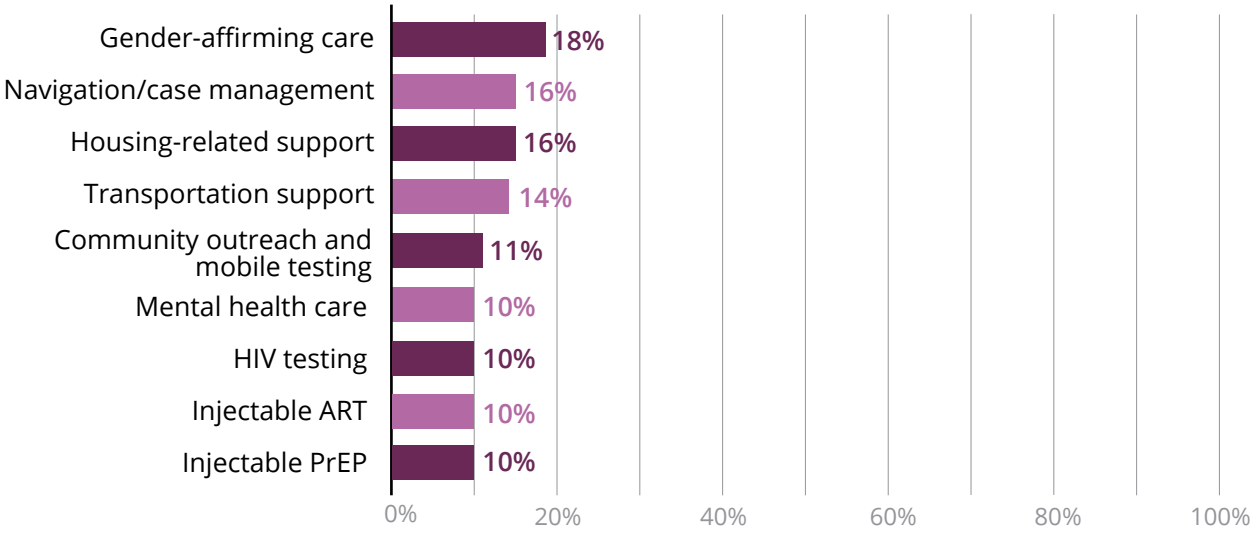
OPERATIONAL DISRUPTIONS

Sixty-eight percent of respondents reported one or more operational changes in their clinical settings due to changes in federal or state policies or funding cuts, including:



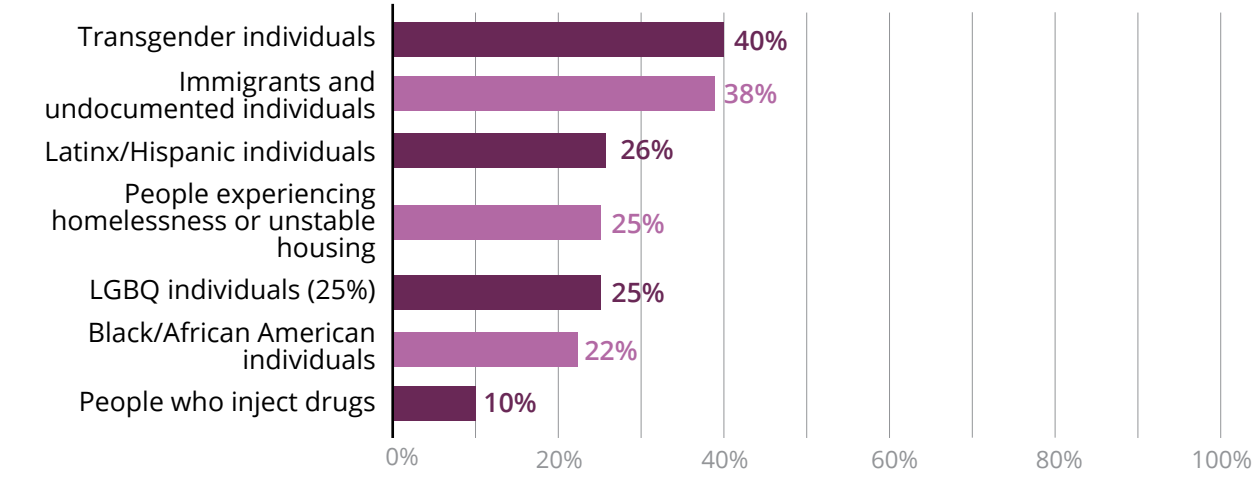
HIV AND OTHER HEALTH SERVICE DISRUPTIONS

Sixty-one percent of respondents reported at least one HIV service disruption in their clinical setting. Reported service disruptions spanned the HIV care continuum and beyond:



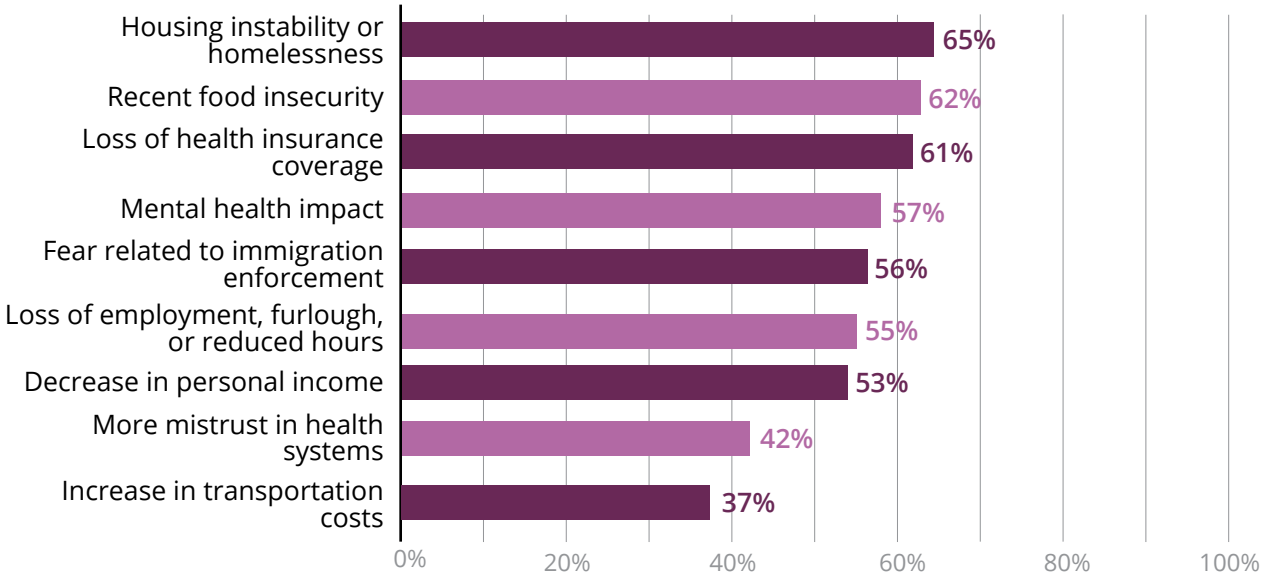
EQUITY IMPACTS: POPULATIONS MOST AFFECTED

Of the 69% of respondents who reported at least one population-level service disruption, the following key populations were cited as most affected:



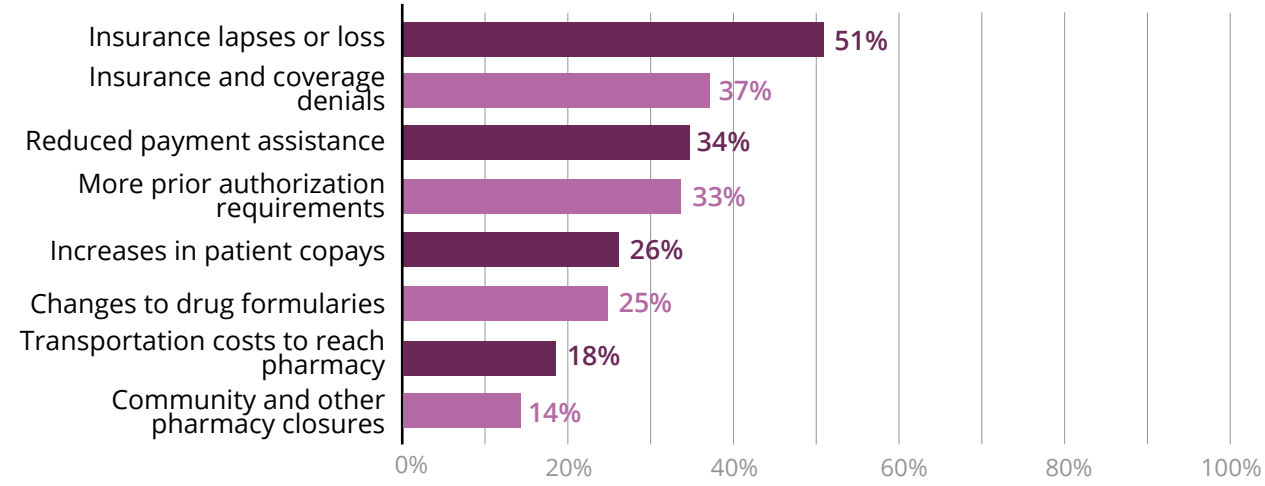
PATIENT-REPORTED BARRIERS TO ENGAGEMENT IN CARE

Among the 92% of respondents who reported hearing from patients about specific barriers to remaining engaged in care, the following were the most cited:

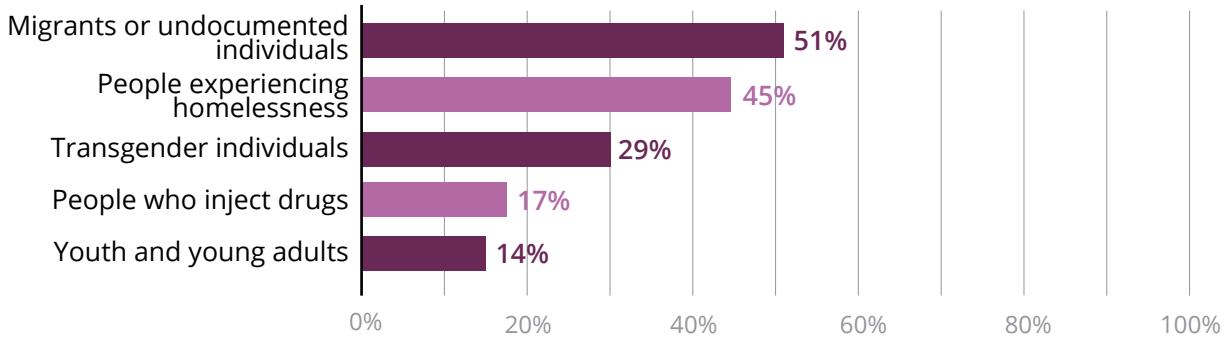


MEDICATION ACCESS AND LOSS TO FOLLOW-UP

Of the 69% of respondents who reported their patients spoke with them about medication access, the following factors were most associated with medication access barriers:



Although 14% of respondents reported no significant population-specific effects on retention in HIV care, of the 86% of respondents who did report effects the following key populations were cited as the most affected:



INSIGHTS FROM OPEN-ENDED QUESTIONS

Forty-six percent of respondents provided additional insights through an open-ended survey question about the most urgent resources needed to safeguard continuity of HIV services:

- Funding concerns dominate the landscape, mentioned by 37% of respondents, with specific emphasis on Ryan White HIV/AIDS Program (20%) and 340B Drug Pricing Program (4%) sustainability.
- Health insurance coverage was reported as critical, with 27% of respondents citing Affordable Care Act/insurance concerns and 13% specifically mentioning Medicaid enrollment challenges.
- Social determinants of health, including housing (17%), transportation (13%), and food security (7%), were recognized as essential to maintaining HIV care continuity.

Forty-two percent of respondents answered a second open-ended question seeking insights into declines in clinic attendance by undocumented or migrant individuals observed in the respondents' clinical settings, with 83% of this subset of respondents citing fear of immigration enforcement and deportation as the primary contributing factor.

One survey response detailed a patient death directly attributed to this fear:

"Due to a fear of being detained by ICE, a patient with relapsed Hodgkin's lymphoma delayed care and then it became an emergency which resulted in his death."

CONCLUSION

The outcomes of the second Emergency HIV Clinical Response Survey document a clear warning signal that the Trump administration-led policy and funding actions taken over the last year are destabilizing the delivery of HIV services in the U.S.

Continued monitoring is critical in addition to locally-driven, novel, and nimble interventions to prevent disruptions in HIV testing, prevention, care, and treatment with a focus on key populations most affected by federal policy and budget shocks.

Addressing these disruptions is imperative to safeguarding lives and decades of progress in the U.S. HIV response.