



Florida Lawmakers Reverse Cuts to State's AIDS Drug Assistance Program

The Florida Health Department had planned to curb access to HIV meds and kick 16,000 residents out of care. Then came the backlash.

May 28, 2026 By [Trent Straube](#)

Florida legislators reached a budget agreement that would reverse planned cuts to the state's [AIDS Drug Assistance Program \(ADAP\)](#), which provides HIV meds and services to low-income people, [according to AIDS Healthcare Foundation \(AHF\)](#), which lobbied to protect the HIV services.

The Florida Department of Health announced the planned cuts in January; they would have taken effect March 1 and resulted in about 16,000 residents losing access to HIV care and treatment. Specifically, the health department made it harder to qualify for ADAP by tightening the income eligibility limit from 400% to 130% of the federal poverty level. The changes would also have ended insurance premium assistance and restricted access to [Biktarvy, a popular and effective single-tablet regimen](#).

In response to the January announcement, [AIDS activists rallied to restore funding](#) and eligibility. What's more, [AHF sued the health department](#) over the proposed changes. In March, state lawmakers approved a bill, which Governor Ron DeSantis signed, to allocate nearly \$31 million in emergency funding to ADAP. But that effort provided relief only until the end of June and didn't address other issues, such as the removal of Biktarvy from the formulary. What's more, over 12,000 Floridians lost their HIV coverage during the shake-up, according to AHF.

It is hoped that these residents will regain their coverage under the new agreement with state legislators.

"Florida's health department walked away from people living with HIV. Lawmakers brought them back," said Esteban Wood, AHF's director of advocacy and legislative affairs, in a statement.

AHF reports that moving forward, ADAP's income eligibility limit is restored to 400% of the federal poverty level, and Biktarvy is included in the coverage. However, the agreement caps the number of participants in the direct dispense enrollment at 21,000 (direct medication dispensing enables healthcare providers to supply prescription medications directly to patients at the point of care). AHF says it opposes the cap because it's vital to get HIV meds to anyone who needs them.

People with HIV who [adhere to their treatment regimen](#) and achieve and maintain viral suppression experience slower disease progression, enjoy better overall health and are less likely to acquire opportunistic infections. What's more, people with an undetectable viral load don't transmit HIV to others through sex. This is known as treatment as prevention, or [Undetectable Equals Untransmittable](#) (U=U).

Although ADAPs are administered by states, the programs are mostly funded through the federal Ryan White HIV/AIDS Program. The program provides HIV services for low-income people by funding cities, counties, states and local community-based organizations that provide HIV care, treatment, prevention and essential services.

The Ryan White HIV/AIDS Program is administered by the HIV/AIDS Bureau within the Health Resources and Services Administration (HRSA), which is part of the Department of Health and Human Services (HHS). Health Secretary Robert F. Kennedy Jr. leads the HHS and its many agencies, including the Centers for Disease Control and Prevention and the Food and Drug Administration.

Ryan White programs have been highly successful, [with over 90% of clients reaching an undetectable status](#). In addition, nearly half of Americans diagnosed with HIV receive care through Ryan White. Nonetheless, the Trump White House and Republican leaders in Congress aim to [gut federal HIV funds](#). For more, see ["If Congress Ends Ryan White HIV Services, How Many Americans Will Contract HIV?"](#) (The answer: Researchers predict a 49% spike in cases—or 75,000 excess HIV diagnoses—by 2030.)

Florida is not the only state trying to cut ADAP services. [As KFF reported in March](#):

["New data](#) from the National Association of State and Territorial AIDS Directors (NASTAD) indicate that 23 states (including Washinton, DC) have implemented or are considering ADAP cost-containment measures. Eighteen ADAPs, including Florida's, have already made or are making changes and five additional states report that they are considering introducing such measures in the future. Further, 12 of the 18 states already implementing cost-containment measures are considering additional changes for the future.

"For example...Pennsylvania, Kansas, Delaware, and Rhode Island have also reduced income eligibility for their programs.... Other changes states [are exploring or implementing](#) include reducing formularies (though, so far, none as consequential as removing Biktarvy), reducing funding for medical and support services, making recertification more stringent (which can create churn and lead to program disenrollment), implementing annual client spending caps, and restricting or ending health insurance assistance."