



America's Health Is Not a Line Item

NMAC Response to President's FY2027 Draft Budget

April 17, 2026 By [Paul Kawata](#)

For more than four decades, the United States has waged a battle against one of the most consequential public health fights in modern history: the HIV epidemic. Through bipartisan commitment, sustained investment, and scientific innovation, we turned what was once a death sentence into a manageable, and increasingly preventable, condition.

That progress was not inevitable. It was built painstakingly through funding prevention programs, expanding access to treatment, and strengthening the public health systems that hold it all together.

The President's FY2027 budget proposal threatens to undo that progress by cutting over \$1.5 billion in HIV prevention, substance use, housing and other programs.

At a moment when public health systems remain strained, the proposal cuts or eliminates funding streams that our communities rely on to prevent HIV transmission, expand testing, and ensure access to lifesaving medications. HIV prevention funding would go from \$1 billion to \$220 million. Advocates and public health experts are clear about what this means: not merely a slowdown in progress, but a reversal.

We have seen this before. When public health funding drops, infections rise. When prevention weakens, costs climb. And when access to care is disrupted, people fall out of treatment, with consequences that ripple far beyond individual patients.

These cuts will not fall evenly. It reduces the Secretary's Minority HIV/AIDS Fund by \$56 million and SAMHSA's Minority HIV/AIDS Initiative programs by \$119 million. It would eliminate HUD's \$529 million Housing Opportunities for Persons with AIDS program. These cuts will land hardest in the communities already carrying the greatest burden of HIV - low-income communities, Black and Latino communities, LGBTQ+ populations, and rural areas where healthcare access is already limited. In other words, the places where targeted investment has made the biggest difference, and where the President's disinvestment will do the most harm.

This is not just a policy debate. It is a test of whether the country is willing to sustain the progress it has spent decades building.

Budgets are moral documents. And this one signals a retreat from bipartisan commitments, from evidence-based policy, and from the goal of ending the HIV epidemic in the United States.

It also ignores a basic reality: prevention is far more cost-effective than treatment. Every dollar cut today will be paid back many times over—in fewer hospitalizations, emergency care, and long-term treatment costs. A budget that weakens HIV prevention and care is not fiscally responsible. It is fiscally shortsighted.

Congress now faces a clear choice. It can accept a proposal that undercuts decades of progress and destabilizes the systems that keep people healthy, or it can reject these cuts and reaffirm a commitment to prevention, treatment, and public health infrastructure.

For advocates, the message is straightforward: the tools to end the HIV epidemic already exist. What's at stake is whether we choose to use them.

In the coming weeks, we need to tell Congress:

- Reject these proposed cuts to HIV prevention and treatment programs
- Fully fund federal HIV initiatives and community-based programs (we could put a number in here if you have an ask)
- Protect Medicaid and safety-net services that support people living with HIV
- Invest in public health infrastructure and workforce capacity
- America's health is not a line item. It is a commitment, and one Congress must choose to keep.

It's time to get informed and prepare to call our lawmakers to protect HIV funding in the upcoming budget.