“Let Us Live”: Senate’s Budget Proposal Will Slash Medicaid and Harm People Living With HIV, Says AIDS United

Over 40% of adults with HIV rely on Medicaid to cover their health care. The Senate’s bill will kick people off the lifesaving program.

June 17, 2025 By AIDS United

Last night, the U.S. Senate released sections of its reconciliation bill — outlining their plan for slashing Medicaid to pay for massive tax breaks for the ultra-rich and large corporations. Despite the news reporting that the Senate was negotiating a more “reasonable” proposal than the House, some health care provisions are actually more severe. If allowed to pass, the result will be the same: millions of people who rely on Medicaid for their health care will lose coverage.

Since the HIV epidemic began in the 1980s, Medicaid has given people access to life-saving and life-extending HIV care. Today, more than 40% of adults living with HIV rely on Medicaid to cover their health care. And in states that have adopted Medicaid expansion, more than half of adults with HIV have gotten coverage that way. When it comes to preventing HIV through pre-exposure prophylaxis (PrEP), states with Medicaid expansion have higher PrEP utilization rates than states that have not expanded Medicaid — indicating that when coverage barriers are removed, more people are able to take charge of their health care.

Though for people living with and vulnerable to HIV and the organizations that serve them, we are in the eye of the storm. Swirling around us is this administration’s forced reductions in the public health workforce, interruptions or cancellations of critical federal grants, planned elimination of the CDC’s Division of HIV Prevention, proposed elimination of parts of the flagship Ryan White HIV/AIDS Program and the entire HOPWA program (Housing Opportunities for Persons With AIDS) — the only housing program focused on people with HIV, the uncertainty of the future of HIV research, and the decimation of global HIV prevention and response. The Senate’s reconciliation proposal must be taken as one part of a larger effort to decimate our public health system and, thereby, the U.S.’ HIV safety net as a whole.

The Senate’s proposal threatens Medicaid and the Affordable Care Act (ACA, or Obamacare) in major ways — all slated to go into effect by December 31, 2026. These include:

1. Requiring mandatory work reporting requirements. The House bill requires non-disabled adults 19–64 with no dependents to comply with these murky, red tape requirements, but the Senate proposal goes one step further to also sweep in adults with children over 14. This already failed tactic will make people living with HIV more vulnerable to interruptions in their coverage due to difficulty meeting administrative burdens associated with work reporting requirements — despite the fact that many Medicaid beneficiaries living with HIV are already working.

In Arkansas and Georgia, two states that have pursued mandatory work reporting requirements, they've either scaled back the program or eliminated it altogether. Collectively, they've spent millions of dollars on administering the program, while only qualifying a few thousand for Medicaid coverage. For people living with HIV, even temporary losses of coverage can be life-threatening, as HIV requires continuous access to treatment to achieve viral suppression and live a healthy life. Interruptions in medication access can also encourage drug-resistant strains of HIV, making treatment less effective or more costly, diminishing the wellness of our communities — in addition to negatively impacting the person's quality of life.

2. This proposal also would institute new cost-sharing requirements for those who have gotten coverage through Medicaid expansion. Despite 40 states in the nation expanding Medicaid eligibility to needy adults — and seeing immediate improvements in the health of the recipients — this proposal will require new cost-sharing, including up to 5% of the person's income. It's important to note that those in the "expansion population" are only marginally above the federal poverty level required to qualify for "traditional" Medicaid. They are highly deserving and simply do not earn enough to pay for private insurance or their employer does not offer it.

3. Placing additional administrative burdens on states, including eligibility verification. In addition to the burdensome administrative requirement for employment verification, this proposal institutes requirements for more frequent eligibility checks. These requirements extend to Medicaid recipients and those who gained coverage through Medicaid expansion. While this may seem reasonable on its face, it's another tactic to simply push people off of health insurance by miring them — and the states — in red tape. For people living with and vulnerable to HIV, continuous access to affordable medication and care is a foundation to living a long and healthy life. Administrative gimmicks that say their intent is to eliminate fraud, are just that – gimmicks that could have life-altering consequences.

4. Attacking immigrant and trans communities by depriving them health care. This proposal will also penalize states that have extended eligibility to residents of their states without collecting documentation status. Continuing with this administration's all-out assault on immigrant communities, this proposal attempts to exact an economic toll on those states simply for wanting to take care of their residents using their own state funds. This proposal also doubles down on attempts to deprive trans communities of health care — first by banning gender affirming care services to minors — maintaining false and misleading rhetoric. And second, by going beyond even the administration's recent proposed rule restricting coverage of gender affirming care for adults — and taking another step toward banning trans adults' access to Medicaid coverage.

5. Eliminating a significant provider pool by blocking Planned Parenthood from Medicaid. Realizing a long-standing desire by conservatives to kick Planned Parenthood out of the Medicaid program, this

> proposal essentially “defunds” the organization. Drafters of this proposal are willing to eliminate the only health care provider many people with and vulnerable to HIV rely on, particularly those with less means or live in areas where providers are scarce, simply because the organization may provide abortion services somewhere else in its network. This is a political stunt that will have the effect of eliminating access for millions.

Since Medicaid is a crucial source of access to HIV prevention, care and treatment, robust access to Medicaid must be at the center of the federal government’s response to the HIV epidemic in the U.S. The Senate’s proposal moves us further away from our potential to end the HIV epidemic in this country – and for no other purpose than to pay for unnecessary tax breaks for those who need them the least. If this proposal is allowed to move forward, many millions of people will lose coverage.

With access to regular antiretroviral treatment and care, not only is HIV a manageable health condition, but it’s also impossible to transmit the virus to others [when a person living with HIV maintains an undetectable viral load, a fact referred to a U=U, or undetectable equals untransmittable]. Cuts to Medicaid – whether accomplished through the imposition of work reporting requirements and other administrative gimmicks — irreparably undermines our national strategy to end the HIV epidemic. Medicaid expansion is especially critical, since it enables people with HIV who lack access to private insurance to obtain full scope health insurance without having to wait until they have become disabled due to advanced HIV to qualify for “traditional” Medicaid.

No part of the Senate’s proposal to slash Medicaid spending will make people living with or vulnerable to HIV healthier. Regardless of what they call these cuts, the only way they achieve their desired goal is by kicking people off of Medicaid.

Just like we saw in the House, the Senate is fast tracking this bill — aiming to send the bill to the President’s desk by Independence Day. We must demand that Congress let us live — without interference and without vilification. No cuts to Medicaid.

This press release was originally published June 17, 2025, by AIDS United.
