

Health Care in Motion

Timely, Substantive Updates on Policy Shifts · Actionable Advocacy to Protect Health Care

March 19, 2025

Trump Administration Poised to Dismantle CDC's Division of HIV Prevention

On March 18, a bombshell echoed through the HIV community as [Politico](#) and other news outlets reported that the Trump Administration is considering cutting the Centers for Disease Control and Prevention's (CDC) Division on HIV Prevention (DHP). While this plan is considered to still be in the preliminary stages, with no final call yet, it is expected to [move rapidly](#) and could be implemented before the end of the week. This cut will significantly undermine our ability to respond to outbreaks of communicable diseases and to continue or expand key prevention efforts in communities that are most vulnerable to HIV. In response, advocates are calling for increased outreach to policymakers and heightened collaboration with the HIV community and other broader movements.

CDC's Efforts to Combat the HIV Epidemic

The CDC spends about [\\$1.4 billion a year](#) on the treatment and prevention of HIV, viral hepatitis, tuberculosis, and sexually transmitted diseases, and to combat the opioid and overdose epidemics. Of that money, about 76% is used to fund the work of state, tribal, local, territorial health departments, community-based organizations, national organizations, and academic institutions, and the rest is used internally by the CDC. Key examples of their work include:

- **Outbreak Response Support and Technical Assistance:** The CDC is key in tracking HIV outbreaks and identifying areas with [high incidence rates](#) in the United States. That includes providing funding and support for state and local health departments to track HIV rates. The CDC also provides significant funding to states to provide HIV testing and prevention tools. The bottom line? The CDC's efforts allow us to know how to support people living with HIV and where our focus needs to be to end the epidemic.
- **Promoting Testing and Prevention:** The CDC is also a national leader on promoting HIV prevention initiatives. This includes their pre-exposure prophylaxis (PrEP) initiative to provide access to low income individuals and support for compassionate, evidence-based interventions to prevent transmission amongst people who use drugs. The bottom line? The CDC's efforts allow us to know the best ways to stop the spread of HIV and implement them in our communities.

How To Make Your Voice Heard

- Attend AIDSWatch: Register [HERE](#).
- AIDS United has put together a script individuals can use to call their Senators and Representatives. Calls are more impactful than emails.
- You can find the AIDS United call-in script [HERE](#).

There are other federal programs focused on HIV, such as the Ryan White program, but these programs tend to focus on mitigating the impacts of HIV rather than prevention. The CDC Division on HIV Prevention is important because it focuses on ending the transmission of HIV—a reasonable goal given the [clear effectiveness](#) of PrEP and other prevention tools. **And its efforts have been working:** from 2018 to 2022 annual new HIV infections [decreased 12%](#). The CDC has been involved with the [Ending the HIV Epidemic in the U.S.](#) plan launched during the first Trump administration. In areas prioritized by this initiative, new HIV infections decreased by 21%.

It is impossible to continue the momentum to end the HIV epidemic solely on the shoulders of the Ryan White Program and other hard-fought-for programs. It is overwhelmingly likely that [Medicaid will experience significant cuts](#) in the near future and many states are pursuing more restrictions on the program, such as work requirements. Additionally, Biden-era financial supports to access ACA Marketplace plans are unlikely to [survive past the end of 2025](#). Medicaid is the largest [source of insurance](#) for people living with HIV in the United States, and efforts to reign in coverage are expected to have dire impacts for prevention and treatment efforts. Fewer people will have access to PrEP through Medicaid or health insurance, and all these policy changes, taken together, have the potential to lead to a surge in HIV transmission rates in the coming years.

The Trump Administration's Interest in Cutting CDC's HIV Efforts

Unfortunately, the statutory structure that established the CDC likely provides the desired freedom to change internal operations dramatically. The CDC [doesn't have one authorizing statute](#) that clearly lays out what programs and divisions it must have. Instead, the CDC as an agency has evolved over time to respond to the leading health threats facing people in the United States, with most programs citing the CDC's general authorization in the [Public Health Service Act](#) as their statutory basis. In practice this means that the Trump Administration is not legally required to maintain any one particular program at the CDC.

Furthermore, the Continuing Resolution signed by President Trump on March 15, 2025, largely keeps domestic funding at existing levels, and it allows the Trump Administration to [continue to slash and cut government programs](#) but does not require the Administration to spend the money allocated. All signs suggest that most of the programs within the Department of Health and Human Services, including the CDC, will face major reorganizations in the coming months and significant efforts to reduce the number of government employees. In this regard, the CDC Division of HIV Prevention will not be unique; individuals focused on other conditions should look to this issue as a cautionary test case that may be replicated for programs serving other diseases and issues.

What's Next?

For the last several months, the courts have provided significant push back on the Trump Administration's initiatives, including restoring funding for medical research and reinstating terminated government employees. But because the CDC does not have a strong or clear authorizing statute, it will be more challenging to use similar litigation strategies to defend DHP.

That means that timely and strong public support for DHP is crucial. For those interested in protecting efforts to prevent HIV and end the epidemic should prioritize calling their Senators and Representatives this week, before any cuts are finalized and announced. AIDS United has a call in script that can be found [here](#).

Subscribe to all Health Care in Motion Updates

Health Care in Motion is written by Carmel Shachar, Health Law and Policy Clinic Faculty Director; Kevin Costello, Litigation Director; Elizabeth Kaplan, Director of Health Care Access; Maryanne Tomazic, Clinical Instructor; Rachel Landauer, Clinical Instructor; John Card, Staff Attorney; and Anu Dairkee, Clinical Fellow. This issue was written with the assistance of Amy Killelea of Killelea Consulting.

For further questions or inquiries please contact us at chlpi@law.harvard.edu.