

2026 POLICY PRIORITIES

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With thanks to the Sero List serv and the various state coalitions that responded to our community policy polling, three clear themes emerged as the most frequently cited policy priorities across communities. We received responses from thirteen states: Alabama, Colorado, Florida, Iowa, Idaho, Indiana, Louisiana, Maryland, Mississippi, North Carolina, New York, South Carolina, and Texas. This report is a summary of the priorities named that reflect both immediate threats to HIV services and the structural conditions that shape people's health and well-being.

The Top 3 Community Policy Priorities:

Policy Priority #1: Decriminalizing the Care Continuum

The most common concern centered on safeguarding access to HIV-related services, including:

- Ryan White and ADAP funding on a state level
- Prevention programs
- Medicaid and other public insurance programs
- Access to PrEP, PEP, and long-acting treatment options
- Free and community-based HIV testing

Community members expressed significant concern about current and proposed cuts to HIV funding and the disastrous impact on treatment access, prevention infrastructure, and continuity of care.

We believe this is a named priority because access to treatment and prevention is the foundation of the HIV response. Threats to funding place individuals and entire communities at greater risk of poorer health outcomes, increased disparities, and lead to elevated attacks in the form of criminalization.

Policy Priority #2: Ending HIV Criminalization and Related Punitive Policies

HIV criminalization was repeatedly named as a top priority, including:

- Reforming or repealing outdated HIV-specific criminal laws and reducing harmful policies attached to the threat of criminalization
- Addressing prosecutions under battery, malicious mischief, and sex offense statutes, and other penalties tied to health and quality of life
- Ensuring criminalization reform is integrated into broader harm reduction work

- Challenging policies that target people living with HIV, LGBTQ+ people, immigrants, and system-impacted communities
- Monitoring states that implement forced testing measures as a penalty and/or re-entry programs and data privacy policies that strip away informed consent and bodily autonomy

Respondents emphasized that criminalization perpetuates stigma, undermines public health, and punishes people living with HIV despite decades of scientific advancement and states pushing the movement to reform and repeal.

We believe this is a named priority because we know and have witnessed firsthand that HIV criminalization is a direct manifestation of structural stigma and recognize this beyond the legislative and policy strategy that needs to change. Modernizing laws to reflect science and human rights is essential to achieving health justice and equity.

Policy Priority #3: Addressing Social & Political Determinants of Health: Housing, Mental Health, and Healthcare Access

Many respondents highlighted the need to address broader structural factors affecting health, including:

- Affordable housing and housing stability
- Mental health services
- Access to healthcare and insurance
- Legal support and community education
- Access to civic engagement, voting rights, and eligibility threats

These priorities underscore that effective HIV policy must address the conditions that shape people's ability to remain healthy and engaged in care as well as their surrounding communities.

We believe this is a named priority because people cannot prioritize treatment and prevention when they are facing housing instability, unmet mental health needs, or barriers to accessing basic care. They are also experiencing barriers to voting for or against policies that are being enacted or stripped away, which inform the resources identified for their quality of life.

OVERALL OBSERVATION

Stigma as a Structural Barrier

Across all responses, stigma emerged as a cross-cutting issue, whether experienced through criminalization, discriminatory policies, healthcare barriers, or public narratives. Respondents made clear that reducing stigma requires changes in both policy and systems. We believe this is an overall priority, though not explicitly named as a policy priority, because stigma is embedded in the mindset fabric that informs policies, yet there is no concrete policy to eliminate. We know that the way to dismantle stigma is to shift mindsets and hearts towards people living with HIV being seen as their full selves instead of a problem to be solved.

Sero's focus will continue to be on these priorities, along with our continued work to align with partners that prioritize addressing the intersectionalities of specific policy threats or movements around Medicaid Expansion in southern states, immigration threats, environmental awareness of data centers being developed in low-income communities, and the strain that will have on already impacted populations. This is how we stay true to our mission statement and build community so that our vision can come to fruition.

