



Delaware HIV Policy Agenda 2026-2027

A Systems Blueprint for HIV Prevention, Care, Equity, and Sector Resilience

Executive Summary

Delaware's HIV system stands at a pivotal moment. Since 2020, new HIV diagnoses have increased by approximately 25 percent, even as federal prevention funding has declined sharply, with CDC-supported community-based prevention in Delaware dropping by nearly 70 percent in just two years. At the same time, housing instability, behavioral health challenges, transportation barriers in rural communities, and persistent stigma continue to undermine equitable access to testing, prevention, and care. These converging pressures demand structural reform, not incremental adjustments.

In response, the Delaware HIV Consortium convened 51 community members, providers, staff, board leaders, and partners to assess urgent needs and long-term system gaps. Their collective insight is clear: Delaware cannot end the HIV epidemic without strengthening the foundational systems that sustain prevention, housing stability, behavioral health integration, workforce capacity, and civil rights protections.

The Delaware HIV Policy Agenda 2026-2027 presents a comprehensive, systems-level blueprint for stability, equity, and modernization. It advances coordinated legislative, budgetary, regulatory, and payer strategies aligned with national best practices and tailored to Delaware's scale and integrated public health environment.

Guided by principles of equity, integration, sustainability, modernization, and community voice, this agenda prioritizes communities disproportionately impacted by HIV while building durable financing structures and modern data infrastructure capable of withstanding federal volatility. It calls for unified systems across housing, prevention, behavioral health, transportation, and data, ensuring that policy solutions reflect lived experience and deliver measurable outcomes.

Policy Priorities

These priorities center on stabilizing prevention funding, protecting housing support, expanding PrEP and TelePrEP access, strengthening civil rights protections, investing in workforce development, enforcing comprehensive sexual health education and opt-out testing, and modernizing data systems

<p>Restore and Stabilize Statewide HIV Prevention Funding</p> <p>Lever: Budget (Joint Finance Committee) + Multi-Year Contracting</p> <p>Policy Solution: Establish a recurring, multi-year HIV Prevention Fund to stabilize the HIV prevention and care system.</p> <p>Rationale: A nearly 70 percent reduction in community-based prevention funding has destabilized services and workforce continuity.</p> <p>Implementer: DPH, DHSS Contracting, Joint Finance Committee</p> <p>Metrics: Testing volume restored; 25 percent increase in PrEP initiations; reduced county service gaps; workforce retention</p> <p>Timeline: Medium (12-24 months)</p>	<p>Stabilize and maintain State HIV Housing Funding</p> <p>Lever: Budget + DSHA/DPH Regulatory Design</p> <p>Policy Solution: Maintain and increase a flexible housing funding pool for persons with HIV to prevent eviction, provide short-term bridge housing, and support transitions to stable housing.</p> <p>Rationale: Housing instability is the strongest predictor of interruptions in HIV care and PrEP continuation.</p> <p>Implementer: DSHA, DPH, Community Housing Partners</p> <p>Metrics: 20 percent reduction in housing-related care interruptions; viral suppression at 6 and 12 months; households stabilized</p> <p>Timeline: Medium (12-24 months)</p>
<p>Expand PrEP and TelePrEP Statewide</p> <p>Lever: DPH Regulation + Budget + Medicaid MCO Contracts+ DE Department of insurance</p> <p>Policy Solution: Scale TelePrEP, remove regulatory barriers, integrate pharmacist-led PrEP/PEP, and reimburse tele-navigation.</p> <p>Rationale: Transportation and provider shortages limit access, particularly in Kent and Sussex counties.</p> <p>Implementer: DPH, Medicaid MCOs, Board of Pharmacy</p> <p>Metrics: 25 percent increase in PrEP initiations; increased rural uptake; 6- and 12-</p>	<p>Strengthen Anti-Stigma and Civil Rights Protections</p> <p>Lever: Legislation + Regulatory Updates</p> <p>Policy Solution: Explicitly recognize HIV status as a protected health status, support anti-discrimination training, and modernization of HIV laws.</p> <p>Rationale: Stigma continues to undermine testing, disclosure, prevention engagement, and retention in care.</p> <p>Implementer: General Assembly, Department of Justice, Department of Human Resources</p> <p>Metrics: Reduced stigma-related care delays; increased testing and PrEP uptake</p> <p>Timeline: Long (24+ months)</p>

<p>month continuation Timeline: Short (6-12 months)</p>	
<p>Strengthen Delaware’s HIV Workforce</p> <p>Lever: Budget + Workforce Policy + Reimbursement Policy Solution: Extend eligibility for Delaware’s healthcare provider education and loan repayment programs to include public health and HIV prevention and care professionals working in high-need settings. Rationale: Workforce stability and cultural competence are essential for equitable outcomes. Implementer: DHSS Workforce Initiatives, DPH, Medicaid Metrics: Workforce retention; certified CHWs and peers; service coverage Timeline: Medium (12-24 months)</p>	<p>Enforce Comprehensive Sexual Health Education Statewide</p> <p>Lever: Regulatory Enforcement + Department of Education Accountability Policy Solution: Enforce existing sexual health education requirements through compliance monitoring, curriculum alignment documentation, and technical assistance. Rationale: Delaware’s challenge is inconsistent implementation, not lack of policy. Strong enforcement reduces STIs and HIV risk. Implementer: Department of Education, DPH, School Districts Metrics: District compliance; improved youth knowledge; reduced adolescent STI rates Timeline: Short-Medium (6-18 months)</p>
<p>Enforce Opt-Out HIV Testing in Emergency Departments and Primary Care</p> <p>Lever: Regulatory Enforcement + Provider Accountability Policy Solution: Enforce routine opt-out HIV testing in ED and primary care through DPH guidance, reporting requirements, EHR integration, and technical assistance. Rationale: Opt-out testing is a high-impact, cost-effective tool that identifies people earlier, reduces late diagnoses, lowers ED utilization, and decreases long-term healthcare costs. Implementer: DPH, Hospital Systems, Primary Care Practices, Health Facilities Licensing Metrics: Testing rates; reduced late diagnoses; faster linkage to care; fewer HIV-related ED visits; county-level equity Timeline: Short-Medium (6-18 months)</p>	<p>Modernize HIV Data, Reporting, and Transparency</p> <p>Lever: Legislation + DPH Systems Modernization Policy Solution: Launch a statewide HIV dashboard, standardize lab reporting, integrate Medicaid and housing data, and enable real-time sharing. Rationale: System-level reform requires modern, transparent, integrated data infrastructure. Implementer: DPH, Medicaid, DSHA, OMB Technology Metrics: System integration milestones; dashboard adoption; improved time-to-linkage Timeline: Medium-Long (18-36 months)</p>

Cross-Cutting System Alignment and Governance

- Designate a Statewide HIV System Backbone Aligned with the state’s Health Agenda: Formally recognize the Delaware HIV Consortium as the statewide HIV coordination backbone to support implementation of the Governor’s priority initiatives, including Rural Health Hubs, Hope Centers, workforce development, and health system modernization. DHC would convene cross-sector partners, develop an annual HIV implementation strategy aligned with state investments, monitor progress, and facilitate coordination across health, housing, education, and workforce agencies.
- Federal Alignment to Protect and Leverage State Investments: Coordinate with national partners to protect and strengthen federal policies that directly support the state’s initiatives, including safeguarding HIV prevention funding, preserving the 340B program, advancing federal anti-discrimination protections, and expanding federal support for TelePrEP and telehealth, ensuring Delaware’s state investments are maximized and sustained.
- Institutionalize Community Voice to Strengthen Implementation and Accountability: Embed community advisory boards, structured listening sessions, and standing lived-experience panels into program design and evaluation to inform state initiatives, identify implementation barriers early, and ensure that investments in prevention, workforce, and access deliver equitable outcomes across urban and rural communities.

This agenda positions the Delaware HIV Consortium not only as a provider of prevention and care services but as a statewide systems architect, policy leader, and equity champion. By aligning HIV policy with broader health modernization, workforce resilience, housing stability, behavioral health reform, and civil rights protections, Delaware can build a durable, equitable response that outlasts federal volatility and ensures healthier futures for all residents.