ACCESS TO HEALTH CARE

For nearly 40 years, HIV advocates have pressed the federal government to commit resources and leadership to ending the HIV epidemic in the United States. Last year, following the release of the community-driven Ending the HIV Epidemic in the United States: A Roadmap for Federal Action, the Trump administration announced their own plan to end the HIV epidemic.

The plan is a start, but in order to truly end the epidemic, we must continue fighting to ensure that the following goals are realized:

1. Access to the full range of antiretroviral therapy
2. Access to Pre-exposure Prophylaxis (PrEP)
3. Policies that address the social determinants of health and the multi-faceted barriers that impact health and wellbeing

1. ACCESS TO THE FULL RANGE OF ANTIRETROVIRAL THERAPY

We must commit to helping people living with HIV maintain all aspects of their health. People living with HIV need a full range of health care services, including access to the antiretroviral therapy that is best for them. When people living with HIV achieve viral suppression (i.e., the amount of HIV copies in their body become undetectable), they are able to stay healthy and effectively eliminate the risk of transmitting HIV to their sexual partners.

People living with HIV who are 50 years and older have an increased risk for co-morbidities. We must ensure that older adults living with HIV have full access to medications for non-HIV related health conditions and chronic health conditions that are associated with aging.

Key programs provide access to necessary antiretroviral therapy and should be protected. The Ryan White Program, the nation’s only safety net program designed specifically for people living with HIV, has seen remarkable success in improving linkage to and retention in HIV care. Ryan White has seen 87% of clients achieve viral suppression, with consistent increases seen among women, Black/African American, Hispanic/Latino, Asian, Native Hawaiian/Pacific Islander, and people over 65. Medicaid and Medicare also secure access to life-saving treatments and services for over 50% of people living with HIV, providing specific access for low-income people living with HIV and people aging with HIV. This coverage is in part supported by the Affordable Care Act, which expanded funding for Medicaid programs that increase eligibility levels. The Affordable Care Act also established consumer protections for people living with chronic illnesses and provides tax credits and subsidies that make private health insurance more affordable.

Congress must build upon Ryan White’s success through increased funding, and ensure that other forms of health insurance, such as coverage provided by Medicaid and Medicare or through the Affordable Care Act’s Marketplaces, protect access to the full range of antiretroviral therapy.

Congress must also protect their low-income constituents by ensuring the federal administration does not give states the dangerous capability to cut Medicaid coverage and benefits for the people who need them the most through Medicaid waivers.
2. ACCESS TO PRE-EXPOSURE PROPHYLAXIS (PrEP)

We must commit to effective and evidence-based HIV prevention services. When taken as prescribed, PrEP can help prevent a person without HIV from getting the virus from sex or injection drug use. Yet, PrEP is drastically underutilized, with less than 1 in 4 Americans who could benefit from PrEP using the medication, and with communities of color, women, and people living in the South underrepresented among PrEP users.

While PrEP has recently been given an “A” rating by the U.S. Preventive Services Task Force (resulting in most insurers covering PrEP at no out-of-pocket cost by 2021), it is unclear whether the services associated with a PrEP prescription will be covered.

Congress must support efforts to expand awareness of and access to PrEP, such as the PrEP Access and Coverage Act.

Congress must ensure that this free preventive service includes associated lab tests and clinical visits which will otherwise restrict access to care.

3. POLICIES THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH AND THE MULTI-FACETED BARRIERS THAT IMPACT HEALTH AND WELLBEING

The only way we are going to end the HIV epidemic is if we leave no one behind. Elected officials and those in the administration must recognize that ending the epidemic requires a commitment to taking bold steps to enact and enforce recommendations spearheaded by our communities. We should promote culturally-responsive and linguistically-appropriate care, treatment, prevention, education, and dignity for the most marginalized in our communities. We must also address the structural barriers that impact health and wellbeing, such as the social determinants of health.

Congress must legislate to support innovative care models that address the social determinants of health, integrating interventions such as housing, food and nutrition, employment, and transportation into health care delivery and finance systems.

The HIV Health Care Access Working Group is a working group of the Federal AIDS Policy Partnership that is committed to ensuring people living with HIV have access to appropriate, cost-effective health care and drug treatment. To get involved or for more information, contact co-chair Phil Waters, TAEP, pwaters@law.harvard.edu; Rachel Klein, The AIDS Institute, rklein@theaidsinstitute.org; or Amy Killelea, NASTAD, akillelea@nastad.org.

4 Centers for Disease Control and Prevention, PrEP (Dec 2019), https://www.cdc.gov/hiv/basics/corep.html (“Studies have shown that PrEP reduces the risk of getting HIV from sex by about 99% when taken daily. Among people who inject drugs, PrEP reduces the risk of getting HIV by at least 74% when taken daily.”)