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# State Strategies to End the Human Immunodeficiency Virus (HIV) Epidemic

September 2021

## Executive Summary

In May of 2021, Sellers Dorsey convened two meetings with officials from state Medicaid agencies and state Departments of Health (DOH) to discuss national best practices and state-specific approaches to advance the goals of two federal initiatives: the HIV National Strategic Plan (HIV Plan)<sup>1</sup> and the Ending the HIV Epidemic in the U.S. (EHE) initiative.<sup>2</sup> The HIV Plan and the EHE initiative are closely aligned, with EHE serving as a leading component of the work by the U.S. Department of Health and Human Services (HHS), in collaboration with local, state, federal, and community partners, to achieve the common goal.

Thirty-one state Medicaid and Department of Health officials from 11 states met to share strategies and learn more about the federal initiatives. Harold J. Phillips, Chief Operating Officer for EHE with the Office of Infectious Disease and HIV/AIDS Policy at HHS, provided an overview of the goals and key priorities of the federal initiatives, emphasizing the importance of collaboration not only between the federal government and its state partners, but among state agencies.

In coordination with the federal efforts, participating states discussed a variety of approaches they are employing to drive prevention, diagnosis, treatment, and outbreak responses for their Medicaid HIV populations, including:

1. Integration of HIV Provisions in State Medicaid Managed Care Organization (MCO) Contracts,
2. Increased Access and Adherence to HIV Medications Through Formulary Expansion and Drug Utilization Initiatives,
3. Identification of Quality Measures and Interventions to Improve the HIV Care Continuum, and
4. Coverage of Pre-Exposure Prophylaxis (PrEP) Treatment and Ancillary Services.

Efforts to address stigma and the social determinants of health needs for individuals with HIV were also discussed in addition to the need to improve interagency collaboration. Some of the specific state strategies that are advancing the federal initiatives at the local level include:

- The Florida Department of Health applied lessons learned from the COVID-19 pandemic and swiftly implemented a system where clients can apply, certify, and recertify to its AIDS Drug Assistance Program (ADAP) online. The availability of the online option helped clients stay in care. The state also made forms more internet-friendly and allowed for online/electronic form submission. Additionally, Florida has partnered with the Office of Minority Health and Health Equity to fund a small grassroots program with community-based organizations (CBOs) in EHE counties. The program includes PrEP awareness, education, and referral activities to increase PrEP usage among at-risk populations.
- Maryland has employed risk adjusted rates for the HIV population in its Medicaid managed care program for at least 19 years. It also has regulations around enhanced care management for managed care members with HIV and reviews the MCOs annually to evaluate improvement in health outcomes for this population. Additionally, Maryland adopted PrEP as an integral part of prevention strategy.
- Texas has numerous contract provisions requiring MCOs to cover all medically necessary services and provide care coordination for members with special health care needs, including people with HIV.
- Alabama is focused on improving HIV population data linkage and collaboration by matching state Medicaid and DOH data to improve the collection and reporting of viral load suppression (VLS) for Medicaid recipients.
- For several years, the California Medicaid agency and DOH have collaborated to report on the Centers for Medicare and Medicaid Services' (CMS) Core Set measure for VLS, and to match HIV surveillance data with data on Medicaid recipients living with HIV. Additionally, to better address social determinants of health (SDOH) among its priority populations, such as individuals with HIV, California tailors its requests for funding to ensure that smaller organizations, such as CBOs, obtain funding. It found that its priority populations often have established relationships with CBOs rather than with larger organizations.

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<sup>1</sup> [HIV National Strategic Plan \(2021-2025\)](#), HIV.Gov

<sup>2</sup> [Ending the HIV Epidemic in the U.S. \(EHE\)](#) (2021, July 27). CDC.Gov

- Several states participating in the meetings (AL, CA, FL, MD, TX) have passed laws prohibiting Medicaid drug vendor programs and drug formularies from restricting access to medically necessary single tablet regimens and antiretroviral (ARV) treatment options for HIV/AIDS treatment and prevention. To improve access, California carved out ARVs from the state’s Medicaid MCOs, which ensures the drugs are covered, and does not require prior authorization.

The state strategies highlighted are only a glimpse at the myriad of tools available to prevent, diagnose, treat, and reduce outbreaks for individuals with HIV. As states look to implement new programs, they commonly do so through the lens of their state’s unique political, cultural, and economic landscape and current managed care program. These strategies are not one size fits all; however, through collaboration, knowledge sharing, and innovation, states can be at the forefront of the fight against HIV/AIDS.

## Background

More than 1.1 million people are living with HIV in the United States. Despite advances in HIV treatments options, only 65.5%<sup>3</sup> are virally suppressed. Medicaid is the largest public health program and the [single largest source of coverage for people with HIV](#) in the United States. It has provided vital services for people with HIV since the onset of the epidemic and will continue to facilitate improvements set forth by the federal EHE initiative. The ADAP, under Part B of the Ryan White HIV/AIDS Program (RWHAP), provides an important safety net for people with HIV who are under or uninsured. All RWHAP grantees, including Part B and ADAP (which are managed by the state departments of health) play a critical role in achieving the goals of the HIV Plan as well as the EHE initiatives (see [2020 National RWHAP Part B and ADAP Monitoring Project Annual Report](#)).

As previously stated, the HIV Plan and EHE initiative are closely aligned and share the common goal of reducing new HIV infections by 90% by 2030.<sup>4</sup> The HIV Plan has a broader focus, with federal partners, including the CMS, working across the country to address factors critical to the plans’ collective work such as stigma, discrimination, and SDOH. Currently, CMS and the other federal partners are developing a Federal Implementation Plan that will outline the policies, initiatives, and activities the federal partners will implement to progress the HIV Plan’s goals, objectives and strategies. The EHE is a cross-agency initiative under HHS and involves collaboration from the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Indian Health Service (IHS), National Institutes of Health (NIH), and Substance Abuse and Mental Health Services Administration (SAMHSA). The initiative works with government partners at the local, state, and federal levels to expand the use of highest-impact HIV prevention strategies across the diagnosis, treatment, prevention, and outbreak response spaces.

## HIV Care Continuum

The HIV care continuum is a model used by health departments to identify challenges and opportunities related to improving the delivery of services to people living with HIV. The model shows how the nation is performing at each step in HIV care, from diagnosis through successful treatment (viral suppression). It provides a useful tool for public health officials and policy makers to assess the percentage of people with HIV

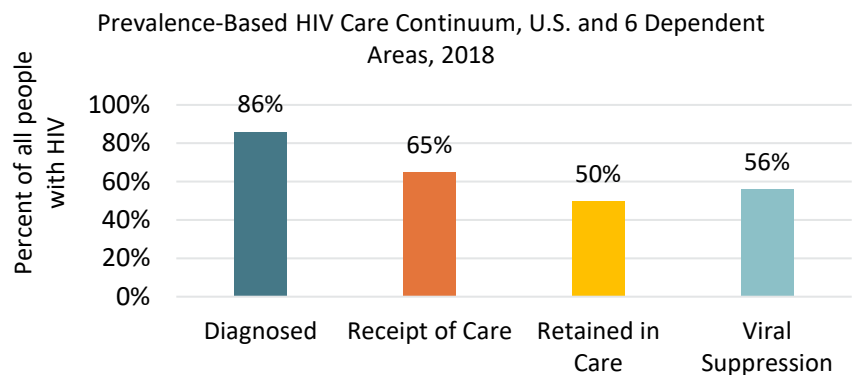


Figure 1. [HIV Care Continuum](#). (2021, April 8). HIV.Gov

<sup>3</sup> “Persons with suppressed viral load at the most recent viral load test represented 65.5% of the total number of persons with an HIV diagnosis by year-end 2018 and alive at year-end 2019 in the 45 jurisdictions [44 states and the District of Columbia].” [HIV Surveillance Report - Supplemental Report](#). (2019). CDC.Gov

<sup>4</sup> [What Is Ending the HIV Epidemic in the U.S.?](#) (2021, June 2). HIV.Gov.

engaged in care at each step in the continuum and to better identify where gaps in services might exist in order to develop strategies to better support people with HIV to achieve viral suppression treatment goals.<sup>5</sup>

## Public Health Strategies to Help Reach the National EHE Goals

### Prevent the Transmission of HIV, through “Treatment as Prevention”

*“In recent years, an overwhelming body of clinical evidence has firmly established the HIV Undetectable=Untransmittable, or U=U, concept as scientifically sound. U=U means that people with HIV who achieve and maintain an undetectable viral load—the amount of HIV in the blood—by taking antiretroviral therapy (ART) daily as prescribed cannot sexually transmit the virus to others.”<sup>6</sup>*

An effective ART is one that leads to complete viral suppression and undetectable viral load in an HIV positive individual. People with HIV who achieve and maintain this undetectable viral load by taking ART as prescribed have effectively no risk of sexually transmitting HIV to an HIV-negative person. This reduces new infections, improves public health, and yields cost savings for states. The elimination of HIV transmission through effective ART is known as Treatment as Prevention and is a prevention strategy that is associated with the information campaign called “Undetectable=Untransmittable” (U=U), which is endorsed by over 20 state Health Departments and 31 municipalities.<sup>7</sup> When treated properly, HIV can be managed as a chronic condition.

State Medicaid and Department of Health agencies serve as essential programs to provide access to life-sustaining treatment for HIV. For Medicaid providers to effectively treat people with HIV, the Medicaid formulary must provide broad access to HIV ART options, including single tablet regimens (STRs) and new innovations including long acting injectables that may yield higher patient adherence. State ADAPs, administered by the Department of Health, are safety net programs and payers of last resort for people with HIV. [ADAP services by category](#) include full-pay medical support, insurance premium assistance, medication co-pay and deductible, and multiple services. In 2018 they served approximately 285,000 people with HIV.<sup>8</sup>

#### STATE EXAMPLES:

- [California](#), [Nevada](#), and [Texas](#) have regulations in place prohibiting Medicaid drug vendor programs and drug formularies from restricting access to medically necessary STRs and ART drugs for HIV/AIDS treatment and prevention.
- [New York](#) provides HIV Treatment Adherence Services to their HIV Special Needs Plan enrollees in Medicaid.
- Drug Utilization Review Boards in [Mississippi](#) and [Ohio](#) are tackling noncompliance in HIV medications among their Medicaid populations by conducting targeted outreach and education to providers and patients to ensure a 90% minimum adherence to ART.
- [Twenty-three](#) state DOHs have endorsed U=U.

### Prevent the Transmission of HIV, through PrEP

*It is estimated that people with HIV who are not retained in medical care can transmit the virus to an average of 5.3 additional individuals per 100-person years.<sup>9</sup> Other studies estimate that each HIV positive patient may approach \$850,000 in costs to the healthcare system over a lifetime even in diagnosed early in care.<sup>10</sup> From this data, it can be extrapolated that successful HIV treatment for a person with HIV may save the healthcare system up to \$4.5 million dollars by preventing transmission to others.*

<sup>5</sup> [HIV Care Continuum](#). (2021, April 8). HIV.Gov

<sup>6</sup> [HIV Undetectable = Untransmittable \(U=U\), or Treatment as Prevention](#). (2019, May 21). National Institute of Allergy and Infectious Disease

<sup>7</sup> [U=U public health jurisdictions](#). (2021, August 3). Prevention Access Campaign

<sup>8</sup> [Ryan White HIV/AIDS Program AIDS Drug Assistance Program \(ADAP\) Annual Client-Level Data Report 2018](#). (2021, September). HRSA RWHAP

<sup>9</sup> [Human immunodeficiency virus transmission at each step of the care continuum in the United States](#). Skarbinski, et al. (2015, April). *JAMA*

<sup>10</sup> [Estimation of the Incremental Cumulative Cost of HIV Compared with a Non-HIV Population](#). Cohen JP, Beaubrun A, Din Y, et al. (2020, March 26). *Pharmacoeconomics*

For HIV negative enrollees, particularly those that are at high risk of contracting HIV, the Food and Drug Administration has approved two oral PrEP medications. When taken as prescribed, PrEP is shown to reduce the risk of contracting HIV from sex by 99% or from injection drug use, [by at least 74%](#). However, [less than 25%](#) of the approximately 1 million Americans who would benefit from PrEP are using it for prevention. While there are currently two daily oral HIV prevention medication combinations<sup>11, 12</sup> for HIV-negative individuals, other long-acting injectables<sup>13, 14</sup> are currently being researched and are in late-stage development.

#### STATE EXAMPLES:

- Currently, 46 state Medicaid programs, including Washington D.C., do not require prior authorization for PrEP.
- [Arizona Medicaid](#) recently added PrEP to its Arizona Health Care Cost Containment System (AHCCCS) list of preapproved drugs that do not require prior authorization.
- Through the [Florida](#) DOH PrEP drug assistance program, county health departments have the ability to provide medication to individuals at no cost. The program also provides additional services, including HIV testing, PrEP and HIV education, liver function testing, and one follow-up doctor visit at three months.
- Using a portion of its EHE funds, the [Florida DOH](#) HIV/AIDS Section has partnered with the DOH Office of Minority Health and Health Equity to support CBOs in counties EHE has identified as priority jurisdictions. The funds help CBOs increase PrEP awareness, education, and usage among Black and Latin gay/bisexual men, cisgender Black women, and transgender individuals.
- State DOH with [PrEP- Assistance Programs include](#) CA, CO, IL, MA, NY, OH, VA, WA, FL, and DC.

#### Identifying Quality Measures and Interventions to Improve the “HIV Care Continuum”

*“Sustained viral load suppression is directly related to reduction in disease progression and to reduction in potential for transmission of infection”<sup>15</sup>*

The CMS and HRSA have all included National Quality Forum (NQF) endorsed HIV measures in their quality programs or core measure sets.<sup>16,17,18,19</sup> Providers, payers, and quality experts agree that these core measure sets are meaningful to patients, consumers, and physicians, and reduce variability in measure selection, collection burden, and cost.

Many states use contracts between Medicaid agencies and Medicaid MCOs to deliver health benefits and services to beneficiaries while reducing care costs and utilization.<sup>20</sup> Several state Medicaid programs have linked HIV quality measures to MCO performance, thus incentivizing achievement of viral suppression for people with HIV. For example, the New York State’s Ending the Epidemic Plan recommends that HIV providers, facilities, and managed care plans report and monitor viral suppression rates and provide financial incentives for performance.<sup>21</sup> Consequently, New York State’s DOH requires that MCOs report HIV-specific measures, including VLS, and awards financial incentives based on performance on these HIV metrics.<sup>22</sup> New York MCOs’ efforts have significantly improved rates of viral suppression among Medicaid beneficiaries; by linking many people with HIV to care, the MCOs report that more than 40% of their Medicaid beneficiaries have achieved viral suppression.<sup>23</sup>

<sup>11</sup> [Truvada](#). (2021, March 1). Drugs.com

<sup>12</sup> [Descovy](#). (2021, March 1). Drugs.com

<sup>13</sup> [ViiV Healthcare announces investigational injectable cabotegravir is superior to oral standard of care for HIV prevention in women](#). (2020, November 8). ViiV Healthcare

<sup>14</sup> [Global HIV prevention study to stop early after ViiV Healthcare’s long-acting injectable formulation of cabotegravir dosed every two months shows higher efficacy than daily oral PrEP](#). (2020, May 18). ViiV Healthcare

<sup>15</sup> [Quality ID #338 \(NQF 2082\): HIV Viral Load Suppression](#). (2019). CMS.Gov

<sup>16</sup> [Consensus Core Set: HIV / Hep C Core Measures \(Version 1.0\)](#). (2016). AHIP

<sup>17</sup> [CMS Measures Inventory Tool](#). (2021, February). CMS.Gov

<sup>18</sup> [PQA Core Measure Set](#). (2018). Pharmacy Quality Alliance

<sup>19</sup> [Performance Measure Portfolio](#). (2021, February 9). HRSA HIV/AIDS Bureau

<sup>20</sup> [Managed Care | Medicaid](#). (2021). Medicaid.Gov

<sup>21</sup> [2015 Blueprint](#). (2015). Health.Ny.Gov/Ete

<sup>22</sup> [Prioritizing Care: Partnering with Providers and Managed Care Organizations to Improve Health Outcomes of People Living with HIV](#). (2017, December). NASHP

<sup>23</sup> [Ending the Epidemic Progress Report](#). (2018, March). NYS DOH - AIDS Institute

HRSA's VLS quality measure (NQF 2082) supports adherence to current treatment guidelines and all RWHAP grantees are encouraged to track VLS. In addition, VLS is used for physician-level reporting in the CMS Merit-based Incentive Payment System (MIPS) and in the Medicaid Adult Core Set.

#### STATE EXAMPLES:

- Medicaid Quality Measures. [California](#), [Florida](#), [Illinois](#), [Louisiana](#), Maryland, and [New York](#) have incorporated varying levels of HIV-specific quality and performance measures in their Medicaid MCO procurements, contracts, and quality strategy documents. Illinois mandates MCOs to report on receipt of case management services for people with HIV, while California, Florida, and Louisiana include performance measure reporting for HIV VLS in their quality strategies.
- Eight Medicaid programs reported on the HIV VLS measure through the Medicaid Adult Core Measure Set in FY2019: California, Delaware, Louisiana, Mississippi, New York, Nevada, Rhode Island, and Texas.<sup>24</sup>
- All state DOH Ryan White Part B programs report VLS to HRSA.

### Addressing Stigma and Other Social Determinants of Health

Stigma is a critical SDOH and directly impacts health-seeking and prevention behaviors that allow for disease control and management. In 2020, the DHHS released the HIV Plan,<sup>25</sup> which includes a focus on the role of SDOH in ending the epidemic. The HIV Plan notes inadequate housing, food insecurity, and lack of public transportation all act as barriers to improved HIV outcomes.

Racial disparities as a SDOH also persist when reviewing differences between PrEP use for individuals of color and their white counterparts. For example, in New York state, despite impressive improvements in virtually all EHE indicators resulting in a decrease in HIV diagnosis across all demographics, HIV diagnosis disproportionately impacts Black women and men, who account for 60% and 42% of all new HIV diagnoses but only 16.5% and 15% of the total population, respectively. In addition, although overall viral suppression for newly diagnosed individuals with HIV has increased since 2014 in New York, racial disparities continue to be observed, with 67% of white patients being virally suppressed within three months of diagnosis compared to 56% of Black patients.<sup>26, 27, 28</sup>

#### STATE EXAMPLES:

- California's [Whole Person Care \(WPC\) Pilot Program](#) aims to improve health outcomes through the coordination of physical health, behavioral health, and social services for people experiencing homelessness, people with mental health/substance use disorder conditions, and other high-risk, high-utilizing Medicaid beneficiaries.
- The [Oregon Health Authority](#) provides health-related services, such as housing supports and services, to address homelessness and housing insecurity and to improve the overall wellbeing of its Medicaid enrollees.
- The Departments of Health in [Florida](#) and [Wisconsin](#) (and others) use peer navigators who are HIV-positive and medication adherent to foster trust among those newly diagnosed with HIV, and to remove the stigma of seeking care and treatment. Peer navigators can connect other people with HIV with care and services, serve as emotional support, and encourage engaging in care.
- [Texas](#) Medicaid requires its managed care plans to provide care coordination services for members with special health care needs, including people with HIV. Service coordinators must coordinate treatment services and visits with primary care physicians and specialists and connect beneficiaries to CBOs to address SDOH, such as housing and food insecurity.
- The [South Carolina Department of Health](#)'s HIV Planning Council (HPC) has created workgroups aimed at addressing issues related to its priority populations and identifying emerging trends in the field of HIV prevention, care, and treatment. HPC members include people with HIV, state agencies, CDC-funded prevention services, and

<sup>24</sup> [Quality of Care for Adults in Medicaid: Findings from the 2019 Adult Core Set](#). (2020, October). CMS Medicaid & CHIP Health Care Quality Measures

<sup>25</sup> [National Strategic Plan A Roadmap to End the Epidemic for the United States | 2021–2025](#). (2021). HHS

<sup>26</sup> [ETE Dashboard: Ending the HIV Epidemic](#). (2021). ETE Dashboard – Ending the AIDS Epidemic

<sup>27</sup> [National Black HIV/AIDS Awareness Day 2021](#). (2021, February 9). ETE Dashboard – Ending the AIDS Epidemic

<sup>28</sup> [People Newly Diagnosed with HIV - New York State \(2010-2019\)](#). (2021). ETE Dashboard – Ending the AIDS Epidemic

individuals who are representative of priority populations disproportionately affected by HIV/AIDS, such as racial and sexual minorities.

- [Arizona Medicaid](#) includes individuals who are homeless or at risk for homelessness and have HIV/AIDS as eligible for enhanced housing services in its recent Housing and Health Opportunities Section 1115 demonstration waiver amendment, which is currently under review at CMS.

### Maintaining the Momentum: Moving Forward

*“The United States will be a place where new HIV infections are prevented, every person knows their status, and every person with HIV has high-quality care and treatment and lives free from stigma and discrimination.”<sup>29</sup>*

As stated in the HIV Plan, progress has been made over the past 40 years, and the United States now has the opportunity to end the HIV epidemic. The nation’s new HIV infections have declined from their peak in the mid-1980s, and people with HIV in care and treatment are living longer, healthier lives.<sup>30</sup> However, not all groups have experienced decreases in HIV infections or improvements in HIV-related health outcomes. For example, in 2019, PrEP coverage after adjusting for missing race/ethnicity, was highest for White persons (63.3%), followed by Hispanic or Latino (14.0%) and Black or African American persons (8.2%). There were also geographic differences on the percentage of newly diagnosed patients who were linked to medical care within one month of diagnosis, 87.7% versus 78.9%, between the eleven states in the top 25 percentile versus the 12 states in the lower 25 percentile.<sup>31</sup> States must have comprehensive plans that include effective prevention initiatives, such as ART and access to PrEP medications, interventions to improve the HIV care continuum, incorporation of VLS quality measures into MCO contractual requirements, strategies to address stigma and SDOH for individuals with HIV, and proactive ways to improve interagency collaboration and communication.

As both the federal government and state policymakers implement strategies to improve the Medicaid program, it is vital to facilitate interagency communication and coordination to understand the ramifications policy changes may have on people with HIV. Inclusion of HIV Plan and EHE initiatives as standing agenda items for meetings between officials with state Medicaid agencies and state Departments of Health will promote discussion of national best practices and help to identify new opportunities for partnership. There are more tools than ever before to end the HIV epidemic in the United States.<sup>32</sup> Through interagency collaboration, knowledge sharing, and innovation, states and their Medicaid programs can, and should, be at the forefront of the fight against HIV/AIDS.

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<sup>29</sup> [HIV National Strategic Plan \(2021-2025\)](#). HIV.Gov

<sup>30</sup> [HIV National Strategic Plan \(2021-2025\)](#). HIV.Gov

<sup>31</sup> [Monitoring Selected National HIV Prevention and Care Objectives by Using Surveillance Data - United States and 6 Dependent Areas, 2019](#) (No. 2) Figure 27. (2020, December). CDC.Gov

<sup>32</sup> [HIV National Strategic Plan \(2021-2025\)](#). HIV.Gov