

HEALTH AND HUMAN SERVICES (HHS)

Resolution HHS-22-25

EQUAL ACCESS TO HIV PREVENTION AND TREATMENTS

WHEREAS, the National Black Caucus of State Legislation (NBCSL) has long sought to address HIV and AIDS, as in 2019 alone, an estimated 36,801 people received an HIV diagnosis in the US;

WHEREAS, in 2019, the U.S. Department of Health and Human Services (HHS) launched the Ending the HIV Epidemic (EHE) initiative with the goal of reducing new HIV infections by 90 percent by 2030, and prevention is one of four key pillars of the EHE initiative, along with Diagnosis, Treat, and Respond;

WHEREAS, the HIV National Strategic Plan (HIV Plan) indicates that for the EHE to reach its intended goal, public and private partners must work together to educate and implement change;

WHEREAS, the racial disparity in HIV rates in the U.S. indicates a need for renewed focus on HIV prevention among Black and Latino Americans, because Black and Latino Americans only comprise 13 and 18 percent of the total US population, yet they account for 41 and 23 percent of the people with HIV, respectively, these populations account for a higher proportion of new HIV diagnoses and people with HIV, compared to other races and ethnicities;

WHEREAS, while data shows 76% of African Americans in the U.S. report being tested for HIV at least once, one in 7 are not aware that they are HIV positive, and 20% of African Americans were diagnosed late with HIV (i.e., diagnosed with AIDS within 3 months of an initial HIV diagnosis), putting them at risk for worse health outcomes and increasing the risk of transmitting HIV to their partners;

WHEREAS, these disparities in diagnosis in health are driven by a broad range of factors, including but not limited to mistrust of the healthcare system, poverty, racism, homophobia, stigma, and discrimination;

WHEREAS, similar health care disparities have surfaced during the current COVID-19 pandemic;

WHEREAS, African Americans may face greater risks from limited access to necessary medical care for specific diseases and conditions;

WHEREAS, while certain utilization management practices can help control health care costs, prior authorizations or other limitations may in some cases inhibit or delay access to necessary medical care, including prescription drugs, thereby further negatively affecting health outcomes associated with HIV and other conditions;

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WHEREAS, a disproportionate share of African Americans are enrolled in Medicaid programs across the United States, as of 2019 there were estimated to be 42 million African Americans in the U.S., comprising 13.4% of total population, while making made up roughly 33% of all Medicaid enrollees;

WHEREAS, people without health insurance or enrolled in Medicaid may experience health literacy barriers due to the social determinants of health disproportionately impacting them' and this may limit an individual's ability to recognize, and advocate for necessary medical care, including treatment that is best suited for their health needs;

WHEREAS, these barriers also adversely affect the ability of patients to engage in a shared decision-making approach with their providers;

WHEREAS, prior authorizations and other coverage and access limitations may interfere with clinically appropriate patient-centered choices for medical treatments and create barriers for doctors, nurses, and other health care providers serving the Medicaid population;

WHEREAS, state agencies may select preferred drugs, based on the medicines' effectiveness within the general population, without enough regard to considerations specific to certain populations, such as African Americans and Hispanic Americans;

WHEREAS, the uninsured and Medicaid patients may be discouraged from beginning, or continuing, clinically appropriate treatments by delays in access that may occur when health care providers and patients must navigate the Medicaid or other state prior authorization and appeals procedures;

WHEREAS, treatment delays while providers obtain required prior authorization approvals also may adversely affect the plans in place across the country to help end the HIV epidemic;

WHEREAS, the U.S. Food and Drug Administration (FDA) has approved multiple pre-exposure prophylaxis (PrEP) medications that are extremely effective at preventing individuals from acquiring HIV from sex or injection drug use;

WHEREAS, studies have shown a correlation between increased PrEP uptake and decreases in new HIV diagnoses in the U.S.;

WHEREAS, PrEP use is also associated with increased engagement in ongoing health care;

WHEREAS, inequities in access to PrEP across populations vulnerable to HIV have led to increasing disparities in HIV incidence, transmission, and viral suppression, with a lower percentage of Black and Hispanics actively taking PrEP or had discussion with a healthcare provider about prescribing PrEP;

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WHEREAS, in order to support EHE efforts to expand access to HIV prevention therapies, all health care providers should be educated on the value of PrEP, and should be available to provide PrEP when an individual is ready for it;

WHEREAS, states should prioritize access to PrEP, including new innovative modalities, by enforcing Affordable Care Act requirements that USPSTF Grade A or B rated services should be available to beneficiaries at zero cost share in Medicaid expansion populations and under private insurance programs; and

WHEREAS, states should support the under and uninsured populations and create state PrEP programs with state appropriations.

THEREFORE BE IT RESOLVED that the National Black Caucus of State Legislators (NBCSL) supports legislation to ensure patient access to clinically appropriate prescription drugs and related health care services by recognizing the importance of open access to all FDA approved HIV medications;

BE IT FURTHER RESOLVED, that NBCSL believe that additional steps should be taken to safeguard affordable and continuous patient access to HIV related health care services and treatments;

BE IT FURTHER RESOLVED that the NBCSL recognizes the importance of PrEP to the Ending the HIV Epidemic Initiative, and the goal of public and private partnerships in support of the HIV Plan, and the critical importance of access to HIV prevention treatment and services to improve health outcomes, reduce health disparities and reduce transmission of HIV, and encourages state policymakers to implement policies to do the same; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials and agencies as appropriate.

SPONSOR(S): Representative Lamont Robinson (IL), Senator Shevrin Jones (FL), and Representative Karen Camper (TN)

Committee of Jurisdiction: Health and Human Services (HHS) Policy Committee

Ratified in Plenary Session: December 2, 2021

Ratification certified by: Representative Billy Mitchell (GA), NBCSL President