

May 18, 2022



# COMMUNITY ACCESS NATIONAL NETWORK COMMUNITY ROUNDTABLE

COVID-19'S IMPACT ON HIV, VIRAL HEPATITIS, STIS & SUBSTANCE USE-DISORDER



May 18, 2022



# COVID-19'S IMPACT ON HIV, VIRAL HEPATITIS, STIS & SUBSTANCE USE-DISORDER

On behalf of The

- Community Access National Network (CANN)
- O'Neill Institute for National and Global Health Law, Georgetown university
- Kaiser family foundation (KFF)

**Welcome TO our Community Roundtable**



May 18, 2022



# COVID-19'S IMPACT ON HIV, VIRAL HEPATITIS, STIS & SUBSTANCE USE-DISORDER

## THANK YOU TO OUR SPONSORS



May 18, 2022



# COVID-19'S IMPACT ON HIV, VIRAL HEPATITIS, STIS & SUBSTANCE USE-DISORDER

## THANK YOU TO OUR CO-PRESENTERS

Lindsey Dawson

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# AN UPDATE ON HIV POLICY & LGBTQ+ PEOPLE'S EXPERIENCES WITH COVID-19

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# AN UPDATE ON HIV POLICY & LGBTQ+ PEOPLE'S EXPERIENCES WITH COVID-19

## OVERVIEW

- Ending the HIV Epidemic Initiative (EHE) Update
- The Future of Medicaid Expansion and People with HIV
- Telehealth and PrEP Access
- LGBTQ+ People and COVID-19

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# ENDING THE HIV EPIDEMIC INITIATIVE (EHE) UPDATE





## EHE: WHERE DO THINGS STAND?

### Year 3 (plus jumpstart year)

- 2019 jumpstart
- 2020-2022
- First goal target is at year 5

### Pandemic Stalled Efforts

- Impact at federal and local levels

### Phase 1 Focus Continues

- Implications for meeting goals
- Future national rollout?

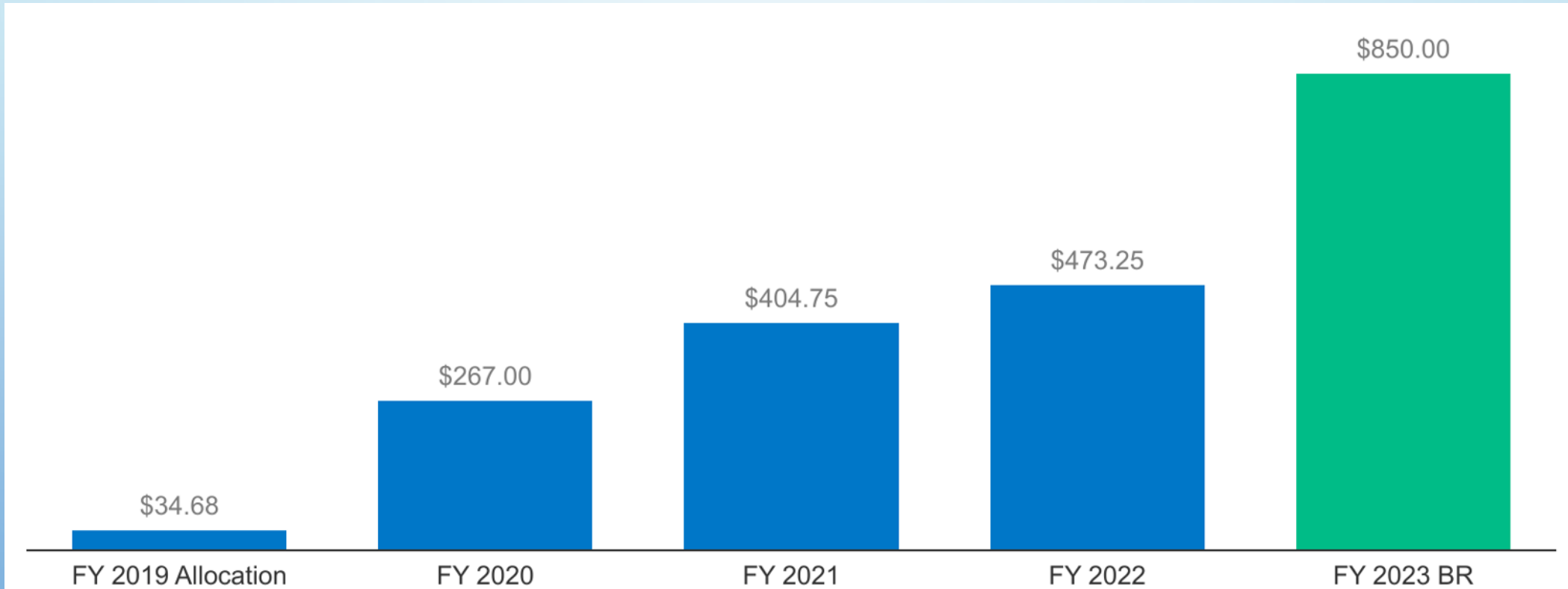
### Funding Increased Over Time

- 1<sup>st</sup> CDC & NIH funding in years
- Consistently below request
  - Implications for meeting goals





# EHE FUNDING FY 2019-FY 2023 BUDGET REQUEST

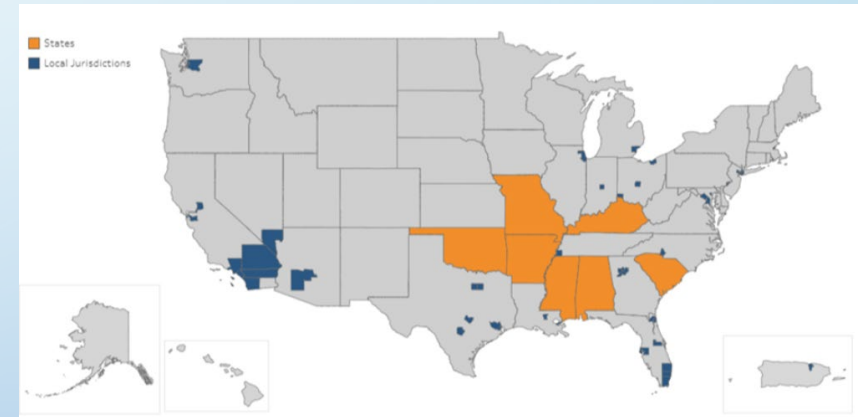


SOURCE: Domestic HIV Funding in the White House Budget Requests; spending bill and explanatory documents.



# EHE POLICY QUESTIONS LOOKING AHEAD

- CAN WE...
  - MEET THE GOALS?
  - CLOSE GAPS IN DISPARITIES?
- WHAT DOES EHE LOOK LIKE IN THE COMING YEARS?
- HOW MUCH FUNDING IS NEEDED?
- IS IT THE RIGHT ROAD MAP?
- IMPLICATIONS FOR HETEROGENOUS IMPLEMENTATION



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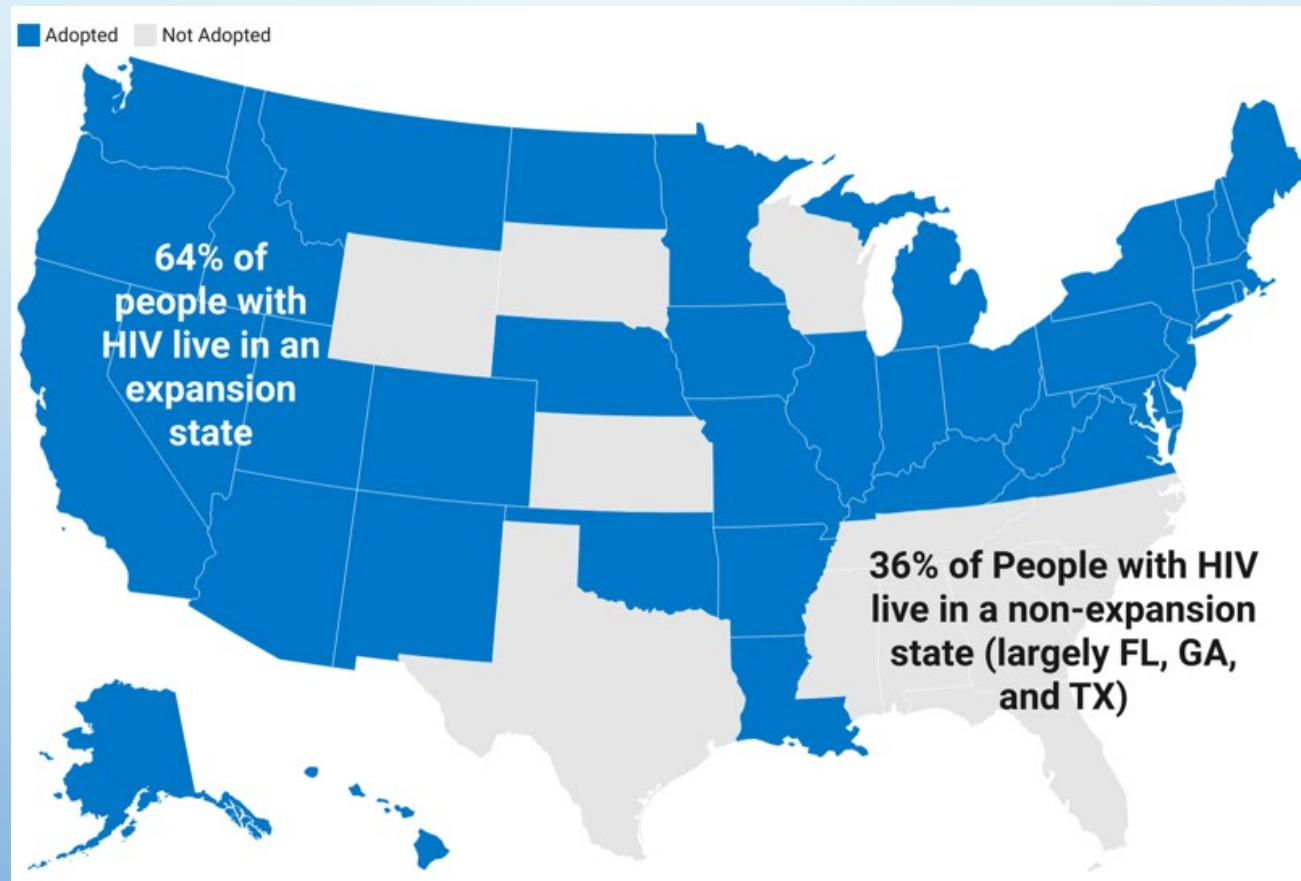


# THE FUTURE OF MEDICAID EXPANSION AND PEOPLE WITH HIV





# MORE THAN 1 IN 3 PEOPLE WITH HIV LIVE IN NON-EXPANSION STATE





# NEW ANALYSIS: WHAT WOULD FUTURE MEDICAID EXPANSION MEAN FOR PEOPLE WITH HIV?

**AIM:** EXPLORE IMPLICATIONS OF MEDICAID EXPANSION OR BBB FOR PEOPLE WITH HIV IN A SAMPLE OF NON-EXPANSION STATES

**CONTEXT:**

- 12 STATES HAVE NOT EXPANDED MEDICAID, RYAN WHITE CANNOT MEET ALL NEEDS AND DOESN'T FUND PREVENTION
- LIMITED MOTIVATION AMONG STATES TO EXPAND
- BUILD BACK BETTER ACT SOUGHT TO ADDRESS BUT FUTURE UNCERTAIN

**APPROACH:**

- DATA FROM THE CDC'S MEDICAL MONITORING PROJECT (MMP):
  - ESTIMATE POPULATION THAT COULD GAIN ELIGIBILITY, EXPLORE DEMOGRAPHICS & AFFORDABILITY BARRIERS, ASSESS IMPLICATION FOR THE RYAN WHITE PROGRAM

## People With HIV in Non-Medicaid Expansion States: Who Could Gain Coverage Eligibility Through Build Back Better or Future Expansion?

Lindsey Dawson and Jennifer Kates

Published: Feb 15, 2022



People with HIV living in the 12 states that have not adopted the Medicaid expansion face limited access to health coverage. In 2018, across sampled states, 20% of people with HIV living in non-expansion states were uninsured compared to 6% in expansion states, and those in expansion states were more likely to have Medicaid coverage (46% v 30%). Moreover, some adults with incomes below 100% of the federal poverty level (FPL) in non-expansion states fall into the "coverage gap", where they do not qualify for Medicaid through an existing pathway and are not eligible for marketplace subsidies.



# FINDINGS

**Table 1: Estimated Percent and Number of People with HIV Who Could Gain Coverage Eligibility, by State**

State	Percentage	Estimated Number
Florida	22%	20,561
Georgia	18%	8,556
Mississippi	22%	1,783
North Carolina	18%	4,328
Texas	28%	19,905
<b>Overall</b>	<b>23%</b>	<b>55,132</b>

- THOSE WHO COULD GAIN NEW COVERAGE ELIGIBILITY ARE MORE LIKELY TO BE YOUNGER, PEOPLE OF COLOR, AND UNINSURED OR HAVE MARKETPLACE COVERAGE
- THEY ARE ALSO MORE LIKELY TO REPORT AN INABILITY TO PAY HEALTH CARE BILLS AND CURRENTLY HAVE UNPAID MEDICAL BILLS

SOURCE: KFF, People With HIV in Non-Medicaid Expansion States: Who Could Gain Coverage Eligibility Through Build Back Better or Future Expansion?. February 2022.



# IMPLICATIONS

- ABILITY TO ADDRESS NON-HIV CARE NEEDS & WEATHER OTHERWISE CATASTROPHIC MEDICAL EXPENSES
- ADDRESS HEALTH DISPARITIES AT THE INTERSECTION OF HIV AND RACE/ETHNICITY GIVEN THE LARGE SHARE OF BIPOC PEOPLE IN THIS GROUP
- RYAN WHITE:
  - 70% OF THOSE WHO COULD GAIN COVERAGE RECEIVE RYAN WHITE SUPPORT (VS. 46% OF NON-ELDERLY PEOPLE WITH HIV OVERALL)
  - WITH NEW COVERAGE, LIMITED RYAN WHITE RESOURCES COULD SHIFT TO EXPAND SUPPORT SERVICES (E.G. FOOD, HOUSING, EXPANDED ADAP FORMULARIES)
  - VIRAL SUPPRESSION: THOSE WITH ANY INSURANCE COVERAGE + RYAN WHITE SEE HIGHER RATES OF SUSTAINED VIRAL SUPPRESSION THAN THOSE WITH INSURANCE COVERAGE ONLY

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# TELEHEALTH + PREP ACCESS

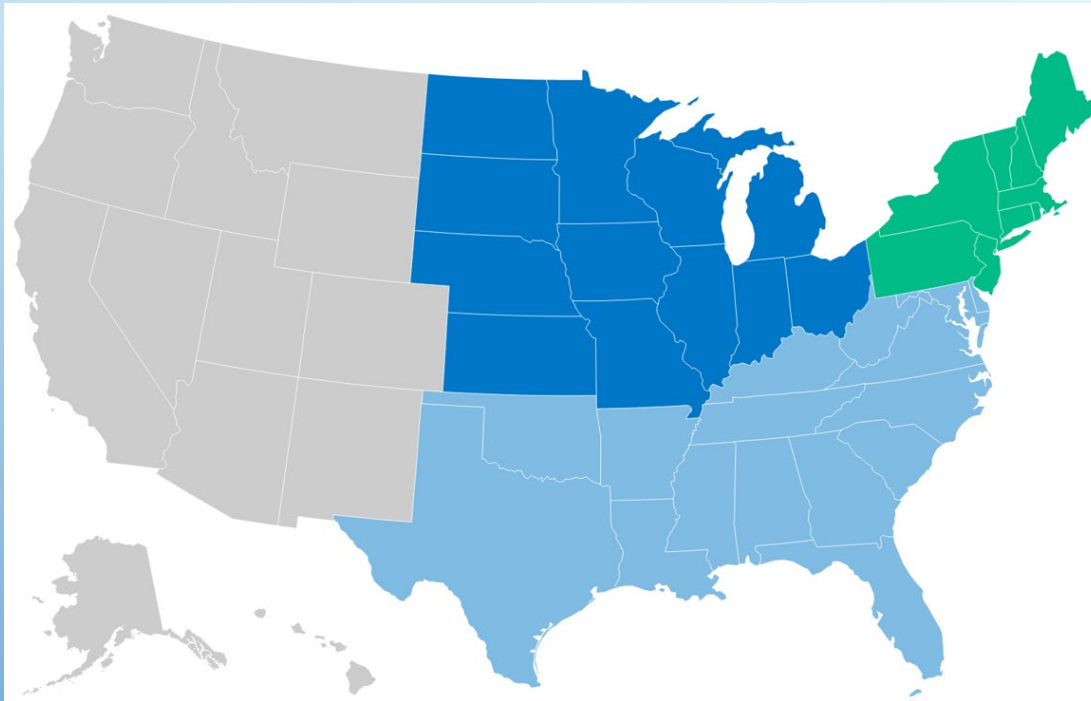






# DISPARITIES IN PREP UPTAKE PERSIST

Percent of People with an Indication for PrEP,  
Prescribed PrEP, by Region

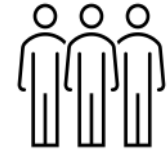


Percent of People with an Indication for PrEP,  
Prescribed PrEP, by Region



**Black: 9%**  
**Hispanic: 16%**  
**White: 66%**

Percent of People with an Indication for PrEP,  
Prescribed PrEP, by Sex



**Male: 28%**  
**Female: 10%**

SOURCE: KFF Analysis of Data from CDC Atlas Plus. <https://www.cdc.gov/nchstp/atlas/index.htm>  
Note: Data are from 2020 and are preliminary.



# WHAT IS TELE-PREP?

## PrEP Access in the United States: The Role of Telehealth

Lindsey Dawson , Brittini Frederiksen , and Ivette Gomez

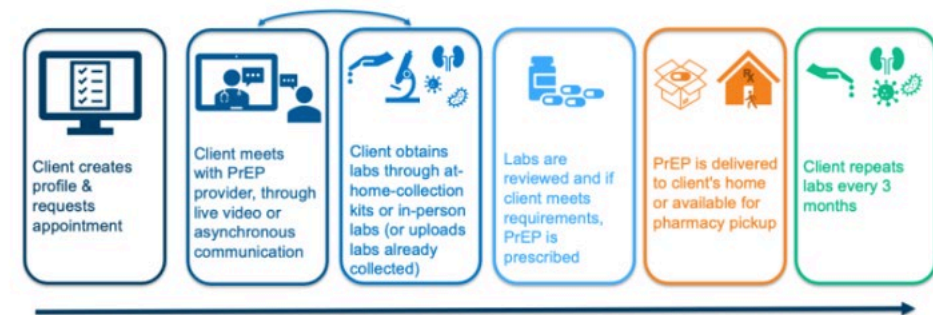
Published: May 03, 2022



[KEY FINDINGS](#) | [ISSUE BRIEF](#) | [ENDNOTES](#)

Uptake of pre-exposure prophylaxis (PrEP)—a preventive medication that **reduces the risk** of acquiring HIV through sex and injection drug use, has been slow, despite its high efficacy and recommended use for those at risk. Furthermore, disparities in access and use exist along racial, ethnic, and gender lines. The Centers for Disease Control and Prevention (CDC) estimates that in 2020 about 300,800 people were prescribed PrEP, representing only 25% of those with an indicated need for the medication.<sup>1</sup> The use of telehealth to provide PrEP and associated services (“tele-PrEP”) is a trend that began before the COVID-19 pandemic but we find it has increased for some providers along with the **growing use** of telehealth generally. However, little is known about the tele-PrEP environment. This brief provides an overview of the tele-PrEP landscape, including how PrEP services (e.g., initial consults, lab work, prescribing, and

### Typical Process for Accessing Tele-Prep



### Four Models of Tele-PrEP Provision:

- Clinic based tele-PrEP programs
- Standalone tele-PrEP companies
- Tele-PrEP company-community based organization hybrids
- State programs (California and Iowa)



# WHAT POTENTIAL DOES TELE-PREP HOLD? WHAT CHALLENGES REMAIN?

- TENS OF THOUSANDS OF PEOPLE RECEIVING PREP VIA TELE-MEDICINE
- MOST DID NOT START BECAUSE OF COVID BUT EXPANDED AS A RESULT
- NEW MODALITY, TIME SAVING, CONVINCING, ANONYMITY
- CHALLENGES:
  - INSURANCE (INCL. USPSTF IMPLEMENTATION)
  - SELF-COLLECT HIV/STI TEST REIMBURSEMENT/POLICY BARRIERS
    - CHALLENGES WITH HOME COLLECTION SYPHILIS TEST, NO HIV RNA FOR HOME COLLECTION
  - TELEHEALTH LAWS & CREDENTIALING
  - RETENTION (??)
- **KEY QUESTION REMAINING: HOW EFFECTIVELY TELE-PREP CAN BE USED TO INCREASE ACCESS AND ADHERENCE OVERALL OR ADDRESS DISPARITIES?**



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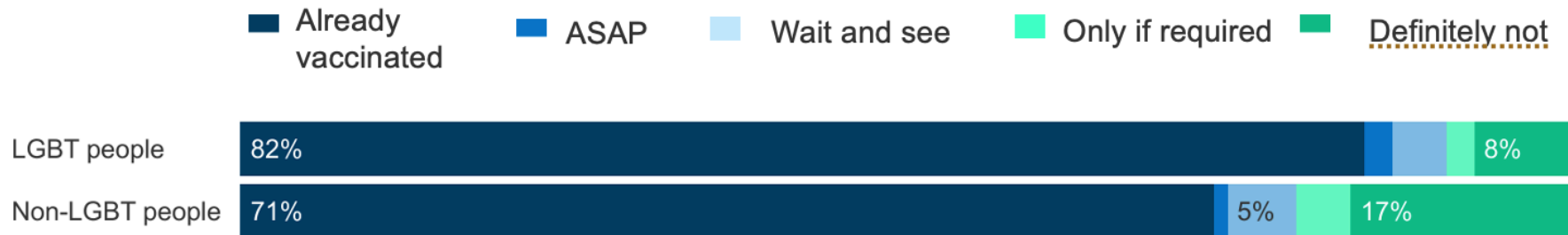


# LGBTQ+ PEOPLE AND COVID-19





# EIGHT IN TEN LGBT ADULTS REPORT RECEIVING A COVID-19 VACCINE, SIGNIFICANTLY MORE THAN NON-LGBT ADULTS



LGBT identity is an independent predictor of vaccination status after controlling for gender, age, race, party identification, insurance status, income, rurality, & education

Yet, booster uptake is lagging and on par with non-LGBT adults

**Note:** Have you personally received at least one dose of the COVID-19 vaccine, or not? As you may know, an FDA-authorized vaccine for COVID-19 is now available for free to all adults in the U.S. Do you think you will...? See topline for full question wording.

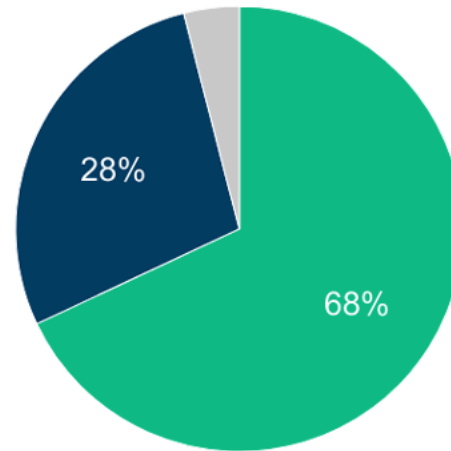
SOURCE: KFF COVID-19 Vaccine Monitor (October 14-24, 2021)



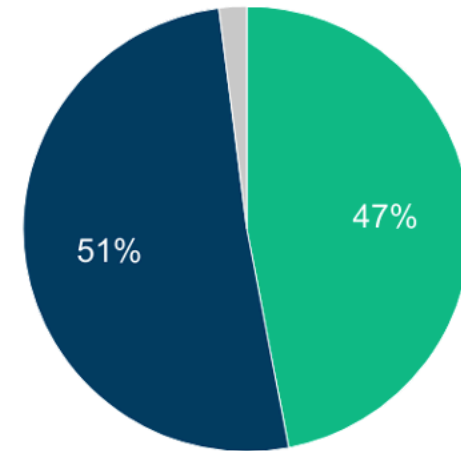
# LARGER SHARES OF LGBT PEOPLE VIEW COVID-19 VACCINATION AS RESPONSIBILITY TO PROTECT OTHERS; NON-LGBT PEOPLE MORE LIKELY TO VIEW AS INDIVIDUAL CHOICE

*Which comes closer to your view: Getting vaccinated against COVID-19 is...?*

- Part of everyone's responsibility to protect the health of others
- A personal choice
- Don't know/Refused (Vol.)



LGBT people



Non-LGBT people

Note: See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (September 13-22, 2021)



# THREE-FOURTHS OF LGBT PEOPLE ARE WORRIED THEY OR THEIR FAMILY WILL GET SICK FROM THE CORONAVIRUS

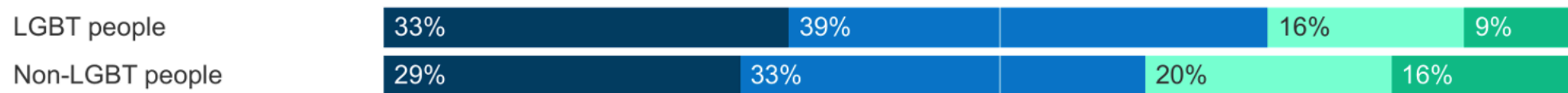
*How worried, if at all, are you that... will get seriously sick from the coronavirus?*

Very worried   Somewhat worried   Not too worried   Not at all worried

### You, personally



### Someone else in your family



50%

Note: See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (September 13-22, 2021)



# LGBT ADULTS MORE COMMONLY REPORT NEGATIVE MENTAL HEALTH EFFECTS OF THE COVID-19 PANDEMIC THAN NON-LGBT ADULTS

*Thinking back on the past two years since COVID-19 came to the U.S., would you say the pandemic has had a positive, negative, or no effect on your mental health?*

■ Negative ■ Positive ■ None



LGBT people have consistently reported worry or stress related to coronavirus has had more pervasive and more serious negative impact their mental health than non-LGBT people.

Note: See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (March 15-22, 2022); KFF COVID-19 Vaccine Monitor (October 14-24, 2021)

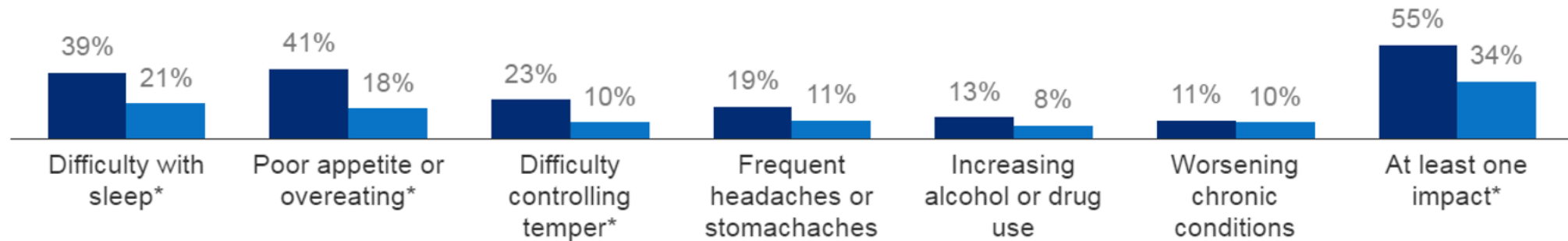




# LGBT ADULTS MORE COMMONLY REPORT PANDEMIC RELATED WORRY OR STRESS HAS NEGATIVELY IMPACTED THEIR SLEEP, APPETITE, AND TEMPER THAN NON-LGBT ADULTS

*Has worry or stress related to the Coronavirus outbreak caused you to experience the following in the past 2 months, or not?*

■ LGBT People ■ Non-LGBT People



NOTE: See topline for full question wording. \* Estimate is statistically significant for LGBT+ people vs. non-LGBT+ people ( $p < .05$ ).

SOURCE: KFF COVID-19 Vaccine Monitor, May 2021.



# LGBT PEOPLE >3X AS LIKELY TO SAY THEY HAVE RECENTLY GONE WITHOUT MENTAL HEALTH SERVICES BECAUSE OF COST THAN NON-LGBT PEOPLE

*In the past 12 months, did you delay or go without any the following medical services because of the COST?  
How about Mental health care?*

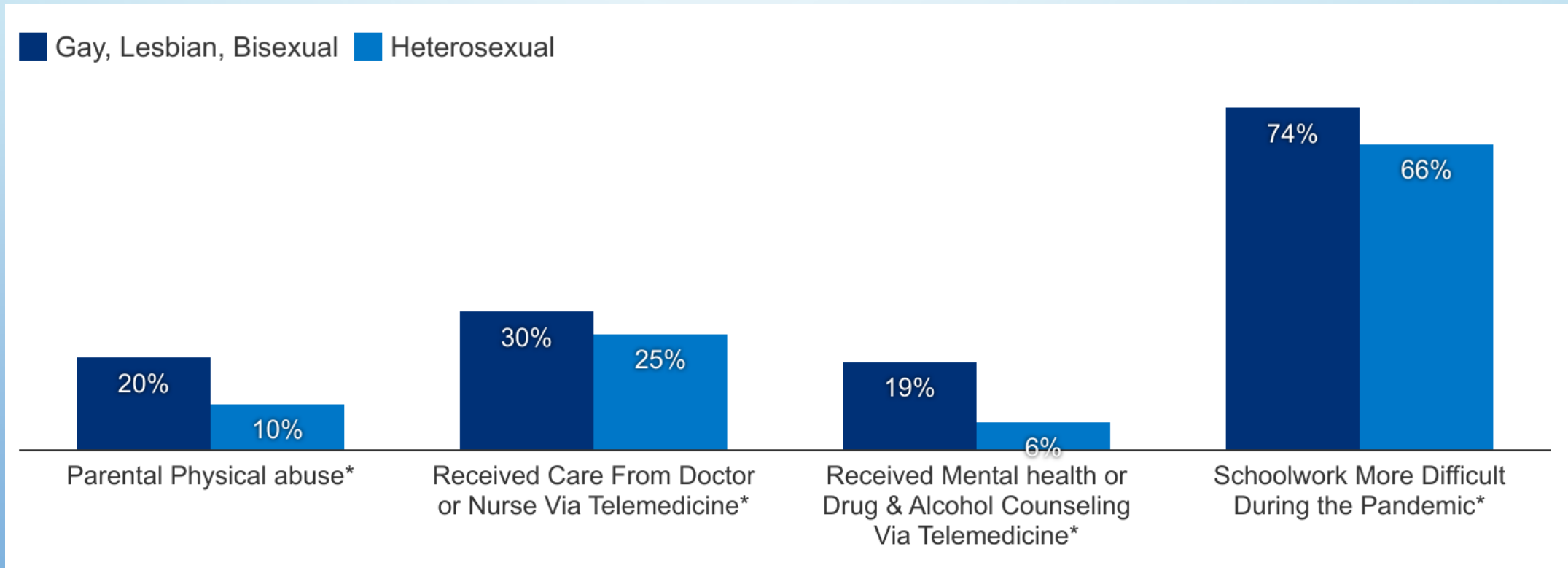
■ Yes ■ No



LGBT people were also more likely to go without dental, vision, doctor visits, and hospital services due to cost than non-LGBT people.



# LGBT YOUTH REPORT A RANGE OF NEGATIVE EXPERIENCES DURING THE PANDEMIC AT HIGHER RATES THAN HETEROSEXUAL PEERS



SOURCE: Jones SE, et al. Mental Health, Suicidality, and Connectedness Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. MMWR Suppl 2022;71(Suppl-3):16–21. <http://dx.doi.org/10.15585/mmwr.su7103a3external>; Krause KH, et al. Disruptions to School and Home Life Among High School Students During the COVID-19 Pandemic — Adolescent Behaviors and Experiences Survey, United States, January–June 2021. MMWR Suppl 2022;71(Suppl-3):28–34.

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Thank you



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# AN UPDATE ON PATIENT ADVOCACY IN THE AGE OF COVID-19

JEN LAWS

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# PATIENT ADVOCACY IN THE AGE OF COVID-19

- Patient advocacy is not an island.
- Includes:
  - Health Care
  - Public Health
    - Investments
    - Infrastructure, including labor
  - All areas of intersecting interests affecting patients
- Stakeholders
  - Patients
  - Care givers, other social supports
  - Other advocates/advocacy organizations
  - Providers
  - Funders
  - Policy makers
  - Public Health officials, personnel





# COVID-19 IMPACTS ON THE ADVOCACY LANDSCAPE

- Loss of personnel, turnover, long-term relationships
- General public sentiment is very anti-public health
- Lack of connection:
  - Face-to-face meetings
  - Social media
  - Burnout and isolation
- Fewer advocates/advocate voices



# ELEMENTS OF EFFECTIVE ADVOCACY

- Storytelling:
  - Be prepared, personable, and personal.
  - Avoid “people”, name your relation to another person and/or provide their name ( “my sister, Mary”).
  - If given enough time, ask about the audience’s experiences with similar struggles. Show genuine interest. Relationships are everything.
- Education:
  - Data (“...and this is how my story isn’t just mine. X-number of people face the same thing every year.” Cite sources.
  - Policy education may be necessary. Not every stakeholder approached will know program or policy details you do, so the issue may be new to them.







## ELEMENTS OF EFFECTIVE ADVOCACY (CONT.)

- The Ask:
  - Know the power and influence of the person you're speaking to. Are they a decision maker or an influencer of decision makers?
  - Be specific. Are you asking for additional funding, a new program or program element, a regulatory change, new legislation?
  - Be prepared. Know the limits of powers that can be exercised, and the mechanisms of action related to your ask. Do your research and network with other areas of expertise. Where do laws and regulations conflict? Come with answers for questions regarding conflicts.
  - Talk about outcome ideals. "I want to see [outcome] happen and I think [The Ask] is the way to do it."





# PATIENT ADVOCACY “AFTER” COVID-19

- COVID-19 isn’t “over”.
- Rebuilding networks.
- Recognizing the “ground has shifted”.
- Consequences of court rulings (both public health related and outside of public health).
- Assessing needs of patient communities, Public Health programs.
- Avoiding “mission creep” while recognizing intersections of needs.

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Thank you

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NATIONAL NETWORK



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# AN UPDATE ON FEDERAL PUBLIC POLICY

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# RECENT POLICY SUCCESSES



**Obamacare enrollment hits record high after Biden makes post-Trump tweaks to health insurance program**



**Biden admin plots to fix Obamacare's 'family glitch,' expand coverage**

The move would target loophole that keeps about 5 million people from qualifying for subsidized health plans

IN THE REPORT

**35+ million people**

**Total enrollment for Medicaid expansion, Marketplace coverage, and the Basic Health Program**

as of early 2022



**ARPA's Enhanced Premium Subsidies Provide Particularly Large Benefits to Residents of Rural Areas**



# IMPLEMENTING THE ACA: BIDEN ERA

Stakeholder Recommendation	Biden Administration Action?	Stakeholder Recommendation	Biden Administration Action?
Increase marketing, outreach, and enrollment assistance	☑	Reverse the methodology for the premium adjustment percentage	☑
Authorize a COVID-19 emergency enrollment period	☑	Limit the duration of short-term plans to no more than three months	☒
Reverse funding cuts and regulatory changes to the navigator program	☑	Restrict association health plans	☒
Increase oversight of direct enrollment entities	☒	Reverse the public charge rule	☑
Rescind Medicaid work requirement guidance and waivers	☑	Reverse changes to the Section 1557 rule	☑
Fix the family glitch	In progress	Rescind Section 1332 waiver guidance and/or implementing regulations	☑
		Allow more flexibility for the use of Section 1332 waivers	☒



# ISSUES TO WATCH

- **CONGRESS**

- Funding for COVID-19 response?
- Budget reconciliation package?
- Mental health parity changes?

- **BIDEN ADMINISTRATION**

- Section 1557 rule
- Family glitch rule

- **THE COURTS**

- Abortion access (Supreme Court)
- Preventive services mandate (Texas district court)
- Mental health access (9th Circuit)

- **BEYOND**

- End of the public health emergency
- Midterm elections

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Thank you

GEORGETOWN LAW





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# OPEN DISCUSSION GROUND RULES

- Reminder: This is being recorded.
- Mute if you are not talking.
- No cross talk.
- Feel free to use chat to ask questions.
- If comfortable, introduce yourself by name, role, and organization.
- Be mindful of other participants and time.
- Presenter information will be available on the last slide, feel free to ask follow ups via email.



# THANK YOU & CONTACT INFO



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