



HIV and Medicaid Expansion: Failure of Southern States to Expand Medicaid Makes Elimination of HIV Infection in the United States Much Harder to Achieve

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Key Findings

- Advances in public health programs and medical treatment mean HIV can be treated successfully in the long term, improving the health of individuals and significantly reducing the spread of the infection. Ending the HIV epidemic in the United States is achievable. However, lack of health coverage is a major barrier to success in the fight against HIV as without health coverage, individuals are unable to access medical treatment that can improve their health and minimize the spread of HIV.
- These medical treatments, combined with a robust public health campaign, have led to a decline in HIV infection and transmission in many states. The HIV epidemic is now concentrated in Southern states where progress against the disease has slowed. Approximately 45 percent of all people living with an HIV diagnosis in the U.S. live in the South despite the region containing only about one-third of the total U.S. population. In addition, more than half (52 percent) of all new HIV diagnoses in 2017 were in the South.
- Medicaid expansion is a key building block to ending the HIV epidemic. Unfortunately, 12 states—largely in the South—are still refusing the federal funding for Medicaid expansion and leaving many people and families who could benefit from HIV interventions still lacking access to comprehensive health coverage. Only 5 percent of people with HIV remain uninsured in states that have implemented the Medicaid expansion, compared to a 19 percent uninsured rate among people with HIV in non-expansion states. Expanding Medicaid would significantly improve health care and coverage for people with HIV and their families and move the United States forward in the public health fight to end the HIV epidemic.



Introduction

Advances in public health programs and medical treatment mean HIV can be treated successfully in the long term, improving the health of individuals and reducing the spread of the virus. While the federal government has multiple initiatives aimed at addressing and eventually eliminating HIV, a fundamental base to ensure successful health outcomes for people with HIV and their families is access to comprehensive, affordable health care coverage. A proven way to increase levels of coverage is for states to expand Medicaid¹ under the federal Affordable Care Act (ACA).²

Unfortunately, the 12 states—largely in the South—still refusing the federal funding for Medicaid expansion leave many people and families who could benefit from HIV interventions still lacking access to comprehensive health coverage. Expanding Medicaid would significantly improve health care and coverage for people with HIV and their families. Medicaid is the key building block to ending the epidemic. States that have not expanded Medicaid coverage experience more

HIV infections and higher mortality rates from the condition. Failure to prioritize Medicaid expansion in dealing with HIV ignores extensive research and the fact that the center of the epidemic in America—the South—is also the center of resistance among states to expanding Medicaid. Federal³ and state plans^{4,5,6} to reduce and eliminate HIV infection must acknowledge the important role of Medicaid expansion.

Layered on top of the HIV epidemic is the current COVID-19 pandemic. Striking parallels between the response to HIV and COVID-19 were pointed out earlier this year in the course of the pandemic.⁷ The urgency of dealing with COVID-19 severely complicates the ongoing response to the HIV epidemic, making response to HIV and multiple other public health challenges more difficult.⁸ However, the basic fact remains that successful response to the HIV epidemic requires more health coverage through Medicaid expansion.

Overview of the current environment

Years of research and innovation in HIV treatment means virus levels in patients already infected with the virus can now be reduced to undetectable levels. This antiretroviral therapy (ART)⁹ not only keeps people living with HIV healthier but also effectively ends the ability of the infected patient to transmit the virus through sex¹⁰ and likely reduces the ability of the patient to transmit the virus through other activities like drug use. Coupled with better health care and long-term treatments for people with the infection, HIV infection has become a disease that can be effectively treated as a chronic condition.

The existence of an effective HIV treatment means access to affordable, quality health care can and does drive a drastic reduction or elimination of transmission and long-term, effective treatment of people living with HIV.

Innovation in addressing the HIV epidemic also extends to prevention. A building block of this care is the development and expanded acceptance of pre-exposure prophylaxis (PrEP). The PrEP drug regimen (tenofovir/emtricitabine)

has been a fundamental change in the campaign to end HIV. Taken by people who are not infected but are at high risk of developing an HIV infection, this daily pill is 99 percent effective in preventing HIV transmission during sex.¹¹ This drug has been a game-changer, lowering rates of new infections dramatically.

Specific populations have also benefited from targeted interventions. For pregnant mothers, variations of these new treatment options have also almost eliminated the risk that a woman who has HIV and gets pregnant passes the infection on to her child.¹² To effectively prevent this perinatal HIV transmission however, pregnant women must be tested for the infection and started quickly on ART. Most pregnant women are covered by Medicaid, and increasing numbers of all women of childbearing age have gained coverage as a result of reforms under the ACA. More accessible and effective health care has made mother-to-child HIV transmission increasingly rare in the United States, although it has not eliminated the problem completely. Among women generally, the CDC estimates new HIV infections



are declining but still more than 7,000 women received a diagnosis in 2018.¹³

These multiple advances in HIV prevention and treatment mean drastic reduction and even elimination of the HIV epidemic is a realistic goal in the United States, but only if all avenues to improve prevention and treatment are used.

Unfortunately, despite the fact that elimination of HIV infection nationwide is a goal within our reach, progress in HIV prevention has largely stalled. The reason is no

mystery. About 80 percent of new HIV infections in the U.S. are acquired from people who are not currently receiving health care treatment for their infection.¹⁴ Either people do not know they are infected, or they are aware but are not getting the effective treatment options now available. In addition, people who are not accessing health care on a regular basis are usually not able to start and maintain the daily PrEP drug regimen.

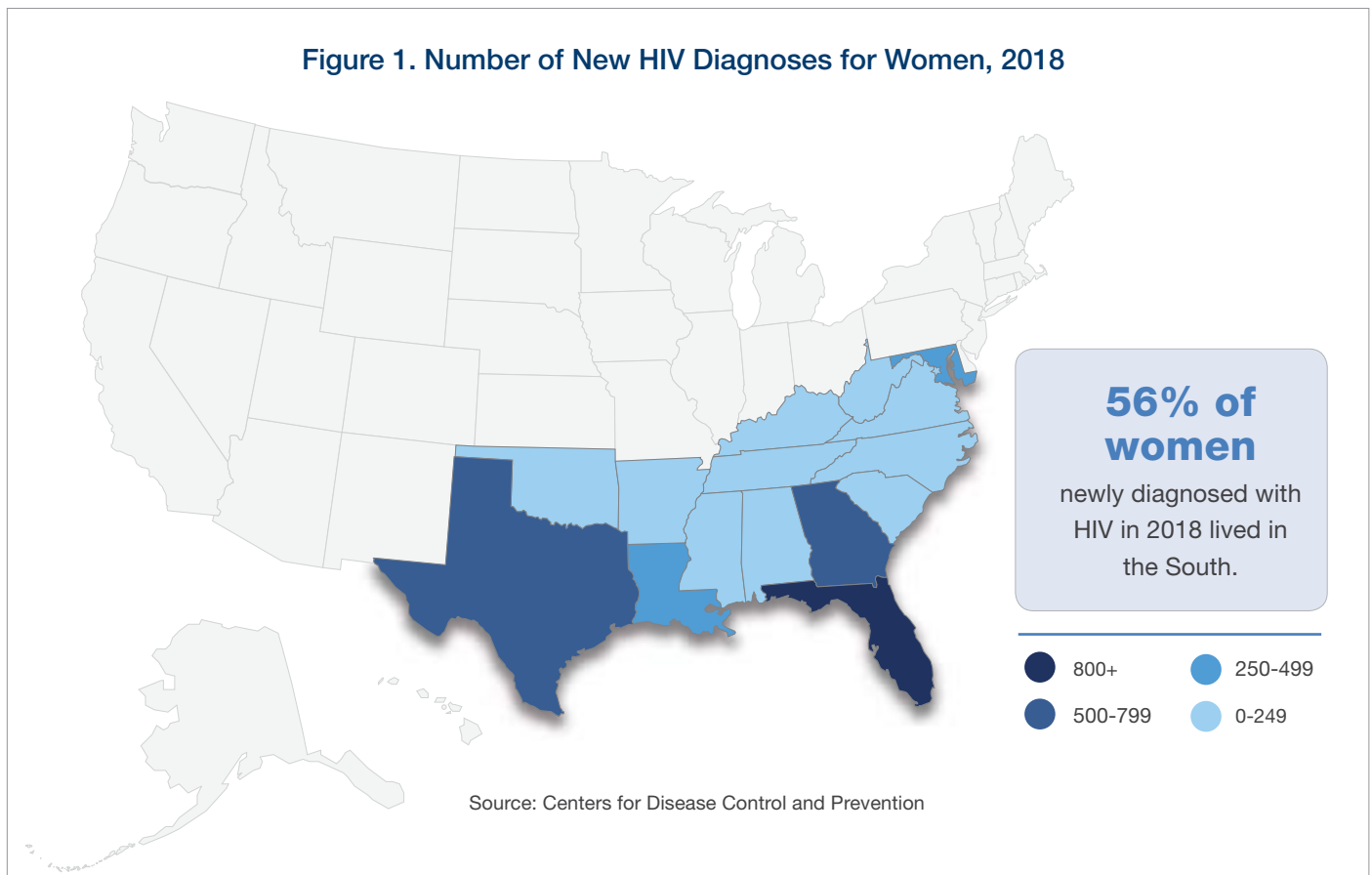
States in the South are the center of the U.S. HIV epidemic.

Even as HIV infection and transmission has declined in many states, the epidemic has been concentrated in Southern states where progress against the disease has been less robust. Approximately 45 percent of all people living with an HIV diagnosis in the U.S. live in the South even though the region contains only about one-third (38 percent) of the total

U.S. population. In addition, more than half (52 percent) of all new HIV diagnoses in 2017 were in the South.

Looking specifically at women and youth, 56 percent of women newly diagnosed with HIV in 2018 lived in the South (see Figure 1).

Figure 1. Number of New HIV Diagnoses for Women, 2018





And in 2018, nine of the top 10 states with the highest rates of new HIV diagnoses among youth were in the South.

Table 1. Top 10 States with Highest Rates of New HIV Diagnoses Among Youths, 2018

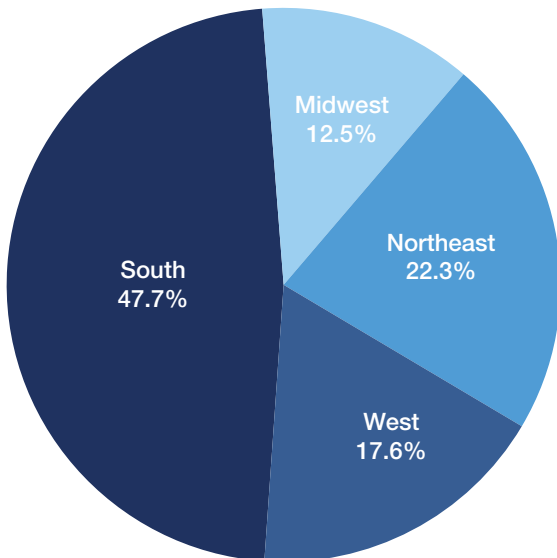
State	New HIV Diagnoses Rates per 100,000
District of Columbia	57.8
Georgia	35.1
Louisiana	31.1
Florida	26.8
Mississippi	25.5
Alabama	24.3
Nevada	22.0
Maryland	21.2
South Carolina	20.7
Texas	20.5

9 of the 10 states
with the highest rates of new HIV diagnoses for youth were in the South.

Source: Centers for Disease Control and Prevention.

Finally and most discouragingly, in 2018, nearly 48 percent of deaths among people with HIV were in the South.¹⁵

Figure 2. Number of Deaths by Region, 2018



In 2018, almost **48% of all deaths** among people with HIV were in the South.

Source: Centers for Disease Control and Prevention.

Rates of PrEP use are lower in the South, which makes the epidemic harder to contain. In addition, people with HIV in the South are less likely to be aware they have the condition,¹⁶ so they are less likely to get timely care and are more likely to transmit the virus.

As more states have expanded Medicaid, the core of resistance to Medicaid expansion has, like the HIV epidemic, centered in the South.

As of October 2020, 39 states (including the District of Columbia) have expanded Medicaid. The 12 states still refusing the federal funding available for Medicaid expansion are largely in the South (see Figure 3).

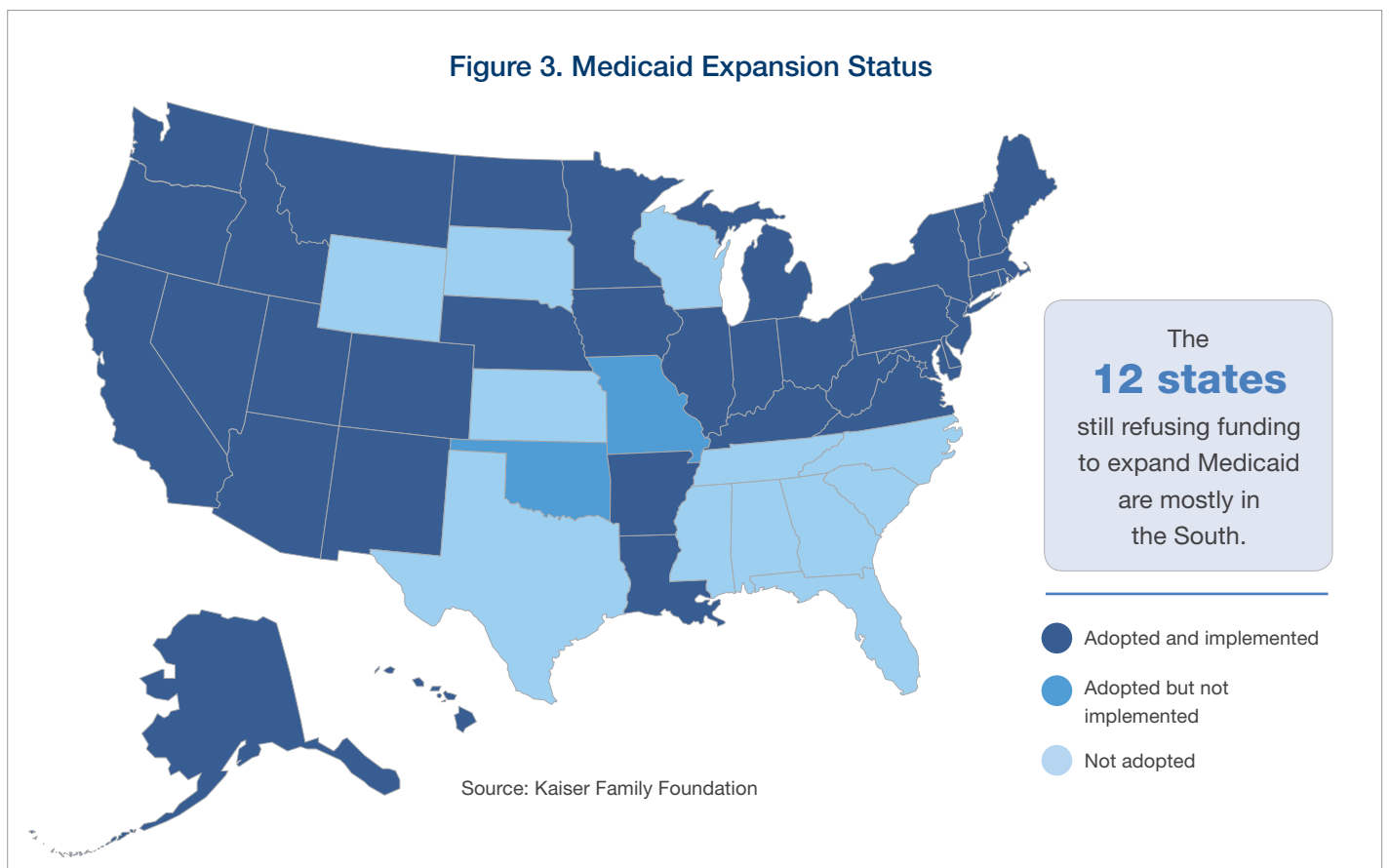
Four Southern states account for nearly 70 percent of people who would gain affordable health coverage if the final 12 holdout states expanded Medicaid: Texas, Florida, Georgia and North Carolina. And 92 percent of people in this Medicaid “coverage gap” now live in the South.¹⁷

The current movement toward Medicaid expansion is happening mainly outside the South, with voters approving expansion ballot measures in Missouri and Oklahoma this

year and implementation efforts proceeding in Nebraska after a successful ballot measure passed in 2018.

In addition to lack of Medicaid expansion, many other characteristics of the South work in concert to challenge HIV-related health care in the region. Rates of poverty and prevalence of uninsured individuals exceed those of other regions. Medicaid eligibility criteria tend to be more restrictive. Health care infrastructure in some areas is inadequate. The large swaths of rural areas require people living in those areas to travel long distances for care. Homophobia, HIV-related stigma, and HIV criminalization laws also thwart prevention and care efforts and tend to be more pervasive in the South.¹⁸

Figure 3. Medicaid Expansion Status





Racial inequities and HIV

Black Americans are disproportionately affected by the HIV epidemic. As the Kaiser Family Foundation documents, 43 percent of HIV diagnoses, 42 percent of people living with HIV, and 44 percent of deaths are among Black Americans. This is a much higher rate than any other racial or ethnic group in the United States.¹⁹ The racial inequities in HIV infection observed in the nation overall are also apparent in the South. New infection rates are higher among Black women and heterosexual men than among Whites, but Black and Latino men who have sex with men bear the highest burden of infection.²⁰

Chief among the myriad factors that contribute to racial disparities in HIV infection are poverty, racial discrimination that restricts economic and social opportunities as well as

access to quality health care, and resultant mistrust of the health care system.²¹ Medicaid expansion enables access to care, and Black and Hispanic residents experience the greatest decreases in uninsured rates in states that have expanded Medicaid.²² Recent research overviews show that Medicaid expansion has narrowed racial disparities in health coverage and in some instances has also narrowed racial disparities in certain measures of health outcomes.²³

Racial inequities in health care coupled with poor infrastructure in many rural areas of the South present challenges to HIV prevention and care. Lack of Medicaid expansion exacerbates these inequities in the South.

Recent research highlights how Medicaid expansion has positive affects for people with HIV.

- **States that expanded Medicaid saw a 5% reduction in new HIV cases.**

States that expanded Medicaid saw significant increases in the use of the drug PrEP, one of the most effective ways to prevent HIV transmission. Research presented in late 2019 found that in Medicaid expansion states the use of PrEP soared among people most at risk of HIV infection. This translated into a significant drop in new HIV infections in expansion states compared to non-expansion states.²⁴ For example, Louisiana, which expanded Medicaid in 2016, saw in 2018 the lowest number of HIV cases diagnosed for the past decade—an improvement that officials are linking directly to expansion and wider PrEP use:

“New transmissions have dropped by 12 percent over the past three years, according to the Louisiana Department of Health. State officials chalk up the decrease in new cases to the state’s Medicaid expansion, which gave people more access to HIV medication that makes the virus undetectable and PrEP, a once-daily pill that prevents HIV, as well as increases in screening.”²⁵

- **Medicaid expansion decreased HIV mortality rates in states with pre-ACA Medicaid expansions.**

Similar to recent research that has confirmed health measures like maternal mortality have decreased in Medicaid expansion states²⁶, expansion has also been shown to reduce mortality from infection with HIV in a 2017 overview paper by Benjamin Sommers. According to Sommers:

“[I]n this differences-in-differences analysis of state Medicaid expansions to low-income adults, I find that expansions led to a 6 percent relative decline in mortality over five years of follow-up, compared with a control group of counties with similar pre-expansion mortality trends and demographic features.”²⁷



- **The initial expansion of Medicaid resulted in half of people with HIV moving from safety net providers for their care to comprehensive Medicaid coverage.**

One of the initial studies to look at the effect of Medicaid expansion on health coverage for people with HIV found significant movement to Medicaid coverage even in the early stages of state expansions. States that expanded Medicaid in 2014 saw half of people with HIV move into Medicaid. Previously a patchwork of safety net providers and programs had been providing care.²⁸

- **Medicaid is the single largest source of coverage for people with HIV.**

Nationally, 40 percent of people with HIV have Medicaid, while only 13 percent of the population overall is covered by Medicaid. The status of a state's Medicaid expansion decision under the ACA has a significant effect on HIV and Medicaid coverage. Only 5 percent of people with HIV remain uninsured in states that have implemented the Medicaid expansion compared to a 19 percent uninsured rate among people with HIV in non-expansion states. And 48 percent of people with HIV are covered by Medicaid in expansion states, compared to 29 percent of people with HIV covered by Medicaid in non-expansion states.²⁹

- **Expanding Medicaid means expanding HIV testing.**

A key measure of progress in addressing the HIV epidemic has been the rate of HIV testing in states. Testing leads to identification of HIV infection and the opportunity to provide treatment and education. Recent research has shown states that have expanded Medicaid are able to increase the use of HIV tests. Wider diagnosis and opportunity for treatment has been the result:

“Medicaid expansion has been effective by increasing HIV tests without increasing HIV risk behavior. The majority of non-expansion states are in the South, where HIV infection rates and AIDS cases are higher than in any of the other 3 US regions. Their decisions not to expand Medicaid could carry heavy financial and wellness costs in the long run because undiagnosed HIV cases could lead to contagion and more serious AIDS symptoms.”³⁰

- **Medicaid expansion and IV drug use.**

Although HIV infection rates have decreased substantially since the 1980s among people who inject drugs in the U.S., the current epidemic of injection drug use threatens this progress. Recent outbreaks of HIV infection in rural areas with a high prevalence of such drug use demonstrate the potential speed of HIV transmission through a population linked by networks connected by injecting drugs.³¹ CDC identified 220 U.S. counties at highest risk for rapid dissemination of HIV among people who inject drugs; more than two-thirds (69 percent) of these counties were in the South.³² Medicaid coverage has been shown to result in higher rates of treatment for people with opioid use disorder in general than among patients either uninsured or with private insurance.³³ And a recent study found that a significantly higher proportion of people who inject drugs have Medicaid coverage—and all the substance use disorder treatment options available under Medicaid—in expansion states.³⁴



HIGHLIGHTS

Medicaid Expansion Key to Ending HIV Epidemic

- Expands HIV testing
- Improves access to preventative drugs that reduce infection rate
- Provides comprehensive coverage for life-saving treatments
- Leads to reduction in new cases and mortality rate
- Offers help and treatment for IV drug use



Conclusion

The HIV epidemic affects men, women, children and families, especially in Southern states. However, there is hope. Several trends have accelerated in the past few years to point to the importance of Medicaid expansion as a key strategy to eliminate the HIV epidemic in the U.S., a decades-long goal finally within our grasp. The development of effective treatment options and prevention strategies has made treatment of HIV infection and stopping transmission possible. But an epidemic can only be stopped if the tools of attack are available to everyone.

As the U.S. HIV epidemic has concentrated in the South, the last states still refusing to expand Medicaid to two million Americans are also largely in the South. And the four states with the largest number of people who would gain affordable health coverage under Medicaid expansion are Texas, Florida, Georgia and North Carolina.

Research has shown that Medicaid expansions bring people with HIV or at risk of HIV infection into the health care system where they can receive new treatment options and prevention drugs. Previous and ongoing studies show that both HIV diagnoses and mortality from HIV decline when states expand Medicaid. There are many strategies to combat the HIV epidemic from the HRSA Ryan White HIV/AIDS Program to the new multi-pronged prevention and rapid-treatment initiative announced by the Department of Health and Human Services last year.³⁵ But leaving Medicaid expansion out of these efforts is an omission that creates a large roadblock to success. Medicaid should be front and center of HIV elimination efforts, especially in the South, the center of the current epidemic.

Acknowledgments

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