

Medicaid Leadership Must Ensure Access to Longer-Acting HIV Products

Medicaid is the largest source of financing for HIV care in the United States, covering an estimated 40% of non-elderly adults with HIV. Federal Medicaid policymakers and many state Medicaid officials, however, may not be sufficiently focused on the unique needs of people with and vulnerable to HIV and may not stay abreast of changing HIV clinical practices. **The development of longer-acting (LA) products for HIV treatment and prevention could be transformative and could lead to more durable viral suppression, improved health outcomes, and fewer HIV cases.** Unless Medicaid programs adapt and respond to these developments, however, the opportunity they provide will be missed.

1. FEDERAL LEADERSHIP SHOULD ARTICULATE A ROADMAP FOR LA INTEGRATION

The Centers for Medicare & Medicaid Services (CMS) administers the Medicaid program in conjunction with states. As such, we need CMS to provide a vision for how to adapt Medicaid programs (as well as Medicare and marketplace health plans) to ensure access to these innovative LA products.

POLICY ACTION: CMS and HHS partners should develop a comprehensive update to their 2016 Informational Bulletin on HIV prevention and care delivery

In 2016, CMS published an informational bulletin, *Opportunities to Improve HIV Prevention and Care Delivery to Medicaid and CHIP Beneficiaries*. An updated bulletin should reflect the current state of HIV care and services and help states to anticipate the availability of and demand for a greater range of LA products.

POLICY ACTION: CMS should issue guidance on Medicaid's role in supporting uptake and persistence of PrEP use

CDC recently published estimates of PrEP use in 2022 that show that while a large majority of white people with an indication for PrEP were using it, only about one in four Latinos and fewer than one in five Black people with an indication for PrEP were using it. **Medicaid programs cannot be merely observers to the low and highly disparate uptake of PrEP.** CMS should provide tailored guidance to states, should work collaboratively with states to identify models and best practices, and monitor and improve PrEP adherence and persistence.

POLICY ACTION: CMS should designate an official in the Administrator's office to coordinate HIV policy and increase collaboration with other parts of HHS

CMS programs make up almost 91% of the federal investment in HIV care, but there is no senior official at CMS with HIV expertise who is dedicated to considering how Medicaid, Medicare, and

marketplace policies can advance our collective efforts to implement the National HIV/AIDS Strategy and work toward ending the HIV epidemic. **We cannot end HIV without CMS playing a leading role.** CMS should consider appointing a senior-level executive in the office of the CMS Administrator to advise on and coordinate HIV policy and establish mechanisms for ongoing consultation with other health care programs within HHS with a specific focus on advancing HIV policies.

2. INDIVIDUAL STATES SHOULD CREATE A LEVEL PLAYING FIELD FOR PLANS AND SUPPORT DELIVERY SYSTEM TRANSFORMATION

States have largely moved to capitated models of care that seek to shift risk for some health costs to health plans. It has been challenging for states (or any payors) to create the right balance of flexibility and requirements to prevent adverse selection and arbitrary coverage denials or overuse of utilization management including prior authorization. This is particularly difficult when clinical practices change frequently or when significant innovations are introduced where plans have limited cost experience to utilize in setting rates.

POLICY ACTION: State Medicaid programs should revisit managed care contract standards to support LA implementation

A key strategy to actually make Medicaid managed care work is to support state Medicaid programs to write better contracts to more clearly define the responsibilities and expectations of health plans. There is a need for a fresh look at Medicaid managed care contracts to ensure that they are consistent with current practices.

POLICY ACTION: State Medicaid programs should ensure access to all covered ART medications across all health plans

States must ensure that antiretroviral therapy (ART) medications are covered consistently with minimal restrictions. Medicaid programs should include ART medication in an aligned PDL (i.e. it must meet minimum state standards, but can exceed them). Critically, an aligned PDL preserves HIV service providers' access to the federal 340B drug pricing program.

THE TIME IS NOW

Medicaid programs have been essential contributors to the nation's progress at preventing and treating HIV. To seize the opportunity provided by a growing array of LA products, we need greater federal and state Medicaid leadership to ensure that people who can benefit the most from these products can access them."



This summarizes a Big Ideas issue brief that is available at the link below. It is a product of the Longer-Acting Policy Project of the Center for HIV and Infectious Disease Policy at the O'Neill Institute and is supported by **Gilead Sciences, Merck, and Viiv Healthcare**. It was developed in partnership with **Amida Care** and **CAI**.

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