SHARP
State Healthcare Access Research Project

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A collaboration between the HIV community and Bristol-Myers Squibb

State Summary
Arkansas

Improving the Response to HIV/AIDS in Arkansas

A new research report produced by the State Healthcare Access Research Project (SHARP) examines successes and challenges in accessing healthcare for people living with HIV/AIDS in Arkansas, and proposes opportunities for improving access. The Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project reviewed Arkansas health policy, met with stakeholders including Arkansans living with HIV/AIDS, and invited comments from state officials. **The full report is available online at www.taepusa.org.**

SUMMARY OF RECOMMENDATIONS:

1. State Revenue and Spending Issues – While Arkansas is a fiscally responsible state, its tax and appropriations policies hurt Arkansans living with HIV/AIDS. Arkansas provides no state funding for HIV care, other than the state Medicaid match. Tax policies disproportionately burden low-income families, and state law makes it easier to increase regressive sales taxes than income taxes. The following changes would help improve access to care:

   Dedicate revenue for health programs – Committing funds for treatment of HIV and other chronic conditions that disproportionately affect low-income Arkansans would not only improve individual and public health, but would ultimately save money by prolonging productivity and avoiding higher-cost medical interventions.

   Reverse the decline in corporate taxation – Corporate taxes have fallen from 31% of general revenue to 6% in the past three decades. Even a small increase in corporate taxes could have a big impact.

2. Medicaid – While Arkansas does better than the national average in providing Medicaid for children, it has one of the lowest income eligibility standards in the country for adults (17% of federal poverty level). Restrictive Medicaid eligibility helps drive people to expensive emergency rooms for care, resulting in a "hidden health tax" of $1500/year on every insured Arkansan. HIV-related coverage could be significantly improved by adopting the following reforms:

   Support the federal Early Treatment for HIV Act (ETHA) – ETHA would give states the option to cover low-income, predisabled people living with HIV, and would provide enhanced Federal matching funds for states.

   Develop targeted case management and a Home- and Community-Based Services (HCBS) program for HIV – Arkansas offers targeted case management for some groups and has a waiver to provide HCBS under Medicaid. Arkansas should consider expanding these programs to include people living with HIV/AIDS.

   Roll back AIDS Drug Assistance Program (ADAP) restrictions – New restrictions prohibit Medicaid enrollees from receiving ADAP, jeopardizing access to life-saving medications for many low-income Arkansans living with HIV/AIDS. State funding for ADAP could enable a reversal of these limits.

   Increase Medicaid provider reimbursement rates – Low reimbursement rates have greatly reduced Medicaid patients' access to qualified healthcare providers and specialists. Rate increases should focus on specific services, including HIV testing and counseling, primary care, dental care, and specialist care.

   Expand ARHealthNetworks – Expanding this program to more employers and part-time workers, as well as improving the benefit package, could help improve coverage and offset deficiencies in Medicaid.

3. Arkansas Department of Health (ADH)-related Issues – The HIV/STD/Hepatitis C section at ADH has recently taken significant steps to improve quality, performance, oversight, and accountability. There are some additional changes that could further enhance the section's effectiveness:

   Consider creating a Consumer Office – ADH should consider creating an internal Consumer Office to supplement the Consumer Advisory Board and ensure that the perspective and experience of a person living with HIV/AIDS are incorporated into daily operations and decisions.

   Engage in dialogue with field-based providers – ADH should continue to seek input from service providers and should plan longer site visits to better understand the unique needs in different regions of Arkansas.

   Improve coordination between surveillance and client services programs and move some HIV/STD surveillance functions under the section chief – Following the lead of 77% of states, Arkansas should consider moving the day-to-day collection, monitoring, and movement of surveillance data under the HIV/STD/Hepatitis C section chief, while leaving data analysis with the technical experts in epidemiology and surveillance.

4. HIV-related Stigma – Stigma remains a major barrier to access to healthcare, with negative implications for accessing prevention, testing, and care. Stigma impacts both individual and public health. Opportunities to address stigma include:

Educate the public and healthcare providers – There needs to be more public education about how HIV is and is not transmitted, as well as information for providers about the damaging effects of stigma. Wherever possible, people living with HIV/AIDS should be part of educational messages, to personalize the issue.

Create an antistigma media campaign using social media – Using models from other states, Arkansas should create an antistigma campaign that incorporates new social media, as well as traditional media.

Seek help from supportive clergy – Advocates should seek guidance from supportive clergy on effective ways to reach out to other clergy, and incorporate faith-based, factual messages about HIV/AIDS.

Routinize HIV testing and require insurance coverage – Making opt-out HIV testing routine can help "normalize" HIV and reduce stigma associated with HIV testing. Arkansas should consider requiring health benefit plans to cover one annual HIV test for people ages 13 to 64, in line with federal recommendations.

5. Provider Shortages and Capacity – Most of Arkansas' counties are at least partially medically underserved, and 50% of uninsured adults (including many people living with HIV/AIDS) have no usual source of medical care. Specialist care is in even shorter supply. There are several ways to improve access to HIV/AIDS care:

Greater integration of HIV/AIDS into existing systems of care – HIV care should be more incorporated into Arkansas' care systems, such as the community health centers and the Area Health Education Centers.

Create "one-stop shops" – Locating both medical and social services in one place helps ensure better coordination of care and relieves transportation burdens.

Use mobile health vans – A mobile health van is a potential way to bring basic medical and dental screening and care to Arkansans, particularly in rural areas.

Explore federal programs, other states' efforts, and other sources of providers – Arkansas could use the federal National Health Service Corps, investigate other rural states' medical provider recruitment efforts, and consider attracting providers from outside the U.S.

Consider designating Advanced Practice Nurses (APNs) as primary care providers (PCPs) – Allowing APNs to be reimbursed at comparable rates to physicians for providing the same service would expand the pool of PCPs and financially help clinics that use APNs.

Use telemedicine and Continuing Medical Education (CME) to improve capacity – Through telemedicine, HIV specialists can share their knowledge with other medical providers. Arkansas should consider requiring 1 hour of CME training biannually to improve physician knowledge about HIV symptoms and care.

6. AIDS Drug Assistance Program (ADAP) – Funding shortfalls and increased enrollment have led ADH to drastically cut income eligibility for ADAP and initiate a waitlist for the program. The following changes could help ensure that people do not lose access to life-saving medications:

Support emergency federal funding for ADAP – The economic downturn has significantly increased demand on ADAPs. An additional $126 million in federal funding for FY2010, distributed to states eligible for ADAP supplemental grants (including Arkansas) would help meet current program needs.

Explore using the Comprehensive Health Insurance Pool (CHIP) – Arkansas could explore whether using ADAP funds to purchase insurance through CHIP would be cost-effective and amend state law as needed to accomplish this.

About SHARP – A national project of the Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project, the State Healthcare Access Research Project (SHARP) develops state-level research reports by conducting a series of focus groups and one-on-one interviews with people living with HIV/AIDS, community-based AIDS services providers, healthcare providers, state and federal government officials, academics, and other researchers and advocates. The insights gained from these meetings are supplemented with independent research. SHARP is designed to examine states' capacities to meet the healthcare needs of people living with HIV/AIDS and has two main goals: (1) remove existing barriers to effective care and treatment and (2) build state-based advocacy capacity to address the care and treatment needs of people living with HIV/AIDS. The project is conducted with support from Bristol-Myers Squibb. For more information visit **SHARP online at www.taepusa.org.**

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