



Improving the Response to HIV/AIDS in Louisiana

A new report produced as part of the State Healthcare Access Research Project (SHARP) examines successes and challenges to accessing healthcare for people living with HIV/AIDS in Louisiana, and identifies opportunities for improving access. The Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project reviewed Louisiana policies, met with stakeholders, and invited comments from state officials to identify priorities for the SHARP report.

SUMMARY OF RECOMMENDATIONS:

1. Promote access to comprehensive care and treatment – The Louisiana Office of Public Health (OPH) was forced to close the state’s AIDS Drug Assistance Program (ADAP) to new applicants in June 2010. While OPH does not keep a waitlist for the program, it is estimated that as of December 17, 2010, over 500 individuals are unable to access medications through ADAP. While most, if not all, of these individuals are able to access HIV medications through Patient Assistance Programs (PAPs), efforts to stabilize the ADAP budget have resulted in funding cuts to other healthcare and support services throughout Louisiana’s nonmetropolitan areas. To address the ADAP budget crisis, protect essential services from further cuts, and increase early access to comprehensive care and treatment for Louisianans living with HIV:

Pursue a statewide HIV waiver for the state’s Medicaid program. States can apply for a §1115 waiver from the Centers for Medicare & Medicaid Services (CMS) to expand eligibility for their Medicaid programs to predisabled individuals living with HIV. By allowing the state to move people under an income level set by the state in to Medicaid prior to the general expansion of Medicaid under the Affordable Care Act in 2014, a waiver would maximize federal funding for healthcare for Louisianans living with HIV and allow ADAP funds to be used to assist other uninsured and underinsured individuals. Under a §1115 HIV waiver, every state dollar would leverage over \$4 in federal funding for comprehensive care to keep people living with HIV healthy and enable them to remain in the workforce. Importantly, Medicaid §1115 waivers are identified as a priority in the new National HIV/AIDS Strategy Implementation Plan to secure access to affordable, comprehensive healthcare for individuals living with HIV prior to 2014. Accordingly, CMS is committed to working with states to navigate and expeditiously process §1115 HIV waiver applications.

Deploy coordinated Patient Assistance Program (PAP) application software that maintains a secure, networked database of information and consumer data. Such programs allow case managers and providers to securely store patient and doctor information and supporting documentation. Using the entered data, the program can automatically fill out the majority of PAP application forms and create patient reports and notifications. It is possible to link databases across offices to further eliminate duplication of effort by providers, case managers, and consumers in the process of applying for PAP enrollment. This technology will greatly reduce the amount of time case managers and providers spend on PAP applications for consumers who are waitlisted or ineligible for ADAP and help avoid dangerous gaps in treatment.

2. Increase access to quality healthcare and support services – Lack of transportation is a barrier to care and support services for many Louisianans living with HIV, and particularly for residents of more rural parts of the state. To address this problem:

End geographic disparities in access to transportation and healthcare services. Currently, federal funding restrictions severely limit the ability of rural patients to access healthcare because providers may allocate only a small portion of their funds for paying for patients’ transportation. In rural areas, the lack of public transit options coupled with long distances mean staggeringly high costs for mileage reimbursement for private transportation—and quickly-depleted funding. As profoundly rural areas represent over 30% of Louisiana and public transit systems are only available in a few urban centers, the lack of funding for transportation creates a major barrier to healthcare and contributes to dramatic and unfair geographic health disparities. State advocates can urge the federal Health Resources and Services Administration (HRSA) to change the definition of core service in the Ryan White program to include transportation services.

3. Increase testing, linkage to care, and treatment adherence by combating HIV-related stigma – Stigma is a major barrier for individuals to get tested for HIV and access healthcare and support services after an HIV diagnosis. To address this barrier and promote access to care:

Engage faith-based communities in HIV testing and treatment campaigns, and support federal funding for faith-based initiatives. Religious devotion and social conservatism play a central role in the rich cultural history of Louisiana. As church is the focal point of life for many African Americans, and African Americans are disproportionately affected by the HIV/AIDS epidemic in Louisiana, engaging faith-based communities is essential to reduce HIV-related stigma, increase awareness about HIV/AIDS, and connect HIV-positive individuals to medical care and support services. Faith leaders can play an important role in combating stigma—with support from the HIV community, they can create “sanctuaries” in their churches by addressing HIV and sexual health in Sunday morning sermons, signaling that it is acceptable to discuss these important issues and that people living with HIV/AIDS are welcome in the church community. To enable faith communities to grow their involvement in HIV prevention, testing, and access to care opportunities:

- Advocates can empower faith leaders by putting them in touch with experts and people living with HIV who can educate them about HIV, stigma, and related issues.

- Louisiana’s Congressional delegation could co-sponsor the National Black Clergy for the Elimination of HIV/AIDS Act, a bipartisan bill that would authorize \$50 million in grants each year from 2010 to 2014 for public health agencies and faith-based organizations to conduct prevention and testing activities as well as outreach efforts.
- Faith leaders could actively participate in testing campaigns by encouraging their congregations to get tested, volunteering at testing events, and getting tested themselves. National HIV Testing Day presents an annual opportunity for faith leaders to get involved.

Amend state law to permit surveys pertaining to high-risk behaviors among youth, and participate in the implementation of comprehensive health education programs supported by new federal funding. In the context of HIV, comprehensive health education is often discussed as it relates to prevention. But it is also a critically important part of reducing stigma associated with HIV, and is therefore an essential component of a coordinated strategy to increase testing and promote access to care for people living with HIV/AIDS. In Louisiana, comprehensive health education is generally not available in public schools. To address this significant missing link in prevention and fighting HIV-related stigma:

- Health advocates could work with the Office of Public Health as well as education, youth, and other health advocates to repeal the current state law banning the collection of data on high school students’ behaviors related to sexual health.
- The OPH HIV/AIDS Program (HAP) was recently awarded \$769,607 in federal funding, with no state matching requirement, to support comprehensive health education under the new Personal Responsibility Education Program (PREP). Advocates in the HIV community could engage other education, youth, and health advocates in a dialogue to support HAP in its work to develop curricula and implement programs with this significant new funding. Participation from a broad coalition of advocates will be essential to the success of PREP programming and will help lay a foundation for community and state investment in comprehensive health education in the future.

4. Address state budget shortfalls – Louisiana faces devastating budget shortfalls this fiscal year and in the foreseeable future, as it no longer generates sufficient revenues to fund necessary services. State-wide, agencies have been directed to identify budget reductions up to 35% in the coming fiscal year; this follows mid-year budget cuts in FY10 and further reductions in the FY11 budget that have already been passed. While other programs are constitutionally protected, healthcare and education are left unprotected in the General Fund. Consequently, these areas inevitably withstand the brunt of cuts when the state faces budget shortfalls and needs to reduce expenditures. To help stabilize the state budget and preserve essential education and healthcare programs:

Reform tax expenditure policies. In addition to the approximately \$8 billion in spending contained in the FY11 budget, Louisiana coffers will lose over \$7 billion in forgone tax revenues, or “tax expenditures.” Over 400 individual pieces of legislation—not contained in the state budget—carve out tax exemptions for groups of individuals, companies, and organizations. Although state revenues are falling, this form of spending has grown 28% since 2006. Despite the massive impact tax expenditures have on the state budget, they are not subject to annual review and approval by the legislature—unlike the regular budget, which is proposed annually by the governor, is subject to review, debate, and approval by the legislature, and is available for public scrutiny. Currently, savings-producing changes to tax expenditure laws require a two-thirds majority vote in the legislature. To rein in costly tax expenditures, health and education advocates could join fiscal conservatives in supporting state representatives’ and senators’ efforts to:

- Improve the annual tax spending budget report so that it includes all of the information required by law (how well each expenditure meets its purpose, whether the expenditure is the most fiscally efficient means to meet the purpose, an evaluation of any unintended side-effects of each expenditure, and whether the expenditure simplifies or complicates the state tax structure);
- Incorporate an evaluation of tax-side spending in the regular annual budget process; and
- Change the required vote to reduce or repeal tax expenditures from two-thirds to a simple majority.

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, faith leaders, state and federal government officials, 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 three main goals: (1) improve access to healthcare, treatment, and services; (2) support coalition development and self-sustained, grassroots advocacy capacity; and (3) share information and effective strategies within and among states. This project is conducted in collaboration with and funded by Bristol-Myers Squibbs’ WithInSight Initiative. The content of this summary does not necessarily reflect the views or opinions of BMS. **Visit SHARP online at www.taepusa.org or www.withinsightinitiative.org.**

Prepared by the Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project.



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A collaboration between the HIV community
and Bristol-Myers Squibb

