SHARP
State Healthcare Access Research Project

State Summary

South Carolina

Improving the Response to HIV/AIDS in South Carolina

A new research 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 South Carolina, and proposes opportunities for improving access. The Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project reviewed South Carolina policies, met with stakeholders, and invited comments from state officials. **The full report is available online at www.taepusa.org.**

SUMMARY OF RECOMMENDATIONS:

1. 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:

Engage faith-based communities in HIV testing and treatment campaigns, and support federal and state funding for faith-based initiatives. South Carolina's location in the Bible Belt carries a rich history of religious devotion and social conservativism. As church is the focal point of life for many African Americans, and African Americans are disproportionately affected by the HIV/AIDS epidemic in South Carolina, 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. Some leaders in the faith community have already joined the fight against HIV/AIDS by participating in the state-funded prevention program, Project F.A.I.T.H. Others have created "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 build on these foundations and to enable faith communities to grow their involvement in HIV prevention, testing, and access to care opportunities:

- Faith leaders should 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.
- Advocates should 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.
- The South Carolina Legislature should restore full funding for Project F.A.I.T.H.
- South Carolina's Congressional delegation should 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.

Enforce South Carolina law and pursue federal and state funds to support comprehensive health education. 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 and AIDS. In South Carolina, enforcing the state's existing Comprehensive Health Education Act—on the books since 1988—will help address stigmatizing attitudes about HIV and AIDS. The state is responsible for ensuring that local school districts comply with the Act's requirements, which afford flexibility in the design of comprehensive health education curricula. Historically, enforcement has been lax; consequently, many South Carolina middle school and high school students today do not receive comprehensive health education. To correct this situation and combat stigma by improving health education:

- Health advocates should work with the Department of Education to launch a campaign to enforce the Comprehensive Health Education Act and support local districts that need assistance coming into compliance by providing funding, technical assistance, and curriculum development support.
- HIV advocates should work with the Department of Health and Environmental Control (DHEC) and the South Carolina Campaign to Prevent Teen Pregnancy to ensure that federal funds awarded to the state through the new Personal Responsibility Education Program (PREP) are used to support local school districts' implementation of comprehensive health education curricula that address HIV-related stigma and include medically-accurate sexual health and HIV/STI prevention information.

2. Promote access to comprehensive care and increase access to lifesaving medications – Emergency federal funding recently reduced the waiting list for South Carolina's AIDS Drug Assistance Program (ADAP) from 290 individuals to 88, but the list is already back over 250 and will continue to grow unless other measures are taken to relieve pressure on the program. To address the ADAP crisis:

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 pre-disabled 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 South Carolinians 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 nearly $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.

3. Continue linkage to care and promote treatment adherence in the corrections context – The corrections system presents an important opportunity to test and provide treatment for HIV. To ensure that HIV-positive individuals receive comprehensive, uninterrupted treatment and care during and after incarceration:

Ensure that routine opt-out testing and linkage to care upon entry remains in place. Should policies regarding segregation based on HIV status within the South Carolina Department of Corrections (SCDC) change in the future, it is essential that routine, voluntary testing and linkage to care—including HIV specialty care—continue.

Secure access to substance abuse and harm reduction services. HIV-positive inmates currently lack access to substance abuse and harm reduction services, putting them at significant risk of relapse once they are released. Providing substance abuse and harm reduction services for HIV-positive inmates should be a priority for SCDC.

Provide access to work-release opportunities for HIV-positive inmates. Current policy denies equal employment opportunities to HIV-positive inmates. Providing additional opportunities for inmates to earn income while developing skills is critical to helping those who are released find employment, which can reduce recidivism, treatment lapses, and risk behaviors that contribute to the spread of HIV. Community advocates should work with SCDC to change current policy and expand employment opportunities for inmates living with HIV—thus improving both individual and public health outcomes.

4. Increase access to quality healthcare and support services – Lack of transportation is a barrier to care and support services for many South Carolinians living with HIV. 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 South Carolina and public transit systems are available in only 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 should 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.

Expand Medicaid transportation options. South Carolina Medicaid only pays for transportation to medical appointments; it does not pay for HIV-positive individuals' transport to HIV/AIDS service organizations, support groups, dental services, or other basic needs. Expanding transportation options should be a priority for the South Carolina Department of Health and Human Services. Support services are essential to maximize positive health outcomes of individuals living with HIV/AIDS, but lack of adequate transportation means many cannot take advantage of these services.

Colocate and synchronize medical and service providers. Lack of transportation can be a major barrier for consumers who need access to nonmedical services. In some parts of the state, medical and service providers are either one and the same or have effectively colocated. Not only can colocating address the transportation problem by allowing clients to piggyback nonmedical services appointments onto medical appointments, physical proximity can also facilitate smoother provision of care by increasing the dialogue between medical and service providers. This is especially true if the offices share file management software. This arrangement allows case managers to retrieve viral load and other information required for ADAP and other program applications without having to visit medical offices in person to pull the file or wait for the medical office to provide it.

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 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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