Top 10 Southern Recommendations for Federal Implementation Plan

Recommendation 1: We urge CDC to use a more nuanced funding strategy to ensure that those served by community based organizations in rural and suburban areas with heavy HIV burden including high HIV diagnosis rates, high prevalence of undiagnosed HIV, and high death rates, have the resources to access biomedical and behavioral interventions that are scientifically proven to reduce the probability of HIV acquisition and transmission.

Recommendation 2: We urge HUD to more forcefully address how HOPWA funds are allocated by supporting a funding formula that allocates resources based on living HIV and AIDS cases, factors in poverty and housing costs, and ensures that no one risks losing their housing due to fund redistribution.

Recommendation 3: We urge the Centers for Medicare and Medicaid Services (CMS) to require all state Medicaid programs to cover routine HIV screening for their traditional Medicaid population, currently the only group that does not have mandatory access to routine HIV screening.

Recommendation 4: We urge CDC to work with state health departments and community-based organizations in the Southern states to develop surveillance for PrEP interventions; to develop best practices to reach at-risk persons who could benefit from PrEP; and to develop best practices to reach and train primary medical providers all with the goal of increasing the uptake of PrEP utilization among persons at risk for HIV transmission in the South.

Recommendation 5: We urge CDC to work with state health departments and community-based organizations in Southern states to develop better surveillance for acute HCV infections (our best proxy for injection drug use); to assess data for evidence of areas where injection drug use may be occurring; and to develop emergency preparedness plans that enable counties to quickly respond to any potential HIV outbreak.

Recommendation 6: We urge CMS to ensure unimpeded access to appropriate HIV treatment by requiring state Medicaid programs, including fee-for-service and managed care models, to cover all medications recommended in the HHS Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents (or issue a state Medicaid Director Letter on the importance of providing unfettered access to all FDA-approved antiretroviral drugs, including the newest single tablet regimens, and direct acting antivirals for hepatitis C).

Recommendation 7: We urge HHS to issue final regulations implementing non-discrimination protections of the ACA that explicitly prohibit insufficient provider networks (i.e., networks without HIV expertise), inadequate formularies (e.g., failing to cover all single tablet regimens), adverse tiering (e.g., placing all HIV medications on the highest or one of the highest cost-sharing tiers), and other overly restrictive utilization management measures for PLHIV.

Recommendation 8: We urge the Health Resources and Services Administration (HRSA) to allow the Ryan White Program to become a more meaningful source of funding to address housing insecurity and other social determinants of health by encouraging and liberally granting waivers of the core medical services requirement for grantees seeking to expand housing and other supportive services.

Recommendation 9: We urge HRSA to forcefully oppose HIV criminalization laws by asking Congress to require every state to certify that its criminal laws do not place unique or undue burden on individuals solely as a result of HIV status and reflect evidence-based, medically accurate, and current understanding of the routes, risks, and consequences of HIV transmission.

Recommendation 10: We urge NIH and CDC to fund research on the impact of stigma on HIV prevention and care in the South and to develop evidence-based interventions to combat HIV-related stigma in the region.