Providence Health Plan
P.O. Box 4327
Portland, OR 97208 – 4327
ProvidenceHealthPlan.com

Health Equity Coverage Recommendation Form

Title:	**Health Equity in HIV/AIDS**
Date of Last Review:	3/1/2025

Research Section

Background

As defined by the Centers for Disease Control and Prevention (CDC), HIV stands for human immunodeficiency virus. It weakens a person's immune system by destroying important cells that fight disease and infection. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome).[1] There is currently no effective cure for HIV. But with proper medical care, HIV can be controlled. People with HIV who get effective HIV treatment can live long, healthy lives and protect their partners.

Inequities discussed on the Office of Minority Health Website[2]

***HIV/AIDs and Black/African Americans*:**[3]

- Although Black/African Americans represent almost 13 percent of the U.S. population, they account for 42.1 percent of HIV infection cases in 2019.
- In 2020, African Americans were 7.8 times more likely to be diagnosed with HIV infection, as compared to the white population.
- African American males have 8.1 times the AIDS rate as compared to white males.
- African American females have 15 times the AIDS rate as compared to white females.
- African American men are 6.0 times as likely to die from HIV infection as non-Hispanic white men.
- African American women are 15.3 times as likely to die from HIV infection as white women.

HIV/AIDs and American Indians/Alaska Natives:[4]

- American Indians/Alaska Natives have over twice the rate of HIV infection as compared to their white counterparts, and they are more likely to die from HIV infection.

HIV/AIDs and Hispanic/Latino Americans:[5]

- Hispanic Americans accounted for almost 30 percent of all HIV infection cases in 2019.

- Hispanic males are four times as likely to have either HIV infection or AIDS as compared to white males.
- Hispanic females were four times as likely to have AIDS in 2019 as compared to white females.
- Hispanic men are twice as likely as non-Hispanic white men to die of HIV infection.
- Hispanic women are three times as likely as non-Hispanic white women to die of HIV infection.

HIV/AIDs and Native Hawaiian/Pacific Islanders:[6]

- While Native Hawaiians and Pacific Islanders (NHPI) represent 0.4 percent of the total population in the United States, the HIV case rate for Native Hawaiians/Pacific Islanders was over twice that of the white population in 2019.
- In 2019, Native Hawaiians/Pacific Islanders were 2.4 times more likely to be diagnosed with HIV infection, as compared to their white counterparts.
- In 2019, Native Hawaiian/Pacific Islander women were 2.5 times more likely to die from HIV infection as compared to white women.

Review of current, peer-reviewed evidence from established sources

Several articles were reviewed that investigate the existing barriers in minorities accessing testing and treatment of HIV/AIDS. The common themes included knowledge gaps, cultural differences between patients/providers, language barriers, diagnosis stigmas, access to healthcare/testing, and lack of trust in healthcare system/treatments. Increased cultural sensitivity for providers was discussed in order to help decrease these barriers. Case management to assist in navigating the healthcare system was also discussed. Unfortunately, there remains a lack of quantitative literature available. [7,8,9,10]

Review of clinical practices guidelines from professional associations and societies in regard to these findings

U.S. Preventive Services Task Force (USPSTF):[11]

In 2019 the USPSTF released a recommendation on the testing for HIV/AIDS. The USPSTF recommends 1) clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown and 2) clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Additionally younger adolescents and older adults who are at an increased risk of infection should also be screened.

Center for Disease Control and Prevention:[12]

In 2003, the CDC introduced the initiative Advancing HIV Prevention: New Strategies for a Changing Epidemic. Two key strategies of this initiative are 1) to make HIV testing a routine part of medical care on the same voluntary basis as other diagnostic and screening tests and 2) to reduce perinatal transmission of HIV further by universal testing of all pregnant women and by using rapid tests during labor and delivery or postpartum if the mother was not screened prenatally.

Do any of these findings relate to any of our current policies?

None of the above findings are applicable to any of our current medical policies at this time.

Summary

Medical Policy:

HIV/AIDs disproportionately affects minority populations in the US, including African Americans, American Indians/Alaska Natives, Hispanic/Latino Americans and Native Hawaiians and Pacific Islanders. Causes of the higher prevalence of HIV/AIDs in these populations are likely multifactorial and complex, and cultural differences between healthcare providers and patients has been indicated as influencing if/when/how these populations seek healthcare. Cultural sensitivity training for healthcare providers has been recommended to assist in overcoming these barriers.

Pharmacy Policy:

To improve health equity in human immunodeficiency virus (HIV), it is important to ensure access to medications by ensuring antiretroviral therapies (ART) are affordable and accessible to all patients. This can be achieved by reducing or eliminating prior authorization requirements, simplifying tiering structures, and minimizing out of pocket costs for patients[13]. Timely ART therapy can result in faster viral suppression, better CD4+ outcomes, and decreased morbidity compared with the effects of delayed treatment[1]. Treatment delays also increase the risk of transmitting HIV to others. Prior authorizations can be a contributing factor to delays in ART initiation. Additionally, it is important to improve access to combination ART medications, as simplified regimens can increase adherence[13]. At this time, the HIV antiretrovirals that require a prior authorization are Sunleca and Cabanuva. Both therapies have very specific indications requiring either multidrug resistance or that the patient is already virologically suppressed. They are not appropriate for treatment naïve patients and prior authorization is important to ensure appropriate utilization in the specific patient populations they were studied in. All other therapies are available on formulary without prior authorization. Based on rulings from the Affordable Care Act (ACA), the prior authorization policy for Descovy, used for pre-exposure prophylaxis (PrEP) for HIV, has been retired as of 1/1/2025 for all lines of business.

Recommendation:	No recommended health equity updates to policies at this time. We will continue to review data and professional organization recommendations for future health equity updates.

References

1. Centers for Disease Control and Prevention (CDC). Living with HIV. https://www.cdc.gov/hiv/living-with/index.html. Published 2024. Accessed 2/13/2025.
2. Health USDoHaHS-OoM. Minority Population Profiles. https://minorityhealth.hhs.gov/minority-population-profiles. Published 2024. Accessed 2/13/2025.
3. Health USDoHaHS-OoM. HIV/AIDS and Black/African Americans. https://minorityhealth.hhs.gov/hivaids-and-blackafrican-americans. Published 2024. Accessed 2/13/2025.
4. Health USDoHaHS-OoM. HIV/AIDS and American Indians/Alaska Natives. https://minorityhealth.hhs.gov/hivaids-and-american-indiansalaska-natives. Published 2024. Accessed 2/13/2025.
5. Health USDoHaHS-OoM. HIV/AIDS and Hispanic/Latino Americans. https://minorityhealth.hhs.gov/hivaids-and-hispanic-americans. Published 2024. Accessed 2/13/2025.
6. Health USDoHaHS-OoM. HIV/AIDS and Native Hawaiians/Other Pacific Islanders. https://minorityhealth.hhs.gov/hivaids-and-native-hawaiiansother-pacific-islanders. Published 2024. Accessed 2/13/2025.
7. Jordan WC, Vaughn AC, Hood RG. African Americans and HIV/AIDS: cultural concerns. AIDS Read. 2004 Oct; 14(10 Suppl):S22-5. https://pubmed.ncbi.nlm.nih.gov/15497220/
8. Freeman R, Gwadz MV, Silverman E, Kutnick A, Leonard NR, Ritchie AS, Reed J, Martinez BY. Critical race theory as a tool for understanding poor engagement along the HIV care continuum among African American/Black and Hispanic persons living with HIV in the United States: a qualitative exploration. Int J Equity Health. 2017 Mar 24;16(1):54. doi: 10.1186/s12939-017-0549-3. PMID: 28340589; PMCID: PMC5364619. https://pubmed.ncbi.nlm.nih.gov/28340589/
9. Sen S, Nguyen HD, Kim SY, Aguilar J. HIV Knowledge, Risk Behavior, Stigma, and Their Impact on HIV Testing among Asian American and Pacific Islanders: A Review of Literature. Soc Work Public Health. 2017 Jan 2;32(1):11-29. doi: 10.1080/19371918.2016.1173612. Epub 2016 Jul 13. PMID: 27410387. https://pubmed.ncbi.nlm.nih.gov/27410387/
10. Pacheco M, Agner JL, Myers TK, Franco J, Barile JP, Kaholokula JK, Baldwin JA. Health outcomes and healthcare utilization of Native Hawaiians and other Pacific Islanders living with HIV in Hawai'i: A mixed-methods study. Ethn Health. 2022 Nov;27(8):1841-1858. doi: 10.1080/13557858.2021.1990219. Epub 2021 Oct 14. PMID: 34647505; PMCID: PMC9008070. https://pubmed.ncbi.nlm.nih.gov/34647505/
11. U.S. Preventative Services Task Force (USPSTF). Final Recommendation Statement: Human Immunodeficiency Virus (HIV) Infection: Screening. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening. 2019. Accessed 2/13/2025.
12. Centers for Disease Control and Prevention. Advancing HIV Prevention: new Strategies for a Changing Epidemic—United States, 2003. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5215a1.htm 2003. Accessed 2/13/2025.
13. Daoud O, Gladstein JE, Brixner D, et al. Health disparities in HIV care and strategies for improving equitable access to care. Am J Manag Care. 2025 Feb;31(1 Suppl):S3-S12. doi: 10.37765/ajmc.2025.89687. PMID: 39899753

CORE Revision History Section	
DATE	**SUMMARY OF CHANGES**
02/20/2024	Initial Review.
02/13/2025	Annual review. Added USPSTF CPG recommendation. No change in recommendation. Updated to new template.