



Ensuring Access to Long-Acting HIV Drugs

A policy brief by experts makes recommendations for Medicaid.

September 23, 2024 By [Trent Straube](#)

A policy brief written by health advocate experts urges Medicaid leadership to capitalize on the promise of long-acting antiretrovirals to treat and prevent HIV. The brief spells out a series of recommendations to ensure that people eligible for Medicaid have access to these “game-changing” injectable HIV meds.

The O’Neill Institute for National and Global Health Law at Georgetown University Law Center drafted the brief in partnership with Amida Care, a nonprofit Medicaid health plan that specializes in LGBTQ and HIV clients, and Cikatelli Associates (CAI) TAP-in project (CAI helps agencies improve the quality of their services).

The eight-page brief, titled “Medicaid Leadership Must Ensure Access to Longer-Acting HIV Products,” as well as a single-page summary, is available at Oneill.Law.Georgetown.edu.

Long-acting injectable antiretrovirals are effective options for people who can’t take daily pills as HIV treatment or as pre-exposure prophylaxis (PrEP) to prevent HIV. Despite the promise of these injectables, advocates remain concerned about price and access.

Medicaid is the joint federal and state program that offers health insurance and comprehensive health care services to low-income individuals and families, pregnant women, people with disabilities and others who meet the requirements.

In describing the policy brief, the O’Neill Institute explains the importance of Medicaid and long-acting antiretrovirals in the nation’s fight against HIV and AIDS:

“As a country, the United States has made incredible strides toward the goal of ending the HIV

epidemic. However, progress has been uneven and unacceptable inequities remain. Factors, such as poverty, lack of transportation, limited English proficiency and experiences of discrimination in health care settings—all common among Medicaid beneficiary communities, particularly LGBTQ communities and communities of color—regularly undermine engagement to prevention and treatment efforts.

“Pre-exposure prophylaxis is a game-changing HIV prevention medication that has been available for over a decade, yet PrEP uptake is lower among those who are covered by Medicaid than those who have private insurance. Systemic barriers disproportionately impact Black, Latinx and transgender communities, who are more likely to be Medicaid-eligible. These communities often experience multiple barriers to care, resulting in reduced access to and utilization of PrEP compared to their white counterparts and exacerbating health disparities.”

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