Three Proposed Policy Changes That Impact HIV in the South

HIV efforts in Georgia and Texas could be seriously hindered—but those in Mississippi could be helped.

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As HIV tends to disproportionately impact those living in the South, it is important that events and policy choices be closely monitored in these areas. With several areas of legislation to keep track of, here are a few notable potential policy changes that are impacting Georgia, Mississippi and Texas.

Georgia

Georgia requested from the Centers for Medicare and Medicaid Services a waiver that would make multiple changes to the Affordable Care Act Applicability in the state that are of concerns to the HIV community. As a result of this waiver, Georgia would no longer use the federal health care exchange, healthcare.gov, for the purpose of distributing health insurance plans. The state would instead move to a privatized marketplace that would operate through private web brokers or health plans. This would be called the "Georgia Access Model."

The tax credits used in the ACA, would now be used to purchase substandard plans, which, while cheaper, provide limited coverage. It would eliminate the ACA's premium tax credit and enable Georgia to establish a financial-aid program for people in need. This program would, however, come with a cap in the number of people that can receive the assistance. This translates into a situation where people who are currently receiving subsidies for their insurance could be left unable to access insurance.

The Georgia waiver has many shortcomings that would negatively impact those of us living with HIV or other chronic conditions. To ensure access to care for all at a reasonable price, this waiver must be revised.

Mississippi

Mississippi advocates have been revisiting the expansion of Medicaid in the state through ballot initiative. Mississippi is one of the states that has not expanded Medicaid under the ACA. It is also

one of the poorest in the country, with a full 25% of the population relying on Medicaid. Expanding access would allow many people who do not qualify for traditional Medicaid and do not have private insurance to access Medicaid coverage. Projected figures state that there would be a 57% reduction in the uninsured in the state, offsetting financial losses for health care providers, especially safety net hospitals.

Medicaid expansions substantially help people living with HIV. In 2018, there were at least 9,466 people living with HIV in the state, and nationwide, those of us living with HIV are more likely to rely on Medicaid, at a rate of 42%, compared to 13% of the total U.S. population. Medicaid expansions significantly help people of color, who are also more likely to rely on Medicaid and at greater risks of contracting HIV. AIDS United thus supports expanding Medicaid in Mississippi and other states that have not yet done so.

Texas

Top state officials in Texas are subverting the legislature's budget process by seeking cuts to vital health programs for low-income Texans, but are leaving programs of questionable efficacy, such as anti-choice propaganda programs, fully funded.

In late May, three top Republicans — Gov. Greg Abbott, Lt. Gov. Dan Patrick, and Speaker of the House Dennis Bonnen — directed agency heads to cut 5% from the remainder of their 2020-2021 budgets to prepare for the fiscal impacts of the COVID-19 pandemic.

Certain agencies, including the Texas Health and Human Services Commission under which most health funding is allocated, were exempt from these cuts in order to continue a full response to the ongoing pandemic. However, officials in the department have, seemingly voluntarily, still proposed $15 million worth of cuts to direct services, with a quarter of those coming from reproductive & sexual health services for Texans who could not otherwise afford the care. Such services included contraceptive therapies and counseling, treatment for postpartum depression, screenings for sexually transmitted infections, pregnancy-related cholesterol and diabetes prevention and care, and breast and cervical cancer detection and treatment. A 2019 Health Commission study showed that programs from which cuts are being drawn saved the state an estimated $19.6 million in a year by averting births with contraception and family planning services, which doesn't include abortion care coverage.

The anti-choice Alternatives to Abortion program, which promotes childbirth and offers new parents financial counseling and social service referrals, was allocated $59.9 million in the 2020-21 budget, nearly double its appropriation from the previous budget cycle. Policymakers have proposed no cuts to the program despite the state's impending financial crisis.

The additions to Medicaid in Mississippi will hopefully increase access to health care for those living with or vulnerable to HIV. However, we want to pay close attention to policy changes in Georgia as well as Texas, as both have the ability to negatively impact people living with HIV.

While these changes are not yet final, they speak to an alarming trend of the politicization of health care services. AIDS United will continue to support unfettered access to health care of all communities.

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