



HIV & STD Prevention and Care During COVID-19¹ Summary of Key Policies to Address Health Inequities April 2021

A number of innovative policy, prevention and care delivery measures implemented in response to the COVID-19 public health crisis have been critical to maintaining access to prevention and care services. These policies and innovations in care delivery will be important to continue and evaluate to reduce health inequities and improve health outcomes. The COVID-19 pandemic also highlighted barriers to innovative care delivery that need to be addressed.

Telemedicine

- Medicare, Medicaid and private insurers reimbursing for telephonic and video-based telemedicine visits that is on par with in-person visits.
- Federal and state policies allowing physicians and advanced practice providers to practice virtually across state borders and without additional licensing barriers.
- Federal and state investing in strategies to address the digital divide, including expanded access to low or no cost broadband Internet access.²

Ryan White HIV/AIDS Program

- Congress increasing funding for the Ryan White Program across all Parts and for states to maintain (or increase) funding for their Ryan White Program AIDS Drug Assistance Programs (ADAP) and offer eligibility up to the highest income levels possible.
- The Department of Health and Human Services (HHS) incentivizing and encouraging states to maintain streamlined certification and recertification requirements for ADAP that are not more restrictive than the [minimum required](#) by the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau, e.g., allow use of electronic certification, allow self-attestation without requiring documentation for recertification, do not require CD4 counts for certification or recertification.

Prescription Drug Access

- Public and private insurers maintaining refill flexibility, including provision of 60- to 90-day supplies and allowing early refills.
- Public and private insurers reducing administrative barriers for prescription drugs, such as prior authorization.
- Public and private insurers allowing 60- to 90-day medication supplies, waiving some or all co-pays and authorizing early refills.
- HHS and states barring co-pay accumulator programs that do not allow industry co-pay assistance to count toward deductibles or out-of-pocket limits.

¹ See also [“Innovations in Human Immunodeficiency Virus \(HIV\) Care Delivery During the Coronavirus Disease 2019 \(COVID-19\) Pandemic: Policies to Strengthen the Ending the Epidemic Initiative — A Policy Paper of the Infectious Diseases Society of America and the HIV Medicine Association.”](#)

² See also [“Advancing Digital Health Equity: A Policy Paper of the Infectious Diseases Society of America and the HIV Medicine Association.”](#)

Pre-Exposure Prophylaxis (PrEP)

- Federal and state policymakers supporting the use of telemedicine for PrEP to increase access.
- States supporting [State PrEP-Drug Assistance Programs](#) for uninsured or under-insured individuals. Currently the following states offer assistance: California, Colorado, Washington, Illinois, Massachusetts, New York, Ohio and Washington.
- Public and private insurers changing their policies to cover home or facility-based testing.
- Commercial laboratories changing their policies to accept patient-obtained samples (swabs, dried blood spots).

Public Health Workforce

- HHS/CDC and states leveraging [contact tracers and other community health workers](#) to conduct HIV, STI, chronic disease and cancer screenings.

New Models of Care Delivery

- HHS/CDC partnering with states to leverage approaches to expand access to COVID-19 vaccinations and testing to provide HIV and STI screening and treatment where people are, e.g., mobile sites, local venues, reduced administrative barriers, co-located services.
- HHS/CDC and states supporting status neutral, non-HIV centric models of care to better meet the needs of key populations, including people with substance use disorders and individuals who are transgender, and to reduce stigma.

Housing

- The federal government and states supporting the expansion and adaptation of [innovative approaches](#) for temporary housing and shelters developed during COVID-19 to facilitate quarantine and social distancing to create new housing opportunities for people with HIV and others with unstable housing. Unstably housed individuals with HIV have the lowest rates of viral suppression. See HIV/AIDS Bureau, [HIV Care Outcomes: Viral Suppression, 2019](#) (see slide 10).