Recommendations Summary

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By 2020...

1. Identify and reduce HIV stigma
2. Reduce HIV-related disparities
3. Implement routine HIV testing
4. Increase access to pre-exposure prophylaxis (PrEP)
5. Create health care that meets the needs of sexual minorities
6. Improve HIV prevention and care for substance users
7. Remove barriers to insurance and increase health care affordability
8. Increase access to safe, stable, and affordable housing
9. Deliver whole-person health care to PLWH
10. Launch Healthier Washington for Youth
11. Include meaningful community engagement and empowerment

50% suppression of new HIV diagnoses
80% suppression of viral load
25% decrease in HIV mortality
HIV health disparities decrease
Quality of life with HIV increases

END AIDS WASHINGTON
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RECOMMENDATION

Identify, Address and Reduce Stigma Experienced by People Living with HIV (PLWH) and Individuals at Risk for HIV

Department of Health

- Convene a Special Emphasis Workgroup (SEW) on HIV-Related Stigma.
- Support the engagement and leadership of PLWH and members of affected communities in HIV planning and program evaluation.

Legislature

- Modernize Washington State’s HIV exposure and transmission laws to reflect current science and reduce HIV-related stigma.

Health Care Organizations and Systems

- When implementing action steps to reduce/eliminate HIV-related disparities, take into account and address the impacts of multiple forms of stigma on the groups experiencing disparities.
- Monitor access to health insurance to assure that PLWH and people at risk for HIV infection are not discriminated against in insurance coverage options, particularly in private employer health insurance plans, on the basis of perceived cost or medical condition.
Address and Measurably Reduce HIV-Related Disparities

**Department of Health**

- Reconvene the SEW to define specific HIV-related disparities and set appropriate numerical goals for reducing disparities.
- Ensure the allocation of funds for HIV prevention, care and treatment and prioritize addressing disparities in the black and Latino communities as reflected in the goals from the bullet above.
- Coordinate a community engagement and empowerment process, led by members of affected communities, to design programs to address and reduce HIV-related disparities.
- Consider facilitating and funding partnerships between community-based organizations and the legal community to reduce gaps in access to legal advocacy services for PLWH and members of affected communities.
- Develop and publish a disparities dashboard that tracks all of the End AIDS Washington goals, baseline numbers, and annual progress, by county and statewide.
- Integrate the goals for diminishing HIV-related disparities across all End AIDS Washington recommendations, and the entire HIV community services portfolio.
- Use research and other resources to foster a deeper understanding of HIV-related disparities and their effects on communities among decision-makers and other public health staff.
RECOMMENDATION

Implement Routine, Standardized HIV Screening for All Washington Residents

Legislature

- Pass legislation requiring medical providers in primary care, emergency departments, and urgent care and walk-in clinics in Seattle and the secondary urban areas of the state to offer HIV testing to people without a prior documented HIV test.

- Continue and increase support for frequent, health department-supported HIV testing for populations at high risk for HIV infection, as outlined in the Public Health - Seattle & King County HIV testing and STD screening recommendations.

Department of Health

- Train primary care, emergency care and urgent care practitioners to offer an HIV test as a part of the routine screening panel for patients.

Health Care Authority

- Evaluate permitting non-clinical providers, such as community-based organizations, local health jurisdictions, chemical dependency treatment centers and others, to bill Medicaid for HIV screening done in the field.
RECOMMENDATION

Increase Access to Pre-Exposure Prophylaxis (PrEP), an Important HIV Prevention Tool

Governor
- Issue a statement about the importance of addressing the cost of PrEP for World AIDS Day or another opportune time.
- Collaborate with other governors, drug makers, and insurance carriers to lower the cost of PrEP and other specialty medications.

Legislature
- Increase state funding for PrEP DAP to meet the needs of Washington residents at high risk of HIV.
- Establish out-of-pocket maximum for specialty HIV medications, including those used as PrEP.

Office of the Insurance Commissioner
- Nominate PrEP clinical guidelines as a recommendation statement topic to the U.S. Preventive Services Task Force (USPSTF) for consideration to be covered as Grade A or B preventative services and therefore at no cost to patients.
- Coordinate with other state Offices of Insurance to request for consideration of changes to the USPSTF guidelines to include PrEP as Grade A or B preventative services.
- Monitor and review health plan formularies to ensure practices are not discriminatory with regard to HIV anti-retroviral medications.

Department of Health
- Explore ways to provide PrEP DAP support or work with the Office of the Insurance Commissioner to ensure insurance coverage for all services associated with PrEP, including office visits and lab tests.
- Allocate funding for community-driven PrEP outreach and marketing and PrEP DAP enrollment initiatives to be designed and implemented by organizations that reach high-risk individuals, including black and Hispanic gay and bisexual men and transgender/non-binary people.
- Create a support system that implements services to support successful PrEP use for high risk.
- Work to expand the number of medical providers who prescribe PrEP, and foster the development of a pool of medical providers that people interested in PrEP can identify.
- Promote PrEP use to the people at greatest risk for HIV infection.
- Support access to PrEP in rural areas through telehealth.
- Support robust community engagement and empowerment to increase PrEP use.

Health Care Authority
- Request that the Bree Collaborative adopt PrEP treatment guidelines for review and analysis.
RECOMMENDATION

Create a Health Care System that Meets the Needs of Sexual Minorities

Department of Health, health care organizations and systems

- Require that all health care organizations (HCOs) systematically ask patients about the gender of their sex partners and their gender identity.

- Direct HCOs to institute interventions, including the use of the EMR, to increase adherence with national and state HIV/STD testing and PrEP guidelines.

- Collaborate with the transgender/non-binary community to identify specific trainings and services to increase the number and availability of providers skilled and sensitive in gender-affirming care and other health care needs of transgender/non-binary individuals.

- Direct state and local health departments to work with large HCOs to develop networks of LGBT-competent providers.

- Ensure that all patients in the health care system who self-identify as gay or bisexual men or as transgender/non-binary have access to culturally and medically appropriate care.

- Create or adapt existing online curricula for medical providers, including nurses and lab technicians, and office staff in LGBT health.

- Collaborate with state boards and medical associations to establish recommended LGBT-competency CME (Continuing Medical Education) standards for medical providers, including nurses and lab technicians.

- Require that all primary care residencies and medical schools in the state include a curriculum on the health of sexual minorities.

- Create and distribute informational videos for providers and office staff on creating a welcoming environment for LGBT patients.

Health Benefit Exchange, Department of Health, health care organizations and systems

- Create and maintain a directory of providers who are LGBT-sensitive and culturally aware, and post the list on the Washington Healthplanfinder website.
RECOMMENDATION

Improve HIV Prevention, Care and Treatment Among Substance Users, Including People Who Inject Drugs (PWID)

Agencies and sectors impacted

Not identified yet. The HPSG added this in response to public comment about HIV risks for PWID.

- Sustain and increase the availability of sterile syringes for PWID.
- Increase availability and accessibility of opioid use disorder medications.
- Increase access to evidence-based, culturally appropriate and effective substance abuse treatment.
- Expand supportive housing for people who use substances.
- Develop models of clinical care that improve the success of HIV prevention, care and treatment in substance users.
- Integrate HIV-related efforts to improve the health of drug-users with broader efforts to address the prevention, care and treatment needs of those who use drugs, including treatment for hepatitis C infection and efforts to diminish overdose deaths.
- Improve the monitoring of morbidity and use of key prevention, care and treatment interventions among drug users.
- Explore opportunities to prevent methamphetamine use.
RECOMMENDATION

Remove Barriers in Insurance Coverage and Increase Health Care Affordability for PLWH and Individuals at Risk for HIV

Office of the Insurance Commissioner

- Institute regulations that require that explanation of benefits statements classify services related to sexually transmitted diseases (STD), HIV testing, PrEP, and HIV treatment as preventive health services, without additional explanation.
- Increase health care plan network adequacy standard to include a minimum number of qualified HIV/STD, family planning or PrEP providers in a plan’s network. Require that network adequacy incorporate geographically diverse options.
- Diligently respond to consumer complaints when STD screenings (syphilis, gonorrhea and chlamydia) are not correctly coded as preventive services, with no out-of-pocket costs, even if disease is detected and subsequent treatment provided.
- Submit a nomination for PrEP clinical guidelines as a recommendation statement topic to USPSTF for consideration to be covered as Grade A or B preventative services and therefore at no cost to patients.
- Monitor and review health plan formularies to ensure practices are not discriminatory with regard to HIV anti-retroviral medications or medication-assisted therapies for substance use treatment.
- Issue guidance to health plans on HIV testing coverage requirements applicable to qualified health plans (QHPs) marketed on the health benefit exchange.
- Monitor and review life insurance and disability insurance policies to determine if there is discrimination against current or potential enrollees who are prescribed PrEP.

Health care plans

- Ensure that claims are covered as preventative care for STD screenings (syphilis, gonorrhea and chlamydia), with no out-of-pocket costs, even if disease is detected and subsequent treatment provided.
- Include at least one performance measure prioritizing HIV viral load suppression among people with HIV infection as part of the Quality Rating System.
- Include full coverage for anti-retrovirals being used for PrEP.
- Work internally to use utilization and claims data to identify high-risk individuals who could benefit from referral to PrEP.

Legislature

- Make STD clinics essential health care providers in Washington State.
- Pass legislation that reduces discrimination through exorbitant cost sharing by capping cost sharing at a maximum dollar amount per prescription for specialty medications, including those used for HIV prevention and treatment.
- Pass legislation eliminating tiers in insurance plans’ prescription drug formularies for specialty medications.
RECOMMENDATION

Increase Access to Safe, Stable and Affordable Housing for People Living with and at Risk for HIV

Health Care Authority, health care organizations and systems, and affordable housing sector

- Ensure that PLWH with an AIDS-defining illness or other serious health condition are always discharged from the hospital or other institution to a safe, secure place to stay.
- Expand and fund a permanent supportive housing model for people living with HIV and other at-risk people with chronic physical and/or behavioral health diagnoses.

Affordable housing sector

- Institute cultural awareness training for service providers in homeless shelters, transitional housing and permanent supportive housing to increase the number of safe spaces for PLWH, LGBT individuals (including youth), people of color, immigrants and refugees, and people who inject drugs experiencing homelessness.

Legislature, Local Health Jurisdictions and service providers, Washington State Human Rights Commission, and affordable housing sector

- Implement measures to help PLWH stay housed and avoid potential homelessness.
- Implement policies to remove barriers to accessing rental housing.
- Remove barriers to accessing housing services.

Local Health Jurisdictions and service providers

- All housing should meet safety and sanitation standards. Substandard housing is not an acceptable option for housing assistance.
RECOMMENDATION

Deliver Whole-Person Health Care to PLWH and Ensure Continuity of Integrated Care Across the Live Span

Governor’s Office and the Legislature
- Support and enhance work on the recommendations of the Adult Behavioral Health System Task Force to support efforts to end AIDS in Washington. Specifically:
  - Align and standardize regulations, reimbursement, and incentive structures to eliminate barriers to providing integrated care.
  - Increase cultural awareness and create a plan to address the role of stigma in the system through workforce development efforts.
  - Develop an integrated data system, including the ability to share data between providers in real time.
  - Support a comprehensive substance use disorder service package that includes case management, peer services, recovery supports, medication monitoring/management, access to medication assisted therapies (including opioid replacement therapy), and harm reduction.
  - Work with county jail systems and juvenile detention centers to create a continuum of care that spans incarceration and return to the community.

Business community
- Create new, innovative solutions to address the transportation and health care access needs of PLWH to support retention in care.

Department of Health
- Look for opportunities to make training available to providers through the Practice Transformation Support Hub being developed as an investment of Healthier Washington.
- Look for opportunities to expand support of interdisciplinary teams via telehealth models.
- Increase income limits for eligibility for the Early Intervention Program (EIP).
- Simplify 6-month eligibility determination processes for PLWH accessing services.
- Accelerate adaptation of care team approaches through funding and contractual mechanisms to support the most vulnerable patients with HIV and support retention in care.
- Ensure that the EIP formulary supports guideline-concordant medication-assisted therapies.

Care teams, health care organizations and systems
- All members of the care team recognize their own shared accountability to eliminating the barriers to suppressed viral load as an outcome of success in treating PLWH.
- Offer the full range of substance use disorder services, including harm reduction and medication-assisted therapy.
- Recognize that mental health diagnoses, substance use disorders, and HIV are all chronic conditions that can be managed, where triggers are understood and where relapse is recognized as part of the disease pattern.
- Implement a universal screening process, so that there is no wrong door though which PLWH can access the services they need.

Health Care Authority and Accountable Communities of Health
- Incentivize an interdisciplinary approach to care that includes medical providers, dental providers, behavioral health specialists, and other practitioners.
- Include project options that address the needs of people with chronic infectious diseases in the Global Medicaid Transformation Waiver projects.
- Incorporate stigma reduction strategies in planning the integration of providers and support systems through the Accountable Communities of Health.
- Remove barriers to accessing medication-assisted therapies.
RECOMMENDATION

Launch Healthier Washington for Youth: Improve Sexual Health Education, Physical and Behavioral Health Services, and Social Support and Interventions for Washington Youth

Governor’s Office
- Create a Youth Health Council to advise the Governor’s Office, state agencies, and the Legislature on health issues of importance to young people in Washington.

Legislature
- Enact a mandate that all public schools in Washington teach age-appropriate, comprehensive, medically accurate, and LGBT-inclusive sexual health education.
- Establish clock hour requirements for teachers, counselors, school nurses, coaches, and school staff to be trained on LGBT cultural awareness and how to discuss sexual health with students.

Office of the Superintendent of Public Instruction, Washington youth
- Develop innovative, online modules and mobile apps for sexual health education, designed by youth.

Legislature, local school districts, health care organizations, and youth services providers
- Increase access to confidential sexual and behavioral health care services in primary care offices, schools, and other community settings where youth, in and out of school, are most comfortable getting services. Support the expansion of networks of school-based clinics and wide availability of condoms. Identify ways to provide access to PrEP and sterile syringes to young people at risk for HIV and young people who inject drugs.
- Increase condom availability and distribution for youth outside of schools.
- Increase harm reduction support and syringe services for youth.

Office of Homeless Youth Prevention and Protection Programs (Department of Commerce)
- Increase support for youth sporadically engaged with or outside of the school system, including youth who have dropped out or aged out of the K-12 system, unaccompanied homeless youth, youth in the foster care system, and youth in the juvenile justice system, with an emphasis on culturally appropriate services for LGBT youth and youth of color.
- Increase support for and outreach to LGBT youth and other young people engaged in commercial sex work and/or being trafficked.

Local school districts, youth services providers
- Strengthen social supports for LGBT youth and youth of color to reduce anti-LGBT stigma and the health consequences of racism, and support self-esteem, self-determination, and healthy relationships.

Office of the Superintendent of Public Instruction, and local school districts, Department of Health
- Evaluate the success of these efforts through the Healthy Youth Survey, and expand the Survey distribution beyond school-based settings.
Invigorate and Strengthen Meaningful Community Engagement and Empowerment for People and Communities Disproportionately Affected by HIV-Related Disparities and Stigma

Macro-Level Action Item

Public Health should take the lead in articulating the community engagement vision in partnership and collaboration with members of affected communities, Health Care Authority, Accountable Communities of Health and interested health systems.

PLWH and members of communities affected by HIV, Department of Health, health care organizations and systems, Local Health Jurisdictions and service providers

- Design the implementation structure and accountability for the Recommendations in the End AIDS Washington Report. Identify a dedicated staff person at the state level (DOH Infectious Disease Office) whose sole assignment is End AIDS Washington.

- Partner with existing community-based groups, such as consumer advisory panels and research community advisory boards, to engage members of affected communities to identify and implement community empowerment strategies. Engage communities in building a shared vision of the genuinely collaborative process so that everyone can work toward making this collaboration happen effectively.

- Ensure sufficient representation of PLWH and members of affected communities on all other decision-making bodies, including paid staff.

- Include capacity building for PLWH and members of affected communities in HIV funding opportunities.

- Establish additional ways for PLWH and members of affected communities to be meaningfully involved in HIV planning, program development, or evaluation without joining a board or planning body.

- Direct HIV resources to fund peer support, peer navigators, and vocational opportunities for PLWH and members of affected communities.

- Message and program development should be led by the communities these interventions are meant to benefit.

- All outreach, educational, eligibility, and programmatic materials should be language accessible and culturally appropriate, including American Sign Language in video format.