THE LANDSCAPE OF ADOLESCENT HIV INFECTION IN THE U.S., ADDRESSING STIGMA, BIAS AND CULTURAL HUMILITY

Molly McHenry FNP
Adolescent HIV Prevention ECHO
May 7, 2019
OBJECTIVES

1) Describe the contributing factors to the disproportionate impact of HIV in the Southeast to LGBTQ populations and unique risks for adolescents.

2) Examine the impact of HIV and LGBTQ stigma in my community and the role of my organization in responding to this.

3) Assess the impact of my personal values and biases on my ability to provide high quality and appropriate care to reduce HIV and STDs in adolescents who identify as LGBTQ.
TOPICS

- Intersectionality
- Role of stigma
- Implicit bias
- Cultural humility
- Terms
- HIV overview
- Prep overview
Intersectionality:
The interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.
DEGRAFFENREID V. GENERAL MOTORS 1976

- Sex based vs. race based discrimination
- Black men were being hired on the factory floor
- White women were being hired as secretaries
- Black women were “last hired, first fired”
- This case begs the question: Is discrimination compound?
- The case was dismissed....
Kimberlé Williams Crenshaw, a civil rights advocate and scholar, is known for introduction and development of intersectional theory.
TOPICS

- Intersectionality
- Role of stigma
- Implicit bias
- Cultural humility
- Terms
- HIV overview
- Prep overview
2019 Black & African American LGBTQ Youth Report
Eighty percent “usually” feel depressed, down, worried, nervous or panicked. Nearly half feel critical of their LGBTQ identities.
Sixty-seven percent of respondents -- and 82 percent of transgender and gender-expansive youth -- have been verbally insulted because of their LGBTQ identity.
Ninety percent of respondents have experienced racial discrimination, and only five percent believe Black and African American people are regarded positively in the U.S.
Sixty-three percent of Black and African American transgender and gender-expansive youth try to avoid using the restroom during the school day.
More than three-fourths of Black and African American LGBTQ youth who responded to the survey have heard family members say negative things about LGBTQ people, and nearly half have been taunted or mocked by family for being LGBTQ.
“Messages that reinforce stigma and shame, racist rhetoric from elected officials, and inequitable systems of care complicate the ability of Black and African American LGBTQ youth to fully express and explore their intersecting racial and LGBTQ identities.”

-Ellen Kahn, HRC Foundation Director of the Children, Youth & Families Program
STIGMA AND HIV

Figure 1
Stigma and HIV Disparities Model

Societal Stigma
- Race/Ethnicity
- Intersectional Stigma
  - HIV
  - Sexual Orientation
  - Gender Identity
  - Substance Use
  - Sex Work
  - Incarceration
  - Immigration

Structural-Level Manifestations
- Residential Segregation
- Historical Traumatic Assaults
- Medical Mistrust

Individual-Level Manifestations: Target
- Perceived Stigma
- Internalized Stigma
- Anticipated Stigma

Racial/Ethnic HIV Disparities
- Risk
- Incidence and Screening
- Treatment
- Survival

Individual-Level Manifestations: Perceiver
- Prejudice
- Stereotypes
- Discrimination

Moderators:
- Resilience
- Resources
- Structural Level
- Empowerment
- Trust
- Individual Level: Perceiver
- Common Ingroup Identity
- Contact
- Individual Level: Target
- Social Support
- Adaptive Coping

Earnshaw et al 2013
TOPICS

- Intersectionality
- Role of stigma
- Implicit bias
- Cultural humility
- Terms
- HIV overview
- Prep overview
Implicit bias, sometimes called unconscious bias, happens when we allow our own attitudes, feelings, stereotypes, or beliefs to impact our judgment or understanding of other people.
Implicit bias may contribute to a health care system that marginalizes and harms individuals and communities by perpetuating systems of oppression through racism, homophobia, transphobia etc.

What we consciously or subconsciously assume about our patients has an impact on the health care we provide.
THIS MEANS US
HOW CAN PROVIDERS REDUCE UNCONSCIOUS BIAS?

Source: IHI: Institute for Healthcare Improvement
http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/David-Williams-Don-Berwick-How-Can-Providers-Reduce-Unconscious-Bias.aspx
COMMUNITIES MARGINALIZED BY HEALTH CARE

- Disabled people
- People of color
- Indigenous/first nations people
- LGBTQ
- Undocumented
- Incarcerated
- Women
Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

PNAS April 19, 2016 vol 113 no 16 p 4296-4301
<table>
<thead>
<tr>
<th>Item</th>
<th>General</th>
<th>1st year</th>
<th>2nd year</th>
<th>3rd year</th>
<th>Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blacks age more slowly than white</td>
<td>23</td>
<td>21</td>
<td>28</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Blacks’ nerve endings are less sensitive than whites’</td>
<td>20</td>
<td>8</td>
<td>14</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Black people’s blood coagulates more quickly than whites</td>
<td>39</td>
<td>29</td>
<td>17</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Whites have larger brains than blacks</td>
<td>12</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Whites have a better sense of hearing than blacks</td>
<td>10</td>
<td>3</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Blacks’ skin is thicker than whites</td>
<td>58</td>
<td>40</td>
<td>42</td>
<td>22</td>
<td>25</td>
</tr>
<tr>
<td>Blacks have a more sensitive sense of smell than whites</td>
<td>20</td>
<td>10</td>
<td>18</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Whites have a more efficient respiratory system than blacks</td>
<td>16</td>
<td>8</td>
<td>3</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Black couples are significantly more fertile than white couples</td>
<td>17</td>
<td>10</td>
<td>15</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Blacks are better at detecting movement than whites</td>
<td>18</td>
<td>14</td>
<td>15</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Blacks have stronger immune systems than whites</td>
<td>14</td>
<td>21</td>
<td>15</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Percentage of white participants endorsing beliefs about biological differences between blacks and whites. (Courtesy of PNAS/Hoffman et al)
"What we found is those who endorsed more of those false beliefs showed more bias and were less accurate in their treatment recommendations," Hoffman said.
• "Tuskegee Study of Untreated Syphilis in the Negro Male” 1932-1972*

![The New York Times](http://www.cdc.gov/tuskegee/timeline.htm)

Syphilis Victims in U.S. Study Went Untreated for 40 Years

By JEAN HELLER
The Associated Press

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were induced to serve as guinea pigs, have gone without medical treatment for the disease and a few have died of its late effects, even though an effective therapy was eventually discovered.

The study was conducted to determine from autopsies what the disease does to the human body.

Officials of the health service who initiated the experiment have long since retired. Current officials, who say they have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

Doctors in the service say they are now rendering whatever other medical services they can give to the survivors while the study of the disease's effects continues.

Dr. Martin K. DuVal, Assistant Secretary of Health, Education and Welfare for Health and Scientific Affairs, expressed shock on learning of the study. He said that he was making an immediate investigation.

The experiment, called the Tuskegee Study, began in 1932 with about 600 black men.

HeLa Cells 1951-present **

![HeLa Cells](https://directorsblog.nih.gov/2013/08/07/hela-cells-a-new-chapter-in-an-enduring-story/)

**HeLa Cells: A New Chapter in an Enduring Story**

The Immortal Life of Henrietta Lacks

Doctors took her cells without asking. Those cells never died. They launched a medical revolution and a multimillion-dollar industry.

More than twenty years later, her children found out. Their lives would never be the same.

Rebecca Skloot
Native American/Indigenous People

- Forced sterilization of native women by US Government 1973-1976*

*National Library of Medicine: Native Voices
People With Disabilities

**PAP Test Rates 2010**

<table>
<thead>
<tr>
<th>Disability</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Disability</td>
<td>80</td>
</tr>
<tr>
<td>Movement Difficulty</td>
<td>70</td>
</tr>
<tr>
<td>Sensory Difficulty</td>
<td>80</td>
</tr>
<tr>
<td>Emotional Difficulty</td>
<td>70</td>
</tr>
<tr>
<td>Cognitive Difficulty</td>
<td>80</td>
</tr>
<tr>
<td>Self-care Limitation</td>
<td>60</td>
</tr>
</tbody>
</table>

A.I.D.S.: WE NEED RESEARCH, NOT HYSTERIA!
When Doctors Refuse to Treat AIDS

LEAD: Fear of AIDS has produced its most painful symptom yet: doctors and dentists who refuse to treat patients they believe to be infected with the AIDS virus.

August 3, 1987

A.M.A. Rules That Doctors Are Obligated to Treat AIDS

LEAD: The American Medical Association declared today that doctors had an ethical obligation to care for people with AIDS as well as for those who had been infected with the virus but showed no symptoms.

November 13, 1987
**Microaggression:** a statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority.
OBJECTIVES

- Intersectionality
- Role of stigma
- Implicit bias
- Cultural humility
- Terms
- HIV overview
- Prep overview
"It is a process that requires humility... as individuals continually engage in self-reflection and self-critique as lifelong learners and reflective practitioners... to redress power imbalances to develop mutually beneficial non-paternalistic partnerships in care"

(Tercalon & Garcia, 1998, p117)
Patient-centered Medical Practice
- Relationship-Based Care
- Witnessing on behalf of patients
- Focus on individuals rather than groups

Cultural Humility

Reflexive Anthropology
- Modern definition of culture
- Awareness of the universality of culture
- Provider training in ethnography

Improved patient-provider relationships
Decreased marginalization of minority groups

Proposed improved health outcomes
OBJECTIVES

- Intersectionality
- Role of stigma
- Implicit biased
- Cultural humility
- Terms
- HIV overview
- Prep overview
**TERMS TO KNOW**

- **Natal/Biologic gender**: Gender assigned at birth; body parts, hormones, biology.

- **Gender Identity**: The understanding of one’s self (Female, male, transgender, gender non-conforming, genderqueer, non-binary, gender fluid, cisgender)

- **Gender Expression**: Ways in which a person acts, presents self, and communicates gender within a given culture

- **Gender Non Conforming/non-binary/genderqueer**: A person who views their gender on a spectrum rather than fitting into society's binary categories of male/female.

- **Cisgender**: denoting or relating to a person whose sense of personal identity and gender corresponds with their birth sex

- **Transgender**: denoting or relating to a person whose sense of personal identity and gender does not correspond with their birth sex
TERMS TO KNOW

- **Sexual orientation**: sexual concept of one's self based on feelings, attractions and desires
- **LGBTQ+**: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
- **Pansexual**: Fluid sexual attraction to people of any sex or gender
- **Asexual or ACE**: A person who does not experience sexual attraction
- **Queer**: An umbrella term that may include the entire LGBT community and also people who fit outside social norms of sexual identity and gender expression; emphasized fluid and experience-based identifies and attractions.
- **Sexual behaviors**: Men who have sex with men (MSM), women who have sex with women (WSW)
**TERMS TO UN-KNOW**

- Offensive: "homosexual" (n. or adj.)  
  Preferred: "gay" (adj.); "gay man" or "lesbian" (n.); "gay person/people"

- Offensive: "homosexual relations/relationship," "homosexual couple," "homosexual sex," etc.  
  Preferred: "relationship," "couple" (or, if necessary, "gay couple"), "sex," etc.

- Offensive: "sexual preference"  
  Preferred: "sexual orientation" or "orientation"

- Offensive: Transvestite- An outdated term that is associated with the medical community's negative view of transgender people and people who “cross-dress”.

- Offensive: “Alternative lifestyle”

- More: https://www.glaad.org/reference/offensive
Gender identity and sexual orientation are separate and often unrelated.

Sexual orientation does not always line up with sexual behaviors.
LEARNING TO ADDRESS IMPLICIT BIAS TOWARDS LGBTQ PATIENTS: CASE SCENARIOS

Source: National LGBT Health Education Center

CASE 1: LEE
Lee presents to the health center for his annual checkup. The health center includes sexual orientation and gender identity questions on the registration forms. Lee notes that he is “heterosexual/straight” on the intake form. Later, during the exam, the primary care provider asks as part of the sexual history, “Are you using condoms, or comfortable with the idea of a partner getting pregnant?” Lee, who has only had male partners for the past year, answers “I have been sleeping with men lately.” The primary care provider then says, “Oh, it says here you are straight. You must have filled out the form incorrectly.” Lee responds, “No, I didn’t.”
What assumption did Lee’s primary care provider make?

Why was it incorrect?
Lee’s primary care provider assumed Lee identified as gay because he has sex with men. Although we commonly think of people who have same-gender partners as being gay or bisexual, studies have found that at as many as 10% of men who have sex with men may identify as straight.

This apparent discrepancy between behavior and identity could be due to the stigma attached to being gay, and/or to cultural variations in sexual identity. For example, some cultures do not recognize gay identities; some define gay men only as those who appear to act in traditionally feminine ways; and some feel that the term “gay” only applies to white people.

It is also possible that Lee is in the process of coming out, but is not yet ready to identify as gay, bisexual, or another sexual orientation. For this and other reasons, it is important to routinely ask about sexual orientation (and gender identity).
What should Lee’s primary care provider have done instead?
The primary care provider should have asked Lee to tell him the gender of his sexual partner(s).

He should not have assumed Lee only had sex with women, even though Lee thinks of himself as heterosexual.

When he hears that Lee has sex with men, it is, however, acceptable for the provider to ask about sexual orientation again, as a way to validate the data. One way to ask would be, “It says in your record that you identify as heterosexual. Is that correct?”
CASE 2: MARLEY
Marley, who identifies as transmasculine, is being prepped for a gynecology exam by a medical assistant. The assistant says to Marley, “Please change into this robe, with the opening in the front. You need to remove your bra and panties because you are due for a breast exam and Pap smear.”
What did the medical assistant say that might make Marley feel uneasy?
When the medical assistant referred to a bra, breast exam, and panties, she was using words traditionally associated with female gender.

Some transgender people experience dysphoric feelings about parts of their body that do not align with their gender identity.

Hearing these words can make an already uncomfortable exam even more distressing.
What could the medical assistant have said instead?
Marley would likely feel more respected if the medical assistant used words like underwear and chest that apply to all genders and anatomies.

The medical assistant could have said “The doctor will be performing a chest exam and cancer screening, and asks that you please remove all of your clothes, including any underwear. You should wear the robe with the opening in the front.”

In addition, medical providers should ask transgender patients what words the patients use to describe their external and internal organs, and then use those words consistently.
RESOURCES

- The National LGBT Health Education Center - www.lgbthealtheducation.org
- Health Equality Index from the Human Rights Campaign - www.hrc.org/hei
- Center of Excellence for Transgender Health - www.transhealth.ucsf.edu
- World Professional Association for Transgender Health - www.wpath.org
- The Fenway Guide to LGBT Health, 2nd Edition
  https://store.acponline.org/ebizatpro/Default.aspx?TabID=251&ProductID=21572
- Project Implicit - https://implicit.harvard.edu/implicit/
OBJECTIVES

- Intersectionality
- Role of stigma
- Implicit biased
- Cultural humility
- Terms
- HIV overview
- Prep overview
“If we fail to end AIDS in the Black Community…we fail to end AIDS.”

-Phil Wilson, President and CEO of the Black AIDS Institute
“I want folks who read the report to walk away knowing that we are not in this epidemic due to our sexual proclivities. This epidemic we are facing is a direct response to systemic issues such as lack of insurance, education, employment, access to friendly and respectful treatment, and the list continues.”

HIV SCREENING REVIEW

- “Opt-Out” as of 2006
  - Testing should be routine unless patient refuses
  - Pre and post counseling no longer required
- 4th Generation Ag/Ab Testing
  - Rapid vs Serum
- Communication of results
  - In person vs phone or email
- CDC recommends screening: **
  - At least once for all people 13-64 years old
  - All pregnant people
  - At least annually for sexually active MSM

*AIDS.gov “Opt-Out Testing”
https://www.aids.gov/hiv-aids-basics/prevention/hiv-testing/opt-out-testing/
**CDC 2015 STD Treatment Guidelines
Estimated Engagement in the HIV Care Cascade in the US

It is estimated that only 19 percent of HIV-positive people in the US have an undetectable viral load. Similar patterns in the care cascade exist around the world.


AVAC Report 2012: Achieving the End – One Year and Counting,
www.avac.org/report2012
### ADULTS AND ADOLESCENTS LIVING WITH DIAGNOSED HIV INFECTION, BY POPULATION OF AREA OF RESIDENCE AND REGION, YEAR-END 2014—UNITED STATES

<table>
<thead>
<tr>
<th>Region of residence</th>
<th>MSA of ≥500,000</th>
<th>Non-metropolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Rate</td>
</tr>
<tr>
<td>Northeast</td>
<td>207,655</td>
<td>536.6</td>
</tr>
<tr>
<td>N = 224,942</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midwest</td>
<td>85,060</td>
<td>267.6</td>
</tr>
<tr>
<td>N = 107,200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South</td>
<td>295,667</td>
<td>475.1</td>
</tr>
<tr>
<td>N = 381,718</td>
<td></td>
<td></td>
</tr>
<tr>
<td>West</td>
<td>161,542</td>
<td>344.0</td>
</tr>
<tr>
<td>N = 179,906</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note.** Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data are based on address of residence as of December 31, 2014 (i.e., most recent known address). Data exclude persons whose county of residence is unknown. Rates are per 100,000 population.
HIV in the Southern USA
CDC Issue Brief
May 2016
Diagnosis rates for people in the South are higher than for Americans overall. **Eight of the 10 states with the highest rates of new HIV diagnoses are in the South, as are the 10 metropolitan statistical areas (MSAs) with the highest rates.**
The heavy burden of HIV in the South is driven in part by unique socioeconomic factors. Income inequality, poverty, and poorer health outcomes have long been more widespread in southern states, compared to the rest of the nation.

...and southern states generally continue to have the highest numbers of people without health insurance. The four states with the highest proportions of people without health insurance are in the South: Texas (18.8%), Oklahoma (18.1%), Georgia (17.5%), and Florida (17.2%).
Cultural factors may also play a key role. Issues such as homophobia and transphobia, racism, and general discomfort with public discussion of sexuality may be more widespread in the South and can lead to higher levels of stigma, which may limit people’s willingness to seek HIV testing, care, or prevention services.

Another challenge is that southern states have not yet widely adopted new HIV prevention advances, such as antigen/antibody combination HIV tests that can detect infection in its early, or acute, stages when it is most easily transmitted.


**Lifetime Risk of HIV Diagnosis by Transmission Group**

- **MSM**: 1 in 6
- **Women Who Inject Drugs**: 1 in 23
- **Men Who Inject Drugs**: 1 in 36
- **Heterosexual Women**: 1 in 241
- **Heterosexual Men**: 1 in 473

*LOWEST RISK*  
*HIGHEST RISK*

Source: Centers for Disease Control and Prevention
DIAGNOSES OF HIV INFECTION AMONG ADULTS AND ADOLESCENTS BY AGE AT DIAGNOSIS, 2015—UNITED STATES

N = 39,393

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data for the year 2015 are preliminary and based on 6 months reporting delay.
Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data have been statistically adjusted to account for missing transmission category. “Other” transmission category not displayed as it comprises less than 1% of cases.

*Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.
Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis.
Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data have been statistically adjusted to account for missing transmission category. Data on men who have sex with men do not include men with HIV infection attributed to male-to-male sexual contact and injection drug use.
HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2015

*CDC HIV Surveillance Report 2016;27*
OBJECTIVES

- Intersectionality
- Role of stigma
- Implicit biased
- Cultural humility
- Terms
- HIV overview
- Prep overview
Pre Exposure Prophylaxis
Right now PrEP is mostly used synonymously with Truvada, however, there are many more PrEP options in development...
ARV-Based Prevention Pipeline

The pipeline of ARV-based prevention products includes oral pills, vaginal rings, vaginal films, long-acting injectable ARVs. Not pictured are a range of multipurpose technologies in development that aim to reduce women’s risk of HIV and STIs, and provide effective contraception.

For up-to-date information on the ARV-based prevention pipeline, visit the HIV Prevention Research Database at www.avac.org/persd.
Estimated Engagement in the HIV Care Cascade in the US

It is estimated that only 19 percent of HIV-positive people in the US have an undetectable viral load. Similar patterns in the care cascade exist around the world.


AVAC Report 2012: Achieving the End – One Year and Counting,
PrEP care cascade

At-risk: 100%
Aware and willing to use PrEP: 50%
Able to access healthcare: 40%
Receive PrEP prescription: 30%
Adherent: 10%

PrEP must be taken every day in order to be effective.

People who may use PrEP include HIV negative people in a monogamous relationship with HIV positive people, non-monogamous people in a high risk population, and IV drug users.

92%
When taken daily, it reduces the risk of contracting HIV by 92% for those who are exposed regularly.

It is safe to take, but people using it may experience side effects like an upset stomach, loss of appetite, or headache.

Many insurances will pay for PrEP, but you should check with yours before beginning it, or find an assistance program near you.

What do I need to know?

PREP

You must begin taking PEP within 72 hours after exposure for it to be effective.

PEP consists of 3 anti-HIV medications that must be taken daily for 28 days after exposure.

PEP can make you feel quite sick while taking it, occasionally making it difficult to finish the course, but it must be finished to be effective.

PEP is not 100% effective, so you should not plan to use it in place of condoms or other barrier methods.

Not all insurance companies will pay for PEP, so ask your healthcare provider for help finding a financial assistance program.

A decision tool for men and their health providers

Step 2:
Chances of getting HIV, with and without PrEP

This is an estimate of your chances of becoming HIV-positive over one year.

Without PrEP
If 100 men who answered like you are not taking PrEP

15 men will become HIV-positive
85 men will stay HIV-negative

With PrEP
If 100 men who answered like you are taking PrEP

1-2 men will become HIV-positive
98-99 men will stay HIV-negative
### HDAP
**HIV Drug Assistance Program**

- **People Served**: People living with HIV
- **Funding**: Ryan White HIV/AIDS Program
- **Insurance**: HDAP can pay for premiums but not deductibles
- **Coverage**: HDAP can pay for copays for any prescription drug covered by client’s health insurance that is not on HDAP’s exclusion list
- **Coverage Term**: HDAP coverage is for a 6-month term
- **Clinician Signature**: A clinician’s signature is required to process an HDAP application
- **Payer of Last Resort**: HDAP clients must apply to MassHealth to access HDAP
- **Pharmacy**: HDAP clients can use any single pharmacy they choose
- **Application Turnaround**: Completed HDAP applications are approved in approximately 2 weeks

### PrEPDAP
**Pre-Exposure Prophylaxis Drug Assistance Program**

- **People Served**: People at risk for HIV
- **Funding**: Massachusetts Department of Public Health
- **Insurance**: PrEPDAP can pay for deductibles but not premiums
- **Coverage**: PrEPDAP can pay for out-of-pocket costs, including copays & full cost payments towards a deductible, for Truvada only
- **Coverage Term**: PrEPDAP coverage is for a 12-month term
- **Clinician Signature**: A clinician’s signature is not required to process a PrEPDAP application
- **Payer of Last Resort**: PrEPDAP clients do not need to apply to MassHealth to access PrEPDAP
- **Pharmacy**: PrEPDAP sites must designate one pharmacy for all of their PrEPDAP clients
- **Application Turnaround**: Completed PrEPDAP applications are approved in approximately 5 business days

### Similarities Between HDAP & PrEPDAP
- **All MA residents are eligible regardless of immigration status**
- **Incomes limit**: 500% FPL ($49,400) / $4,140 per dependent
- **Both programs can pay for pharmacy copays**
- **Both programs can pay for medical visit copays**
- **A completed application form is required to enroll**
- **Pharmacists must bill CRI. No payments can be made to clients.**
THANK YOU!