How COVID-19 has Impacted our HIV Work and Planning for 2022 and Beyond

Emily McCloskey, NASTAD
NASTAD’s RFI

- NASTAD fielded multiple RFIs to our members, focusing on three health department programmatic areas
  - RWHAP Part B/ADAP
  - HIV prevention
  - Hepatitis
- RFIs focused on impact of COVID-19 on programs and clients, anticipated challenges, emerging funding and technical assistance needs, and impact on Ending the HIV Epidemic (EHE) initiative activities
- Conducting follow up RFI in early 2022
COVID-19: Economic Impact

Table 1: Estimated Impact to Health Insurance Coverage due to COVID-19 Economic Downturn

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Unemployment Rate</th>
<th>Medicaid</th>
<th>Marketplace</th>
<th>Employer-Sponsored</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-COVID</td>
<td>3%</td>
<td>71</td>
<td>13</td>
<td>163</td>
<td>29</td>
</tr>
<tr>
<td>Low</td>
<td>10%</td>
<td>82</td>
<td>12-13</td>
<td>151</td>
<td>30-31</td>
</tr>
<tr>
<td>Medium</td>
<td>17.5%</td>
<td>88</td>
<td>13-14</td>
<td>140</td>
<td>34-35</td>
</tr>
<tr>
<td>High</td>
<td>25%</td>
<td>94</td>
<td>13-15</td>
<td>128</td>
<td>39-40</td>
</tr>
</tbody>
</table>

Source: Health Management Associates, May 2020

- States dealt with an influx of uninsured, causing flux across payers and RWHAP
- The Great Resignation impacts enrollment
COVID-19 State Budget Shortfalls Could Be Largest on Record

Total shortfall in each fiscal year, in billions of 2020 dollars

2001 Recession

Great Recession

COVID-19
Nearly 70% of RWHAP respondents indicated that health department detailing was a challenge, which is a significant increase from the May RFI.

The COVID-19 economic downturn will have a long term impact on RWHAP client needs and RWHAP ADAP/Part B budget.
Key Findings: RWHAP Part B/ADAP

Top Challenges Identified

- Increased number of uninsured people in the program: 28.9%
- Decreased rebate and/or program income revenue from shifts in client insurance: 11.1%
- Loss or reduction of state funding: 15.6%
- Loss or reduction of state funding: 2.2%
- Expansion of services to provide COVID-19 related prevention and treatment: 40%
- Detailing of health department staff to COVID-19 response, decreasing health dep: 68.9%
- Decreased program enrollment, utilization, or retention due to social distancing: 31.1%
- Other: 20%
Key Findings: RWHAP Part B/ADAP

CARES Act Funding Activities

- Cover new clients coming into the program: 20%
- Invest in provider capacity: 40%
- Provide emergency financial assistance funds (e.g., housing, food, utilities): 70%
- Provide COVID-19 testing and other services: 10%
- Invest in adapting EIS services (e.g., home testing): 5%
- Provide behavioral health services for frontline staff: 10%
- Other: 30%
HIV prevention programs have a decreased ability to continue outreach and prevention services, with an uptick in programs reporting challenges in continuing to provide services from May to August.

Many programs have shifted to at-home testing programs and are seeking innovative ways to do outreach for prevention programs.
HEPATITIS

Hepatitis programs, which have historically been **understaffed and underfunded**, are seriously impacted by this chronic underfunding, with **over 76%** of jurisdictions reporting that staff have been detailed to the COVID-19 response.

In addition, health department staff have been subject to state government furloughs and hiring freezes, which **will have a long-term impact** on the public health infrastructure and the hepatitis response.
Nearly 80% of Ending the HIV Epidemic Jurisdiction respondents said that to properly engage with people living with or at risk of HIV and ensure community engagement, extended timelines are needed.
Key Findings

- Detailing of staff was a challenge across all three programs (particularly acute in HIV prevention)
  - HIV surveillance is very limited right now
- For HIV prevention and hepatitis, the other biggest challenge is decreased ability to continue outreach and prevention services
- HIV Prevention and hepatitis biggest COVID needs: more funding across prevention, surveillance, and harm reduction and grant administration and flexibility
- ELC funding
  - VERY limited ELC funding allocations to HIV prevention and hepatitis
EHE Impact

- Majority of respondents indicated they are changing work plans in response to COVID-19
  - Changing timelines
  - Rethinking scope
  - Overhauling community engagement activities
- Majority of respondents indicated that federal flexibility is critical moving forward
At Home Testing

Twenty-one jurisdictions currently offer HIV self-testing services
Lessons Learned

- Flexibility of telehealth and telemedicine
- Efficacy of education through virtual trainings
- Publicly funded infectious disease testing system
- Increased flexibility
- Promotion and expansion of telehealth services
- COVID-19 pandemic has highlighted the behavioral needs of people
Looking Forward

- New RFI coming early 2022 to reflect on 2021
- Working to implement lessons learned