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State of Alabama

Ryan White HIV/AIDS Program

AIDS Drug Assistance Program (ADAP) and

Part B Core Medical and Support Services Report

This report reflects clients receiving services during 2019

Prepared by:

Office of HIV Prevention and Care

Ryan White Direct Services Program

For additional information, please visit http://alabamapublichealth.gov/hiv

The Health Resources and Services Administration (HRSA), Ryan White HIV/AIDS Program (RWHAP) supports a comprehensive system of care that ensures ongoing access to high quality HIV care, treatment, and support services. The RWHAP provides services to low-income people with HIV (PWH), as well as their families, who have no health care coverage (public or private), have insufficient health care coverage, or lack financial resources to get the HIV care and treatment they need to achieve positive health outcomes.

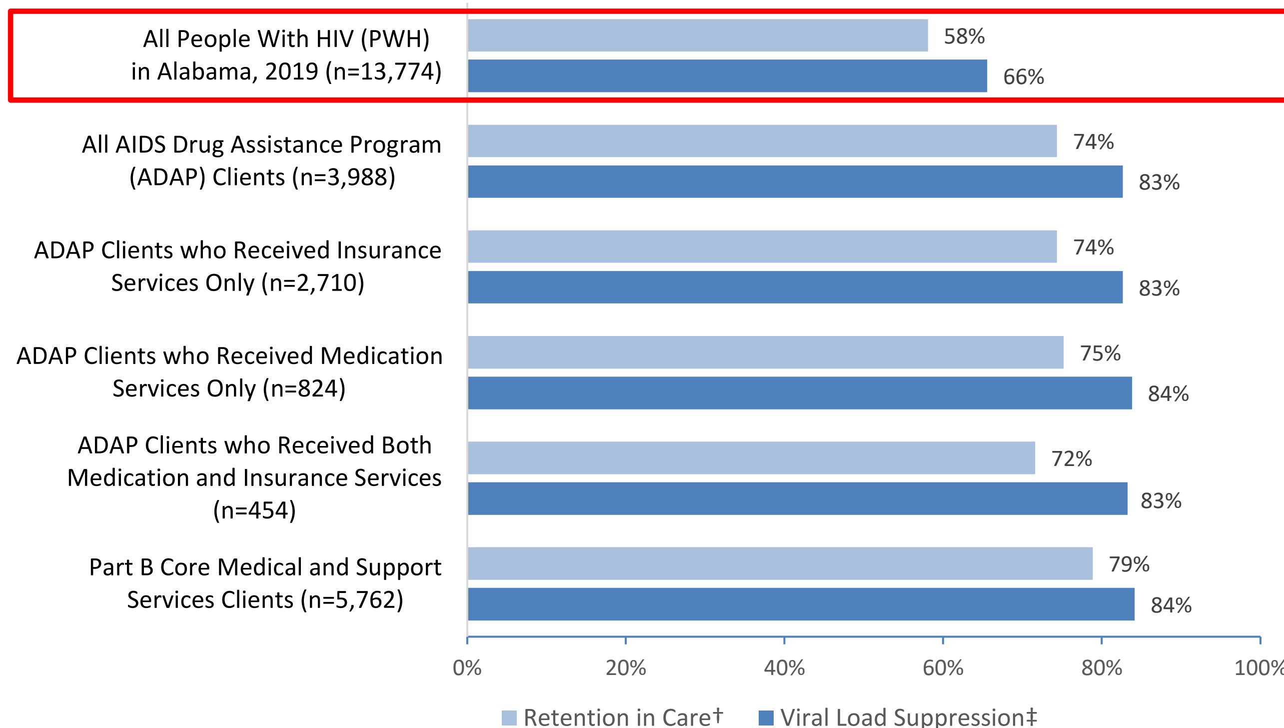
Alabama's RWHAP Part B provides continuous access to life-saving treatment and care for low-income, uninsured, and underinsured PWH in Alabama through the AIDS Drug Assistance Program (ADAP) and Part B core medical and support services. Together, ADAP and Part B services provide seamless care and support across the HIV Care Continuum and play an integral role in the achievement of the National HIV/AIDS Strategy (NHAS) 2020 goals, which include: 1) reducing new HIV infections; 2) increasing access to care and improving health outcomes for PWH; 3) reducing HIV-related disparities and health inequities; and 4) achieving a more coordinated national response to the HIV epidemic.

PWH who achieve and maintain viral suppression are 96 percent less likely to pass HIV on to their sexual partners. For PWH who reach undetectable levels, there are no documented cases of sexual transmission. This is the premise of the Prevention Access Campaign's Undetectable Equals Untransmittable (U=U) initiative, which the Centers for Disease Control and Prevention supports agreeing there is "effectively no risk" of sexually transmitting HIV when on treatment and undetectable.

RWHAP Part B clients receiving ADAP and Part B core medical and support services experience improved health outcomes compared to all other PWH in Alabama. Both ADAP and Part B services have a measurable impact on the HIV Care Continuum, improving retention in care and viral suppression in Alabama. Specifically, RWHAP Part B clients receiving ADAP and Part B core medical and support services are close to achieving the NHAS 2020 goal of 90 percent retention in care and many have already met or surpassed the NHAS 2020 goal of 80 percent viral suppression (Figure 1).

During 2019, 74 percent of PWH receiving ADAP services were retained in care and 83 percent were virally suppressed (Figure 1). Retention in care and viral suppression are also shown according to whether an ADAP client received medication services only, insurance services only, or a combination of both medication and insurance services during 2019. Figure 1 also depicts retention in care and viral suppression among clients receiving Part B core medical and support services. During 2019, 79 percent of clients receiving Part B services were retained in care and 84 percent achieved viral suppression. In comparison, only 58 percent of all PWH in Alabama were retained in care and only 66 percent were virally suppressed during 2019. Of note, Alabama's HIV Care Continuum includes RWHAP clients receiving ADAP and/or Part B core medical and support services. If Ryan White Part B and ADAP clients were removed from Alabama's HIV Care Continuum, retention in care (58 percent) and viral suppression (66 percent) would be even lower.

Figure 1. Retention in Care and Viral Suppression Among Clients Receiving Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) and Part B Core Medical and Support Services Compared to all People With HIV, Alabama 2019



Sources: Alabama Department of Public Health, Office of HIV Prevention and Care, Ryan White Direct Services Program
Note: Calculations include people with HIV (PWH) receiving Ryan White Part B and/or AIDS Drug Assistance Program (ADAP) services during 2019. Retention in care and viral suppression may be slightly underestimated, as a full 12 months to account for delayed reporting of laboratory results has not yet passed prior to assessing retention in care and viral suppression. In addition, some clients are newly diagnosed and/or returning to care, and have not yet had adequate time to achieve retention in care and viral suppression.
Alabama's preliminary 2019 HIV Care Continuum is not yet published.
‡ Calculated as the percentage of clients receiving services during 2019 retained in care, evidenced by ≥2 CD4, HIV genotype, and/or viral load tests collected at least 90 days apart in 2019.
† Calculated as the percentage of clients receiving services during 2019 whose most recent viral load collected during 2019 was suppressed (<200 copies/mL).

Alabama's RWHAP Part B and ADAP eligibility includes five basic components:

1. HIV-positive*
2. Alabama residency
3. Financial eligibility, currently set at 400 percent of the federal poverty level (FPL)
4. RWHAP Part B must be the payer of last resort
5. Biannual (twice yearly) recertification (birth month and half birth month schedule)

Alabama's ADAP Services

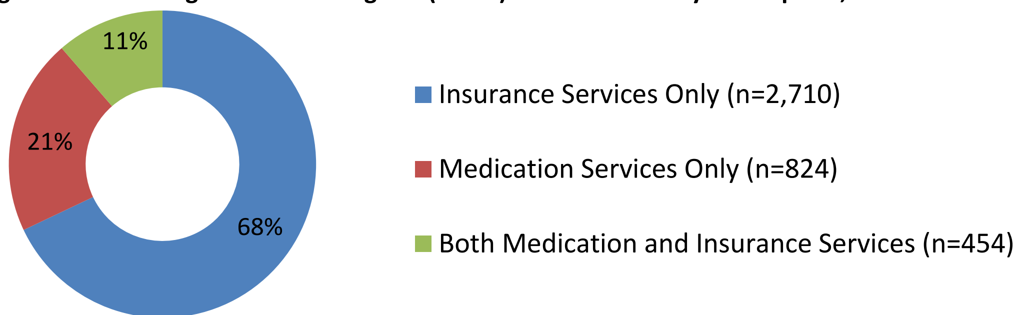
Alabama's ADAP offers access to medication and insurance services. Upon enrollment, clients are enrolled in the most cost-effective plan option available. The majority of PWH applying to ADAP outside Marketplace insurance open enrollment periods receive medication services and access to Alabama's ADAP Drug Formulary for uninsured and underinsured clients. To ensure

the most comprehensive and cost-effective options are available, the majority of ADAP clients are transitioned to cost-effective ADAP-funded health insurance plans during open enrollment. ADAP clients enrolled in insurance plans have access to any medication covered by the insurance plan's drug formulary. Clients enrolled in health insurance are enrolled in the HealthPlusAlabama (HPAL) plan, with optional standalone dental insurance coverage. Currently, all HPAL clients are enrolled in the Blue Cross Blue Shield of Alabama Blue Value Gold plan, with or without coverage in the Blue Dental Select plan. ADAP also provides insurance assistance for PWH enrolled in Medicare Part D prescription drug coverage. Currently, ADAP clients enrolled in the Medicare Part D Client Assistance Program (MEDCAP) are enrolled in the Blue Cross Blue Shield of Alabama Blue Rx Enhanced Plus Option II plan.

During 2019, Alabama's ADAP provided life-saving medication and/or insurance coverage to almost 4,000 eligible clients (n=3,988). This is triple the number of clients served prior to launching Alabama's cost-effective ADAP-funded insurance assistance plan in 2015. Alabama's ADAP generates 340B rebates from clients enrolled in cost-effective insurance plans that are reinvested into the program to enhance and expand services. Without the generation of 340B rebates, ADAP and Part B core medical and support services would not be available to as many clients as Alabama's RWHAP currently serves.

The percentage of ADAP clients receiving different plan options is depicted in Figure 2. The majority of ADAP clients (68 percent) were exclusively enrolled in ADAP-funded insurance plans during 2019. In addition to being cost-effective and generating additional 340B rebate resources for the program, clients enrolled in insurance plans have access to comprehensive health care coverage and an expanded drug formulary managed by the insurance plan. Another 21 percent of ADAP clients received medication services only and 11 percent were enrolled in both medication and insurance services at some point during 2019.

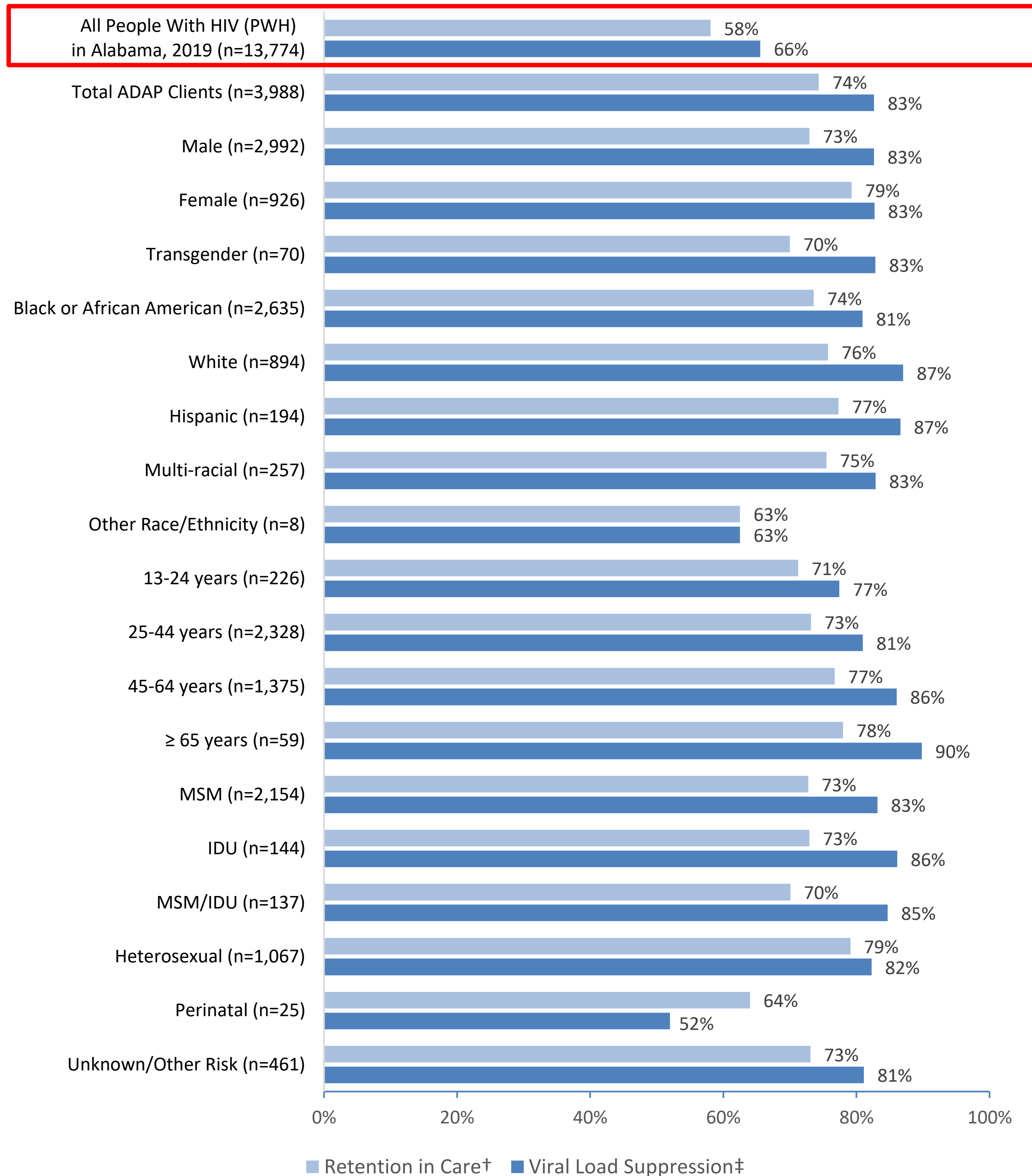
Figure 2. AIDS Drug Assistance Program (ADAP) Clients Served by Plan Option, Alabama 2019



Source: Alabama Department of Public Health, Office of HIV Prevention and Care, Ryan White Direct Services Program

In addition to assessing retention in care and viral suppression by the type of ADAP services received, it is helpful to review health outcomes by client groups to identify high risk populations in need of targeted outreach, education, and/or enhanced services. Figure 3 depicts retention in care and viral suppression outcomes among ADAP clients for specific demographic and other client characteristics.

Figure 3. Retention in Care and Viral Suppression Among Clients Receiving Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP) Services by Client Characteristic, Alabama



Sources: Alabama Department of Public Health, Office of HIV Prevention and Care, Ryan White Direct Services Program
Note: Calculations include persons with HIV (PWH) receiving AIDS Drug Assistance Program (ADAP) services during 2019. Retention in care and viral suppression may be slightly underestimated as the standard is to allow a full 12 months before analyzing data to account for delayed reporting of laboratory results. Case counts less than 12 may be due to chance and should be interpreted with extreme caution.
‡ Calculated as the percentage of clients receiving ADAP services during 2019 who were retained in care, evidenced by ≥2 CD4, HIV genotype, and/or viral load tests collected at least 90 days apart in 2019.
† Calculated as the percentage of clients receiving ADAP services during 2019 whose most recent viral load collected during 2019 was suppressed (<200 copies/mL).

While all ADAP clients experienced 83 percent viral suppression, regardless of gender identity, differences are seen in retention in care. Individuals identifying with their birth sex have better retention in care compared to those identifying as transgender (either male-to-female or female-to-male). Among cisgender females, 79 percent were retained in care. Among cisgender males, 73 percent were retained in care. However, only 70 percent of transgender clients were retained in care, signifying a need for enhanced services among this group.

Racial and ethnic disparities are also seen in retention in care and viral suppression, with individuals identifying as white, Hispanic, and multi-racial having better outcomes than those identifying as African American or other/unknown race and ethnicity. Seventy-four percent of African Americans were retained in care and 81 percent were virally suppressed. Among individuals reporting another or unknown race, only 63 percent were retained in care and virally suppressed. This is a difference of more than 10 percent for retention in care from other racial and ethnic groups and a difference of 20 percent or more in viral suppression. To eliminate disparities among clients reporting other or unknown race, enhanced services are needed.

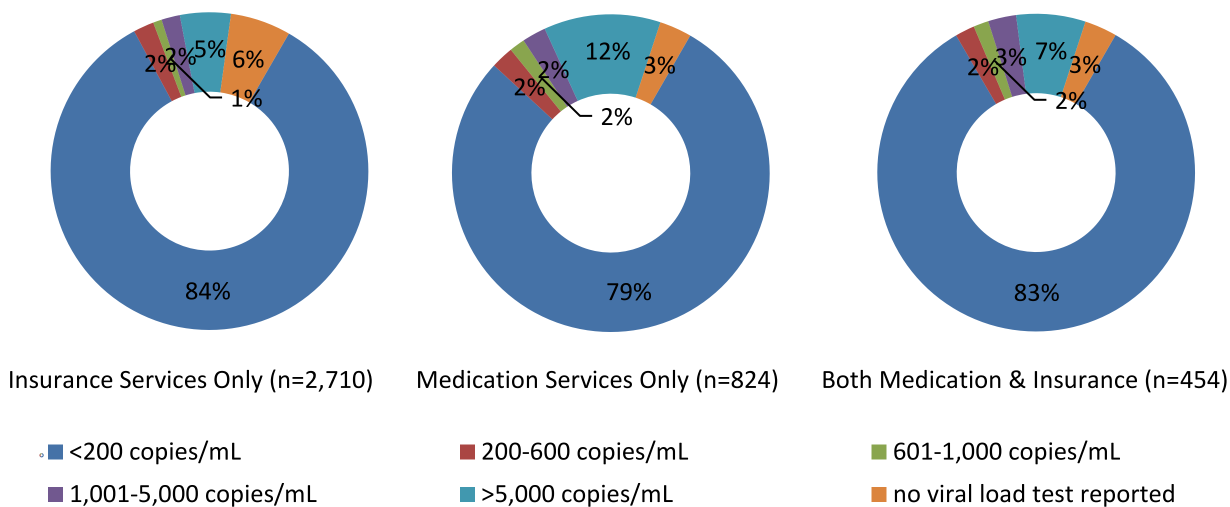
Stratification by age shows improved retention in care and viral suppression as clients mature, with clients 65 years and older experiencing the best outcomes. This signifies a need for closer monitoring and follow-up among younger clients, especially adolescents and young adults 13 to 24 years who also represent the majority of newly diagnosed HIV infections. It is worth noting that no clients receiving ADAP services were 12 years old or younger. By law, the RWHAP must be the payer of last resort. The majority of children in low income families are able to obtain healthcare coverage through Alabama's Medicaid and AllKids insurance programs. However, if a child was underinsured or otherwise unable to enroll in Medicaid or AllKids, ADAP medication only services would be available as an option.

Assessing retention in care and viral suppression by HIV risk factor also shows similar variations, with individuals infected perinatally experiencing the greatest disparity. Only 64 percent of PWH infected at birth were retained in care and only 52 percent were virally suppressed. This may signify antiretroviral resistance and/or treatment fatigue among PWH infected perinatally, as these individuals have been managing their HIV infection since birth or early childhood diagnosis. With the vast array of HIV treatment regimens available, including several single-tablet regimens, care should be taken with this group to assess for antiviral resistance patterns, treatment fatigue, or other issues negatively affecting HIV care outcomes.

While disparities among other groups were not as large, improvement should still be made. Among men who have sex with men (MSM), 73 percent were retained in care and 83 percent were virally suppressed, while 70 percent of MSM with a history of injection drug use (IDU) were retained in care and 85 were virally suppressed. Outcomes among PWH with IDU alone were 73 percent retention in care and 86 percent viral suppression and those of unknown or other risk factor were 73 percent retention in care and 81 percent viral suppression. Enhanced ADAP services across all risk factor groups may improve retention in care and viral suppression and positively affect Alabama's HIV Care Continuum as a whole, moving towards Ending the HIV Epidemic.

The majority of clients receiving ADAP services achieve viral suppression, although the level varies by ADAP plan option. Clients enrolled in insurance plans achieve better outcomes than those accessing medication only services (Figure 4). It should be noted that newly diagnosed and/or returning clients are typically enrolled in medication only services. These clients may not have been in care long enough to achieve viral suppression.

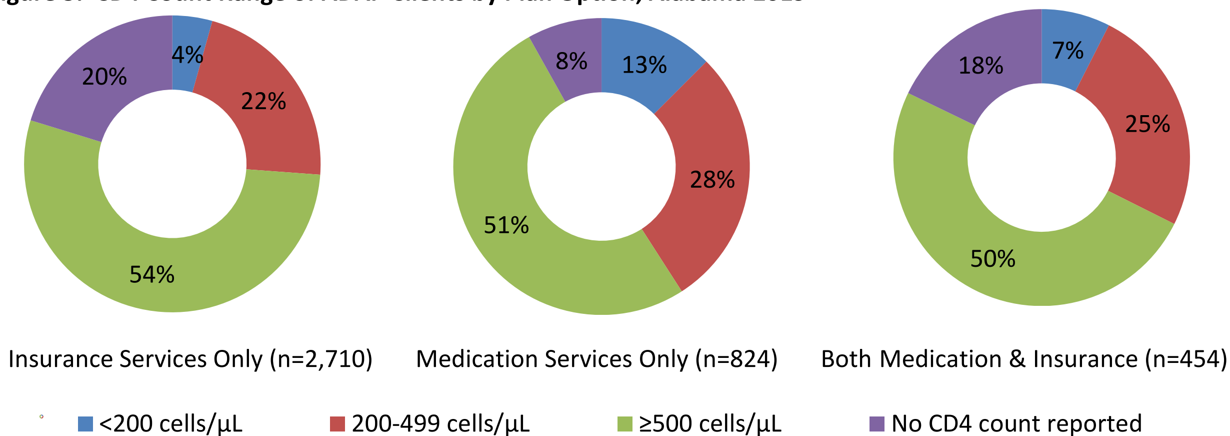
Figure 4. Viral Load Range of ADAP Clients by Plan Option, Alabama 2019



Source: Alabama Department of Public Health, Office of HIV Prevention and Care, Ryan White Direct Services Program
ADAP - AIDS Drug Assistance Program. Most recent viral load collected during 2019. Percentages may not total 100% due to rounding.

In addition to viral load suppression, improved access to care and antiretroviral adherence is associated with increased CD4 counts and reduced progression to AIDS. Stratification by ADAP plan option reveals the majority of clients experience non-AIDS defining CD4 counts (i.e., CD4 ≥200 cells/µL), regardless of plan type (Figure 5). Annual CD4 testing is no longer required for PWH with consistently healthy CD4 counts. This may account for some missing CD4 tests.

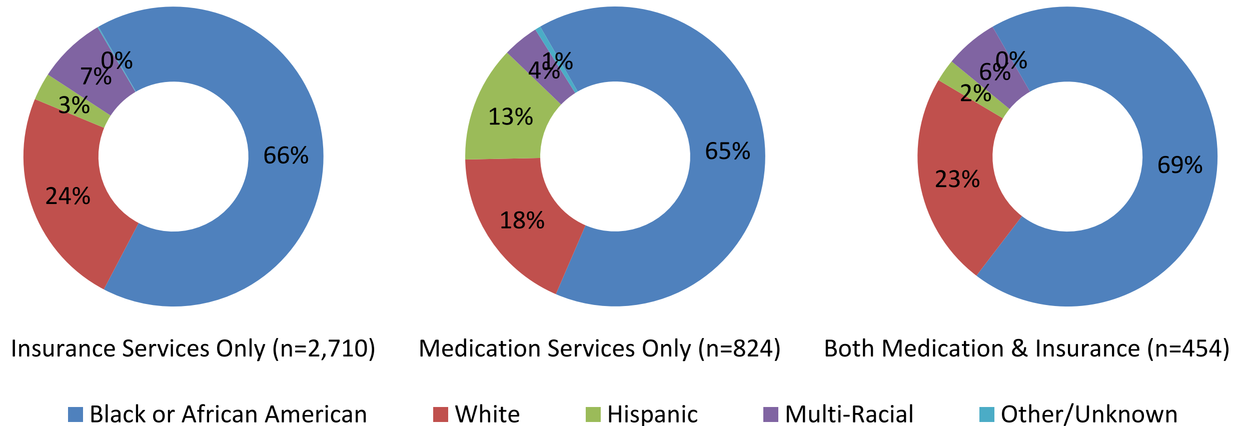
Figure 5. CD4 Count Range of ADAP Clients by Plan Option, Alabama 2019



Source: Alabama Department of Public Health, Office of HIV Prevention and Care, Ryan White Direct Services Program
ADAP - AIDS Drug Assistance Program. Most recent CD4 counts collected during 2019. Percentages may not total 100% due to rounding.

More Hispanics are uninsured (13 percent) and receive medication services only compared to the percentage receiving insurance services (Figure 6). This may be due to Alabama's undocumented Hispanic population as Blue Cross Blue Shield of Alabama does not allow enrollment in insurance plans without a valid social security number. Another notable aspect is the large percentage of African Americans. African Americans are disproportionately affected by HIV. While African Americans comprise only 27 percent of Alabama's total population, they represent over 60 percent of prevalent cases and over 65 percent of newly diagnosed HIV infections in Alabama.

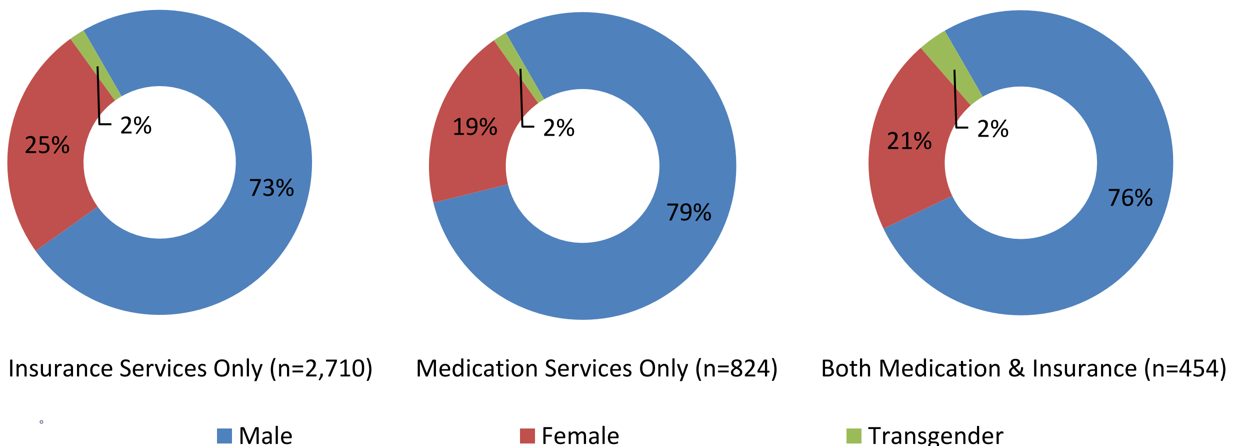
Figure 6. Race/Ethnicity of ADAP Clients by Plan Option, Alabama 2019



Source: Alabama Department of Public Health, Office of HIV Prevention and Care, Ryan White Direct Services Program
ADAP - ADIS Drug Assistance Program. Percentages may not total 100% due to rounding.

The majority of ADAP clients identify with their birth sex, with males accounting for the largest percentage of clients, mirroring the HIV epidemic in Alabama (Figure 7). While a larger percentage of males are uninsured receiving medication services only, a larger percentage of females are enrolled in insurance plans. Although no difference is seen among transgender clients across ADAP plan options, Alabama's transgender population is growing with 70 ADAP clients identifying as transgender during 2019.

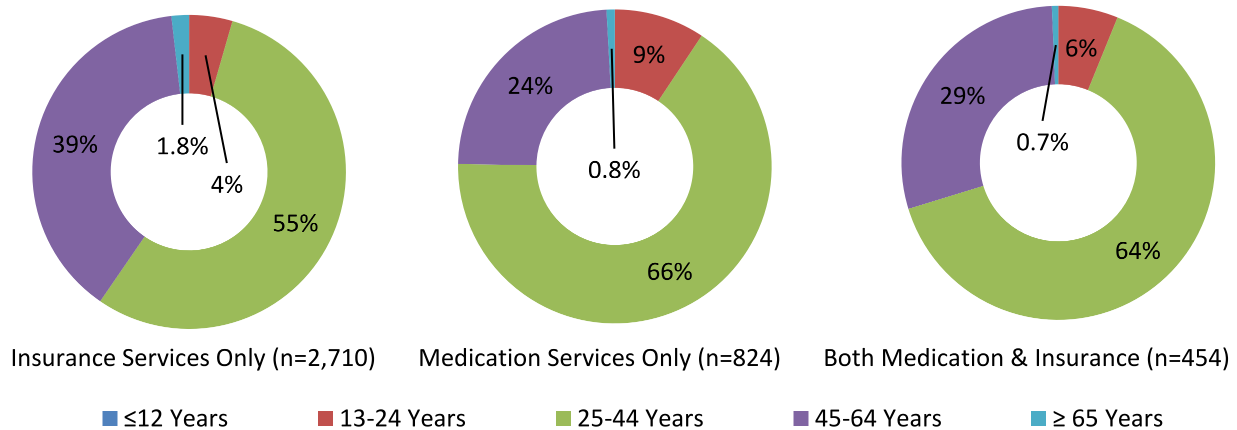
Figure 7. Gender Identity of ADAP Clients by Plan Option, Alabama 2019



Source: Alabama Department of Public Health, OFfice of HIV Prevention and Care, Ryan White Direct Services Program
ADAP - AIDS Drug Assistance Program. Percentages may not total 100% due to rounding.

The majority of ADAP clients were 25 to 44 years during 2019. However, a smaller percentage of this age group was enrolled in insurance coverage compared to medication only services. The same trend is seen when assessing adolescents and young adults age 13 to 24 years. In comparison, a larger percentage of older clients age 45 and older were enrolled in insurance. This could account for the improved retention in care and viral suppression among older, more mature ADAP clients, as health insurance offers more comprehensive coverage than access to medications services only.

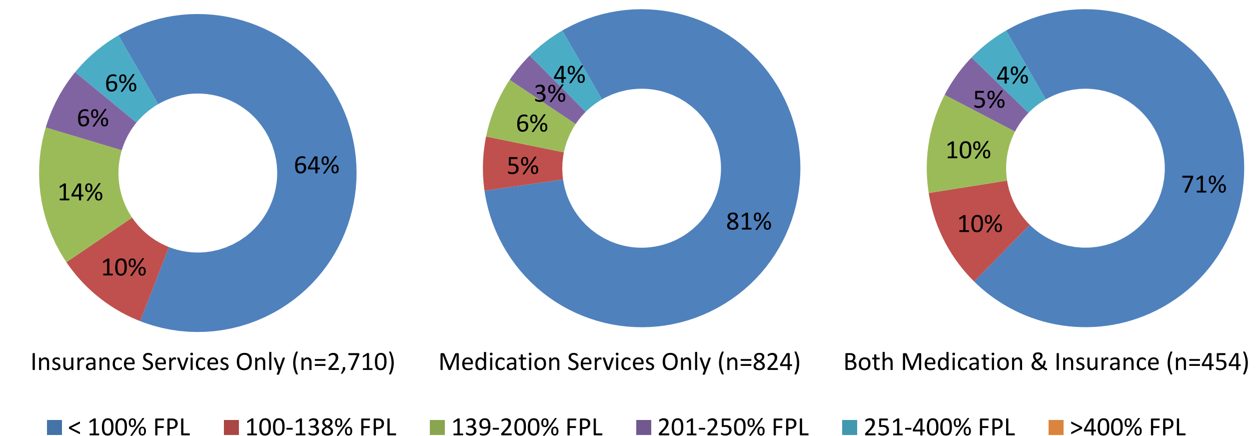
Figure 8. Age Range of ADAP Clients by Plan Option, Alabama 2019



Source: Alabama Department of Public Health, Office of HIV Prevention and Care, Ryan White Direct Services Program
ADAP - ADIS Drug Assistance Program. Age as of December 31, 2019. Percentages may not total 100% due to rounding.

Alabama's financial eligibility for both ADAP and Part B services is set at 400 percent of the federal poverty level (FPL). The majority of ADAP clients are extremely low income, living below 100 percent of the FPL (Figure 9). However, there is greater utilization of insurance services among clients with higher incomes, signifying a need for increased education about the ADAP insurance plan options for clients with lower incomes.

Figure 9. Income Level of ADAP Clients by Plan Option, Alabama 2019



Sources: Alabama Department of Public Health, Office of HIV Prevention and Care, Ryan White Direct Services Program
Federal Register, Vol. 85, No. 12, January 17, 2020, pp. 3060-3061. Also see https://aspe.hhs.gov/poverty-guidelines.
ADAP - AIDS Drug Assistance Program. Percentages may not total 100% due to rounding.

Alabama's Part B Core Medical and Support Services

Alabama funds 16 Ryan White Providers across the state to provide Part B core medical and support services. Part B services offered in Alabama include:

1. Outpatient/Ambulatory Medical Care
2. Oral Health Care
3. Early Intervention Services (to help identify HIV-positive persons and link them to care)
4. Health Insurance Premium & Cost Sharing Assistance
5. Mental Health Services
6. Medical Nutrition Therapy
7. Medical Case Management (including Treatment Adherence)
8. Substance Abuse Services (Outpatient)
9. Case Management (Non-medical)
10. Emergency Financial Assistance
11. Food Bank/Home-delivered Meals
12. Health Education/Risk Reduction Services
13. Housing Services
14. Other Professional Services (including Legal Services)
15. Linguistic Services
16. Medical Transportation Services
17. Psychosocial Support Services
18. Referral for Health Care/Support Services

During 2019, Part B services were provided to more than 5,700 eligible PWH. Figure 10 stratifies Part B clients into demographic groups to identify disparities. Significant disparities represent opportunities for target interventions and enhanced services among high risk groups.

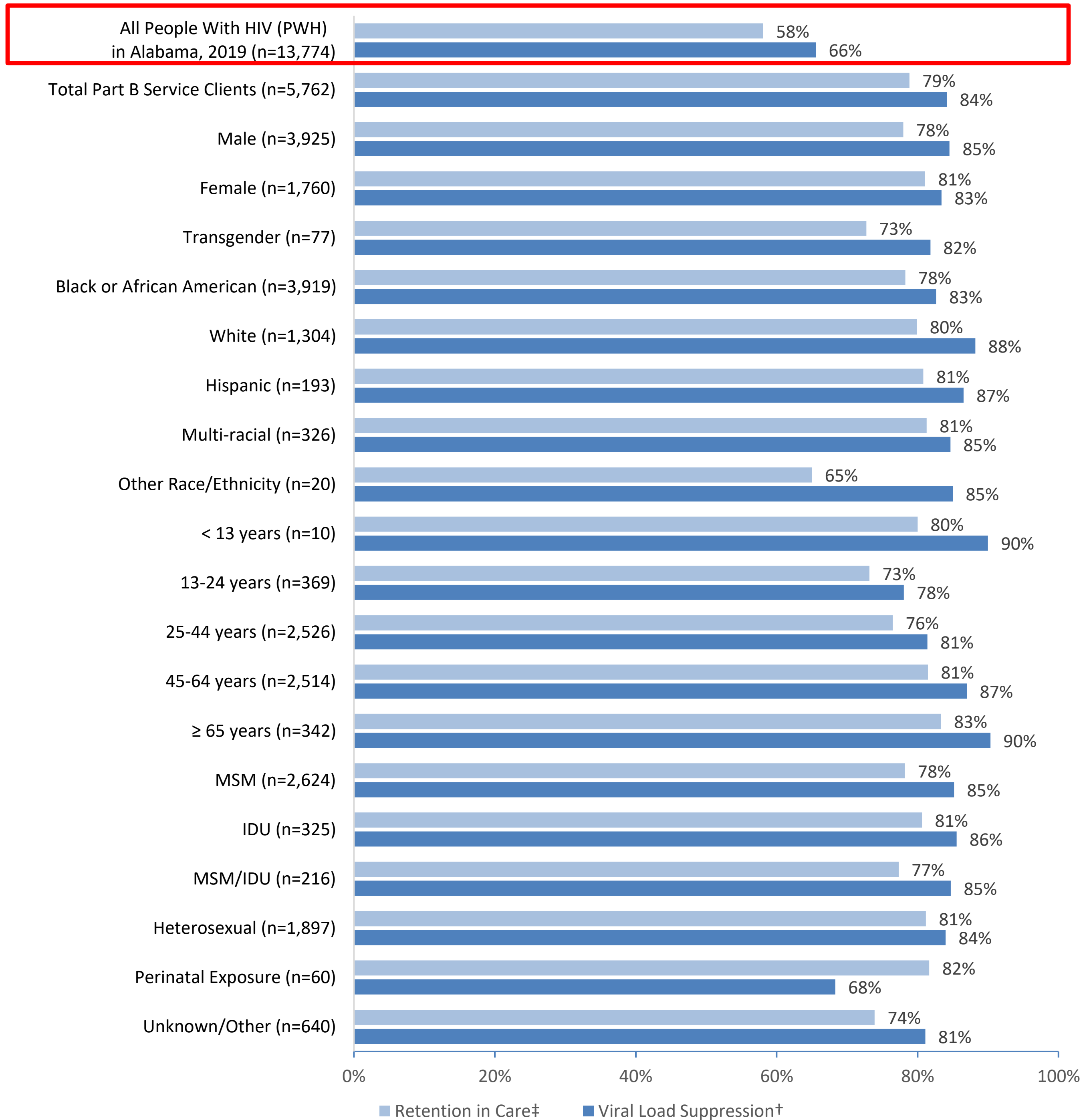
Assessment of gender identity reveals the majority of clients receiving Part B services identify with their birth sex (cisgender). However, Alabama's transgender population is growing with 77 transgender clients receiving Part B services during 2019. Cisgender clients experienced slightly better outcomes compared to transgender clients. Interventions focused on transgender clients could improve retention in care and viral suppression among this client group.

Assessment of race and ethnicity reveals White, Hispanics, and multi-racial clients experienced better retention in care and viral suppression than African Americans and other or unknown race. Less than 80 percent of African Americans were retained in care and only 65 percent of those with other or unknown race were retained in care. Similar differences were seen in viral suppression, with only 83 percent of African Americans virally suppressed. This signifies a need for ramped up interventions among African Americans and clients of other or unknown race.

Stratification by age reveals a trend towards improved HIV care as PWH mature. Excluding children less than 13 years, retention in care and viral suppression improved with age during 2019. This signifies a need for enhanced HIV prevention and care efforts among adolescents and young adults age 13 to 24 years. This age group also represents the majority of newly diagnosed infections, further signifying a need for enhanced efforts while these individuals learn to successfully manage their HIV diagnosis.

Stratifying clients by risk factor also reveals a need for better viral suppression among perinatal infections. While 82 percent of perinatal infections are retained in care, only 68 percent are virally suppressed, denoting a disconnect between retention in care and viral suppression. As with ADAP clients, this may signify antiretroviral resistance and/or treatment fatigue among individuals exposed perinatally.

Figure 10. Retention in Care and Viral Suppression Among Clients Receiving Ryan White HIV/AIDS Program Part B Core Medical and Support Services by Client Characteristic, Alabama 2019



Sources: Alabama Department of Public Health, Office of HIV Prevention and Care, Ryan White Direct Services Program.
Abbreviations: IDU – intravenous drug use; MSM – men who have sex with men.
Note: Calculations include persons with HIV (PWH) receiving Ryan White Part B services during 2019. Retention in care and viral suppression may be slightly underestimated as the standard is to allow a full 12 months before analyzing data to account for delayed reporting of laboratory results. Case counts less than 12 may be due to chance and should be interpreted with extreme caution.
‡ Calculated as the percentage of clients receiving Part B services during 2019 who were retained in care, evidenced by ≥2 CD4, HIV genotype, and/or viral load tests collected at least 90 days apart in 2019.
† Calculated as the percentage of clients receiving Part B services during 2019 whose most recent viral load collected during 2019 was suppressed (<200 copies/mL).

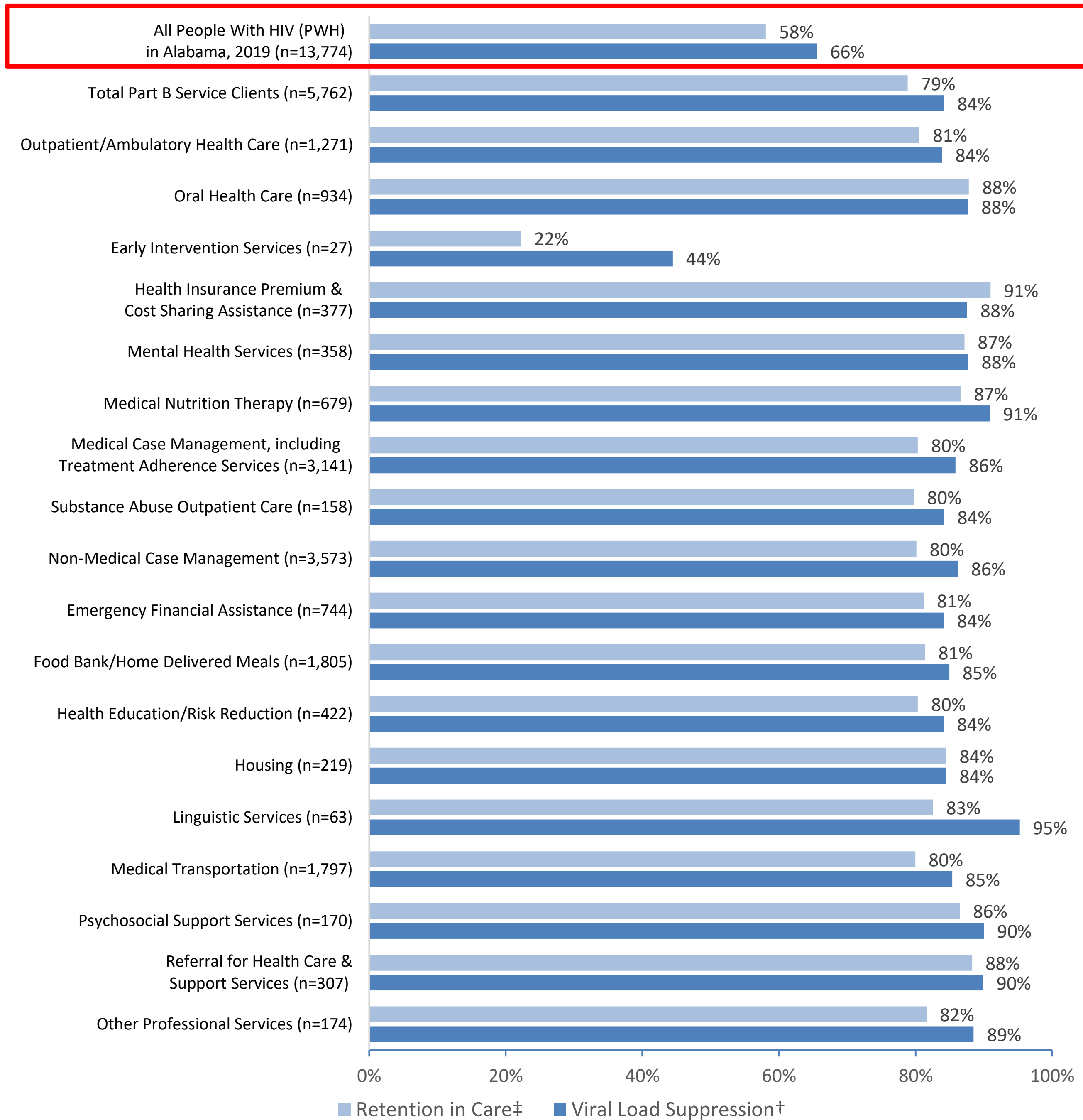
Stratifying clients by Part B core medical and/or support service category received also reveals variation in retention in care and viral load suppression (Figure 11). Among the 5,762 clients accessing Part B services during 2019, clients receiving health insurance premium and cost sharing assistance achieved the best retention in care (91 percent) while clients accessing linguistic services achieved the best viral suppression (95 percent). In fact, clients receiving health insurance premium and cost sharing assistance have already surpassed the NHAS 2020 indicator goal of 90 percent retention in care. As with ADAP, this is not surprising as having access to health insurance provides a comprehensive system of care to manage HIV infection and support overall health.

It should be noted that all Part B service categories (excluding early intervention services) have already surpassed the NHAS 2020 indicator goal of 80 percent viral suppression. Early intervention services include HIV testing in support of early identification of individuals with HIV. Poorer outcomes are expected among clients identified through this service category as they often represent newly diagnosed and/or returning to care individuals who tested (or retested) positive for HIV and have not yet had time to achieve retention in care and viral suppression. PWH must be diagnosed and living with HIV for at least 12 months to successfully measure retention in care. Further, many HIV treatment regimens take a minimum of 90 days to become effective at suppressing HIV. For these reasons, retention in care of 22 percent and viral suppression of 44 percent are not alarming among PWH receiving early intervention HIV testing services. While early intervention services may not appear to be an effective service category when assessing retention in care and viral suppression, increasing awareness of HIV status is critical to ending the HIV epidemic. A comprehensive system of care is required to achieve a coordinated response to the HIV epidemic and end new HIV transmissions.

Another way to gauge the overall effectiveness of Part B core medical and support categories is to assess utilization. Non-medical case management (n=3,573) received the highest utilization during 2019, followed by medical case management, including treatment adherence services (n=3,141), food bank/home delivered meal (n=1,805), medical transportation services (n=1,797), and outpatient/ambulatory health care (n=1,271). Although linguistic services (n=63) received the lowest utilization of all service categories, clients receiving this service category experienced the best viral suppression of all service categories (95 percent). This signifies the importance of offering linguistic services as an available option for clients accessing Ryan White services. Considering the success of this service category, coupled with Alabama's significant population of migrant seasonal workers, linguistic services should be expanded and made available to more non-English speaking clients.

When assessing retention in care and viral suppression among Part B Services clients, it should be noted that Part B core medical and support service categories are not mutually exclusive and cannot be compared as such (i.e., a client may receive multiple core medical and/or support services through Alabama's RWHAP Part B program). For more information about Alabama's RWHAP Part B Program, including program eligibility requirements and a current list of all ADAP-Rx formulary medications covered by ADAP, please visit http://alabamapublichealth/hiv.

Figure 11. Retention in Care and Viral Suppression Among Clients Receiving Ryan White HIV/AIDS Program Part B Core Medical and Support Services by Service Category, Alabama 2019



Sources: Alabama Department of Public Health, Office of HIV Prevention and Care, Ryan White Direct Services Program.
Note: Ryan White Part B core medical and support service categories are not mutually exclusive and cannot be compared as such (i.e., a client may receive multiple core medical and/or support services). Calculations include persons with HIV (PWH) receiving Part B services during 2019. Retention in care and viral suppression may be slightly underestimated as the standard is to allow a full 12 months before analyzing data to account for delayed reporting of laboratory results.
‡ Calculated as the percentage of clients receiving Part B services during 2019 retained in care, evidenced by ≥2 CD4, HIV genotype, and/or viral load tests collected at least 90 days apart in 2019.
† Calculated as the percentage of clients receiving Part B services during 2019 whose most recent viral load collected during 2019 was suppressed (<200 copies/mL).