

30 FOR 30 CAMPAIGN

2015-2016 Policy Platform

Mission:

The 30 for 30 Campaign is dedicated to ensuring that the unique needs of women living with and affected by HIV are addressed in the national HIV response. We are especially dedicated to illuminating and eliminating the gaps in prevention and care services for Black and Latina women, who currently make up 79% of new HIV cases among women but only 13 and 16% of the U.S. female population¹ respectively.

The Campaign is concerned with the current state of HIV prevention and care, as women continue to comprise one in four people living with HIV in the U.S.² with some regions experiencing even higher prevalence of HIV among women. For instance, in Louisiana women represent nearly a third of the HIV epidemic.³ New York and Florida have both the highest number of women living with HIV and rates of new HIV cases among women.⁴ HIV most disproportionately impacts black women; 1 in 32 Black women will be diagnosed with HIV in their lifetimes.⁵ While there is a need for greater research on HIV rates among transgender and immigrant women, existing research indicates that HIV acquisition rates are alarmingly high among transgender women, with some studies finding 30% of transgender women living with HIV⁶ and facing various barriers to obtaining competent care. Data also likely indicate that many populations of immigrant women⁷ are at increased risk of HIV acquisition. Despite changes in the U.S. health care system, these women continue to lack access to health insurance. In order to alleviate health outcome disparities among women, the 30 for 30 Campaign, with the involvement of women living with HIV, has developed a policy platform crucial to addressing the needs of women living with and affected by HIV.

Specifically the 30 for 30 Campaign considers the following approaches to HIV response to be indispensable in preventing new HIV infections and securing the best health outcomes for women living with HIV and for our communities as a whole.

Policy Positions:

Access to Health Care

- Require health care providers to routinely screen for Intimate Partner Violence (IPV) and HIV risk among female patients in primary care, HIV care, and reproductive health care settings in order to support women's risk reduction and early entrance into HIV treatment.
- Provide comprehensive sexual and reproductive health care, including HIV, Sexually Transmitted Infection (STI), and Hepatitis C screening and treatment to women in correctional facilities.
- Provide women with education about and access to available biomedical prevention options, such as pre-exposure prophylaxis (PrEP) and viral suppression, if living with HIV, in all federally-funded health care facilities and hospitals.
- Require health care professionals examining women who have been raped to offer them information and access to HIV, Hepatitis C, and STI screening and post-exposure prophylaxis (PeP).
- Support Medicaid Expansion in states that have so far refused to expand to insure appropriate care for HIV-positive women and women living with AIDS.
- Provide contraceptives as a part of AIDS Drug Assistance Program (ADAP) formularies.

¹ <http://kff.org/hiv/aids/fact-sheet/women-and-hiv-aids-in-the-united-states/>

² <http://kff.org/hiv/aids/fact-sheet/women-and-hiv-aids-in-the-united-states/>

³ http://www.dhh.state.la.us/assets/oph/HIVSTD/hiv-aids/2015/Fourth_Quarter_2014.pdf

⁴ <https://kaiserfamilyfoundation.files.wordpress.com/2013/04/number-of-women-and-girls-estimated-to-be-living-with-an-hiv-diagnosis-top-10-states-hiv-aids-0313.png>

⁵ <http://www.cdc.gov/nchhstp/newsroom/docs/cdc-hiv-aa-508.pdf>

⁶ <http://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>

⁷ Champion, J. D., Harlin, B., & Collins, J. L. (2013). Sexual risk behavior and STI health literacy among ethnic minority adolescent women. *Applied Nursing Research*; Demetri A. Blanas, Nichols, K., Bekele, M., Lugg, A., Kerani, R. & Horowitz, C. (2006). Disproportionate Burden Born by African-Born Black Women. *J Immigrant Minority Health*.

- Lift the five-year ban for legal residents to gain access to Medicaid.
- Expand Medicaid to cover HIV and Hepatitis C screening of all women receiving care at federally-funded clinics, health care facilities, hospitals, and community-based organizations.
- Ensure supportive services, including transportation, childcare, mental health services and peer support, are maintained in future versions of Ryan White legislation.
- Proactively provide incentives to states to decriminalize HIV non-disclosure and HIV criminalization once and for all.
- Revise anti-discrimination legislation and support effective evidence-based strategies to directly address and eliminate the impacts of HIV-related stigma.

Prevent and Address Trauma and Intimate Partner Violence

- Update Violence against Women's ACT (VAWA) to include sexual and reproductive health (SRH), intimate partner violence (IPV), and assessing the impact of adverse childhood experiences (ACE).
- Provide quantified, meaningful support to efforts to reduce and prevent sexual assault on college campuses.
- Integrate trauma-informed services into primary health care settings serving women living with and vulnerable to acquiring HIV with a focus on Ryan White funded centers & services.
- Ensure access to housing for women with HIV with and without children who face current or potential violent situations or abuse.

Sexual and Reproductive Health Rights

- Completely eliminate funding for abstinence-only education programs.
- Fund comprehensive sex education, including teaching skills helpful to building healthy relationships.
- Revise federal guidelines for federally-funded health programs to provide SRH, HIV, and STI services, including screening and supplies, including contraceptives.
- Integrate key sexual and reproductive health services in Ryan White Care Act funded health care programs and other medical care settings serving large numbers of people living with HIV.
- Amend the National HIV/AIDS Strategy to address access and maintenance in care, treatment, services, and prevention for transgender women and ensure that this includes high quality and culturally competent sexual and reproductive health care.
- Fully support the Each Woman Act that eliminates discrimination against poor HIV+ women by removing restrictions to insurance coverage (publicly funded) support for access to the full range of reproductive health services including abortion, contraception and fertility services.

Research

- Require federal agencies to provide incentives to researchers to conduct research regarding effective strategies to reduce HIV incidence among women; encourage early entrance into and maintenance in HIV care and measure HIV-positive women's health outcomes.
- Require federal agencies to report annually on the number of HIV and AIDS related grants awarded (out of total grants) to fund services for HIV-positive and at-risk women.
- Collect regional data of health care providers delivering HIV-related services regarding the frequency and consistency with which they also routinely screen patients for IPV, provide IPV prevention education, and offer directly or indirectly IPV-related services and counseling.
- Prioritize research to assess the clinical care and supportive service needs of adults who acquired HIV as youth or perinatally.
- Advocate that CMS revise policies that limit HIV/STI for Medicaid reimbursement for family planning services (FPS).

Biomedical Prevention Tools

- Support education efforts and access to PrEP for all women who are or may be at risk for HIV infection, including women who have HIV-positive partners.
- Support efforts for increased options for female-controlled prevention tools.

Funding

- Provide federal funding to organizations that serve primarily HIV-positive, at risk, and transgender women to develop programmatic and fiscal capacity to meet the needs of women in their communities and, where applicable, transition to third-party and performance-based funding.