2025

# NORTH CAROLINA POLICY BRIEF

NCAIDSACTION NETWORK

POSITIVE WOMEN'S NETWORK USA

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# INTRODUCTION

Over 41,000 people in North Carolina are living with HIV, facing ongoing challenges related to healthcare access, stigma, and policy barriers, perpetuated by intersecting systems which drive disparities in the HIV epidemic.

North Carolina AIDS Action Network (NCAAN) is a statewide organization dedicated to improving the lives of people living with HIV & AIDS through policy advocacy, community mobilization, and education. Since its founding, NCAAN has worked to ensure access to healthcare, protect the rights of people living with HIV, and advocate for policies that promote public health and social justice. Through coalition-building and strategic partnerships, NCAAN plays a crucial role in addressing the evolving needs of the HIV community in North Carolina.

Positive Women's Network – USA (PWN-USA) is a national membership body of women living with HIV and their allies that exists to strengthen the strategic power of all women living with HIV in the United States. Founded in 2008 by 28 diverse women leaders living with HIV, PWN-USA fosters leadership development, organizes at the grassroots level, and advocates for policies that apply a gender lens to the domestic HIV epidemic. Their work is deeply grounded in social justice and human rights, ensuring that women living with HIV are at the forefront of shaping policies that impact their lives.

This policy brief aims to inform advocates in North Carolina of the most pressing policy issues impacting people living with HIV. It outlines key challenges and offers recommendations to guide advocacy efforts at the state level. By equipping advocates with up-to-date policy analysis and strategic recommendations, we seek to strengthen advocacy strategies that advance the rights, health, and well-being of people living with HIV in North Carolina.

# KEY ISSUES

After discussion with partners from across the state, we have chosen to focus on six key policy issues in NC, three federal issues and three state-level issues.

## Federal Issues

- Molecular HIV Surveillance
- Budget and Appropriations for HIV Programs
- Medicaid and Access to Care

## State Issues

- HIV Decriminalization
- PrEP in Pharmacies
- HIV Medication Assistance Program (HMAP) Eligibility

# MOLECULAR HIV SURVEILLANCE

Molecular HIV Surveillance (MHS) is a practice used to track HIV transmission patterns by analyzing the genetic makeup of the virus. MHS, also known as Cluster Detection and Response (CDR), helps identify "clusters" of HIV transmission and allows public health officials to target interventions and care for those affected. As part of the Ending the HIV Epidemic (EHE) initiative, MHS has become a required component of the national HIV response since 2018. The Centers for Disease Control and Prevention (CDC) mandates that all health departments report and monitor phylogenetic data to help reduce new HIV transmissions by 90% by 2030.

## Challenges

While MHS is essential for understanding HIV transmission patterns, concerns over privacy and consent persist. People living with HIV may not be fully aware that their data is part of MHS, raising ethical questions about data security and potential stigma. Additionally, MHS could inadvertently dehumanize individuals by framing them as part of transmission clusters rather than recognizing their unique experiences.

## Recommendations

- Center human disgnity and recognize people as individuals, and avoid framing people living with HIV solely as clusters.
- Enhance transparency, and clearly communicate purpose and scope.
- Prioritize informed consent to people living with HIV whose data is used for MHS.
- Strengthen privacy protections and data security to prevent unauthorized access to sensitive health information.
- Work with communities to ensure that MHS is implemented ethically, with oversight, and does not contribute to stigmatization.

# BUDGET AND APPROPRIATIONS FOR HIV PROGRAMS

Federal funding supports critical HIV programs, such as the Ryan White HIV/AIDS Program (RWHAP), the Minority HIV/AIDS Initiative (MAI), and the Housing Opportunities for People with HIV/AIDS (HOPWA). These programs provide lifesaving services to PLHIV, including case management, medical treatment, housing support, and mental health services. However, the future of these programs is at risk due to potential funding cuts, particularly with the current political climate and possible reductions in Medicaid funding.

## Challenges

The risk of reduced federal funding threatens the sustainability of HIV programs, particularly in North Carolina, where a large portion of HIV-related services rely on federal grants. Additionally, proposals to reduce Medicaid funding could destabilize healthcare access for many PLHIV.

## Recommendations

- Advocate for continued and expanded federal funding for HIV programs, particularly those that support underserved populations.
- Protect Medicaid funding and prevent cuts that would jeopardize access to care for PLHIV, especially in states like North Carolina that have expanded Medicaid.

# MEDICAID AND ACCESS TO CARE

Medicaid is the largest source of funding for HIV-related care in the United States, providing coverage for 40% of people living with HIV (PLHIV) under the age of 65—five times more than the Ryan White HIV/AIDS Program (RWHAP). It plays a critical role in the fight to end the HIV epidemic by covering essential services such as HIV screening, prevention, and treatment. Medicaid ensures access to pre-exposure prophylaxis (PrEP), a highly effective tool for preventing HIV, as well as lifesaving HIV treatment that helps individuals achieve and maintain an undetectable viral load, preventing transmission and supporting long, healthy lives.

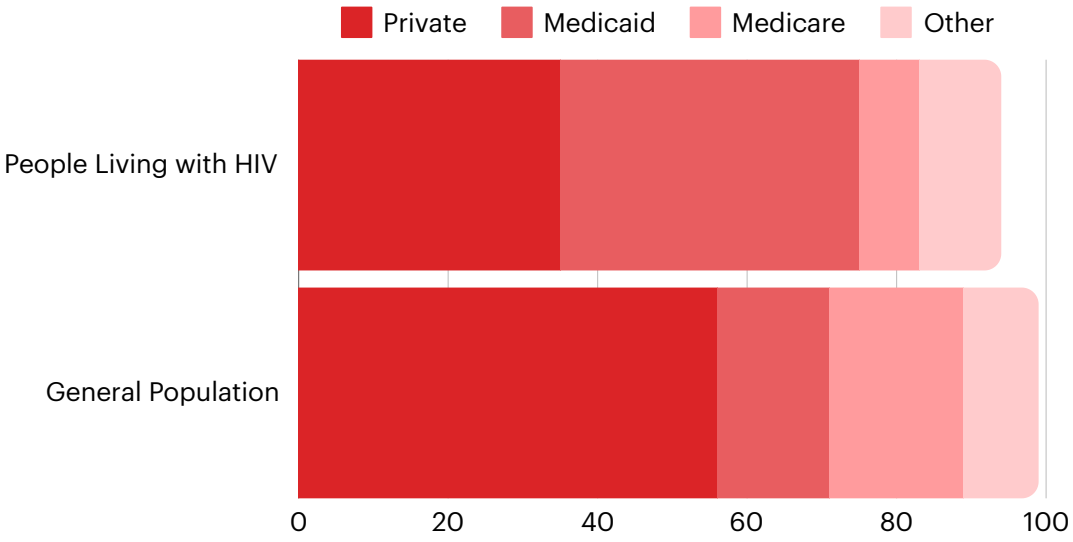
In North Carolina, Medicaid expansion has provided healthcare coverage to hundreds of thousands of people, including many PLHIV. Currently, 2,648,378 North Carolinians are enrolled in Medicaid, with 628,681 gaining coverage through expansion. Medicaid funding is also vital to rural communities, keeping hospitals open, sustaining access to care, and supporting good-paying healthcare jobs. However, potential reductions in federal matching funds threaten this progress, putting both individual health outcomes and community healthcare infrastructure at risk.

## Challenges

Proposals to decrease federal Medicaid funding could result in higher costs for states, potentially undermining Medicaid expansion. Additionally, any work requirements or restrictions on Medicaid eligibility would disproportionately affect vulnerable populations, including PLHIV. Additionally, When North Carolina lawmakers drafted a Medicaid expansion bill, they included a provision to end the program if federal cost-sharing drops below 90%.

# MEDICAID AND ACCESS TO CARE

**Insurance Coverage Among Nonelderly Adults with HIV Compared to Nonelderly Adults in the General Population,**




## Recommendations

- Advocate for the protection and full funding of Medicaid, ensuring that those in need continue to have access to comprehensive healthcare and preventative services.
- Oppose any legislative proposals that would introduce work requirements or reduce Medicaid funding, as these would negatively impact PLHIV and thier healthcare access.

# HIV DECRIMINALIZATION

In 2018, North Carolina made important strides by modernizing its HIV control measures, which had not been updated since 1988, by eliminating stigmatizing language and establishing a defense for individuals with an undetectable viral load. However, the rule change still leaves gaps, particularly for individuals who cannot achieve viral suppression for reasons beyond their control. Further reforms are necessary to fully decriminalize HIV and protect PLHIV from prosecution.

| Old Rule (1998) | New Rule (2018) |
|---|---|
| Person who is living with HIV must disclose their status to all sexual partners. | If person who is living with HIV is virally suppressed for at least 6 months and following the treatment plan of their HIV clinician, they do not have to disclose their status to sexual partners. |
| Person who is living with HIV must use a condom during sexual intercourse. | If a person who is living with HIV is virally suppressed for at least six months and following the treatment plan of their HIV clinician, they do not have to use a condom during sexual intercourse. |
| Person who is living with HIV must use a condom during sexual intercourse. | If all partners are living with HIV they do not have to use a condom during sexual intercourse. |
| Person who is living with HIV cannot donate organs. | Person who is living with HIV can donate organs to other individuals living with HIV. |

Unlike traditional legislative processes, these measures fell under the purview of the NC Commission for Public Health, a rule making body composed of medical professionals. As part of a statewide review of all public health rules in 2017, a task force was established to support the modernization process, bringing together people living with HIV, attorneys, medical providers, and advocates from across the state and nation. The task force played a crucial role in shaping the updated control measures by reviewing and commenting on drafts, engaging in discussions with the NC Department of Health and Human Services (DHHS), and attending meetings with the Public Health Commission. Community education and engagement were central to this effort—NCAAN held public meetings in Asheville, Winston-Salem, and Fayetteville to inform and mobilize community members. A sign-on letter was created to demonstrate broad support, and an official public input session allowed people living with HIV, medical experts, and advocacy organizations to provide testimony. On July 6, 2017, the task force met with NC DHHS to finalize the proposed updates, marking a major step forward in ensuring that North Carolina's HIV policies align with modern science and public health best practices, which was later approved by the Commission on November 8, 2017.

## Challenges

Current laws still risk prosecuting individuals who are unable to achieve viral suppression, thus disproportionately affecting those with limited access to care or who face other barriers to health.

## Recommendations

- Engage in more community education around the modernization of the NC HIV control measures to combat stigma.
- Create a new task force
- Push for further reforms to North Carolina's HIV laws. The current best practice language should include INTENT to transmit and an actual transmission to occur in order for prosecution to be valid.

# PREP IN PHARMACIES

North Carolina passed legislation in 2021 allowing pharmacists to provide Post-Exposure Prophylaxis (PEP), an emergency medication to help prevent HIV acquisition if taken with 72 hours of exposure, without a prescription through a state standing order. However, there is still a need for legislation that allows pharmacists to provide pre-exposure prophylaxis (PrEP) under the same conditions, which would expand access to HIV prevention across the state.

## Challenges

While the law provides opportunities for pharmacists to prescribe PEP, uptake has been negligible for pharmacists across the state. Due to increased burden with little to know opportunity for reimbursement, pharmacists have not pursued this administrating authority. Additional reimbursement issues and resistance from medical associations may hinder pharmacists' ability to provide PrEP.

## Recommendations

- Pass legislation that allows immunizing pharmacists to provide PrEP through a state standing order, increasing access to HIV prevention methods statewide.
- Legislation should include reimbursement measures and outline protocol for HIV testing, counseling, and referral to primary care services.
- Increase training for pharmacists and ensure that reimbursement systems are in place to support their role in PrEP provision.

# HIV MEDICATION ASSISTANCE PROGRAM (HMAP) ELIGIBILITY

The HMAP program provides financial assistance to low-income individuals living with HIV to help cover the costs of medications, as well as marketplace insurance premiums for for individuals enrolled in PCAP (Premium Coverage Assistance Program). However, the program's eligibility threshold in North Carolina is currently set at 300% of the federal poverty level (FPL), lower than every other Southern state, with each having raised their thresholds anywhere from 400%-550% FPL. NC is currently one of only seven states/territories under 400% FPL.

## Challenges

North Carolina's lower eligibility threshold limits access to life-saving HIV medications for individuals who are slightly above the current poverty level but still struggle to afford care. Access to these treatments also benefit public health measures, as individuals actively on treatment and able to reach Undetectable Viral Load Status are not able to transmit HIV via sex (U=U).

For many individuals without insurance or with limited coverage out of pocket costs for HIV treatment medications can be over $1,000/month, even with pharmaceutical co-pay assistance programs.

# HIV MEDICATION ASSISTANCE PROGRAM (HMAP) ELIGIBILITY

| North Carolina | 300% FPL |
|---|---|
| South Carolina | 550% FPL |
| Virginia | 500% FPL |
| Tennessee | 400% FPL |
| Georgia | 400% FPL |

## Recommendations

- Raise the eligibility threshold for HMAP to 400%-500% FPL, aligning with neighboring states and improving access to care for more individuals in need to support for these costly drugs.

# Questions or Feedback? Contact

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