State Medicaid expansion and PrEP prescriptions among Medicaid beneficiaries — United States, 2017–2021

Abstract 1129

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Background

- The Affordable Care Act of 2010 included a provision for states to expand Medicaid coverage starting in 2014
- Since then, 41 states and the District of Columbia have expanded Medicaid access
- Our objective was to compare PrEP to diagnosis ratios (PDRs) by state Medicaid expansion status

Methods

- Analyzed national Medicaid data to estimate PDRs among persons aged ≥16 years from 2017–2021
- Calculated the PDR as the number of persons prescribed PrEP in a year divided by the number of HIV diagnoses in the prior year
- Categorized states and the District of Columbia in three groups based on the year they expanded Medicaid: Prior to 2017 (32 states and the District of Columbia), 2017–2021 (7 states), and no expansion (12 states)
- Estimated trends in the PDR from 2017–2021
- Estimated PDRs stratified by race and ethnicity in 2021

- **States that expanded Medicaid had the highest PrEP to diagnosis ratios (PDRs)**
  - **Medicaid expansion may be an effective intervention to increase PrEP use**
- **In 2021**
  - **PDRs were highest for Hispanic Medicaid beneficiaries**
  - **Disparities in PDRs were small between Black and White Medicaid beneficiaries**

Results

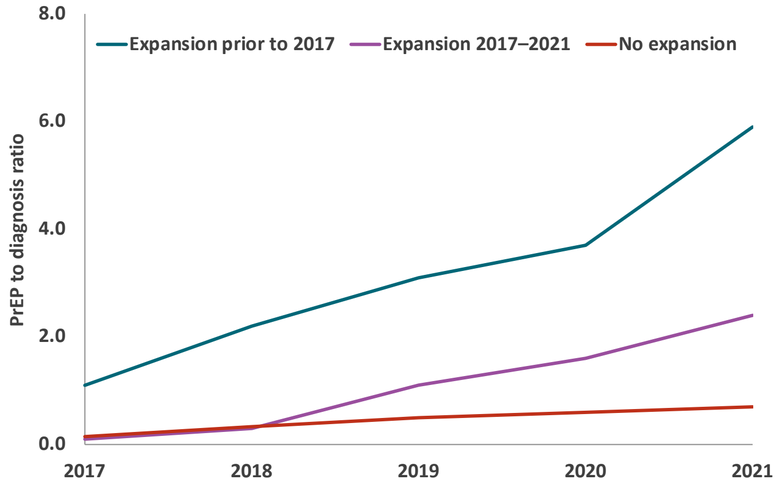

Figure 1. Trend in PDRs among Medicaid beneficiaries by year of Medicaid expansion — United States, 2017–2021

Results

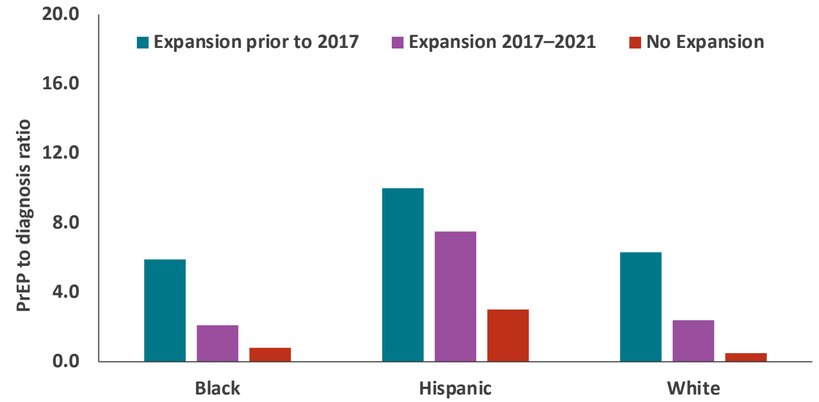

Figure 2. PDRs among Medicaid beneficiaries by year of Medicaid expansion and race and ethnicity — United States, 2021

Discussion

- Expanded Medicaid eligibility and enrollment can provide PrEP financial access for persons who otherwise might not be able to afford its cost
- Impact analyses that adjust for possible confounders are needed to understand the effect of Medicaid expansion on PrEP use

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