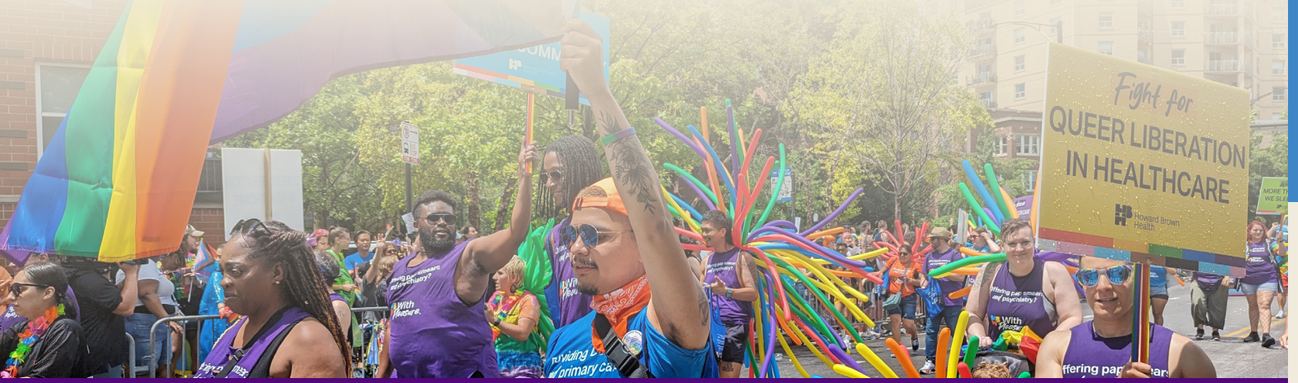
50th ANNIVERSARY
Howard Brown Health

HOWARD BROWN HEALTH

POLICY PRIORITIES & RECOMMENDATIONS FOR 2025



EXECUTIVE SUMMARY

As Howard Brown Health celebrates its 50th anniversary in 2025, many challenges loom on the horizon. The ending of COVID-19 funding, expiration of Medicaid continuous eligibility, and reductions in 340B and grant-related revenue have all contributed to financial issues experienced by community health centers (CHCs) across the nation. In fact, experts predict that health centers overall will end 2024 with negative margins[1]. Additionally, the prospect of Project 2025 becoming reality holds very real threats to LGBTQ+ health and healthcare access overall[2,3]. **Now more than ever, CHCs need elected officials and government agencies to enact policies that protect and expand access to care for CHC patients.**

In light of these factors, Howard Brown's policy and advocacy team conducted 10 listening sessions with teams across the agency — including clinical, leadership, research, and patient-facing staff — as well as with our community advisory board in Fall of 2024. These listening sessions helped us to better understand barriers that CHCs are facing.

Listening session data was analyzed to determine the agency's 2025 policy priorities. Addressing these policy priority areas will contribute to a more inclusive, accessible, and supportive healthcare landscape for all. These priorities include:

- **Pass state and federal legislation that will protect CHCs sustainability**
- **Reduce barriers to gender-affirming care**
- **Advance the Getting to Zero (GTZ) initiative through expanded access to HIV prevention and treatment for underserved communities**
- **Address pressing healthcare workforce shortages in CHCs**
- **Increase visibility and support for the healthcare needs of LGBTQ+ patients across their lifespan**

Pass state and federal legislation that will protect CHCs sustainability

The federal 340B Drug Pricing Program is a critical source of funding for CHCs and other safety net providers across the country. This program requires drug manufacturers to provide medications to 340B covered entities at significantly reduced costs. This allows health centers to provide affordable and free medications to uninsured and low-income patients, while also generating 340B savings that are reinvested into expanding access to care. Unfortunately, this vital program has come under attack in recent years, threatening the sustainability of community health centers across the country and jeopardizing the health of our patients.

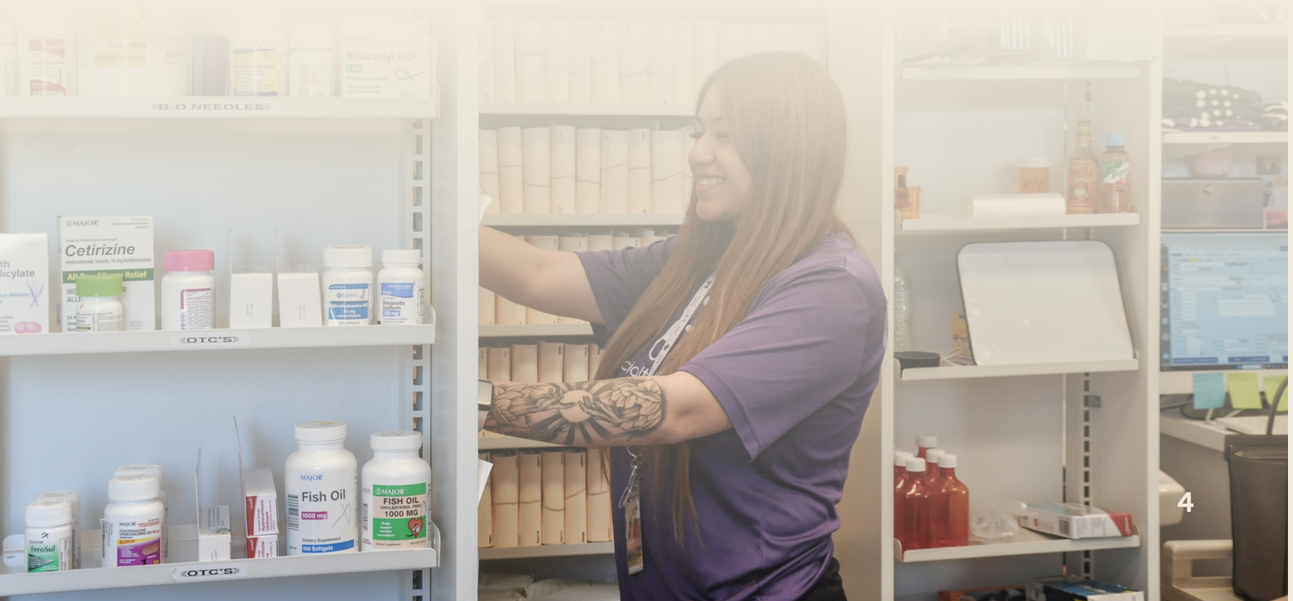
> "3 million or more CHC patients across the country are losing access to prescription drugs due to attacks on the 340B program. These restrictions not only **impact medication access**, they also **threaten the financial sustainability of the nation's public health safety net**."

Since 2020, at least 37 drug manufacturers—including Eli Lilly, Gilead, AstraZeneca, Sanofi, and others— imposed restrictive policies limiting the use of contract pharmacies by 340B covered entities[4]. Health centers use contract pharmacies to ensure that patients can access the medications that they need at a pharmacy in their own communities. For example, Howard Brown works with over 177 contract pharmacies across the greater Chicago area to ensure that our patients have convenient access to affordable manufacturers. In fact, the vast majority of community health centers (86%) across the nation use contract pharmacies to expand medication access for patients[5]. Now, drug manufacturers are taking steps to threaten that access.

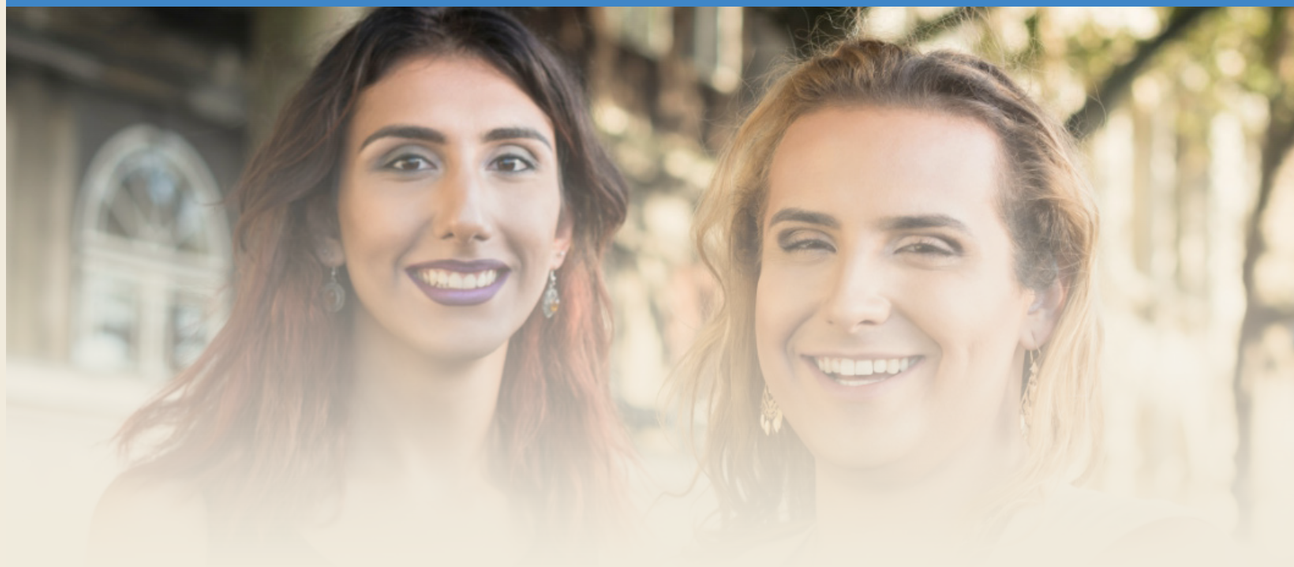
For example, many manufacturers will now only ship 340B-priced drugs to a single contract pharmacy location. Other manufacturers are refusing to ship 340B-priced drugs to contract pharmacies if health centers do not submit extensive claims data, creating significant administrative burdens and privacy risks.

These limits on contact pharmacies are already greatly reducing patient access to medications. For example, Howard Brown's Diabetes Care team noted that some patients must travel far outside of their communities, in some cases hours, to get necessary 340B medications. According to research by the National Association of Community Health Centers, 3 million or more CHC patients across the country are losing access to prescription drugs due to attacks on the 340B program. These restrictions not only impact medication access, they also threaten financial sustainability of the nation's public health safety net. If patients must endure burdensome travel to fill their prescriptions, they may choose not to use those health centers' designated contract pharmacies at all, which results in a drastic reduction of 340B savings. At Howard Brown, 340B savings help to fund and maintain a wide variety of critical services that we offer to the community, including our Broadway Youth Center, HIV case management services, free and subsidized dental care, and transgender and non-binary health and support services.

In order to protect CHCs and our patients, state and federal legislation must be enacted to protect the 340B Program. At the federal level, legislation must: 1) codify and protect the use of contract pharmacies; 2) codify a broad 340B patient definition; 3) clarify the intent of the 340B Program as more than just a medication discount program; and 4) not require significant additional administrative, logistical, or financial burden to community health centers. At the state level, Illinois should follow the lead of Arkansas, Louisiana, and several other states in passing legislation that protects the use of contract pharmacies by 340B covered entities[6]. A bill introduced in 2024, SB 3727, would do just that, and Howard Brown strongly support its passage[7]. It is also critical that pharmacists, providers, and patients receive education and resources around 340B and the vastly changing legal landscape around it.



Reduce barriers to gender-affirming care



Protect Transgender and Gender Diverse Patients

Attacks on the human rights of transgender Americans were a prominent campaign issue in the 2024 election. With the upcoming shift in federal administrations, alongside the blueprint laid out by Project 2025, there are many concerns among transgender patients about their ability to continue to receive necessary healthcare. Similarly, healthcare providers are concerned that providing medically necessary gender-affirming care could result in criminal penalties and loss of federal funding, similar to attacks that have been used to limit access to abortion care. Howard Brown remains committed to providing all of our patients with the healthcare that they need and deserve. Elected officials in Illinois must act quickly to establish funding streams and support resources to ensure that providers can continue to provide care to transgender patients even with the loss of federal funding support.

Transgender patients may also face more discrimination in healthcare and other aspects of their everyday lives. In 2024, the Biden Administration updated Section 1557 of the Affordable Care Act (ACA) stating that covered entities (a term that includes both insurance plans and providers such as doctors) could not "deny or limit coverage, deny or limit coverage of a claim, or impose additional cost sharing or other limitations or restrictions on coverage, for specific health services related to gender transition or other gender-affirming care if such denial, limitation, or restriction results in discrimination based on sex." This was a critical step forward in ensuring that transgender Americans have access to the healthcare that they need.

Unfortunately, with the switch to a conservative federal administration, protections for transgender people in Section 1557 are once again under attack. This is especially apparent given the surge of anti-transgender legislation sweeping the nation, and the attacks on gender-affirming care highlighted in Project 2025. Now more than ever, we must protect access to gender-affirming care at the state and local levels.

Reduce Prior Authorization Burden for Gender-Affirming Care

One persistent barrier that transgender patients face is high PA burden associated with accessing gender-affirming care, and in particular hormone therapy. Over the last year, Howard Brown has had patients who were already on injectable hormone regimens suddenly receive denials for their medications and subsequently be required to try oral or patch modalities instead because of new PA requirements, resulting in delay of care. The agency's billing teams have also encountered various technical and coding issues with insurers and MCOs which involve unclear changes in required coding or documentation for PAs, resulting in denials and delay of care.

Overall, coverage for hormones and procedures for PA vary widely from insurer to insurer, and they also vary widely between the pharmacy benefits managers (PBMs) that work with insurers to provide the medications. As such, changes in insurance policy or switches in PBMs often result in broken workflows around gender-affirming care coverage, which ultimately results in erroneous denials and delay of care for our patients.

In order to address these issues, Illinois Medicaid must communicate clearly with the MCOs their responsibility to cover gender-affirming services with standardized procedures for coverage, filing claims, and PAs. Illinois Medicaid should also allow for access to a wider array of hormone therapies for gender-affirming care without PA, as the PA process is often what is causing the delay in care.

Howard Brown supports the passage of HB 5051, which would prohibit health insurance providers from requiring PAs for certain specific FDA approved drugs, including hormones for gender-affirming care[8]. The Department of Insurance must also ensure that private insurers are in compliance with all laws around coverage for gender-affirming care and enforce penalties for those that are not.

Expand Insurance Coverage of Gender-Affirming Services

Many gender-affirming procedures — including facial fillers, feminizing or masculinizing facial surgeries, binders, voice therapy, and electrolysis and hair removal — are categorized as cosmetic and/or not medically necessary, even though these procedures are medically necessary for many transgender people. Research shows that these procedures help to ease gender dysphoria and result in better health outcomes for many transgender patients. Unfortunately, coverage for these services varies widely from insurer to insurer, and if the procedure is covered, it typically requires complicated PAs.

A recent study conducted in 2020 shows that of a total of 174 policies analyzed, including 123 private insurance policies and 51 statewide Medicaid policies, just 8 (4.6%) permitted the coverage of permanent hair removal without explicit restrictions[9]. The remaining 166 policies (95.4%) broadly excluded or did not mention gender-affirming care; prohibited coverage of hair removal or did not mention it; or only permitted coverage of hair removal preoperatively for genital surgery.

According to a 2020 health insurance policy analysis:

4.6%

of plans cover hair removal and other services without broad restrictions

95.4%

of plans broadly exclude gender-affirming services or do not mention them

ACA marketplace policies in states without trans care protections were less likely to cover hair removal without restrictions than ACA policies in states with protections. Even in states with Medicaid programs that do cover laser hair removal, like Illinois, the implementation of such policies needs work. For example, electrologists in Illinois who want to offer gender-affirming hair removal for Medicaid patients were unable to do so because there was no clear instruction or workflow for independent electrologists to register and Illinois Medicaid providers. Additionally, even if they were able to register, the low reimbursement rates in the fee schedule posed another significant barrier.

Howard Brown urges lawmakers and agencies to expand the range of gender-affirming services, such as electrolysis, facial fillers, facial surgeries, etc. that are covered by insurance. Medicaid coverage of such services should be explicit, with clear outreach and instructions to providers on how to register and bill Medicaid, and with reimbursement rates that allow these providers to provide care to low-income people sustainably.

Advance the Getting to Zero (GTZ) initiative through expanded access to HIV prevention and treatment for underserved communities

Insurance Barriers

Even with advances in HIV treatment, including injectable HIV therapies and PrEP, there are still critical barriers we face in reducing new HIV cases and increasing access to HIV treatment. One of the main barriers to accessing HIV treatment is burdensome insurance PA requirements.

Oftentimes, PAs require patients to try and fail certain "preferred" HIV medications before the insurance company will approve and cover other, usually more expensive, medications. For people living with HIV (PLWH), these confusing and burdensome PAs can lead to unnecessary and harmful delays in accessing life-saving medications. Our Ryan White and HIV Case Management teams regularly help our patients navigate these complicated PAs and often encounter situations where patients run out of medication before their PAs are approved. This can present serious problems because even a short delay in accessing medication can trigger the occurrence of viral resistance and result in overall worse health outcomes.

Howard Brown's Ryan White Team also discussed how the long-acting injectable HIV treatment Cabenuva is only accessible to individuals who have an undetectable viral load for three months. For patients who find it difficult to adhere to a daily pill regimen, the long-term injectable option was seen as a critical strategy for increasing access to HIV treatment and making progress in ending the epidemic. However, if this injectable option is not covered by insurance and therefore not accessible to patients who aren't already well maintained on an oral regimen, this undercuts its use as an innovative strategy to expand access to care. Providers are being denied the ability to provide the treatment they feel will be most effective for their patient, and instead, treatment is dictated by insurance policies. That is why Howard Brown supports legislation like HB 5051, which would prohibit health insurance providers from requiring PAs for certain specific FDA approved drugs, including HIV treatment and prevention medications[10].

PrEP Access

PrEP is highly effective at preventing HIV acquisition and is a critical tool in helping end the HIV epidemic. However, efforts to increase PrEP use often are focused on white men who have sex with men (MSM). As a result, other minority populations that are disproportionately burdened by HIV have received little attention and support.

Black and Brown communities are still overrepresented in new HIV cases. Black and Latinx MSM have an increased lifetime risk of HIV, approximately 40% and 20% respectively, compared with 9% for White MSM[11]. Women are also historically overlooked when it comes to HIV treatment and PrEP access. Among all PrEP users in the U.S., only 8% were women even though women comprised 18% of new HIV diagnoses. Women, specifically Black women are dangerously underrepresented in PrEP use. Black women accounted for approximately 60% of new HIV diagnoses among women in the United States[12]. PrEP awareness is still limited in Black communities and Black women often have low self-perceived risk for HIV acquisition. Additionally, clinical risk factor guidelines for prescribing PrEP generally overlooked risk factors among women. Without reimagining how we get PrEP education and resources to these communities, we will not make progress in ending the HIV epidemic.

In order to effectively reach and treat priority populations, there needs to be greater funding for our HIV treatment and prevention infrastructure in Illinois. Howard Brown recommends passing legislation like:

- The **Strengthening & Protecting Illinois HIV Funding Infrastructure (SPIHFI) bill**: provides a $2 million increase in state funding for HIV education, prevention, testing, and treatment.
- The **Connection to HIV Testing and Linkage to Care (TLC) Act**: enacts reforms mandating at-home HIV and/or sexually transmitted infections (STIs) testing kits be covered by insurers and Medicaid without cost-sharing and create rapid start pilot sites that would connect people with treatment within 7 days of initial diagnosis or within 7 days of referral to HIV medical care. This Act would also ensure that all county jails provide HIV/AIDS education to people who are incarcerated and visitors, as well as link them to HIV testing as mandated by Illinois' County Jail Act.

Passing these bills would help to shore up the state's response to the HIV epidemic. Howard Brown also recommends following the lead of Getting to Zero (GTZ) Illinois which has restructured their PrEP outreach strategies to put additional focus on Black gay, bisexual, and other MSM (including youth 16-29), Latino/a/x/e gay, bisexual, and other MSM (including youth 16-29), Cisgender Black heterosexual women, and Black and Latina women of transgender experience[13]. This will ensure that populations underutilizing PrEP will start to see increased access in their communities.

Address pressing healthcare workforce shortages in Community Health Centers (CHCs)

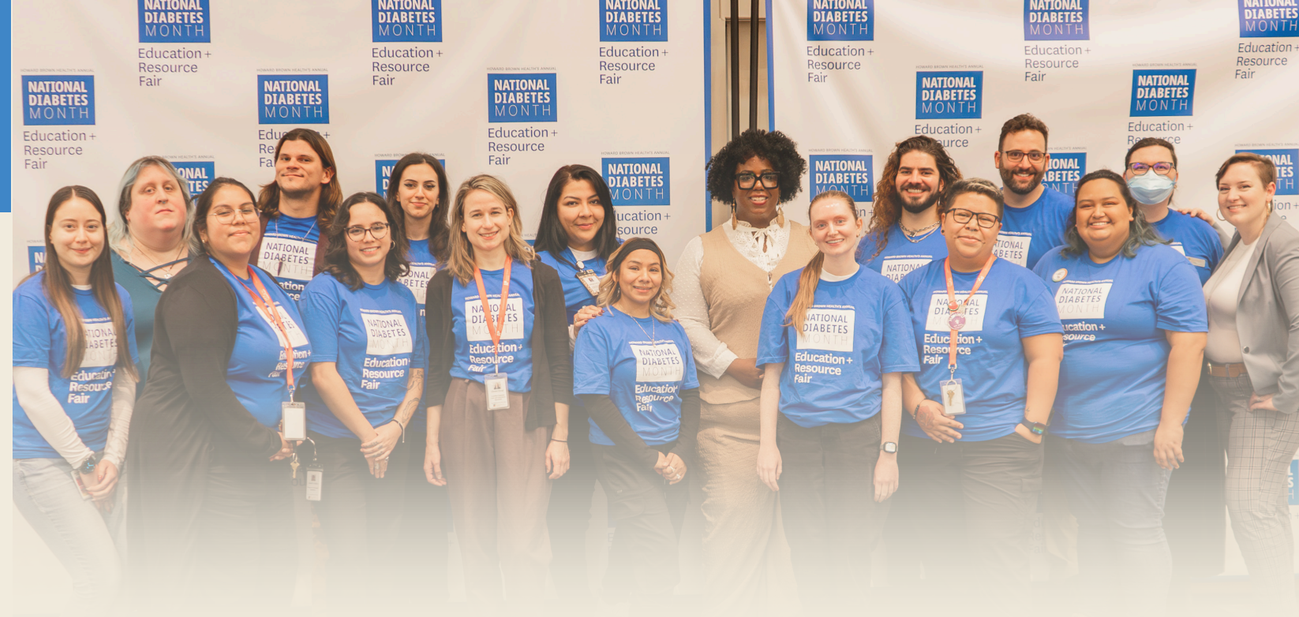
Due to several factors including the high costs of going into the medical field, lower wages associated with working in underserved communities (low-income urban areas, rural areas), and burnout among healthcare workers, the Association of American Medical Colleges (AAMC) projects that we are facing a dramatic shortage of physicians.

Physician demand continues to outpace supply, resulting in a projected shortage of 13,500 – 86,000 physicians, including a shortage of 20,200 – 40,400 primary care physicians, by 2036. Along with a shortage of physicians, CHCs are also experiencing a shortage of clinic support staff. According to a survey by AMN healthcare, an estimated 85% of hospitals, medical groups, home health providers and other healthcare facilities are experiencing a shortage of allied healthcare professionals such as medical assistants, dental hygienists, pharmacy technicians, peer specialists, and billing and coding professionals[14]. Increased shortages of these important staff will greatly impact the ability to deliver care effectively. The Health Resources and Services Administration (HRSA) projects the country needs nearly 100,000 additional medical assistants and more than 32,000 additional dental assistants by 2036[15].

> "CHCs lead the way in recruiting and training new generation health professionals and **more than 80% of health centers operate education and training** for clinical support staff. Without dedicated federal support CHCs are unable to recruit and maintain their workforces."

This medical workforce shortage is having a huge impact in Illinois. It is projected Illinois will have a shortfall of 6,200 physicians by 2030 and an estimated shortfall of nearly 15,000 nurses by 2025[16,17].

This shortage hits CHCs and other non-profit safety net providers like Howard Brown the hardest. A new Commonwealth Fund survey finds that in 2024, more than 70%

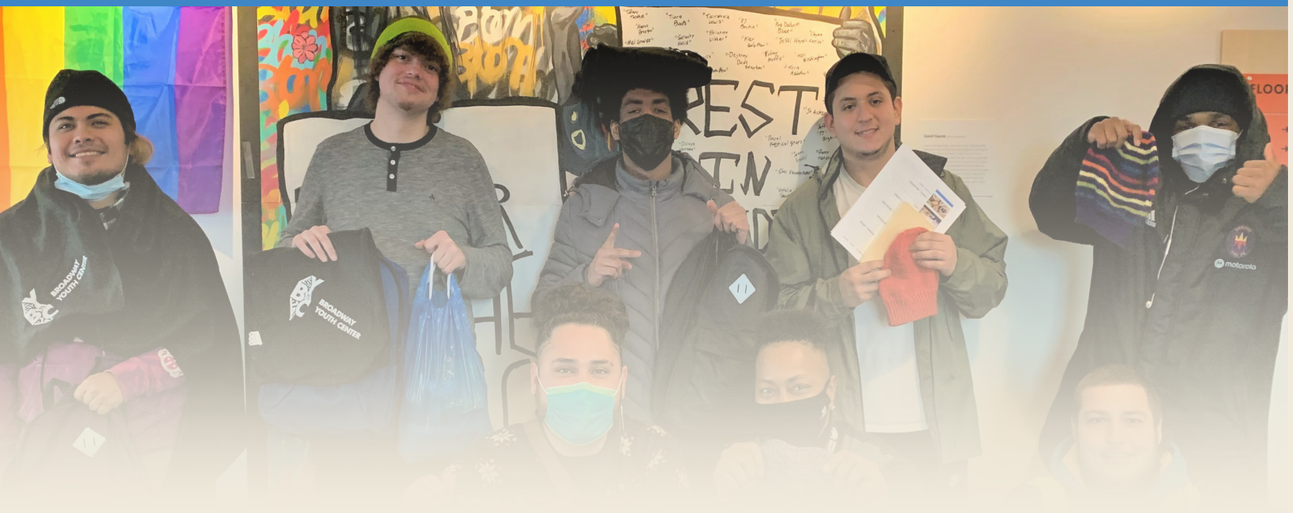


of CHCs have reported primary care physician, nurse, or mental health professional shortages[18]. The COVID-19 pandemic was another factor in the increased shortage of healthcare workers. In a recent study, 50% of all respondents reported burnout, with the highest levels among nurses (56%) and other clinical staff (54.1%) reporting burnout[19]. Intent to leave the job was reported by 28.7% of healthcare workers, with 41% of nurses, 32.6% of non-clinical staff and 31.1% of clinical staff reporting. These issues are all exasperated by lack of investment into CHCs and developing a primary care workforce that intends to work with medically underserved populations.

CHCs provide high-quality, accessible, and affordable health care to over 32 million patients in medically underserved communities. CHCs lead the way in recruiting and training new generation health professionals and more than 80% of health centers operate education and training for clinical support staff. Without dedicated federal support CHCs are unable to recruit and maintain their workforces. This greatly limits our ability to provide the comprehensive care our patients need and deserve.

Federally Qualified Health Centers like Howard Brown need substantial efforts to increase the number of primary care providers and overall medical staff at CHCs across the country and in Illinois. Howard Brown supports expanding programs like the Illinois National Health Service Corps State Loan Repayment Program (SLRP) by increasing the max allotment of loan repayment or providing more incentives for minority-identified medical professionals from underserved communities[20]. We also support continued and increased funding for federal loan reimbursement programs specifically for medical providers and support staff who work with medically underserved populations.

Increase visibility and support for the healthcare needs of LGBTQ+ patients across their lifespan



Older LGBTQ+ Adults and Long-Term Survivors of HIV

Nearly 2.9 million Illinoisians are 60+, representing 22% of the population in Illinois[21]. Of the nearly 1.1 million people living with diagnosed HIV in the United States and dependent areas in 2021, over 53% were aged 50 and older[22]. Illinois must institute a comprehensive plan to support the aging population, with specific emphasis on the needs of LGBTQ+ older adults and long-term survivors of HIV.

LGBTQ+ older adults face unique challenges[23]. In terms of healthcare, LGBTQ+ older adults and older adults with HIV report higher rates of poor physical mental and physical health as well as higher rates of disability compared to their peers; they have faced a lifetime of stigma and discrimination, resulting in higher rates of healthcare avoidance; and they are less likely to have traditional caregiving support systems as they are twice as likely to be single and four times less likely to have children.

Howard Brown urges for the advancement of legislative efforts aimed to ensure that LGBTQ+ seniors have access to inclusive and affirming healthcare and support services such as affordable housing options and programs that combat isolation. This includes strategies such as expanded resources and training for healthcare workers on providing affirming care for LGBTQ+ older adults, funding for queer living spaces, and support for interventions such as LGBTQ+ congregate meal plans to combat social isolation and related negative health outcomes.

Howard Brown's Nursing and Education teams care for LGBTQ+ older adults who feel like they must go back into the closet to receive equitable treatment in long-term care facilities. As larger and larger numbers of LGBTQ+ older adults begin to transition to more intensive care, Illinois needs to increase funding and resources for housing services geared towards LGBTQ+ older adults, cultural competency training, the creation of LGBTQ+ community spaces, and making it easier for non-family members to be at-home caretakers and increasing payment supports to those caretakers.

Illinois needs a comprehensive plan to support the growing number of LGBTQ+ older adults. The Illinois Multi-Sector Plan for Aging (MPA), while not legislation, will serve as a 10-year blueprint to support healthy aging in Illinois communities and set clear, measurable objectives for evaluating public and private sector progress toward this goal. The MPA, enacted by executive order by Governor Pritzker, must include the specific needs of LGBTQ+ older adults and older people living with HIV, and must include feedback from these populations as well as from providers who care for these populations[24].

LGBTQ+ Youth

LGBTQ+ youth experience unacceptably high rates of stigma and discrimination in healthcare, rejection, victimization, and social discrimination. These experiences lead to elevated rates of suicide attempts, substance use, and sexual risk behaviors, as compared to their cisgender heterosexual peers[25].

It is vital to have providers that are knowledgeable in LGBTQ+ health and trained to provide affirming care. This education is even more important now as states across the country outlaw access to gender affirming care, particularly for minors.

As providers of gender affirming care, Howard Brown staff navigate a legal minefield in providing care to minors, especially those who are coming from out of state. In order to protect access to vital healthcare for trans and gender diverse youth, it is vital that lawmakers and government agencies take steps to proactively protect providers by offering legal support, resources and protection against criminal charges.

State agencies should complete a legal analysis on the enforceability and implementation of the Illinois Patient and Provider Protection Act and how it interacts with other state laws around gender affirming care for minors. Howard Brown also urges state elected officials to create funding and coordination support to connect providers of gender affirming care with other behavioral and social support providers so that we can work together to ensure that the needs of all trans youth seeking care in Illinois are met.

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