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Importance of Access Deregulation of HIV Prevention Services in Tennessee

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In January 2023, Tennessee State Governor Bill Lee rejected \$8 million in federal budget earmarked for HIV prevention. The federal funding for HIV testing and prevention comes with some stipulations that it is used for sexual health programming making grants for HIV prevention programming available to organizations like Planned Parenthood. Rejecting these funds allows the State of Tennessee to remove major funding from Planned Parenthood following the Tennessee July 2022 'point-of-conception' abortion ban. Planned Parenthood is one of the state's largest distributors of free condoms. Still, the rejection of funding is already impacting community-based organizations like Partnership to End AIDS Status (PEAS), whose funding comes largely from the government agencies like the Center for Disease Control (CDC). The recent decision will mean less access to care for people living with HIV and AIDS (PLWHA) and risks creating conditions for increases in HIV transmissions. This form of state-based marginalization reflects HIV/AIDS as a social category and the structural challenges that PLWHA are up against.

Several opponents have come out against the decision claiming that it will defund essential HIV prevention, detection, and treatment services. Ashley Coffield, president and CEO of Planned Parenthood of Tennessee and North Mississippi, remarked, "This is yet another public health crisis manufactured by Gov. Lee." While Tennessee Department of Health has shared, "It is in the best interest of Tennesseans for the State to assume direct financial and managerial response for these services." Shelby County, where Memphis, TN, is located, has one of the country's highest incidences of HIV (819 per 100,000) and 20,000 people living with HIV across the state.

According to secondary research from the Kaiser Family Foundation, in the 2016 fiscal year, Tennessee's federal HIV/AIDS grant funding per adult/adolescent living with HIV/AIDS was the eleventh highest at \$4,181. After turning down \$8 million in federal dollars, a serious negative impact can be anticipated for

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infrastructure servicing PLWHA in Tennessee. In 2023, U.S. Federal Domestic Discretionary Funding for HIV/AIDS totaled more than \$7 trillion. In contrast, in the 2012 fiscal year, Tennessee State Department of Health received nearly \$7 million from the CDC Division of HIV/AIDS Prevention. One of the initiatives many state health departments signed on to participate in was the Ending the HIV Epidemic in the U.S. (EHE) plan announced in 2019, aimed at ending HIV transmission by 2030. This recent budgeting decision puts this plan at serious risk.

The deregulation of HIV/AIDS programming in the state poses two major, interconnected challenges to an already precarious situation. Its deprioritization reflects the ways HIV/AIDS functions as more than a viral infection but as a social category as well. First, funding cuts will negatively impact drug distribution and, secondly, create conditions for increases in viral transmission of HIV. These undermine the EHE initiative. This happens when black markets make additional Tennessee drug distribution market corruption. Defunding the access, safety, and quality of drugs undermines viral suppression.

The Emergence of Black Markets in Response to Deregulation

PLWHA needs life-saving medication to continue living. Even within the existing medical complex, many PLWHA turn to black markets to access necessary drugs when access becomes insecure from lack of insurance, poor coverage, or counterfeit drugs. Most often, clinics run rackets wherein patients are recruited to solicit prescriptions from multiple pharmacies and return pills to a single pharmacy to be repackaged and resold. In 2018, a major prosecution of a black market HIV drug racket in Nashville, TN, was busted. Jerrod Nichols Smith forfeited \$1.4 million of a \$50 million scheme and received a 15-year sentence. What is dangerous about this situation is that many medications sold to independent pharmacies contain tainted drugs that often lack active pharmaceutical ingredients (API) or sometimes have different active ingredients altogether. HIV-positive patients, especially those using public assistance, are vulnerable to exploitation when coupons from drug manufacturers or public assistance place income limits on already under or unemployed communities that need such life-saving medications. Although rare, there are cases of individuals selling their HIV medications to pharmacies and buying medicines from other individuals — brokering pills — on their own basis because of the high market value for untainted HIV medication. When infrastructure fails to provide comprehensive access to medication, unregulated drugs move into the market and undermine HIV prevention and treatment.

The decision to ax millions of federal funding weakens infrastructure to provide safe drugs to people who need them. Compromising the safety and quality of HIV medication also impedes goals to reduce and end the viral transmission of HIV. Suppose those vulnerable to HIV can be engaged in care to receive pre-exposure prophylaxis (PreP), and PLWHA have full access to medication. In that case, viral suppression can occur on a structural level, thus reducing the transmission of HIV. The decision to reject federal funds for HIV prevention, detection, and treatment came recently after appointed health commissioner Ralph Alvarado, well-known for his opposition to abortion, assumed the post. State officials say the funding demands can be met, and Governor Lee noted, "We think we can do that better than the strings attached with the federal dollars that came our way and that's why we made that decision."

It is unclear what will precipitate from these events. Still, there is a clear threat of the growth of already existing black markets in Tennessee distributing drugs and exploiting vulnerabilities in the pharmaceutical market. As the Tennessee Department of Health cuts ties with Planned Parenthood, other organizations offering HIV services alongside family planning services can expect funding to evaporate. Reducing the cascade of options patients can turn to for services like community-based organizations will put stress on emergency rooms. Similarly, with less support and without a massive rollout of infrastructure to meet needs, what can be expected is a decrease in access to care. In every case, this impacts marginalized PLWHA severely. ● ● ●



Importance of Access

Deregulation of HIV Prevention Services in Tennessee

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