

Insurance Trends among Populations at Risk for HIV in New Orleans, LA

Abstract (200 – 300 words)

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Background:

Medicaid provides vital access to services like preventative care and chronic disease management. Medicaid expansion in 2016 has led to increased healthcare coverage among Louisiana residents. However, it is unclear how insurance status has changed since Medicaid expansion among key populations at risk for HIV such as men who have sex with men (MSM), people who inject drugs (PWID), and heterosexual people at increased risk for HIV (HET).

Objectives:

The objective of this study was to examine longitudinal trends in Medicaid membership and insurance status among key populations at increased risk for HIV in New Orleans, LA between 2014 and 2024.

Methods:

Secondary data analysis was conducted using data from the National HIV Behavioral Surveillance in New Orleans, LA. Between 2014 and 2024, annual, rotating cross-sectional behavioral surveillance was conducted in New Orleans, LA consisting of anonymous, hour-long interviews and rapid blood-based HIV and HCV testing. Participants were recruited using venue-based (MSM) and respondent-driven sampling (PWID, HET).

Results:

Medicaid membership increased among all key populations while uninsurance decreased or remained consistent. PWID experienced the largest increase of Medicaid members from 27% in 2015 (pre-expansion) to 59% in 2018 (post-expansion). PWID also experienced the largest decrease of uninsured participants from 58% in 2015 to 30% in 2018.

Conclusions:

This study found that PWID experienced the most significant changes in insurance status between 2014 and 2024. This may provide viable avenues for HIV prevention and risk reduction activities through Medicaid coverage.

Recommendations:

This study provides evidence to support healthcare policy decisions regarding the expansion of Medicaid coverage. Future trends in insurance status should be examined in the context of emerging policies.

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