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INSPIRING HEALTHY ACTS

HIV IN ARKANSAS

Key Policy Issues

Overview

There has been significant progress in preventing and treating human immunodeficiency virus (HIV), but the disease remains a persistent problem in Arkansas and across the nation. According to the Centers for Disease Control and Prevention (CDC), 38,000 people in the U.S. received an HIV diagnosis in 2022, and the South[a] accounted for 52% of new HIV diagnoses.[1] In Arkansas, more than 6,000 people live with HIV/AIDS.[2] In 2022, 11.9 of every 100,000 Arkansans age 13 or older were newly diagnosed with HIV. In 2020, the rate of death among people age 13 or older diagnosed with HIV in Arkansas was 4.0 per 100,000 people.[3] Gay or bisexual men were the most affected by new HIV diagnoses.[1] Figure 1 illustrates the prevalence of HIV in Arkansas by county; Figure 2 shows the numbers of new HIV cases in Arkansas by year.

HIV DIAGNOSES PER 100K PEOPLE AGES 13 AND OLDER IN ARKANSAS: 2022

36.6
MULTIRACIAL

32.9
BLACK/AFRICAN AMERICAN

18.9
HISPANIC/LATINO

11.2
ASIAN

10.6
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

9.7
AMERICAN INDIAN/ALASKA NATIVE

6.4
WHITE

Source: Centers for Disease Control and Prevention, NCHHSTP AtlasPlus.

[a] The South is defined here as Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

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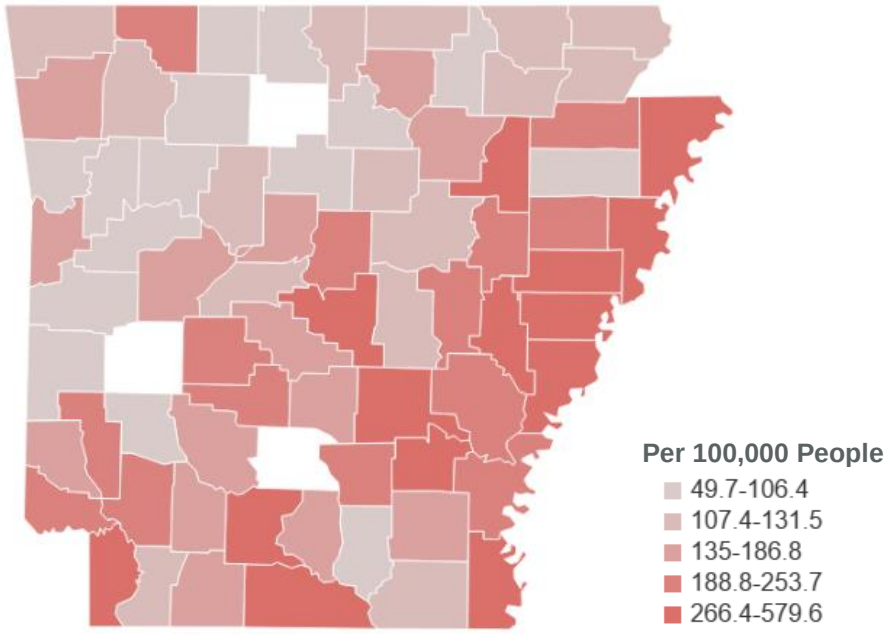
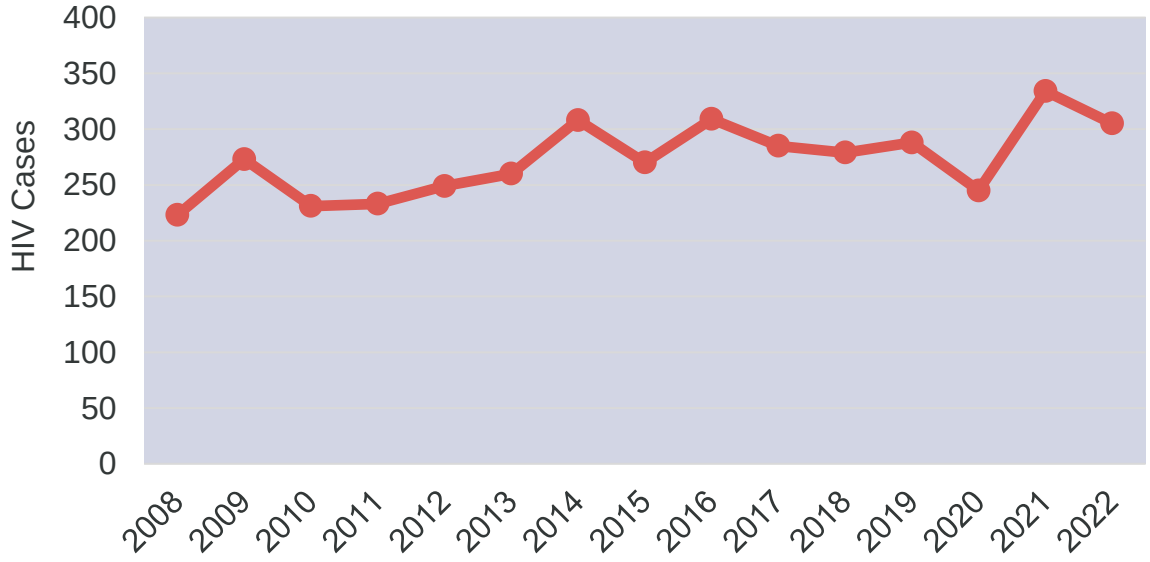
FIGURE 1: HIV PREVALENCE BY COUNTY: 2022



Note: This graphic depicts HIV prevalence and diagnoses for individuals age 13 and older. No data are available for shaded counties.
Source: Centers for Disease Control and Prevention, NCHHSTP AtlasPlus.

FIGURE 2: HIV DIAGNOSES BY YEAR IN ARKANSAS



Source: Centers for Disease Control and Prevention, NCHHSTP AtlasPlus.

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Policy Interventions

The Ending the HIV Epidemic: A Plan for America, initially launched in 2019 under the Trump administration, remains a key initiative aimed at reducing new HIV infections in the U.S. by 90% by 2030.[4] The Biden-Harris administration has strengthened this initiative by focusing on improving access to prevention and treatment for underserved communities, including addressing racial and geographic disparities.[5] Arkansas, one of the seven states selected to receive Ending the HIV Epidemic funding, has worked through its HIV Elimination Task Force and HIV Planning Group to advance the state's efforts in combating the epidemic.[6] The Arkansas Department of Health continues to collaborate with stakeholders across the state to improve access to prevention and treatment services, especially in underserved areas.

HIV PREVALENCE IN ARKANSAS BY EXPOSURE CATEGORY: 2022

62%
MALE SEX W/MALE

24%
HETEROSEXUAL

14%
OTHER

Source: Centers for Disease Control and Prevention, NCHHSTP AtlasPlus.

TREATMENT AS PREVENTION

Treatment as prevention is an effort focused on people living with HIV. When taken as directed, antiretroviral therapy (ART) reduces the viral load in the body to undetectable levels, which helps a person restore immune function and prevents transmission to others.[7] Advances in ART have made treatment simpler, with fewer side effects and less frequent dosing required.[8] Experts recommend treatment as early as possible, including same-day or rapid-start treatment, to prevent transmission and improve health outcomes.[9] However, 13% of people with HIV in the U.S. do not know they are infected.[10] This strategy complements other prevention methods, such as universal screening of adolescents, adults, and all pregnant women as required under Arkansas law. [11, 12]

*The **U=U** campaign (Undetectable = Untransmittable) encourages viral suppression to improve health and prevent sexual transmission of HIV.*

POST-EXPOSURE PROPHYLAXIS

Post-exposure prophylaxis (PEP) means taking ART after potential exposure to HIV in order to prevent HIV infection.[13] The therapy must be started within 72 hours after exposure to HIV. California is the first state to pass a law that prohibits insurers from subjecting PEP and pre-exposure prophylaxis (PrEP) to prior authorization or step therapy, allowing pharmacists to furnish these drugs without a physician's prescription.[14] The intent is to increase access to these

medications in areas with higher poverty, higher concentrations of the uninsured, and larger minority populations. Arkansas passed a similar law in 2023 that authorizes pharmacists to dispense both PEP and PrEP under a statewide protocol.[15]

PRE-EXPOSURE PROPHYLAXIS

PrEP is a daily medication that significantly reduces the risk of HIV infection, lowering it by about 99% for sexual transmission and at least 74% for people who inject drugs.[16] Global organizations like the World Health Organization and Joint United Nations Programme on HIV/AIDS (UNAIDS) prioritize PrEP for high-risk populations.[17] In Arkansas, at least 81 of every 100,000[18] residents used PrEP in 2023, which is similar to other states in the South with low uptake despite high HIV diagnosis rates.[19] The U.S. Department of Health and Human Services' Ready, Set, PrEP program, which provides free PrEP to uninsured individuals, stopped accepting new enrollments in July 2024, potentially limiting access in high-needs areas, particularly in the South.[20] Most private insurance plans cover PrEP based on a recommendation by the U.S. Preventive Services Task Force,[21] yet barriers like stigma and access persist, particularly for marginalized groups.[22]

SYRINGE SERVICE PROGRAMS

As Arkansas and other states battle an ongoing opioid crisis, concerns about HIV transmission through injection drug use remain high. According to the CDC, approximately 3.7 million U.S. adults report having injected a drug, based on estimates from 2018.[23] One strategy for reducing infectious diseases such as HIV among people who inject drugs is adopting syringe service programs (SSPs), also referred to as safe syringe programs. SSPs are community-based prevention programs that provide sterile needles and syringes, safe disposal sites for used products, vaccinations, testing, and referral to care and treatment. Evidence shows SSPs help reduce drug use and lower the spread of diseases without increasing crime. Individuals who are new users of SSPs are five times more likely to enter drug treatment programs than those who do not use SSPs.[23] The decision to establish an SSP is made at the state or local level. Thirty-eight states and the District of Columbia have authorized SSPs statewide in legislation.[24] Some local jurisdictions within states have implemented policies authorizing SSPs. Many states have comprehensive drug paraphernalia laws that criminalize the sale, distribution, and possession of syringes when

NUMBER OF PrEP USERS IN ARKANSAS

2017: 418

2020: 869

2023: 2,071

Source: AIDSVu.

it is known they will be used for unlawful purposes. Arkansas has no laws authorizing SSPs. However, while state law criminalizes possession of drug paraphernalia with the purpose to use, it does not criminalize delivery, except to minors,[25] even with knowledge the paraphernalia be used unlawfully.[26]

DECRIMINALIZATION OF HIV

More than half of U.S. states have laws criminalizing HIV exposure, ranging from HIV-specific criminal laws to broader infectious disease laws.[27] In 1989, Arkansas enacted its HIV exposure law, which imposes criminal liability on individuals who knowingly expose others to HIV, including exposure to blood and contributions to blood products or sexual penetration, without disclosing their HIV status. This applies even if the individual is on treatment and not at risk of spreading HIV. A conviction carries a prison term of six to 30 years.[28] An HIV-positive individual must also inform physicians or dentists of his or her HIV-positive status.[29] A person who is living with HIV but has not been tested, however, is not criminally liable if his or her HIV-positive status is not disclosed. These laws should be updated to reflect current science, which shows that effective treatment can prevent transmission. In some states, modernized laws focus on the actual risk or intent to transmit rather than disclosure and reduce charges to misdemeanors or lower felony classes.[30] Additionally, the fear of prosecution may discourage testing and treatment, potentially increasing transmission rates.

HIV CRIMINAL ENFORCEMENT IN ARKANSAS: 1990-2022

108

PEOPLE WERE ARRESTED FOR HIV-RELATED OFFENSE

80%

OF PROSECUTED INDIVIDUALS WERE CONVICTED

24

YEARS WAS THE AVERAGE SENTENCE LENGTH PER COUNT (IN 2007 AND 2023)

Source: The Williams Institute | UCLA School of Law. Enforcement of HIV Criminalization in Arkansas.

Conclusion

Despite advancements in HIV treatment and prevention efforts, many individuals remain undiagnosed and untreated. Expanding access to testing is critical for ending the HIV epidemic. Strategies such as SSPs that offer HIV testing can further progress, while barriers to testing, such as HIV criminalization laws and stigma, can impede progress. Addressing these barriers through education, reducing stigma, and updating laws is essential for effective prevention and treatment efforts. A comprehensive approach that tackles these issues will help close the gaps and eliminate disparities in HIV care.

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