Blue Cross and Blue Shield Accused of Placing Most HIV Drugs into Highest Tiers

The North Carolina insurer's policy "will worsen health inequities" for Black and Latino people, claim the discrimination complaints.

December 8, 2022 By Trent Straube

HIV and hepatitis groups filed discrimination complaints against Blue Cross and Blue Shield of North Carolina, alleging that the health insurer placed nearly all HIV medications on the most expensive tiers.

The complaints were filed by the HIV+Hepatitis Policy Institute and the North Carolina AIDS Action Network with the federal Office of Civil Rights at the Department of Health and Human Services as well as with the North Carolina Department of Insurance.

"The nondiscrimination provisions [of the Affordable Care Act (ACA)] are very clear, placing all drugs for a particular condition on a high-cost tier discourages enrollment and is presumptively discriminatory," said Carl Schmid, executive director of the HIV+Hepatitis Policy Institute in a press statement about the complaints. "This is a clear effort to dissuade people living with and at risk of HIV from enrolling in these plans and jeopardizes people's health and the public health since enrollees would be forced to pay huge sums of money just to access their lifesaving HIV drugs."

Blue Cross and Blue Shield of North Carolina uses a six-tier formulary, according to the press statement, and has placed all brand-name single tablet HIV regimens into the top two tiers, meaning that customers are required to pay a higher share of the cost of the drug and only after meeting a high deductible. Even generic PrEP, or pre-exposure prophylaxis, to prevent HIV, is placed in a higher tier, although it is marked a having $0 cost-sharing, as is required by the ACA.

The HIV and hepatitis organizations note that such policies are discriminatory and "worsen health disparities." The press statement explains:

African-American individuals experience significantly higher rates of new HIV diagnoses than other racial and ethnic groups in North Carolina. Black people make up 58% of new HIV diagnoses in the state, compared to 13.2% and 23.7% for Hispanic/Latinx and White people, respectively.

Disparities also exist in PrEP use with Black and African American and Hispanic and Latinx communities far less likely to be on PrEP than White people in North Carolina (65.9% of PrEP users are White, while only 26% and 5.8% are Black and Hispanic/Latinx, respectively).

“We need to make access to HIV drugs as affordable as possible for people living with and vulnerable to HIV in North Carolina,” said Veleria Levy, interim executive director of the North Carolina AIDS Action Network, in the statement. “Our people already face stigma and other barriers to care and treatment. The ACA is there to protect people from discriminatory insurance company practices. Now we need to make sure the law is enforced, and corrective action is immediately taken to protect the people of North Carolina.”

The ACA, also known as Obamacare, requires insurers to cover costs related to PrEP. For more, see “HIV Prevention Care Is Supposed to Be Free in the U.S. So, Why Are Some Patients Still Paying?” However, this provision has now been called into question by a Texas judge’s decision that sided with plaintiffs who argued that being required to cover PrEP amounts to forcing Christians to support homosexual behavior. Learn more in “Judge Rules That Mandate to Cover PrEP for HIV Prevention Violates Religious Freedom.”

In related news, see “Better Engagement in HIV Care Could Reduce Disparities for Black Gay Men,” “$4.5M Joint Effort to Improve Black HIV Care in Three Southern Cities” and “African Americans and HIV: Black communities are disproportionately affected by HIV and AIDS.”

Finally, it’s not too late to enroll in the ACA, or Obamacare, for 2023. If you sign up by December 15, your coverage will start January 1, 2023. But you have until January 15 to enroll for new health care coverage for the year. Here’s how.

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