

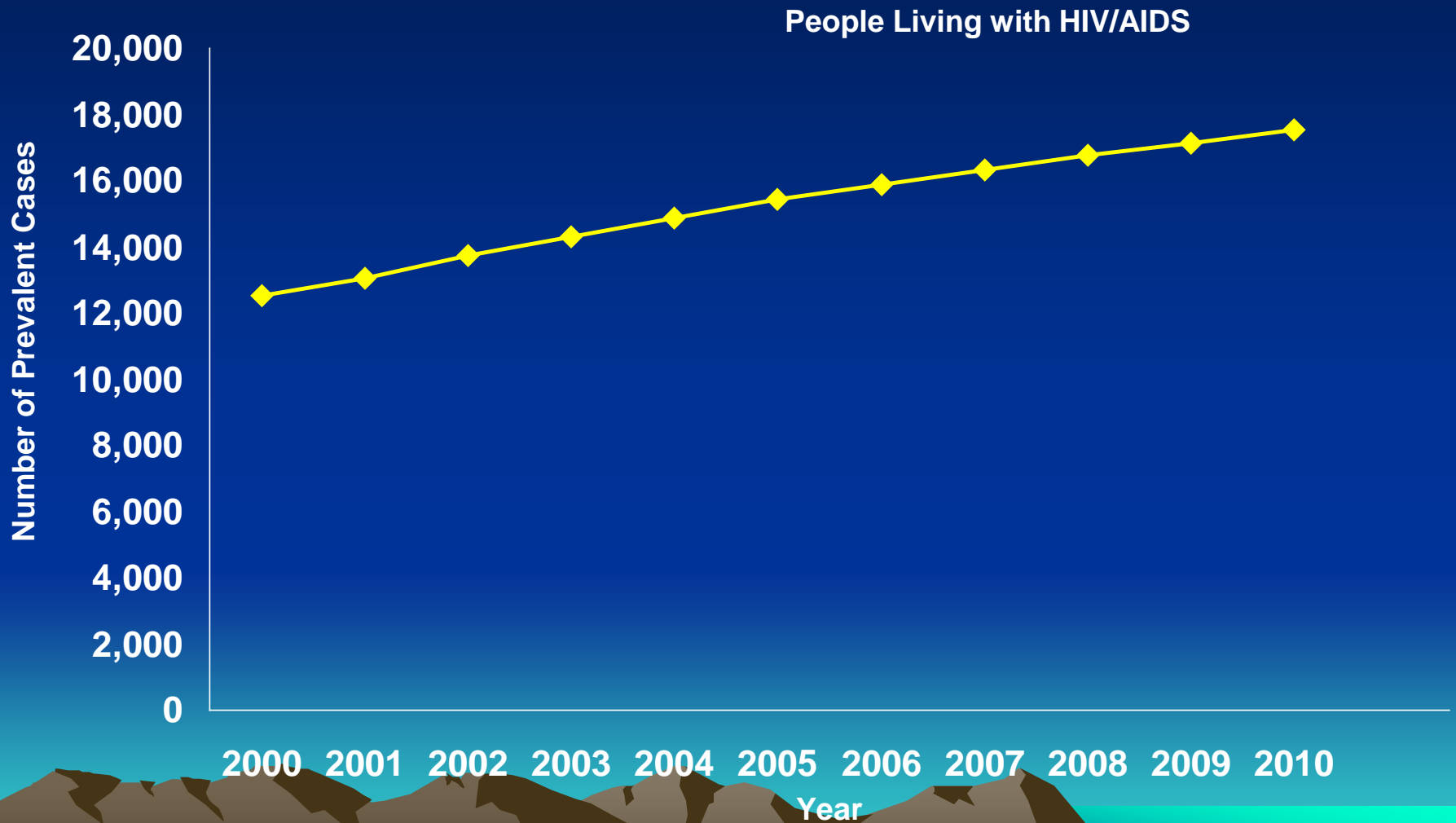
# **Health care reform, Medicaid expansion, and Ryan White: The example of Massachusetts**

**National Health Policy Forum  
Washington, DC  
July 19, 2013**

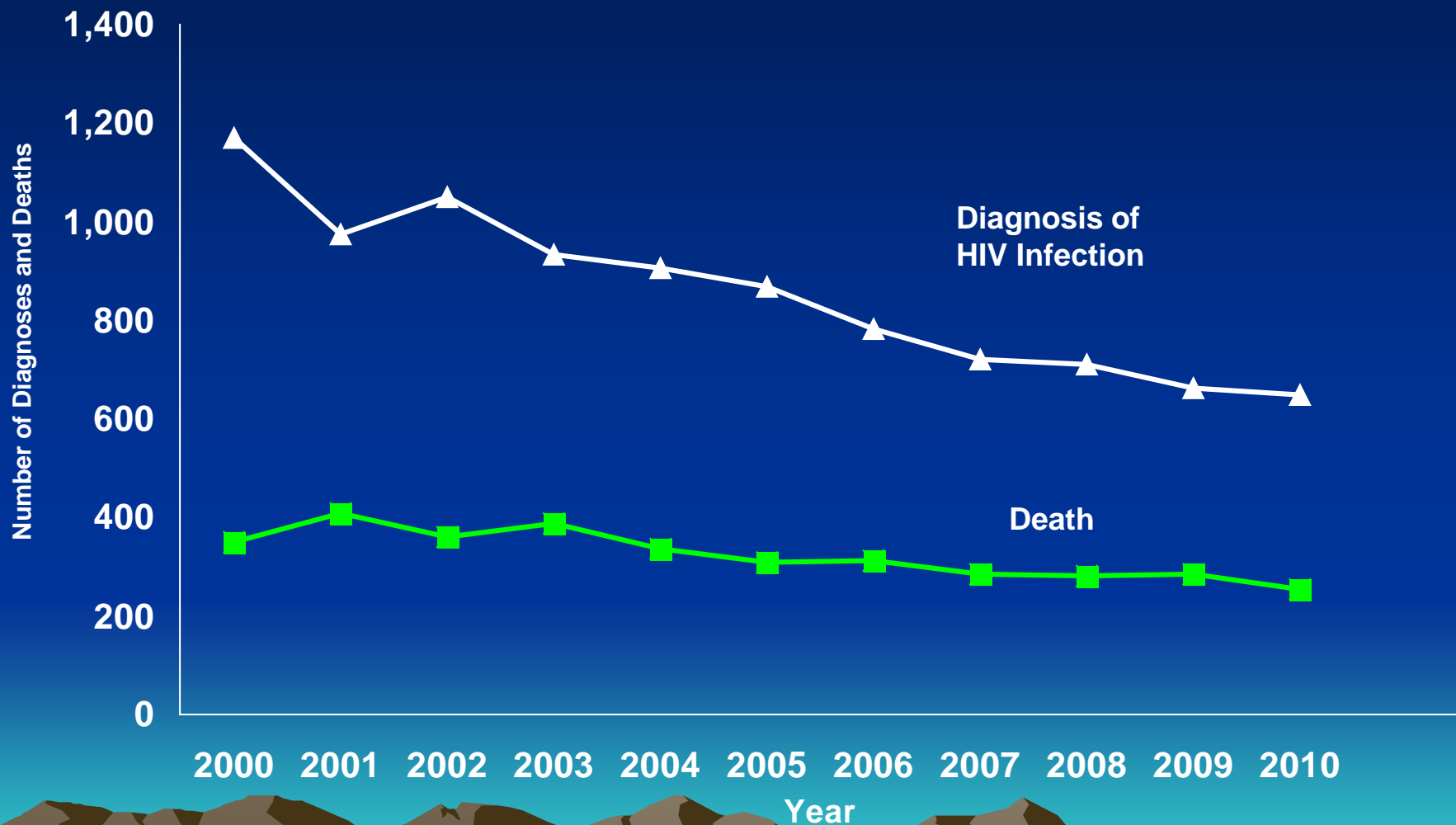


**Kevin Cranston, MDiv  
Director, Bureau of Infectious Disease  
Massachusetts Department of Public Health**

# Trends in HIV/AIDS Prevalence by Year: Massachusetts, 2000–2010



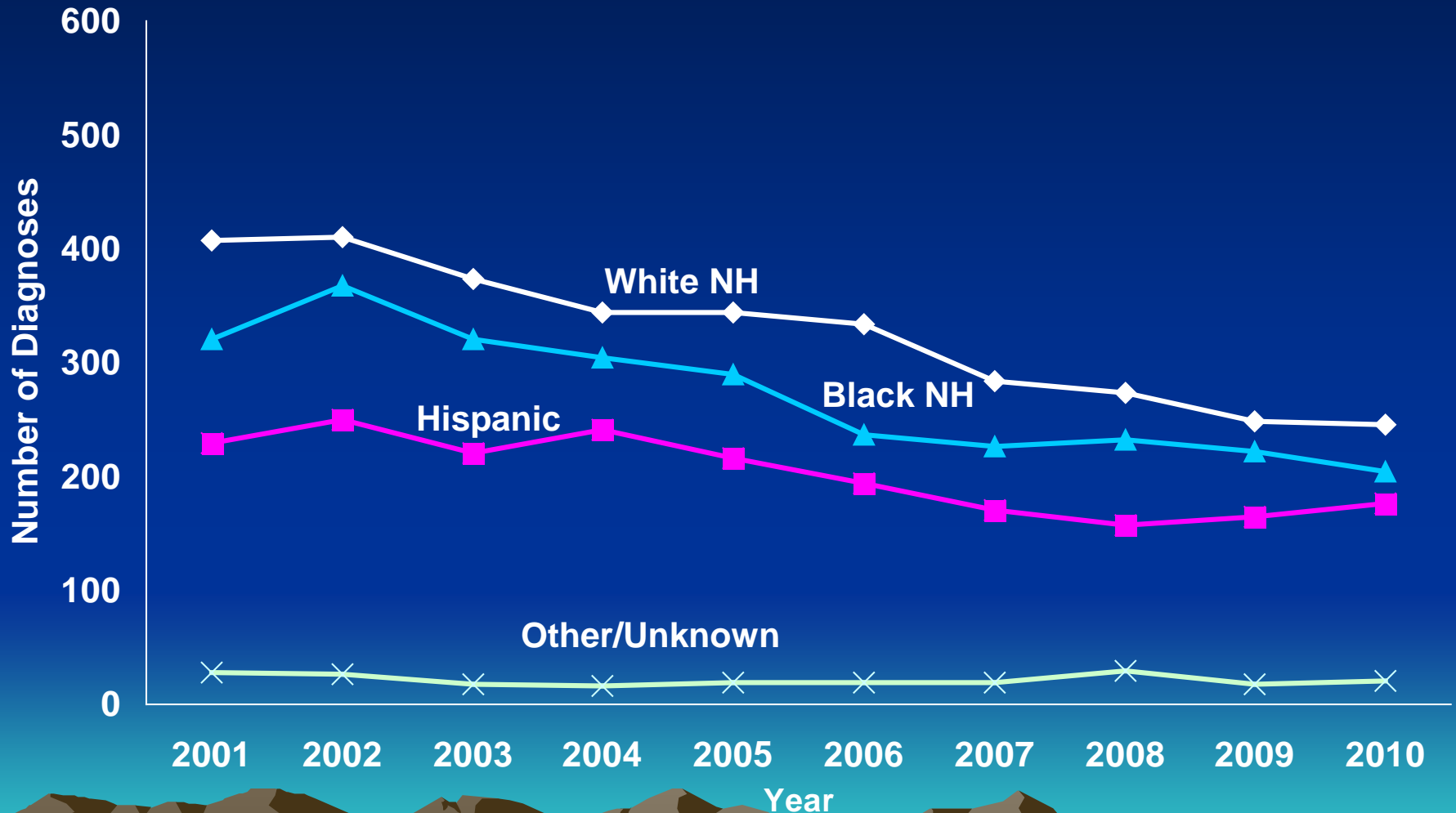
# Trends in HIV Infection and Death among People Reported with HIV/AIDS by Year: Massachusetts, 2000–2010



Note: 2011 Death data are preliminary

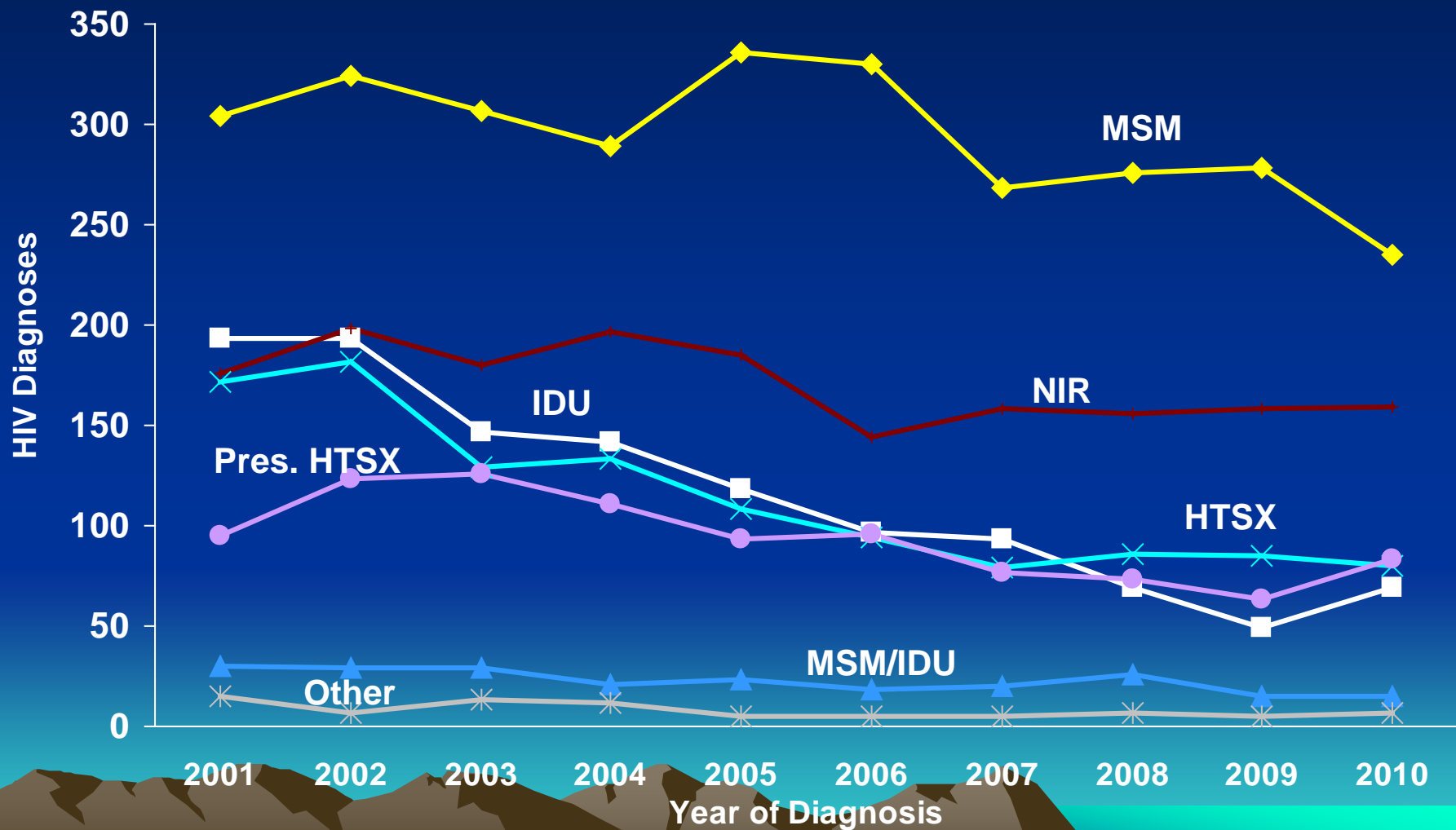
Data Source: MDPH HIV/AIDS Surveillance Program; Data as of 9/1/12

# People Diagnosed with HIV Infection by Race/Ethnicity and Year of Diagnosis<sup>1</sup>: Massachusetts, 2001–2010



<sup>1</sup> Reflects year of diagnosis for HIV infection among all individuals reported with HIV infection, with or without an AIDS diagnosis.  
Data Source: MDPH HIV/AIDS Surveillance Program; NH = Non-Hispanic; Data as of 1/1/12

# Individuals Diagnosed with HIV Infection by Exposure Mode and Year of Diagnosis: Massachusetts, 2001–2010

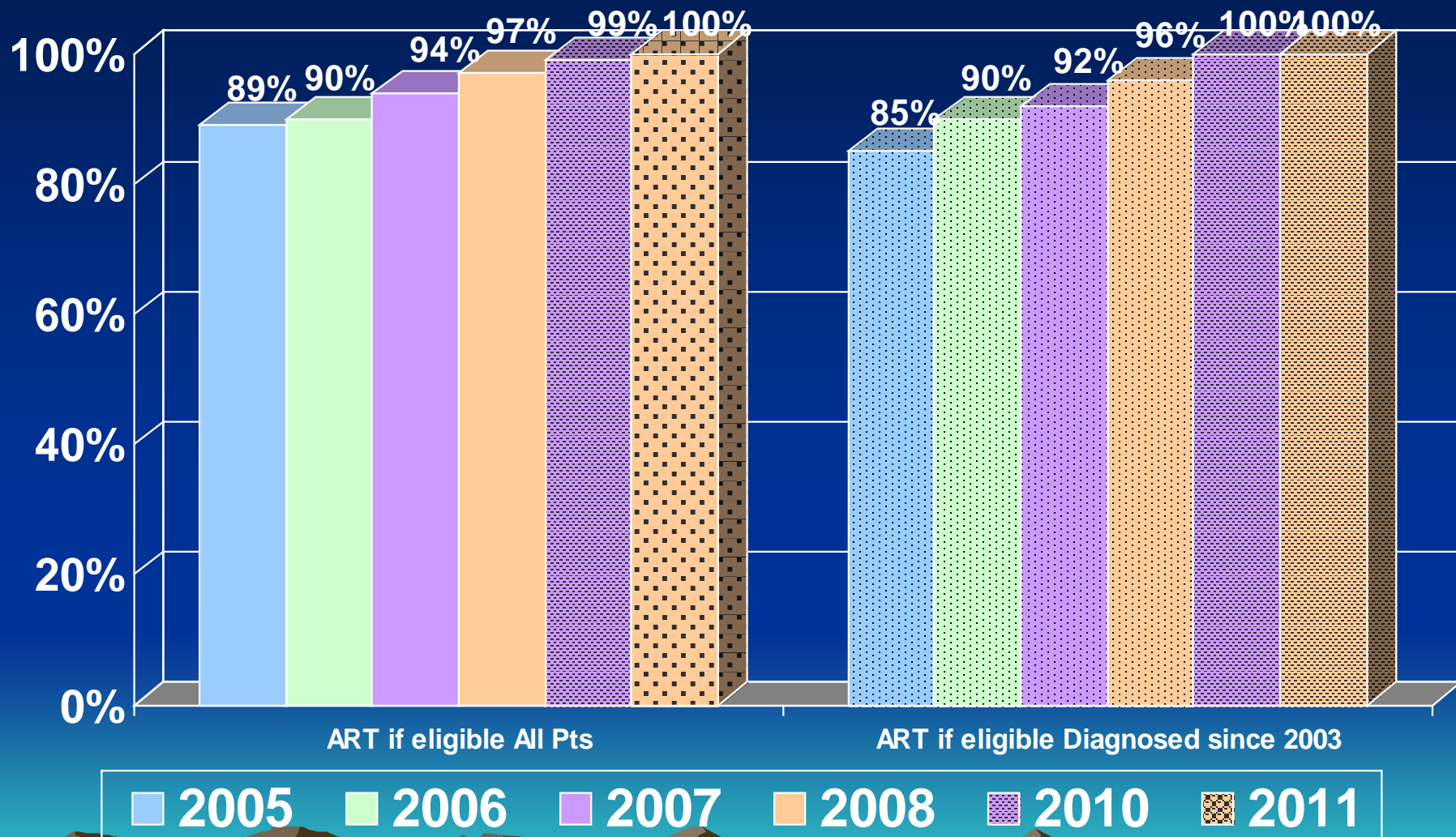


# Evidence of successful care engagement: two sources

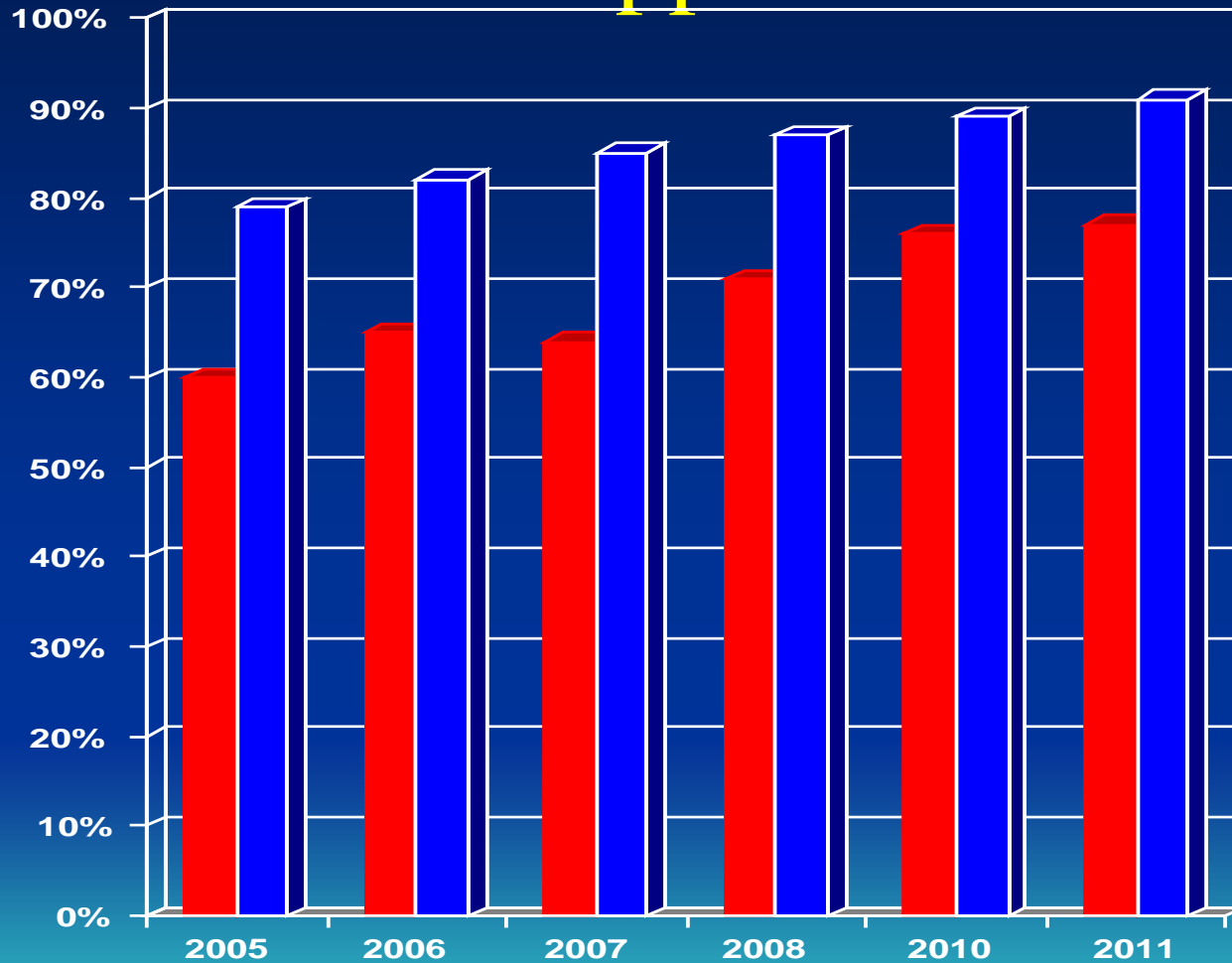
- Clinical chart reviews (1999 to date; data through 2008 presented)
  - Most recent years included nearly 1,000 patient charts, including nearly 500 patients diagnosed since 2003
- Consumer survey (2009)
  - Over 1,000 persons with HIV/AIDS in MA and southern NH (part of the Boston EMA)



# HIV Treatment Quality Measure: ART access



# HIV Treatment Outcome: Viral Suppression

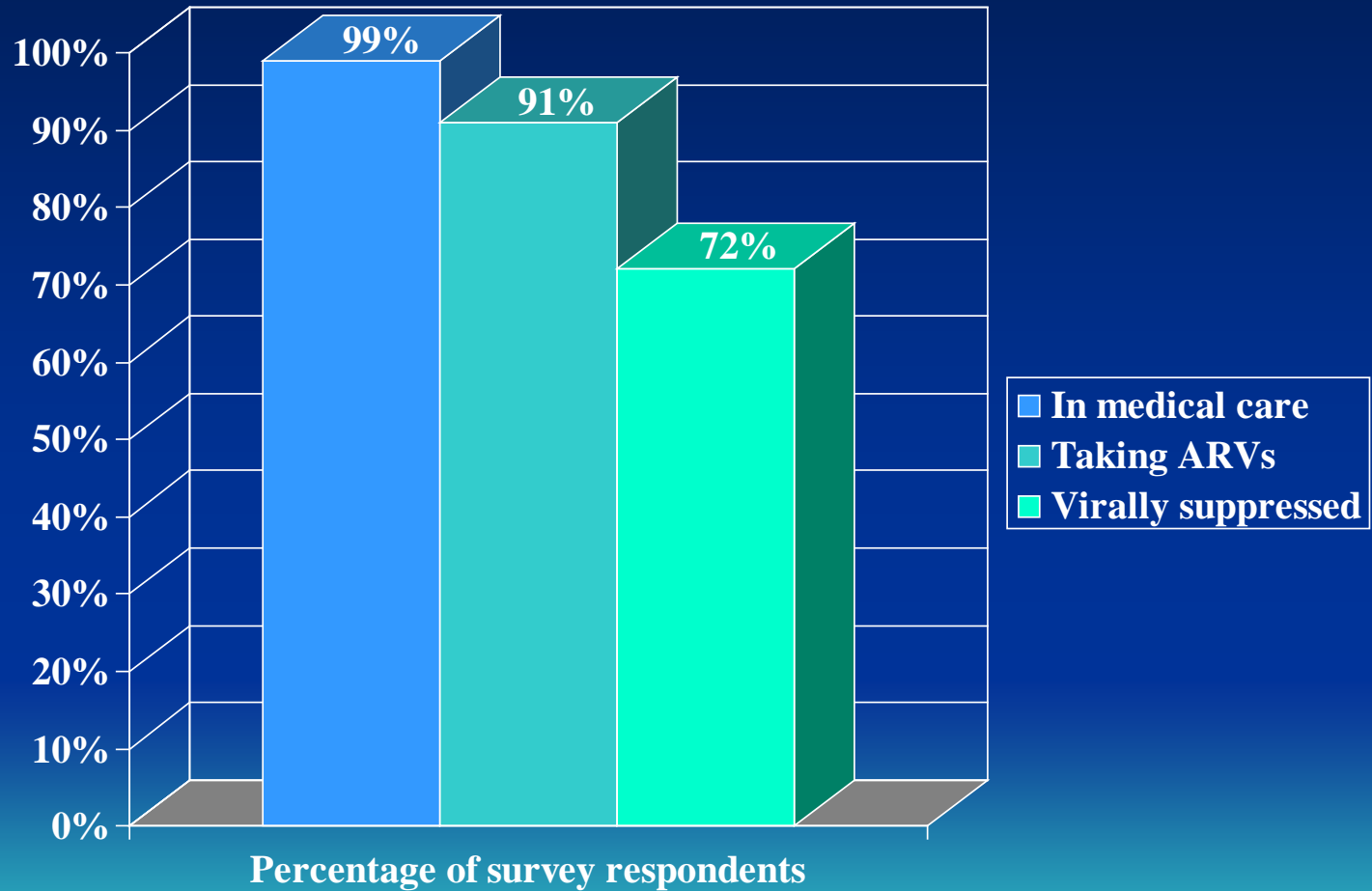


■ Sustained undetect. VL      ■ Undetect. VL last visit



# Self-reported experience of HIV care

Persons with HIV/AIDS, Massachusetts and Southern New Hampshire (n=1,006)



# History of MA Investment in HIV/AIDS Care

- Investment of Ryan White and state resources into extensive community health center system
- Expansion of MassHealth in 2001 to cover persons with HIV (non-AIDS) earning under 200% FPL
- Transformation of state ADAP in 2004 to insurance continuation and co-payment coverage rather than purchase of medications
- Prior elimination of pre-existing condition exclusions



# MA Health Reform

- Massachusetts in 2006 (Chapter 58) expanded health insurance coverage statewide by:
  - Expanding Medicaid eligibility and coverage
  - Creating an individual insurance purchase mandate
  - Creating a large employer insurance mandate
  - Offering premium subsidies for the working poor
  - Establishing a state-managed authority (Connector Board) to broker access to insurance and define creditable coverage, benefits, co-pays, and deductibles



# MA Health Reform

- Financed in part by redirecting the uncompensated care pool funding
- Has resulted in over 98% of MA residents (and nearly 100% of children) having health insurance
- Created clarity on which plans offer which coverage (very useful to drug assistance program)
- Expanded preventive care and HIV screening options



# Relative investments in HIV prevention and care in MA

- State AIDS line: \$32.1M
- CDC HIV prevention and testing: \$6.4M
- HRSA Ryan White Part B: \$20.1M
- Other Ryan White (Parts A, C, D): \$52M
- Medicaid outpatient HIV care: >\$250M
- Medicare: ?



# Ongoing role for Ryan White

- Coverage for those categorically ineligible for Medicaid
- Medication co-payment support
- Coverage of non-reimbursable services:
  - Enhanced medical management and adherence services
  - Peer support services
  - Medical transportation
  - Nutrition counseling
  - Home-delivered meals/congregate meals
  - Dental care
  - Housing search services
  - Legal assistance
  - Vocational support services
- Maintenance of HIV care infrastructure
- Maximizing the medical and public health benefits of achieving viral suppression



Thank you

[kevin.cranston@state.ma.us](mailto:kevin.cranston@state.ma.us)

