

The Affordable Care Act and HIV/AIDS: Implications for Coverage, Access to Care, and Payment



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Overview

This is a unique moment in our Nation's response to the HIV epidemic. The National HIV/AIDS Strategy provides a roadmap for all stakeholders to align their efforts around a set of common goals. Recent research has bolstered the strategy's direction and increased calls for earlier initiation of HIV treatment. The Affordable Care Act (ACA) creates a platform for expanding access to insurance coverage that can foster better engagement in care, more stable access to treatment, and improved viral suppression.

My remarks will focus on:

- Overview of the HIV epidemic in the United States
- Key HIV Provisions in the ACA
 - Using the ACA to implement the National HIV/AIDS Strategy



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HIV in the United States

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The US has a relatively stable, concentrated epidemic

The US has the most serious epidemic among developed nations

- Approximately 1.1 million Americans living with HIV and about 50,000 new infections per year.
- Heavily concentrated among gay and bisexual men (gay men), black Americans, Latinos, and substance users. (Other highly impacted groups in specific communities across the country)
- The **National HIV/AIDS Strategy** is a plan for all stakeholders to address common goals of reducing new infections, increasing access to care, and reducing HIV-related health disparities. Developed with broad public input, it is an evidenced-based 5-year plan with a small number of core metrics
- Rough estimates indicate that the number of people with HIV who are uninsured is about double the national average (27-30% compared to 16% for general public in 2011)

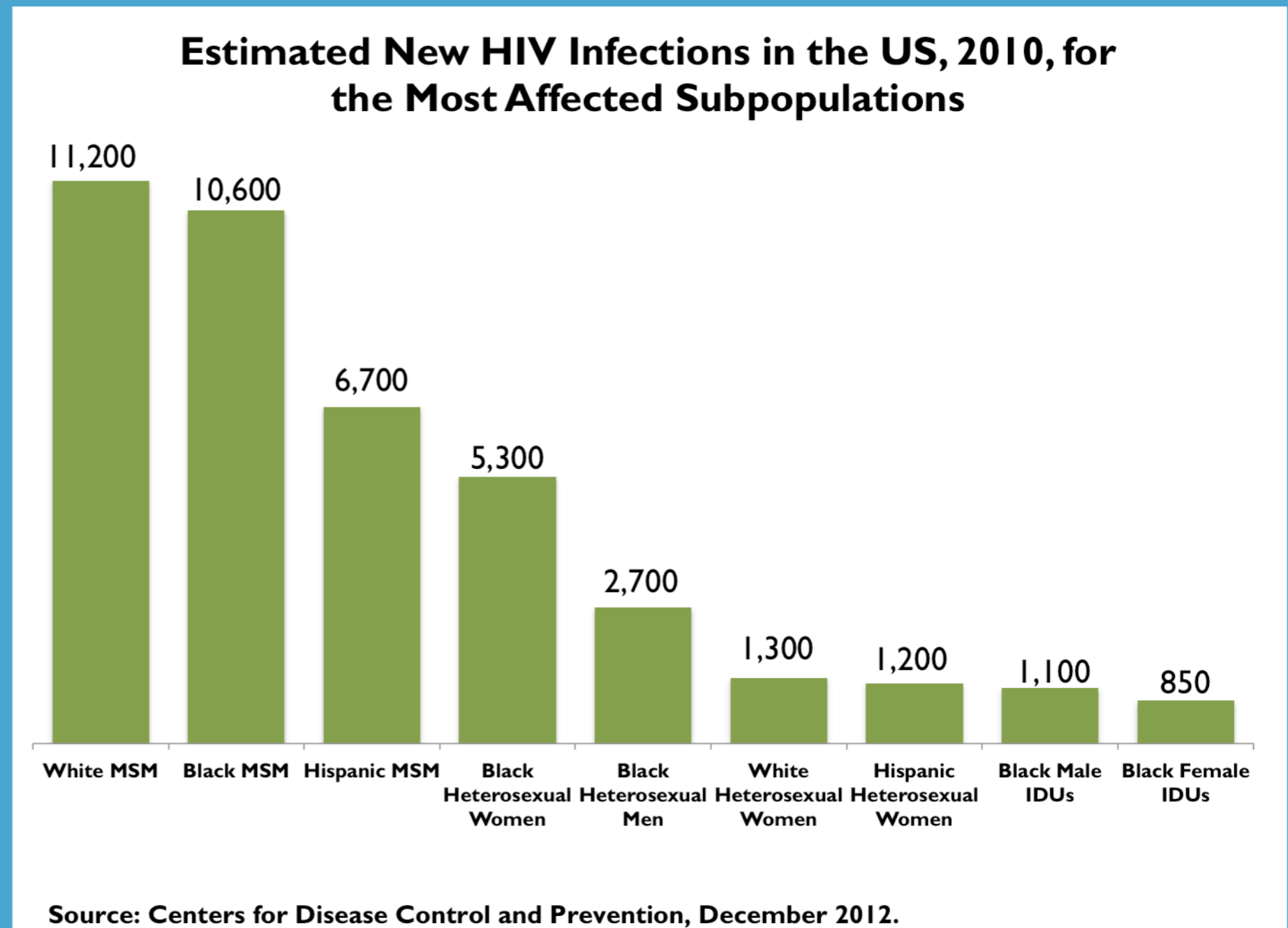
Infections are concentrated among high-risk groups

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Roughly two-thirds of federal HIV funding is for care and treatment

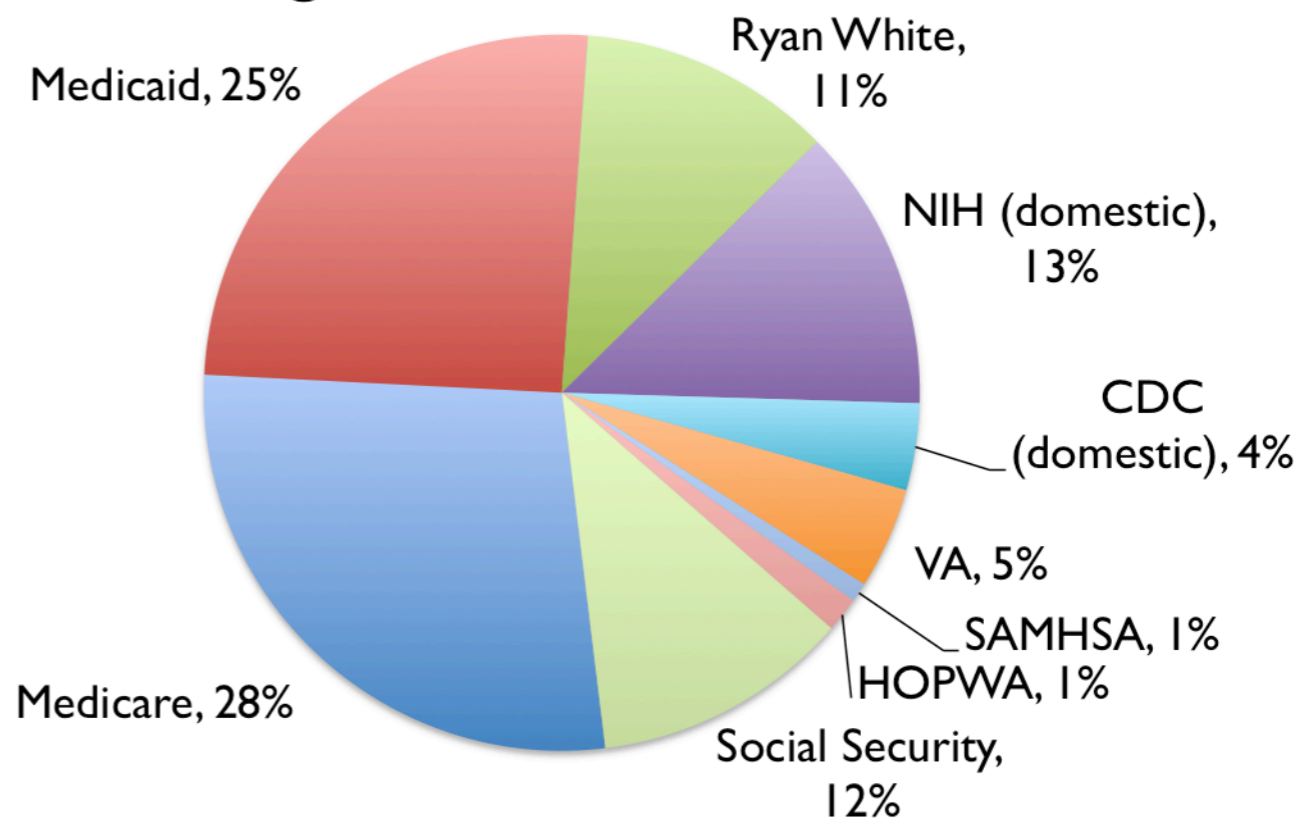
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Federal Funding for Domestic HIV/AIDS, 2012



Total = \$23.21 Billion

Source: *U.S. Federal Funding for HIV/AIDS: The President's FY 2014 Budget Request*, Kaiser Family Foundation, May 2013.

Getting all people with HIV virally suppressed is our goal

- Biggest drop-offs in the care continuum result from inadequate linkage, retention, re-engagement, and adherence supports — functions the health system has not been historically good at performing

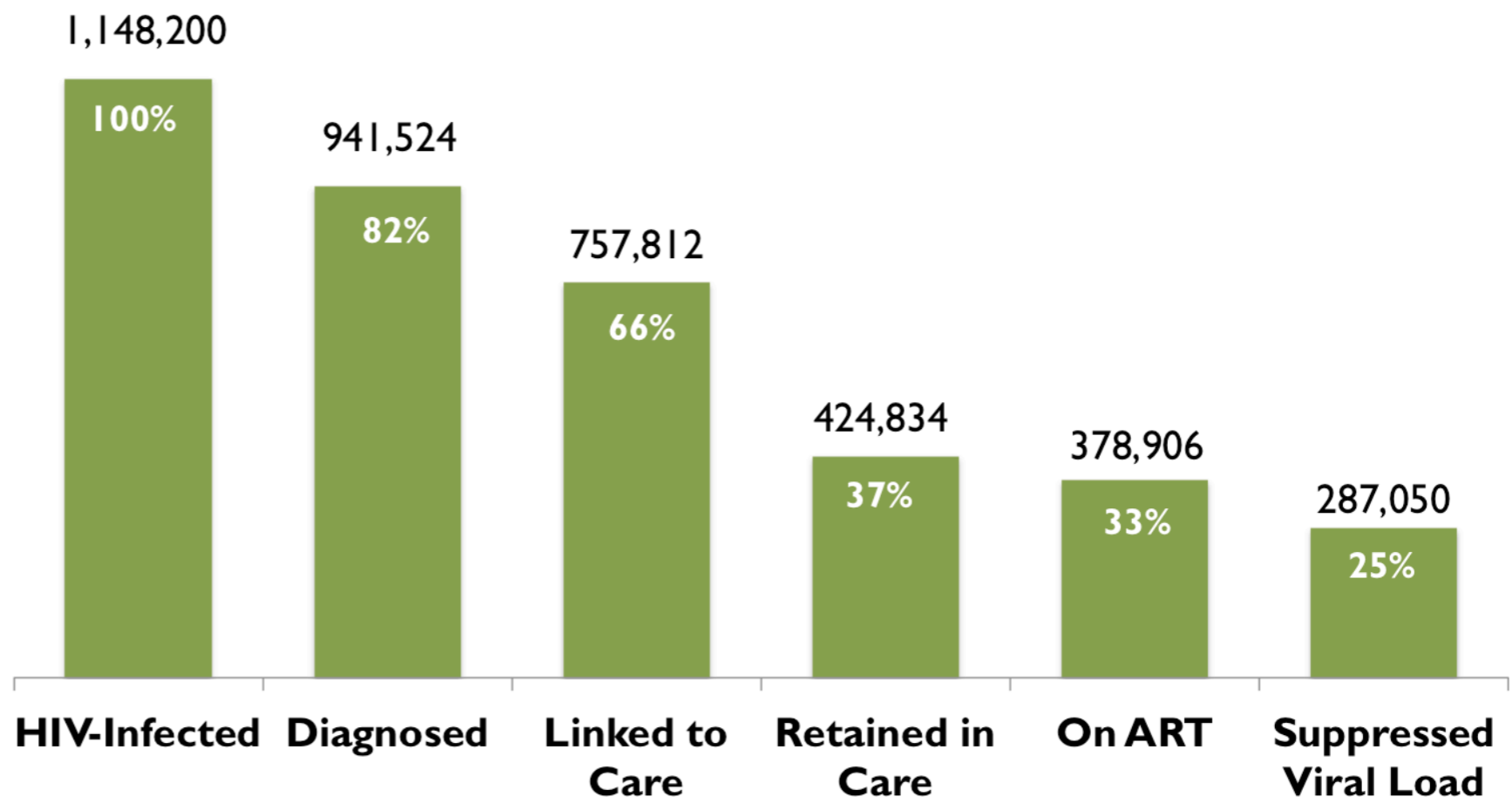
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The HIV Treatment Cascade in the United States



Source: Adapted from CDC "HIV in the United States—Stages of Care," July 2012.

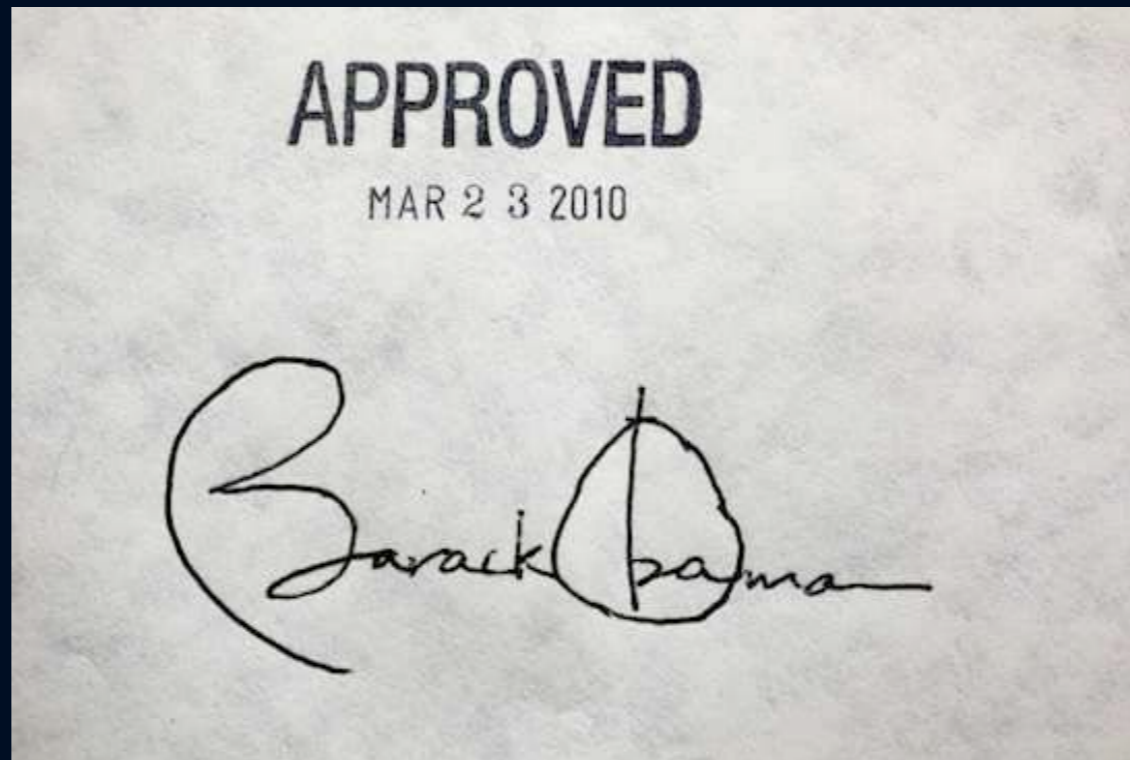
Key HIV Provisions in the ACA

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Key provisions of the ACA are already in effect

Expansions of coverage or services

- Medicaid: Coverage for childless adults
- Medicare: ADAP counts toward TrOOP
- Medicare: Closing the drug coverage gap
- Insurance protections for consumers: Lifetime limits and rescission on coverage
- Insurance protections for consumers: Pre-existing condition insurance plan (PCIP)
- Young adult dependent coverage

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Key provisions of the ACA are already in effect

Prevention

- Prevention and Public Health Fund
- Free prevention services and annual HIV screenings for women

Health system improvements

- Medicaid: Health homes
- Medicaid: Increased payments for primary care
- Medicaid/Medicare: Integrated care for dual eligibles
- New investments in health centers and National Health Service Corps
- Health disparities data collection

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Most coverage expansions will take place on January 1st 2014

Key provisions

- Expanded Medicaid coverage
- Establishment of health insurance marketplaces
- Premium and cost sharing subsidies
- Guaranteed availability of coverage: prohibits pre-existing condition exclusions
- No annual limit on coverage
- Essential health benefits (EHBs) and essential community providers (ECPs)
- Basic health plan
- Individual requirement to have insurance

Slight majority of HIV+ in states expanding Medicaid

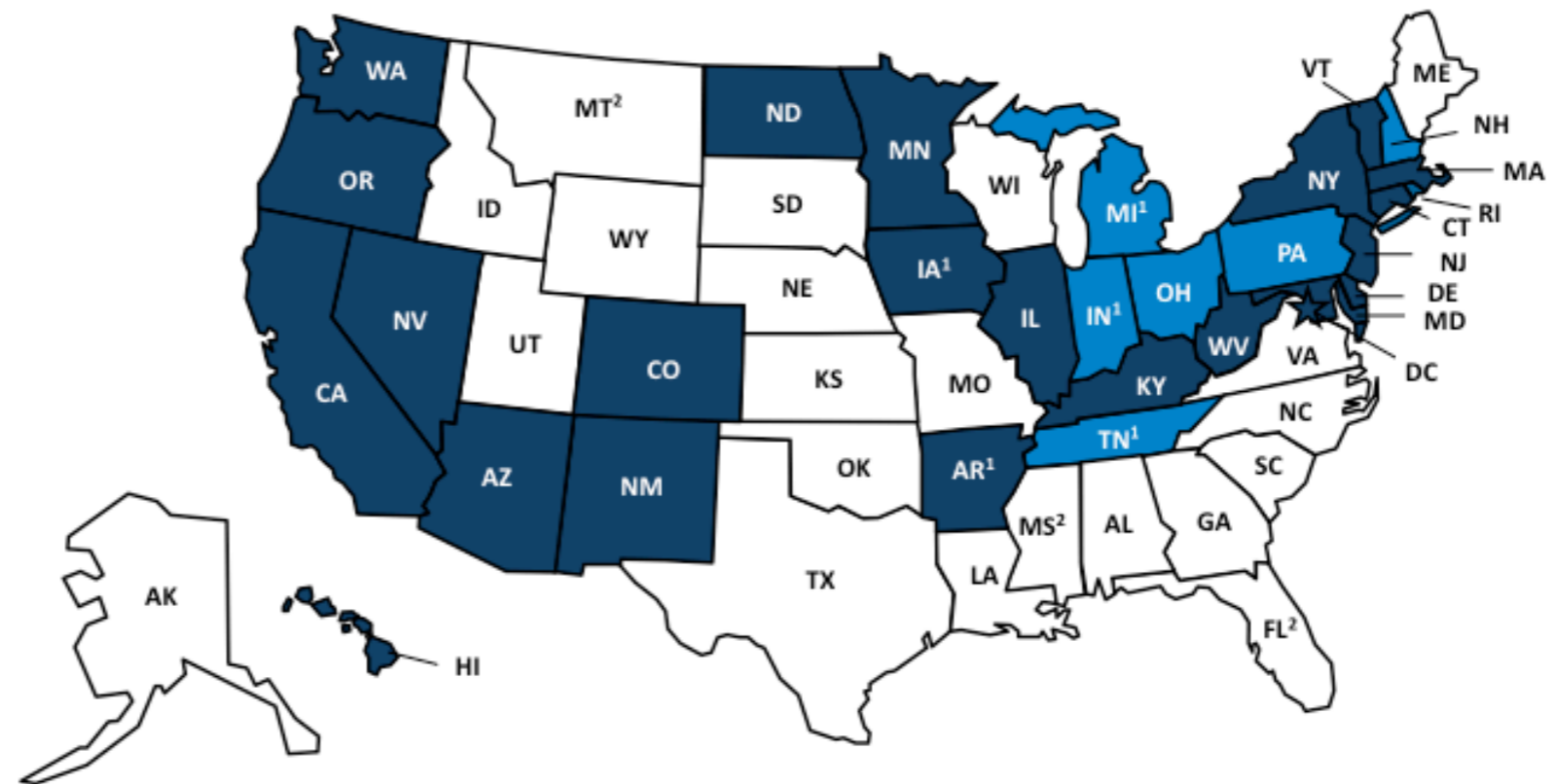
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State Medicaid Expansion Decisions, as of June 20, 2013



- Moving Forward at this Time (24 States including DC) – 53% PLWH
- Debate Ongoing (6 States) – 10% PLWH
- Not Moving Forward at this Time (21 States) – 37% PLWH

NOTES: 1 - Exploring an approach to Medicaid expansion likely to require waiver approval. 2- Discussion of special session being called on Medicaid expansion.
SOURCES: KCMU analysis of recent news reports, executive activity and legislative activity in states. KFF analysis of data from the CDC Atlas.



Nearly half of HIV+ are in states not expanding Medicaid. States not expanding are concentrated in the south, a region disproportionately impacted by HIV with a relatively weak health care and HIV care capacity.

And, half of HIV+ in states defaulting to Federal exchange

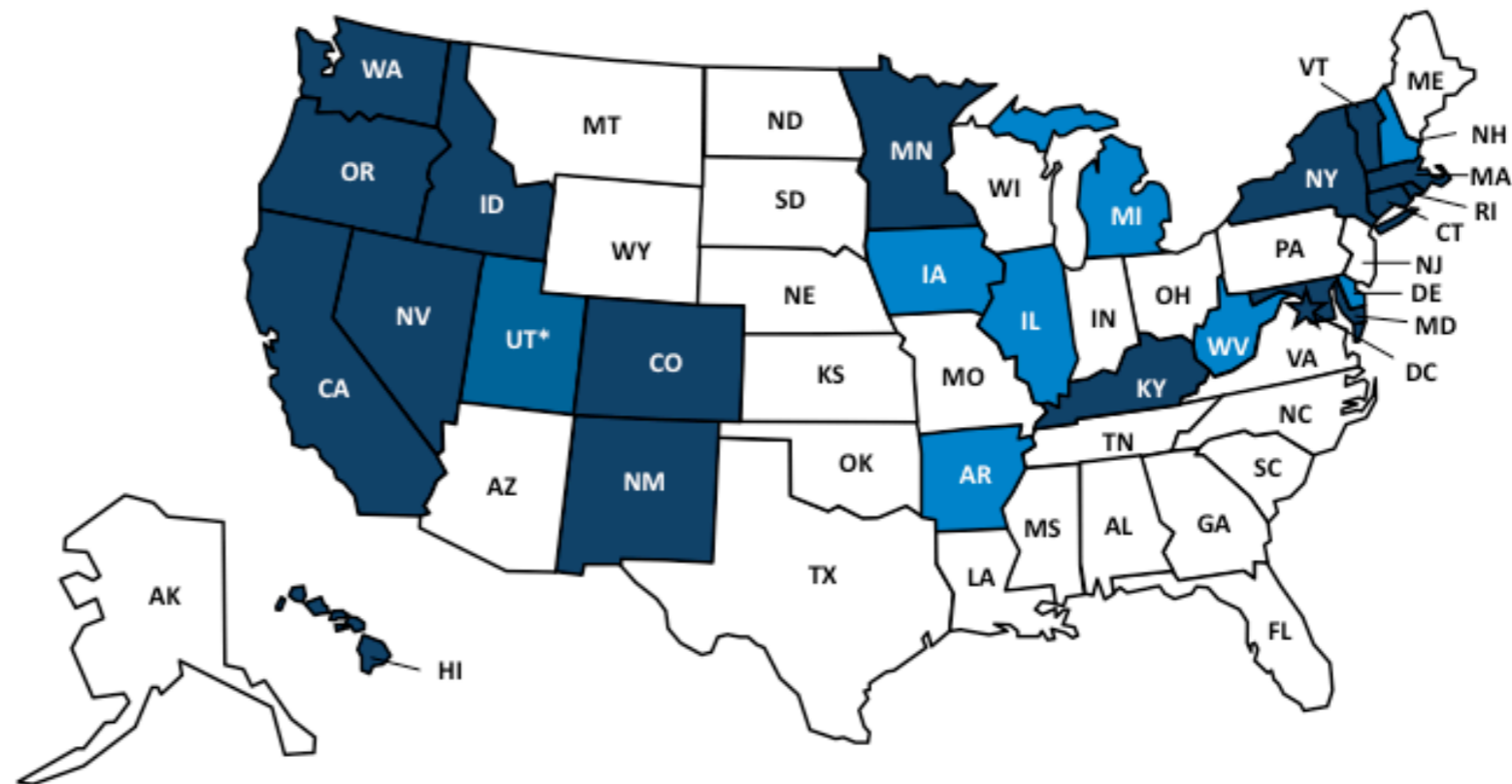
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State Health Insurance Marketplace Decisions, as of May 28, 2013



- State-based Marketplace (16 states and DC) – 43% PLWH
- Partnership Marketplace (7 states) – 7% PLWH
- Default to Federal (27 states) – 51% PLWH

* In Utah, the federal government will run the marketplace for individuals while the state will run the small business, or SHOP, marketplace.
SOURCES: KFF review of state legislation and other exchange documents ; KFF analysis of data from the CDC Atlas.

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What will this mean for people with HIV?

- Most people on Ryan White have other insurance coverage and will not experience major changes in their coverage
- For people who are uninsured and/or only receive Ryan White, most will gain new access to stable and affordable coverage (except for the undocumented and those below poverty in states that do not expand Medicaid)
- For people with HIV in states that do not expand Medicaid, they should not be worse off than they are today—emphasizes need for Ryan White
- Likely to be a bumpy transition to new coverage—the Medicare Part D implementation experience showed us that most people will need assistance navigating the transition. In the early months, there is the potential for gaps in coverage and service denials for some individuals, but...the end result will be a more stable system of care for people with HIV. The Supreme Court's ACA Medicaid decision will lead to more variability across states and potentially increased disparities

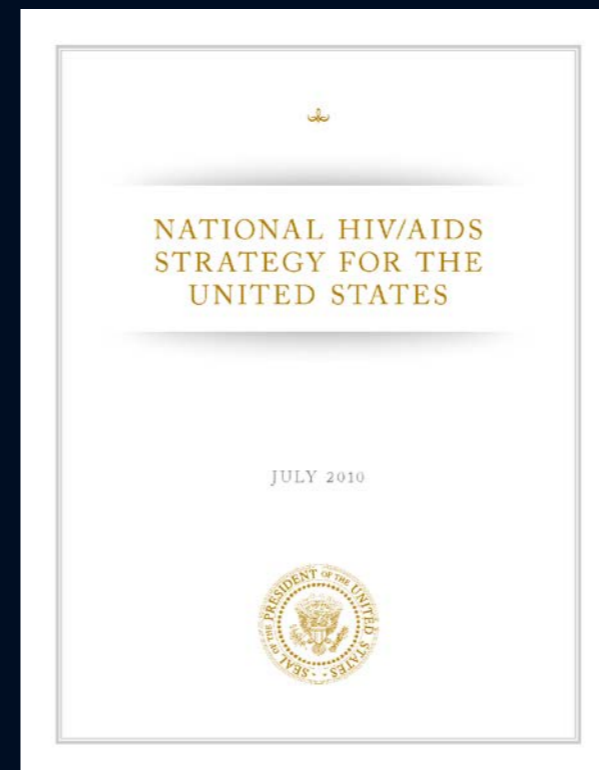
Using the ACA to Implement the National HIV/AIDS Strategy

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Opportunities for using the ACA to improve HIV care

- Encourage states to expand Medicaid
- Support the transition of people to new insurance coverage
- Ensure adequate benefits and that exchange plans provide quality HIV care
- Address disparities and respond to the communities disproportionately impacted by HIV
- Track HIV clinical indicators
- Envision a new role for the Ryan White HIV/AIDS Program—Ryan White will remain indispensable even when the ACA is implemented
- The ACA will extend insurance coverage as a platform for improving health. But, improved health won't happen automatically. More work will be needed to ensure that people who have no history of engaging with the health system for routine care or who have mistrust of the system are engaged in ways that lead them into regular care.

The majority of Ryan White clients use it to supplement other forms of coverage

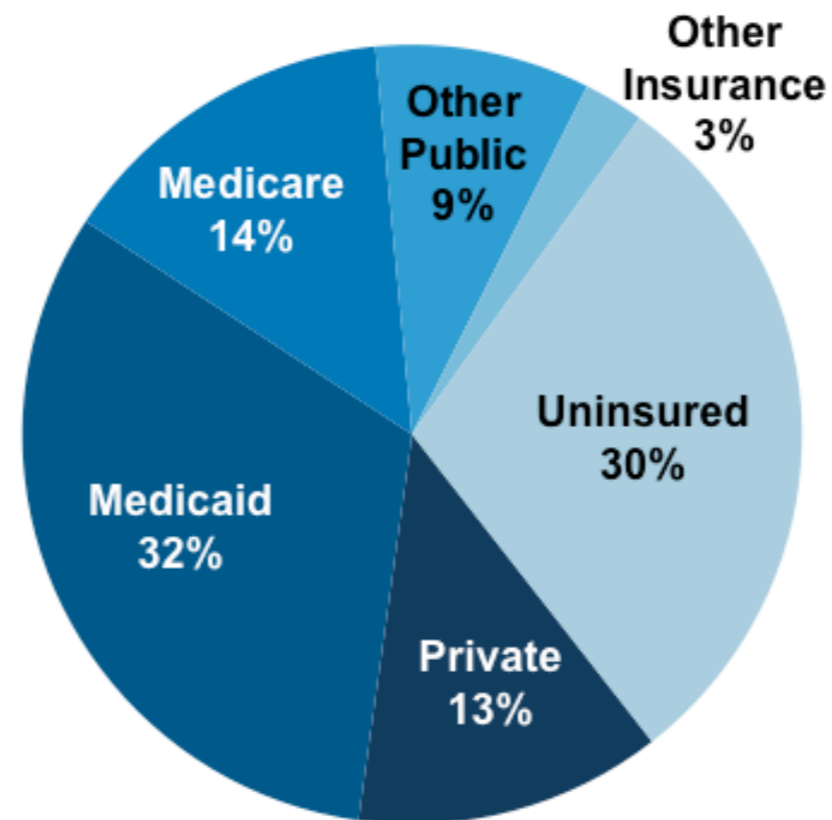
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Ryan White Clients by Payer, 2010



Notes: Based on those with reported insurance status (duplicated number of clients, N=764,163).
Source: HRSA, HAB, <http://hab.hrsa.gov/stateprofiles/index.htm>, as published in *Updating the Ryan White HIV/AIDS Program for a New Era: Key Issues and Questions for the Future*, Kaiser Family Foundation, April 2013.

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Ryan White will remain critical

- Third largest source of financing for HIV care after Medicaid and Medicare. Roughly 500,000 people with HIV receive at least one service from Ryan White, some count on it for most of their care
- FY 2012 federal funding level was \$2.4 billion
- Core functions of Ryan White not supplanted by the ACA, but the context in which the program operates is changing, and this creates new opportunities
- We need both short-term strategies to support people with HIV through the immediate transition period caused by the ACA and a long-term vision of how Ryan White fits into a more integrated and efficient health care system
- We have some time to make thoughtful decisions about the future and the HIV community should work with policy makers to chart a new course over the next few years

Thank you!



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