



The Affordable Care Act and HIV: What are the Implications?

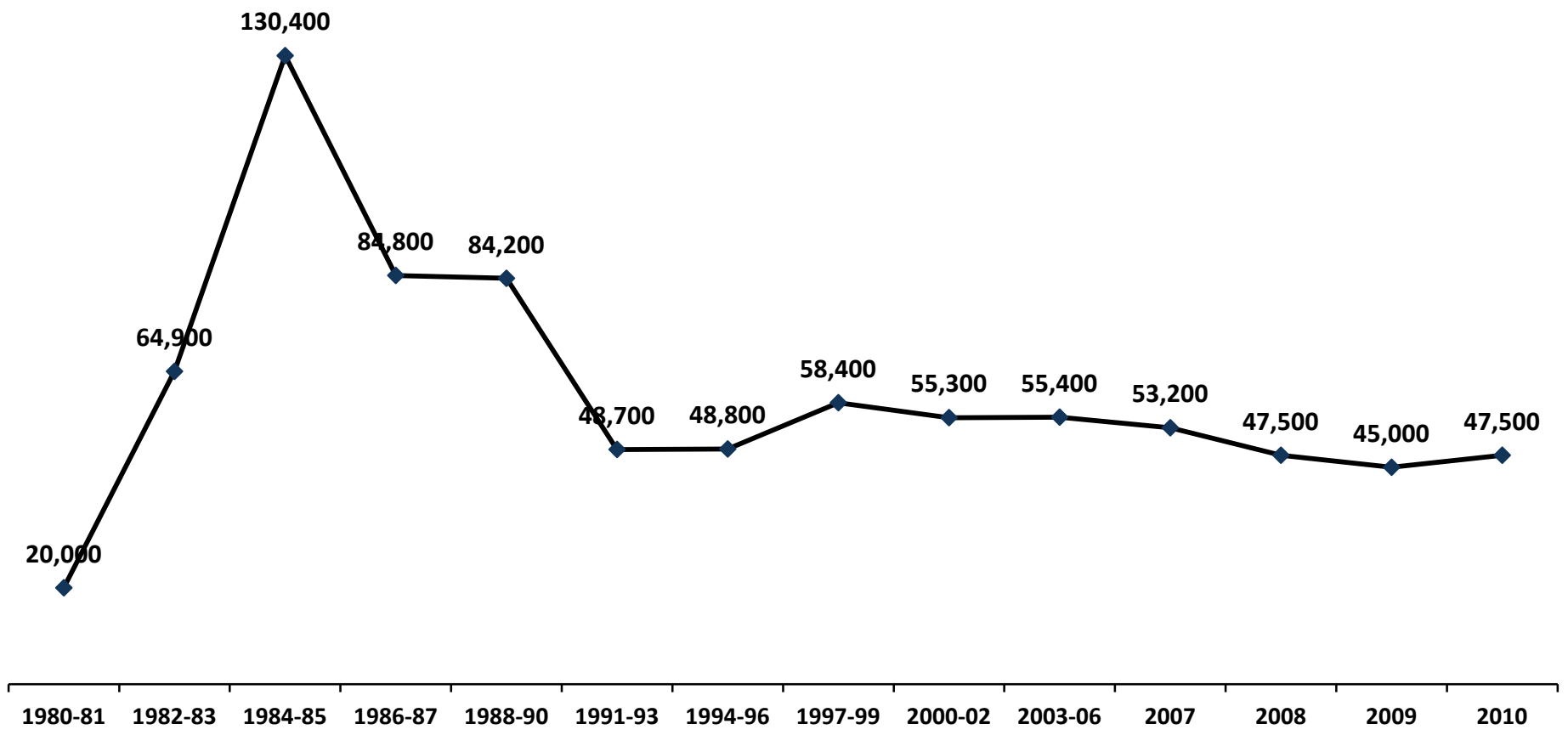
**2013 National Black AIDS Institute Webinar Series
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Jen Kates, Kaiser Family Foundation

The Challenge

- **30 years into the AIDS Epidemic**
 - More than one million living with HIV
 - New infections stable for more than a decade (50,000/year)
 - Majority of new infections among people of color; 44% among Black Americans
 - New infections rising among gay and bisexual men
- **People with HIV more likely to be low-income, uninsured than U.S. population overall; heavy reliance on Medicaid**
- **Most not on treatment**
- **Yet new science shows “Treatment as Prevention” (TasP) & Possibility of an AIDS Free Generation**

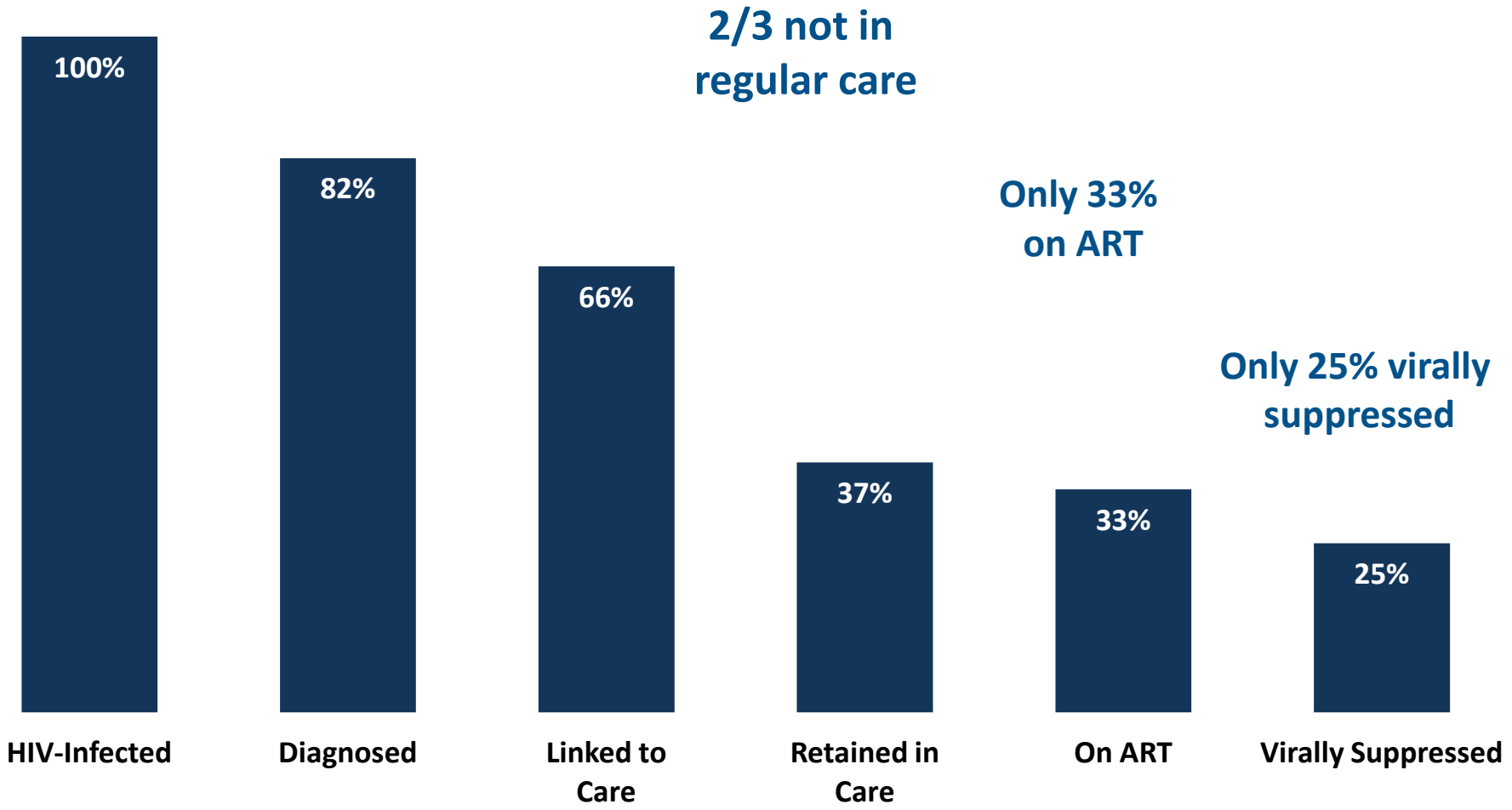
Number of New HIV Infections in the U.S., 1980-2010



SOURCE: CDC, Special Data Request, April 2013.



The “HIV Treatment Cascade” in the U.S.



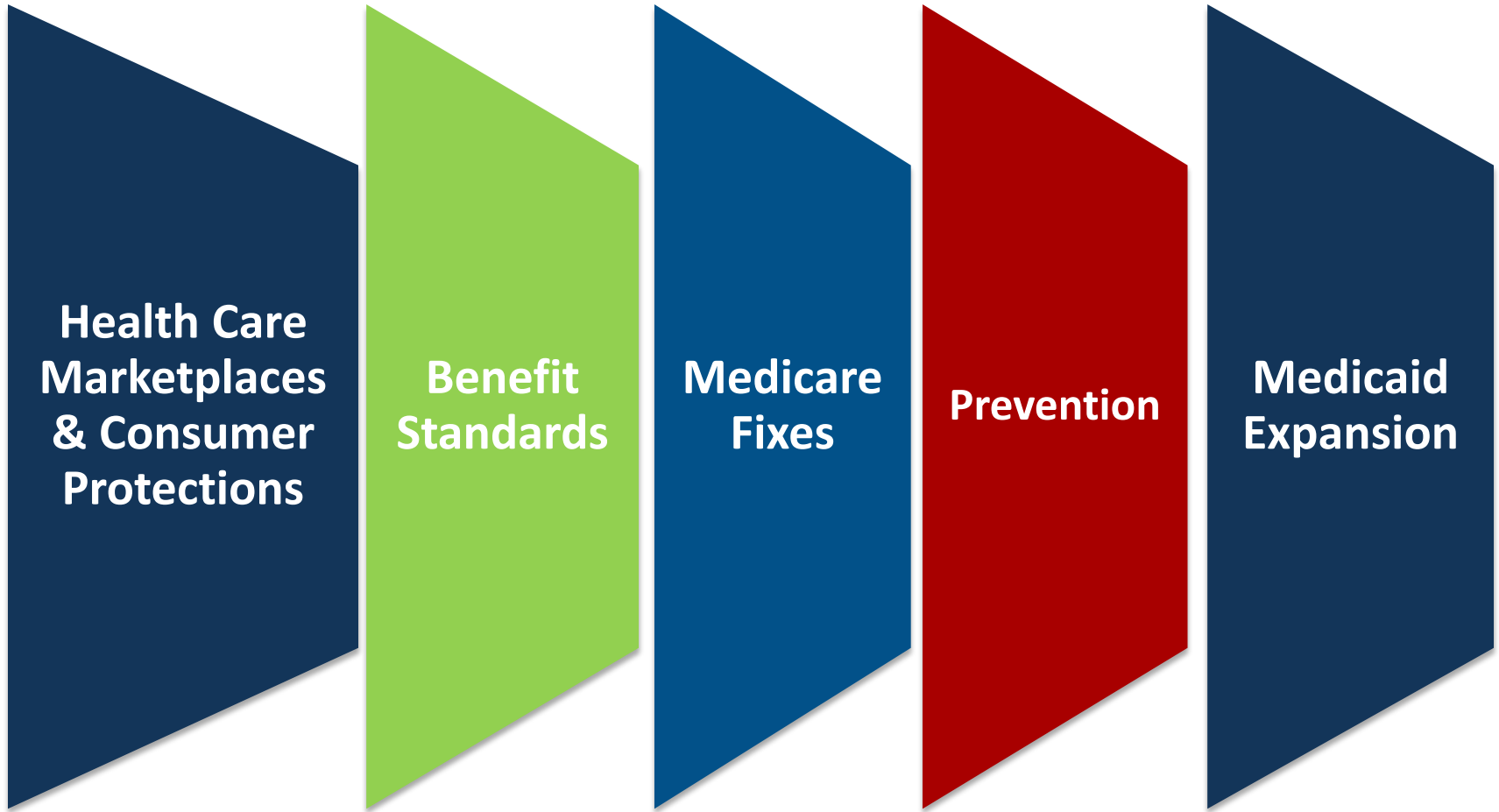
SOURCE: Adapted from CDC "HIV in the United States—The Stages of Care" July 2012.

What Will the ACA Mean for Addressing the HIV Epidemic?



The cover of a report features a blue background. In the top left corner, there is a small image of a globe with a grid overlay. To the right of the globe, the title "THE AFFORDABLE CARE ACT, THE SUPREME COURT, AND HIV: WHAT ARE THE IMPLICATIONS?" is written in white, all-caps, sans-serif font. Below the title, the date "SEPTEMBER 2012" is printed vertically in white, all-caps, sans-serif font. At the bottom right of the cover, the logo for "THE HENRY J. KAISER FAMILY FOUNDATION" is displayed in white, all-caps, sans-serif font.

Key ACA Provisions for People with HIV



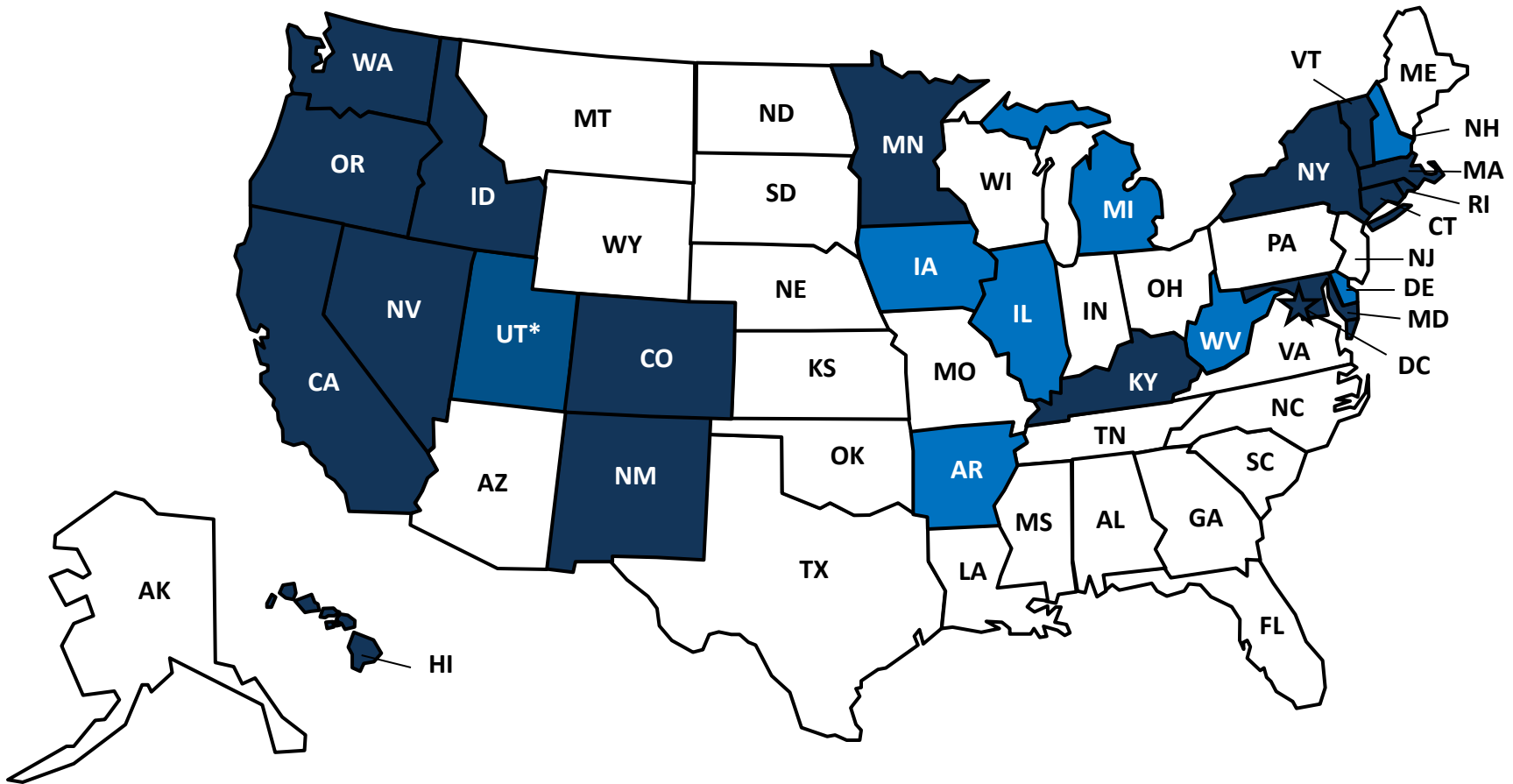
Health Care Marketplaces & Consumer Protections



Health Care Marketplaces & Consumer Protections

- Elimination of pre-existing conditions exclusions, rate setting
- End to lifetime & annual coverage limits
- Dependent coverage to age 26
- Non-discrimination protections
- Health insurance marketplaces (also called “exchanges”) in every state with subsidies based on income and choice of health plans; essential health benefits (EHBs); “essential community providers” (ECPs), which include Ryan White providers
- **To Follow: State decisions on exchanges, plans and provider networks (including ECPs)**

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.

Benefits



Benefit Standards

- **Essential Health Benefits (EHB) - must provide comprehensive set of services across 10 categories, including Rx (and free preventive services)**
- **EHB required for plans in individual and small group markets in and outside of marketplaces, Medicaid benchmark and benchmark-equivalent, Basic Health Plan, Alternate benefit Plan**
- **But there is still state/plan flexibility in benefits**
- **To Follow: EHBs specifics**

Medicare



Medicare Fixes

- As of 2011, ADAP prescription expenses count towards True out of pocket costs (TrOOP), to reach catastrophic coverage level for drug coverage
- Closing the Part D coverage gap for all, starting in 2010 and fully by 2020

Prevention



Prevention

- **Prevention & Public Health Fund**
- **Free preventive services: USPSTF “A” and “B” rated services, including routine HIV screening, must be provided for free in new health plans, Medicaid expansion benefits; financial incentive to provide in traditional Medicaid**
- **Additional preventive services for free for women**
- **To Follow: State decisions on coverage of routine HIV screening in traditional Medicaid; Will Medicare cover routine HIV screening**

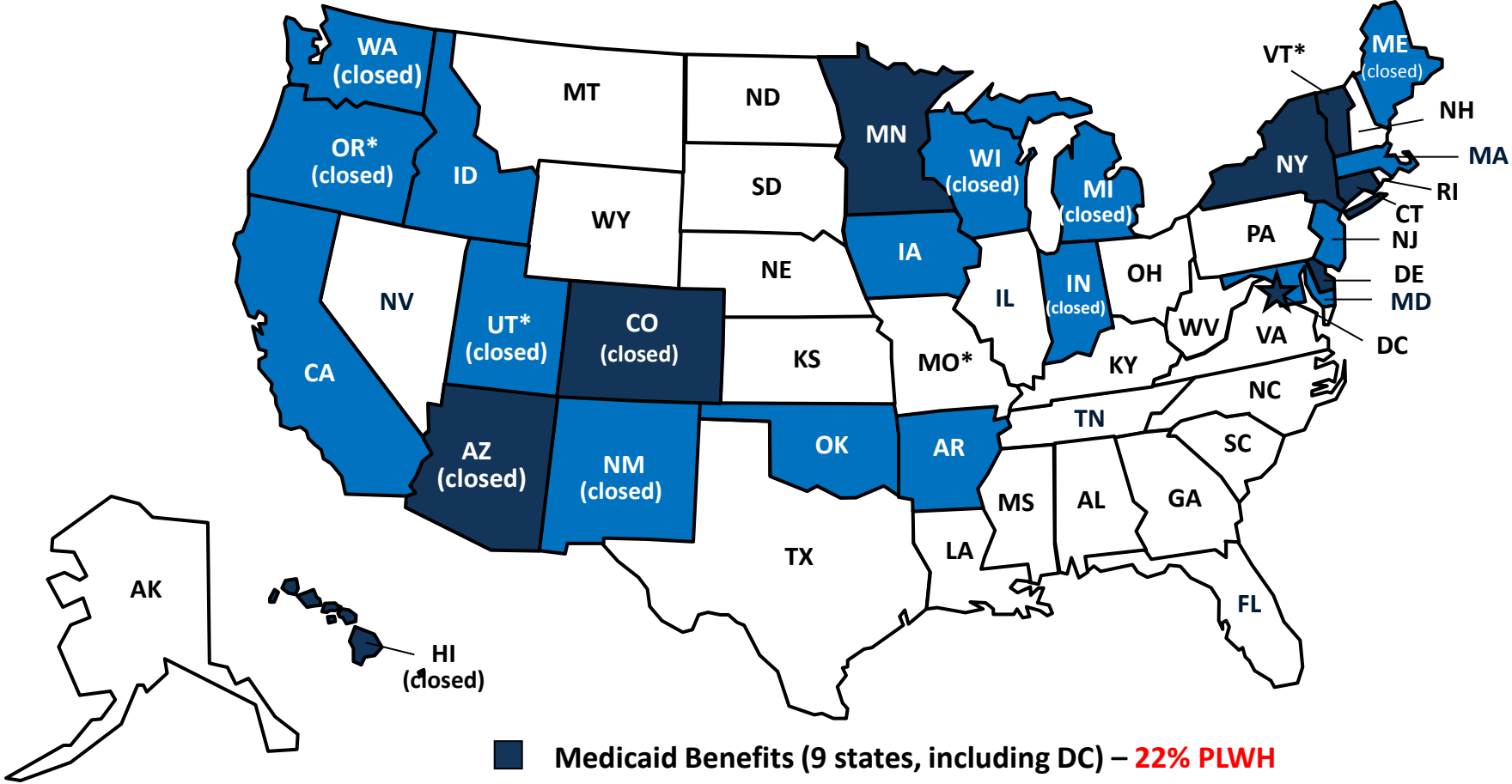
Medicaid



Medicaid Expansion

- In 2014, Medicaid eligibility expanded to nearly all low-income individuals (state option as of 2010): Eliminates “Catch-22” for people with HIV, sets floor of eligibility
- Supreme Court decision effectively makes this a state option
- Today, Medicaid coverage of childless, non-disabled adults very limited; without mandatory expansion, will lead to new “coverage gap”, uneven access
- Note: other Medicaid provisions include Medicaid health home option
- **To Follow: State decisions on expansion; benefits package for expansion population; Use of Medicaid for premium assistance in marketplace in non-expansion states?**

Current Medicaid Coverage of Low-Income Adults is Limited



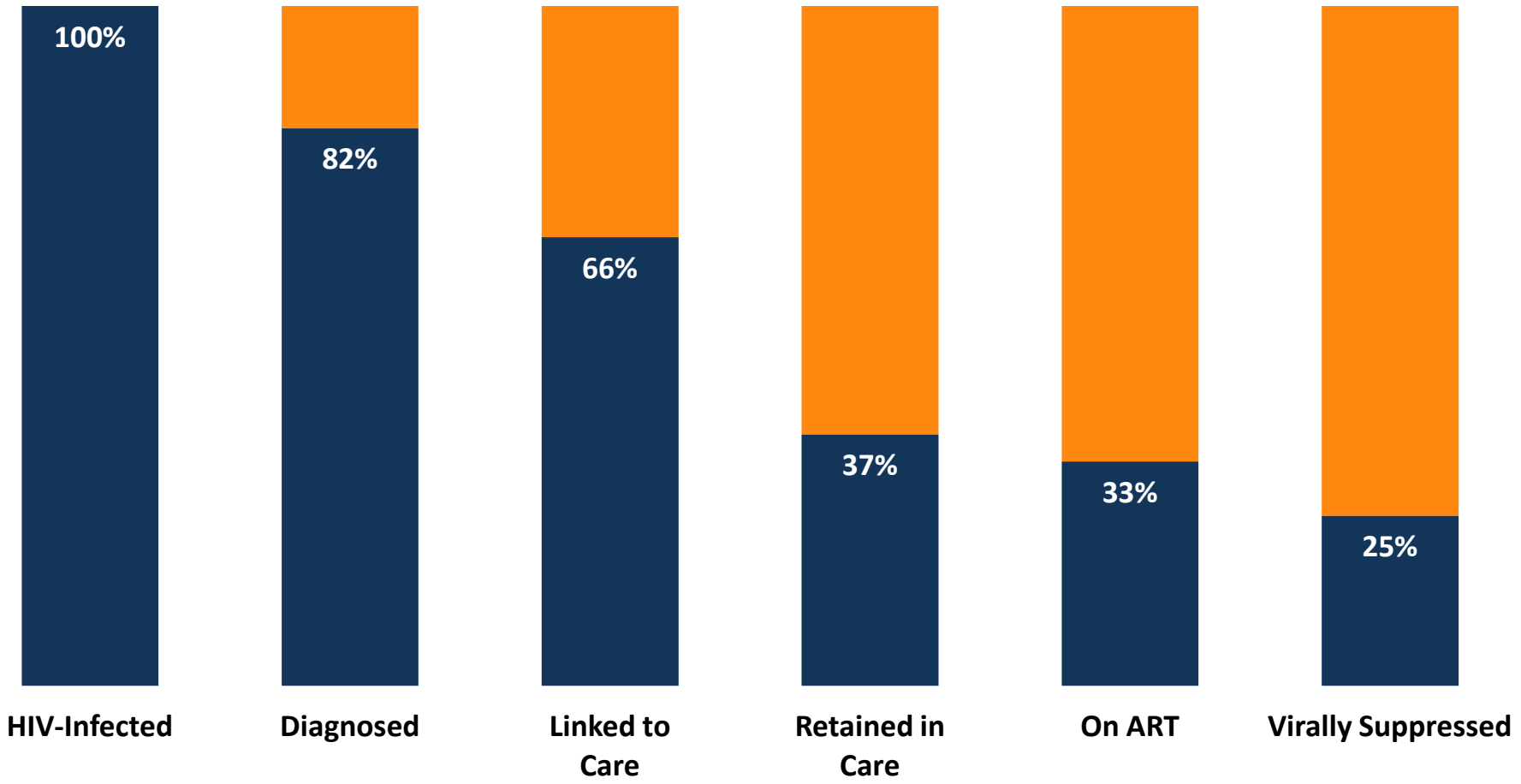
- Medicaid Benefits (9 states, including DC) – 22% PLWH
- More Limited than Medicaid (16 states) – 30% PLWH
- No Coverage (26 states) – 48% PLWH

“Closed” = enrollment closed to new applicants

NOTE: MN /VT also offer waiver coverage more limited than Medicaid. OR/UT also offer “premium assistance” with open enrollment. IL/ LA/MO offer coverage for adults residing in a single county/area. SOURCES: KCMU/Georgetown University, survey of states, as of January 2013. KFF Analysis of data from the CDC Atlas

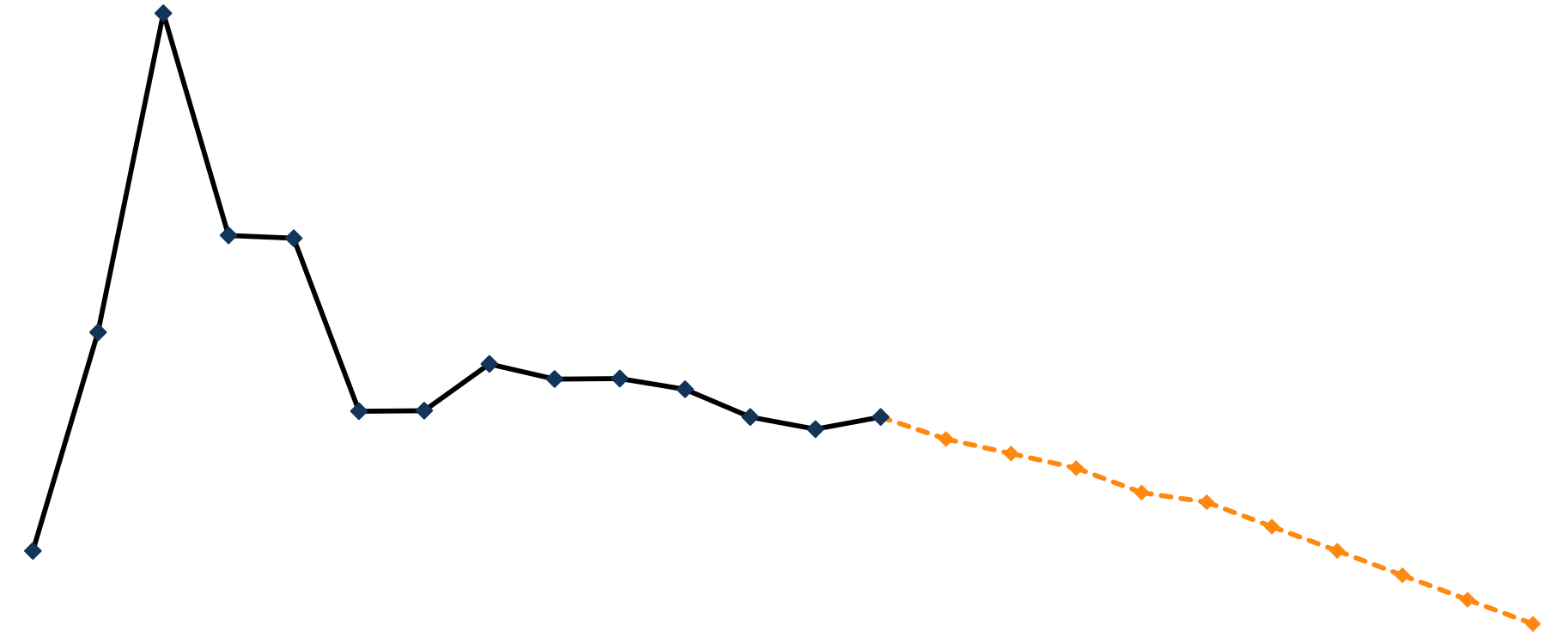
The Future?

Expand Access to Care and Treatment Coverage



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

Reduce New Infections



SOURCE: CDC, Special Data Request, April 2013.

