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

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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

- 1980-81: 20,000
- 1982-83: 64,900
- 1984-85: 84,800
- 1986-87: 84,200
- 1988-90: 48,700
- 1991-93: 55,300
- 1994-96: 55,400
- 1997-99: 53,200
- 2000-02: 47,500
- 2003-06: 45,000
- 2007: 47,500
- 2008: 47,500
- 2009: 47,500
- 2010: 47,500

SOURCE: CDC, Special Data Request, April 2013.
The “HIV Treatment Cascade” in the U.S.

- HIV-Infected: 100%
- Diagnosed: 82%
- Linked to Care: 66%
- Retained in Care: 37%
- On ART: 33%
- Virally Suppressed: 25%

2/3 not in regular care
Only 33% on ART
Only 25% virally suppressed

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?
Key ACA Provisions for People with HIV

- Health Care Marketplaces & Consumer Protections
- Benefit Standards
- Medicare Fixes
- Prevention
- Medicaid Expansion
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)
Figure 7

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

• 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 & 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
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

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

Figure 12
Just Over Half of People with HIV are in States that Plan to Expand Medicaid; Almost 4 in 10 are not

NOTE: As of September 3, 2013
SOURCES: KCMU analysis of recent news reports, executive activity and legislative activity in states. KFF analysis of data from the CDC Atlas.

Moving Forward at this Time (25 States including DC) – 55% PLWH
Debate Ongoing (4 States) – 8% PLWH
Not Moving Forward at this Time (22 States) – 38% PLWH
The Future?
Expand Access to Care and Treatment Coverage

- **100%** HIV-Infected
- **82%** Diagnosed
- **66%** Linked to Care
- **37%** Retained in Care
- **33%** On ART
- **25%** Virally Suppressed

**SOURCE:** Adapted from CDC "HIV in the United States–The Stages of Care" July 2012.
Reduce New Infections

Figure 16

SOURCE: CDC, Special Data Request, April 2013.