THE AFFORDABLE CARE ACT AND HIV
MAXIMIZING OPPORTUNITIES FOR COVERAGE AND CARE

Jeffrey S. Crowley

Distinguished Scholar/Program Director, National HIV/AIDS Initiative
O’Neill Institute for National and Global Health Law
Georgetown Law
CONTINUING MEDICAL EDUCATION DISCLOSURE

Program Faculty: Jeffrey S. Crowley, MPH
Current Position: Distinguished Scholar/Program Director, National HIV/AIDS Initiative - O’Neill Institute for National and Global Health Law/Georgetown Law
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The National HIV/AIDS Strategy provides a roadmap to align 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:
- Key facts about the HIV epidemic in the United States
- An overview of key provisions in the ACA
- Potential actions to maximize the opportunities created by the ACA
LEARNING OBJECTIVES

At the end of this webinar, participants should be able to:

1. List the key provisions of the ACA that affect the coverage and care of people with HIV
2. Discuss the implications for Ryan White and Medicare coverage
3. Explain how the new ACA provisions have the potential to lead to population-level viral suppression and prevention of new HIV infections
RYAN WHITE REAUTHORIZATION WILL WAIT

- As we enter a new environment created by the Affordable Care Act, it is important to remember:
  - The Ryan White Program is likely to remain critically necessary to the HIV response.
  - The context in which Ryan White operates is changing, and this creates new opportunities.
  - But, work is needed to help make clear the ongoing need for the program to work along side of the ACA.
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, Black and Latino Americans, and substance users. Disproportionately impacts the South, Northeast, and territories.

- Gay men have always comprised the largest number and proportion of cases and the majority of AIDS deaths. Today, they are ~2% of the US population, yet account for two-thirds of new infections. HIV rates are stable or falling for all groups in the US, except for young gay men of all races. Transgender women are at very high risk for HIV infection, yet they comprise a relatively small share of HIV cases nationally. (CDC)
INFECTIONS ARE CONCENTRATED AMONG HIGH-RISK GROUPS

Estimated New HIV Infections in the US, 2010, for the Most Affected Subpopulations

- White MSM: 11,200
- Black MSM: 10,600
- Hispanic MSM: 6,700
- Black Heterosexual Women: 5,300
- Black Heterosexual Men: 2,700
- White Heterosexual Women: 1,300
- Hispanic Heterosexual Women: 1,200
- Black Male IDUs: 1,100
- Black Female IDUs: 850

Source: Centers for Disease Control and Prevention, December 2012.
LARGE NUMBERS OF PEOPLE WITH HIV LACK HEALTH INSURANCE

Source of Payment for First HIV Inpatient Visit, 2010

- Uninsured without Ryan White; 3%
- Uninsured with Ryan White; 24%
- Medicaid; 33%
- Commercial Insurance; 17%
- Medicare; 14%
- Dual-Medicaid/Medicare; 5%
- Other/Unknown; 4%

Notes: Based on people with HIV attending medical offices participating in HVRN; N=19,235. Medicaid includes “dual eligibles who also receive Medicare.
AFFORDABLE CARE ACT (ACA) OVERVIEW
THE ACA RESPONDS TO PRESSING NATIONAL CONCERNS

- Efforts to expand access to insurance coverage and reform how health services are financed go back roughly a century.

- Across the spectrum of health systems among developed nations, the US has the most market-oriented system. The ACA maintains that market orientation.

- The US health system supports innovation and the highest quality care is often found here, yet the US health system performs poorly on many population-level metrics.

- Roughly 16% of the US population, or about 50 million Americans are uninsured.
KEY ACA PROVISIONS HAVE BEEN IN EFFECT FOR A WHILE

Expansions of coverage or services

- 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
KEY ACA PROVISIONS HAVE BEEN IN EFFECT FOR A WHILE

Prevention

- Prevention and Public Health Fund
- Free prevention services and annual HIV screenings for women for persons with private insurance

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
NEW COVERAGE EXPANSIONS BEGAN ON JANUARY 1ST

Key provisions

- Individual requirement to have insurance
  - There is a penalty for not having coverage of the greater of 1% of annual income or $95 in 2014 rising to $695 or 2.5% of income by 2016 with subsequent inflation adjustments
  - There are hardship exemptions built into the law, such as if insurance is unaffordable. See www.healthcare.gov for more details

- Expanded Medicaid coverage and establishment of health insurance marketplaces with 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)
Slight majority of HIV+ in states expanding Medicaid

Roughly 45% 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, ROUGHLY HALF OF HIV+ IN STATES DEFAULTING TO FEDERAL EXCHANGE

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.
HOW WILL THE ACA IMPACT PEOPLE WITH HIV?

- Most people with HIV will not experience major changes in their coverage.

- For people who are uninsured, many will gain new access to stable and affordable coverage (except for the undocumented and citizens below poverty who are ineligible for marketplace subsidies 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, but the end result will be a more stable system of care for people with HIV, yet with potentially increased disparities across states.
HOW MANY PEOPLE WITH HIV WILL GAIN NEW COVERAGE?

In care: Of the roughly 407,000 people with HIV between age 19-64 in care, roughly 70,000 are uninsured who could gain new coverage:

- **With current 26 states expanding Medicaid:** 26,560 gain Medicaid, 25,190 receive subsidized marketplace coverage, 17,980 have access to unsubsidized marketplace coverage.
- **If all states expanded Medicaid:** 46,910 gain Medicaid, 20,290 receive subsidized marketplace coverage, 2,520 have access to unsubsidized marketplace coverage.

Not in care: Of the roughly 700,000 people with HIV aged 19-64 not in care, if their insurance/income status mirrors those in care, approximately 124,000 could gain new coverage if all states expanded Medicaid.

(Source: Kaiser Family Foundation and CDC analysis of CDC MMP dataset, January 2014.)
WHAT WILL THE ACA MEAN FOR LGBT PEOPLE?

- Federal rules already give same-sex partners hospital visitation rights and require comparable treatment as opposite sex spouses in long-term care facilities, such as nursing homes.

- ACA marketplaces and health plans are prohibited from discriminating on the basis of gender identity, sexual orientation, or health status. Therefore, LGBT people and people with HIV cannot be denied coverage or charged more because of their identity, orientation or health status.
BUT, WHAT DOES IT ACTUALLY DO FOR TRANSGENDER PEOPLE?

- For transgender people, it is possible that there will be permissible exclusions that could limit access to needed services...but new ACA protections are expected to be very meaningful.

- Health plans cannot deny coverage BECAUSE someone is transgender. If a health plan covers breast reconstruction, it cannot deny it because someone is transgender. If a health plan covers hormone therapy, they cannot arbitrarily deny it to transgender people.

- This issue will likely require extensive education, advocacy, and monitoring.
WHAT DOES THE ACA MEAN FOR MARRIED SAME-SEX COUPLES?

- Because of the Supreme Court’s DOMA decision, same-sex married people recognized under federal law (i.e. lawfully married in a state that recognizes same-sex marriage) can access benefits as married couples even in states that do not permit same-sex marriage.

- In the marketplaces, married couples can jointly apply for tax credits. States retain discretion whether to recognize same sex marriages when determining Medicaid and CHIP eligibility.
WHAT WILL THIS MEAN FOR HIV PROVIDERS?

- Most patients with HIV will retain their current Medicaid or private insurance coverage. For insured individuals that rely on Ryan White for supplemental services, this need will continue.

- To keep their patients who gain new coverage, providers will need to become part of ACA plan networks.

- Essential community provider rules create an opportunity for health centers and Ryan White providers to help health plans satisfy minimum network requirements.

- Even if they do not see this as their role, patients will turn to providers as the trusted resource for navigating the health system changes.
WHAT ISSUES ARE ARISING SO FAR?

- It is too soon to assess how the transition to new coverage is proceeding. Many people with HIV have not yet enrolled and some agencies have a wariness about rushing to put people with HIV in untested new plans.

- In many communities there appears to be a shortage of trained counselors to help people with HIV consider their unique plan enrollment considerations.

- In some cases, plan transparency is a concern. It can be hard to get information, for example, about plan formularies.

- Extensive advocacy by HIV stakeholders has been taking place with health plans to educate them around formulary issues. Concerns being addressed include placing all ARTs on specialty tiers and not offering any single tablet regimens.
HOW DO WE MAXIMIZE THE ACA FOR PEOPLE WITH HIV?

There are critical areas where HIV stakeholders can come together to make a difference:

- We have several weeks until open enrollment closes and many people still need help navigating the enrollment process.

- Experience with Part D tells us there will be people who face access issues during the transition, so we need to take steps to address emergent gaps in care.

- Insurance coverage is just one element of quality care for people with HIV. We must address provider and patient barriers to early treatment initiation and build the capacity of the health system to improve linkage, retention, and re-engagement in care.
PARTING THOUGHTS…

- By maximizing the opportunities available to us, we are poised to make major progress at getting more Americans with HIV better supported in systems of care.

- The ACA is an important opportunity for many Americans and for the health of the Nation. But, there will be challenges along the way.

- We cannot end the HIV epidemic in the United States if we do great things in states that expand Medicaid, but HIV infections and health disparities increase in others. And, we cannot end the epidemic if we keep infection rates falling for all groups, except for young gay men. For the foreseeable future, the Ryan White HIV/AIDS Program is essential to helping us move closer to ending the HIV epidemic in the United States.
RESOURCES ON THE ACA

From HRSA
- ACA/HRSA programs: hrsa.gov/affordablecareact
- ACA/Ryan White: hab.hrsa.gov/affordablecareact

Other Resources
- Obamacare and You: greaterthan.org/campaign/obamacare
- Kaiser Family Foundation: kff.org/hivaids
- LGBT and the ACA: lgbthealtheducation.org/publications
THANK YOU!

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Jeffrey S. Crowley
Distinguished Scholar/Program Director
National HIV/AIDS Initiative
O’Neill Institute, Georgetown Law
jeffrey.crowley@law.georgetown.edu