HIV Services, Ryan White Programs and the Affordable Care Act: What do we know now?

Thursday April 10, 2014
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Chief Nursing Officer
Association of Nurses in AIDS Care
ANAC Policy Agenda

Access to care for all individuals living with HIV/AIDS. Critical issues include:


b. Support for the Patient Protection and Affordable Care Act as a means to expand access to insurance coverage that will in coordination with Ryan White programs, facilitate earlier access to care and treatment.

c. Equity in benefits across state based programs including Medicaid and ADAP, so all individuals have access to DHHS recommended regimens regardless of their state or residence.
Key ACA Provisions for People with HIV

- Private Insurance Expansions & Consumer Protections
- Benefit Standards
- Medicare Fixes
- Prevention
- Medicaid Expansion
Private Market

Expansion of Private Coverage & Consumer Protections

- End to lifetime and annual coverage limits
- Elimination of pre-existing conditions exclusions
- Dependent coverage to age 26
- Non-discrimination protections
- State-based health insurance marketplaces, with subsidies based on income
- Issues: Network adequacy, Plan Formularies and inclusion of “essential community providers”
**Benefits**

- Essential Health Benefits (EHB) - must provide comprehensive set of services across 10 categories, including Rx
- EHB required for plans in individual and small group markets in and outside of marketplaces, Medicaid benchmarks
- Issues: State flexibility means benefits & Rx will vary by state
Medicare

Medicare Fixes

• As of 2011, ADAP prescription expenses count towards True out of pocket costs (TrOOP), to avoid “donut hole” of 100% Rx. Costs btwn $2800-$4550.
• Closing the Part D coverage gap for all, starting in 2010 and fully by 2020
Prevention

• Paradigm Shift
• 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
• Issues: Impact on Testing +/-
Ryan White Treatment Modernization Act Reauthorization

• Authorization is the law as defined by Congress
  – Input from Administration & Community
• Defines the broad requirements
  – Parts & formulas & other specifics in law
  – Administrative fixes & waivers via HRSA/HAB actions
• Current Authorization 2009-October 2013
• Can exist without Reauthorization (2009 version) through *annual appropriations process*
• Reauthorization = redesign opportunity
Reauthorization is a Priority

Priority for the Administration, Congressional supporters & the advocate community
Needs to be informed by data and experience from the implementation of the ACA (2 years?)
• Medicaid expansion challenges and disparities
• Other issues: NHAS and Care Continuum, Treatment as Prevention, PrEP, Geographical hotspots, disparities for gay men, ACO, PCMH,

Goal- Flexibility to address differences & developments, but balanced to avoid swings and disruptions, yet with standardization to have national impact.
Ryan White Allocations

2012 Allocations

Part A (29%)
Part B (59%)
Part C (10%)
Part D (3%)
AETC (1%)
Dental

Part A
$673M
Part B
$1.375B
Part C
$217M
Ryan White is the Third Largest Source of Federal Funding for HIV Care in the U.S.

In FY 2012, federal funding for HIV care in the U.S. was $14.8 billion, broken down as follows:

- Medicare: $5.8 billion (39%)
- Medicaid (federal only): $5.3 billion (36%)
- Ryan White: $2.4 billion (16%)
- VA: $0.9 billion (6%)
- SAMSHA: $0.1 billion (1%)
- Other: $0.3 billion (2%)

Total: $14.8 billion

Source: Kaiser Family Foundation analysis of data from OMB, CBJs, and appropriations bills.
Insurance Status of Ryan White Clients

- Medicaid: 34%
- Medicare: 13%
- Other Public: 20%
- Uninsured: 30%
- Private: 2010
## State variability in RW client coverage & Poverty Level 2011

<table>
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<tr>
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<th>Un-insured</th>
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<th>200%</th>
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<td>24%</td>
<td>MA</td>
<td>4%</td>
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Note: The table shows the percentage of uninsured clients and the percentage of clients at poverty levels 100% and 200% across different states in 2011.
The Advisory Board Company, Kaiser family Foundation

Current Status of the Medicaid Expansion Decision, as of August 28, 2013

The map shows the status of Medicaid expansion decisions as of August 28, 2013. The states are color-coded as follows:

- **Moving Forward (25 States plus DC = 55% PLWHA)**
- **Late Adopters (4 States = 8% PLWHA)**
- **Not Moving Forward at this Time (21 States = 38% PLWHA)**

Legend:
- WA, OR, CA, NV, ID, MT, ND, SD, WI, MN, IL, MO, AR, OK, TX, LA, AL, GA, SC, FL, NC, VA, WV, KY, TN, MI, IN, OH, PA, NY, NJ, DE, MD, MA, RI, CT, VT, NH, ME, MA, DC, AK, HI

The Advisory Board Company, Kaiser family Foundation
Rates of Adults and Adolescents Living with Diagnosed HIV Infection, Year-end 2010—United States and 6 Dependent Areas

N = 888,921  Total Rate = 342.2

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.
Federal Medicaid Assistance Percentage (FMAP)

Current MA Contributions: 50-83% (Average 53%)

ACA Medicaid Expansion:
2014-2016: 100%
2017-2019: 95%
2020: 90%

ACA: Phase out of DSH payments

CBO estimates: Full MA expansion=2.8% increase to States 2014-2022; doesn’t factor in cost savings, (estimates $26-$100 B)

Source: AAFP.org
Massachusetts Model

2001 Medicaid expansion  200%FPL
2006 State Level Health Care reform
2007 Ryan White Waiver of the 75/25 requirement

New HIV Diagnosis fell by >45%
PLWHAs increased by 42%
Viral Suppression >70% (28% national average)
Deaths decreased by 34%

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<th>Massachusetts State ADAP Expenditures</th>
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<td>FY</td>
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Statute Language and Current Realities

Payer of last resort
Coverage Completion- premiums, deductibles, co-pays

Coverage/Care Completion: HAB webinars, website, guidance issued
Vigorously pursue enrollment
“Requires grantees to evaluate whether paying the cost for health care premiums or cost-sharing (such as co-pays or deductibles) is cost-effective and to pay it when grant funds are available”

Local Grantee Process of
• Decision making
• Data & Planning
• Implementation

Continuous monitoring: LA BCBS
CMS feedback loop Carole@anacnet.org

Nomenclature: Care completion, Coverage completion, Critical services
Select Examples of Ryan White Services That Support Clients Along The HIV Treatment Cascade

HIV Counseling & Testing

Outreach to Engage in Care

Health Insurance Premium Assistance & Cost-Sharing

Non-Medical Case Management

Treatment Adherence

Medical Transportation

Medical Case Management

Referrals to Health & Support Services

HIV-Infected

Diagnosed

Linked to HIV Care

Retained in HIV Care

On ART

Suppressed Viral Load

Summary: Ryan White funding & services will continue to be needed for years to come.

- Ryan White provides critical HIV-related services that are important in the care continuum and not covered by MA or insurance plans
- Most Ryan White clients already have coverage but still need the program to complete their care, fill in gaps, help with costs. Even as some gain coverage, they will still need help
- Not all states will expand Medicaid in this Presidential cycle (2016)
- State and local mechanisms for coverage completion through RW funds lags
- Current Medicaid fees to providers & services remain limited
- Those who are undocumented are not eligible for MA or marketplaces
- Fluctuations in coverage is a concern for retention
- HIV is an infectious disease, with real progress now possible in treatment and prevention to accomplish the goals of the NHAS and an AIDS-free generation.
The Association of Nurses in AIDS Care

The Association of Nurses in AIDS Care (ANAC) represents more than 2,000 nurses, nurse practitioners, and other health care providers worldwide. ANAC is the leading professional HIV nursing association educating, connecting and advocating for nurses concerned about HIV and HIV-related care. ANAC promotes a comprehensive, holistic and evidence-based approach to quality HIV care, and advocates for policies grounded in a human rights approach to health. www.nursesinaidscare.org

ANAC Policy Agenda
1. **Access to care** for all individuals living with HIV/AIDS
2. **Decriminalization** of HIV, HIV transmission and homosexuality in all jurisdictions locally and globally
3. Support of **evidence based** and scientifically driven **HIV prevention programs**
4. Support for HIV/AIDS **Workforce Development**

ANAC 2014: Miami Florida November 6-8, 2014