

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

Thursday April 10, 2014

Presented by Carole Treston, RN, MPH

**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:**

- a. Support and recognition of the on-going critical role of the Ryan White HIV/AIDS Program.
- 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



## Benefit Standards

- **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



## 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

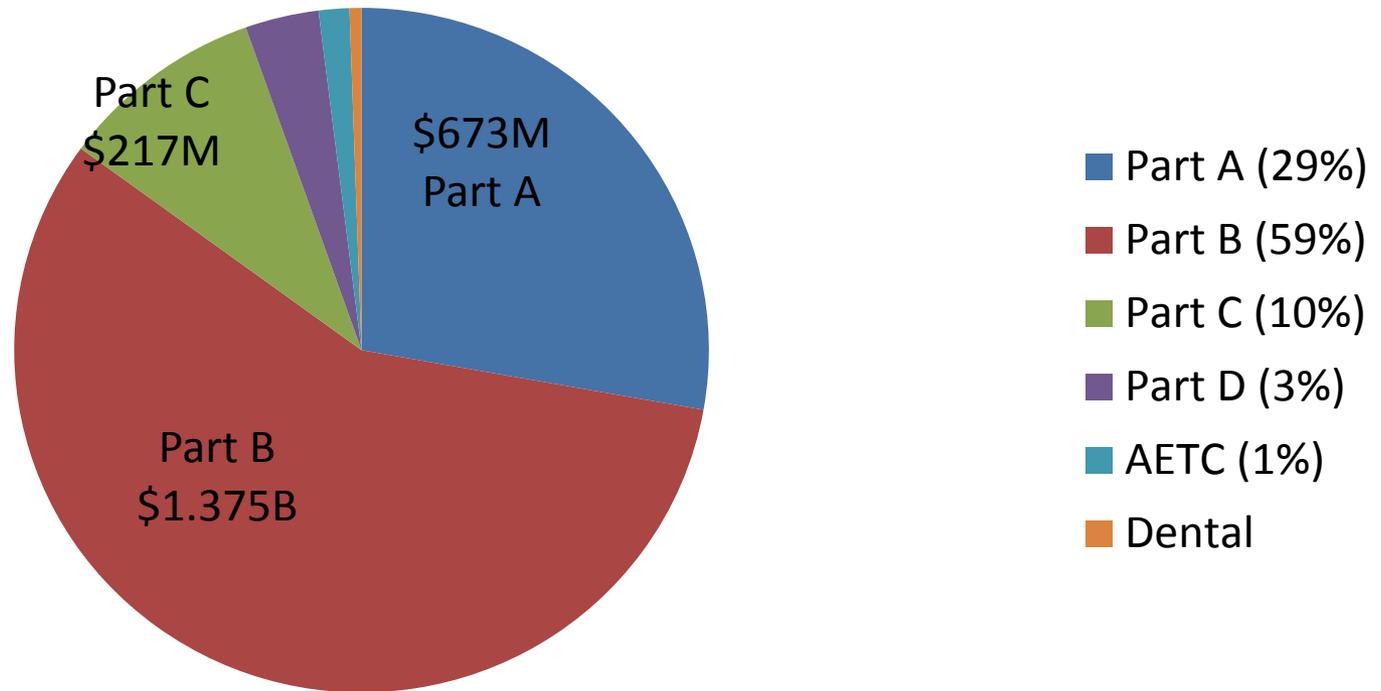
Needs to be informed by data and experience from the implementation of the ACA ( 2 years?)

- 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.

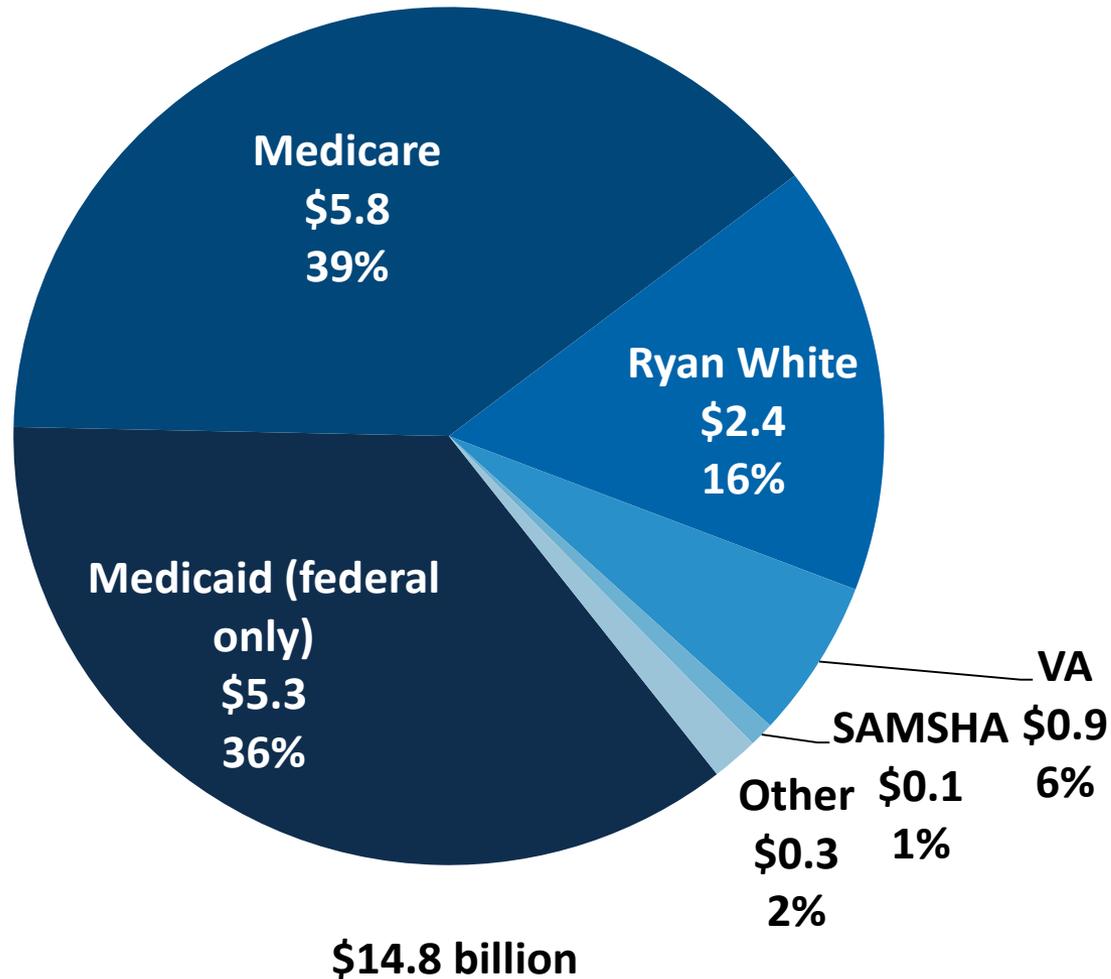
# Ryan White Allocations

## 2012 Allocations



# Ryan White is the Third Largest Source of Federal Funding for HIV Care in the U.S.

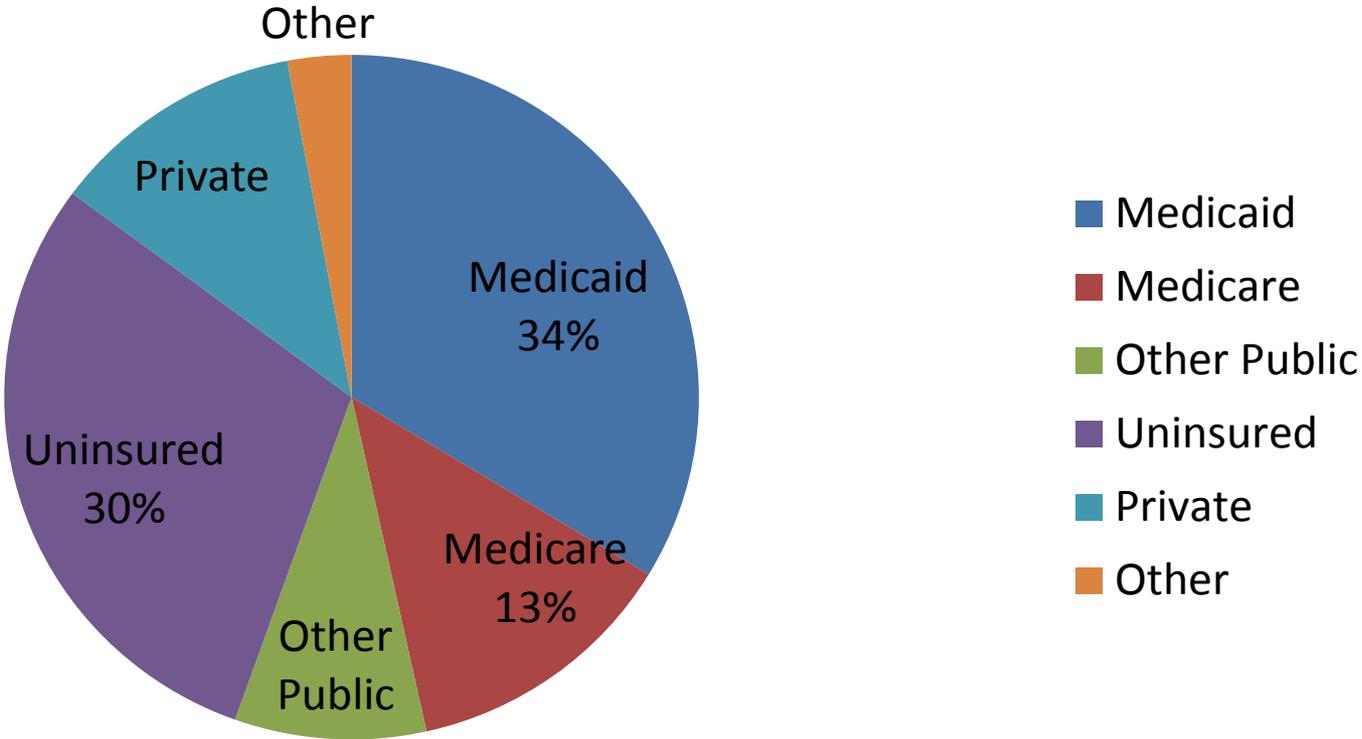
**FY 2012**  
*In Billions*



SOURCE: Kaiser Family Foundation analysis of data from OMB, CBJs, and appropriations bills.

# Insurance Status of Ryan White Clients

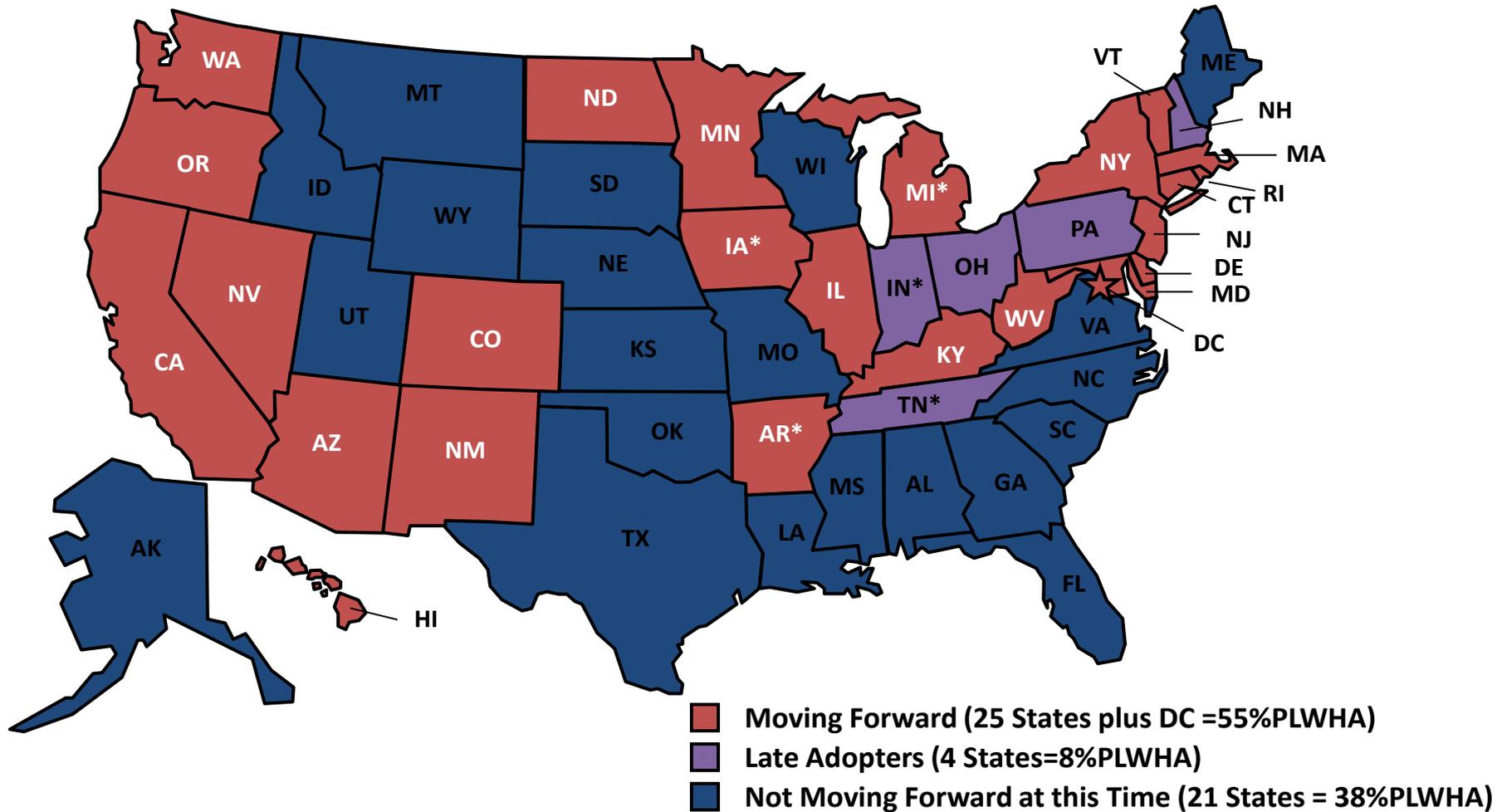
2010



# State variability in RW client coverage & Poverty Level 2011

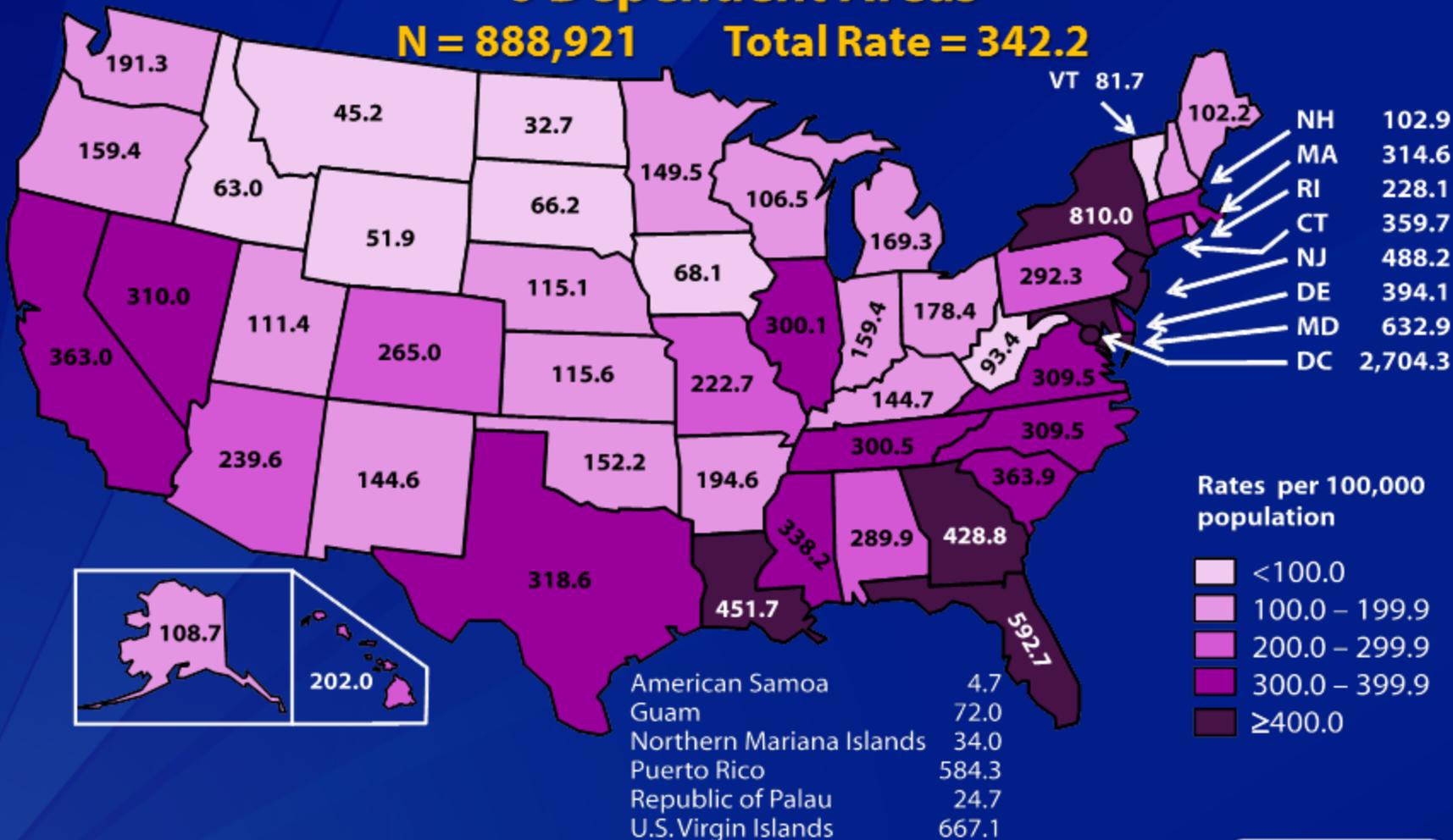
	Un- insured	100%	200%		Un- insured	100%	200%
FL	38%	63%	26%	NY	17%	66%	17%
TX	41%	70%	23%	PA	17%	72%	18%
GA	50%	68%	24%	MD	20%	66%	20%
AL	40%	70%	23%	WA	18%	62%	28%
MS	40%	80%	16%	NJ	32%	49%	14%
NC	53%	67%	24%	CA	37%	65%	25%
SC	55%	64%	24%	MA	4%	62%	20%

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



# 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

## Massachusetts State ADAP Expenditures

FY	Drug	Co-Pay	Premium	Enrollment
2004	\$11.2M	\$1.6M	\$3.2M	4,399
2012	\$4.62M	\$3.5M	\$10.9M	8,022

New HIV Diagnosis fell by >45%

PLWHA increased by 42%

Viral Suppression >70% ( 28% national average)

Deaths decreased by 34%

# 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

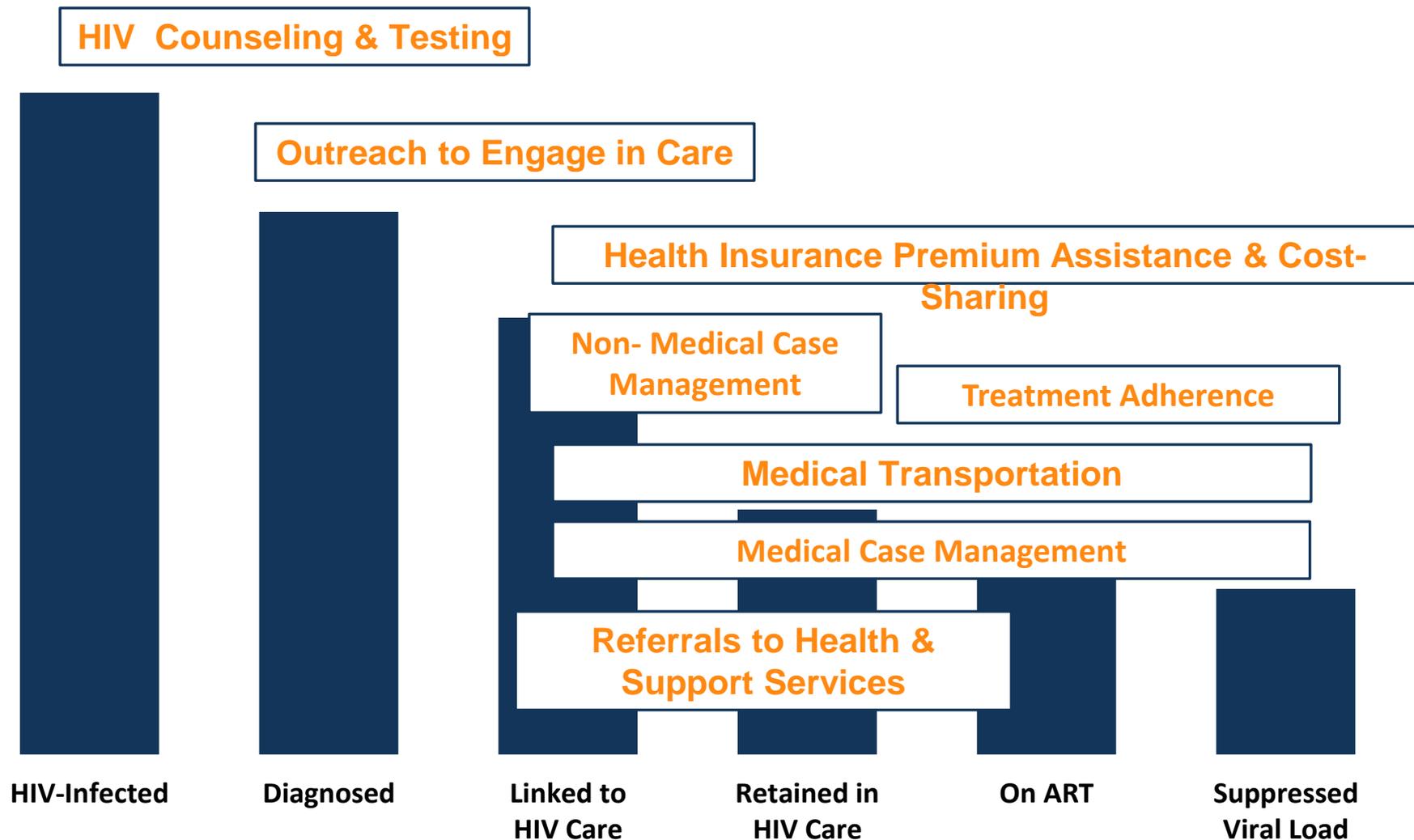
Continuous monitoring: LA BCBS

CMS feedback loop

[Carole@anacnet.org](mailto:Carole@anacnet.org)

Nomenclature: Care completion, Coverage completion, Critical services

# Select Examples of Ryan White Services That Support Clients Along The HIV Treatment Cascade



SOURCES: Adapted from CDC "HIV in the United States—The Stages of Care" July 2012; Service Definitions from HRSA, HAB, 2012 Annual Ryan White HIV/AIDS Program Services Report (Rsr) Instruction Manual.

# **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](http://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

