The Affordable Care Act and HIV

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The Treatment Cascade

- 1,148,200 HIV-Infected
  - 941,524 Diagnosed (82%)
  - 757,812 Linked to HIV Care (66%)
  - 424,834 Retained in HIV Care (37%)
  - 378,906 On ART (33%)
  - 287,050 Suppressed Viral Load (25%)

Can the ACA be a Game Changer?

Key HIV-Related ACA Provisions

- Expansion of Private Coverage & Consumer Protections
- Medicaid Expansion
- Benefits Standards: EHB
- Increased Emphasis on Prevention
- Medicare Fixes
- Health Systems & Delivery Improvements
• **Already in effect**
  - Dependent coverage up to age 26
  - End to lifetime coverage limits; coverage cannot be rescinded
  - Children cannot be denied coverage based on pre-existing conditions
  - Temporary PCIPs for adults with pre-existing conditions

• **In 2014**
  - End to annual coverage limits
  - Adults cannot be denied coverage based on pre-existing conditions
  - State-based health insurance exchanges, with subsidies based on income; must include “essential community providers”
Medicaid Expansion

• **Already in effect**
  – New state option for states to cover childless adults with income up to 138% FPL (at regular match); since passage, 8 states have expanded
  – Still, coverage for childless adults quite limited across country

• **In 2014**
  – Expands Medicaid eligibility to nearly all individuals with incomes up to 138% FPL; categorical eligibility requirements, such as being disabled, removed; 100% federal match from 2014-2016, scaled down to 90% by 2020
  – Supreme Court decision effectively makes this a state option.
Benefits Standards

• **Essential Health Benefits (EHB) package:**
  – Must provide comprehensive set of services across ten categories, including prescription drugs

• **Why Important?**
  – Individual and small group plans must include EHB
  – Medicaid benchmark (for new eligibles) must include EHB
  – Basic Health Plan, which states can create for uninsured who would otherwise be eligible for Exchange, must include EHB
  – States have to pick EHB benchmark (or use default)
Increased Emphasis on Prevention

- **New Prevention & Public Health Fund**
- **Free preventive services**
  - New private plans: must provide prevention services with USPSTF A or B rating for free (including HIV screening for those at high risk); must provide free coverage for certain women’s preventive services (including annual HIV counseling and screening for all sexually active women)
  - Medicare: eliminates cost-sharing for USPSTF A & B services
  - Medicaid: provides one percentage point FMAP increase for states that cover USPSTF A & B services with no cost-sharing
- **New USPSTF recommendation - HIV screening, regardless of risk, be rated A**
Other Changes

• **Medicare Part D Coverage Gap Fixes**
  – ADAP prescription expenses now count towards True out of pocket costs (TrOOP), to reach catastrophic coverage level
  – Gradual phasing out Part D coverage gap for all

• **Health Systems and Delivery Enhancements**
  – Medicaid Health Homes
  – Integrated Care for Dual Medicaid/Medicare Eligibles
  – New investments in health centers (FQHCs)
Many Key Remaining Questions

- How many people with HIV will remain uninsured or underinsured?
- How best to ensure smooth transition of people with HIV to new coverage?
- How many states will expand Medicaid?
- What will states do about their Exchanges and how will experienced HIV providers be incorporated?
- Will benefits be adequate HIV prevention, care, treatment?
- How will and should Ryan White’s role evolve?