

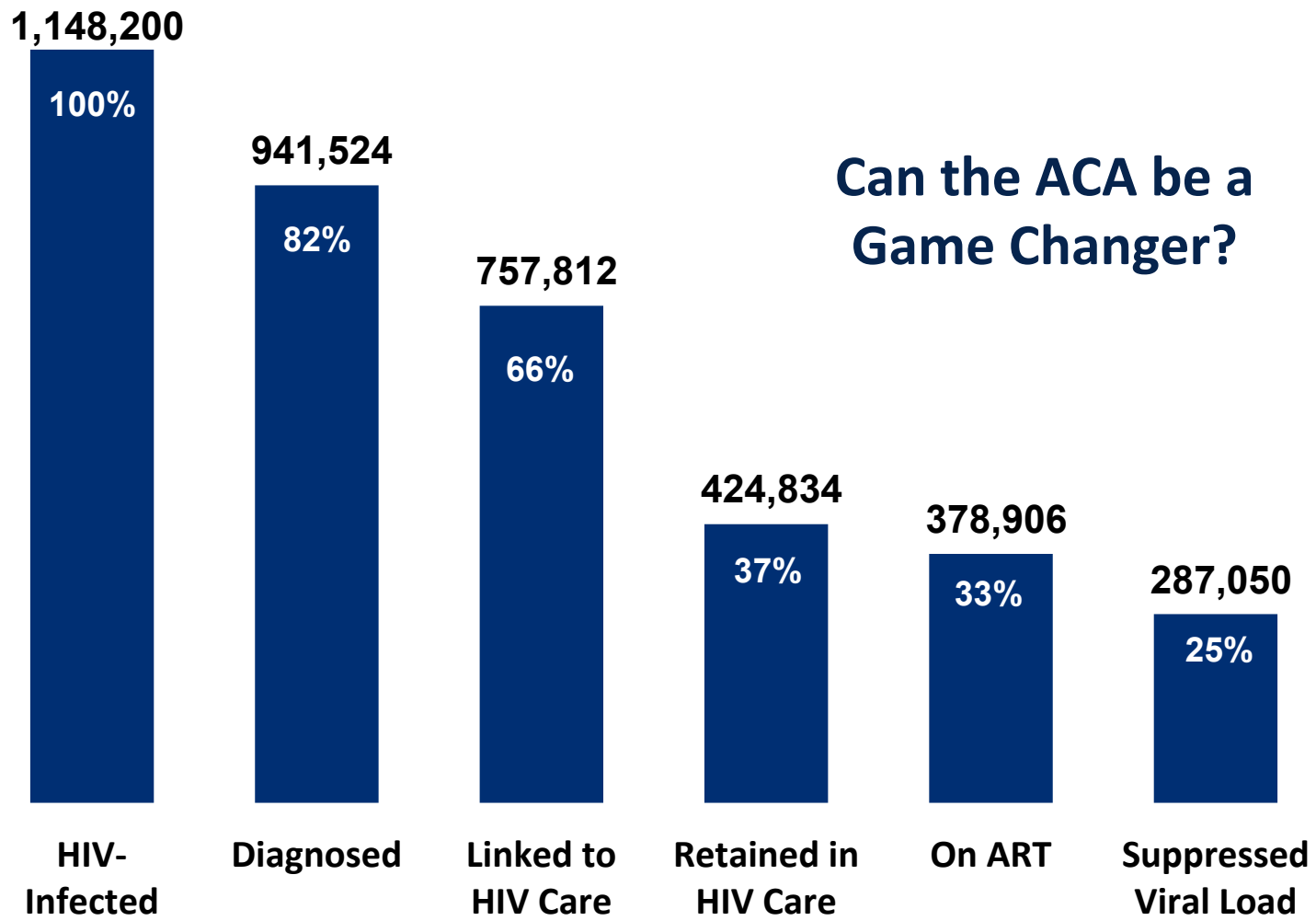
The Affordable Care Act and HIV

**Funders Concerned About AIDS
Philanthropy Summit**

**December 10, 2012
Washington, DC**

**Jen Kates,
Kaiser Family Foundation**

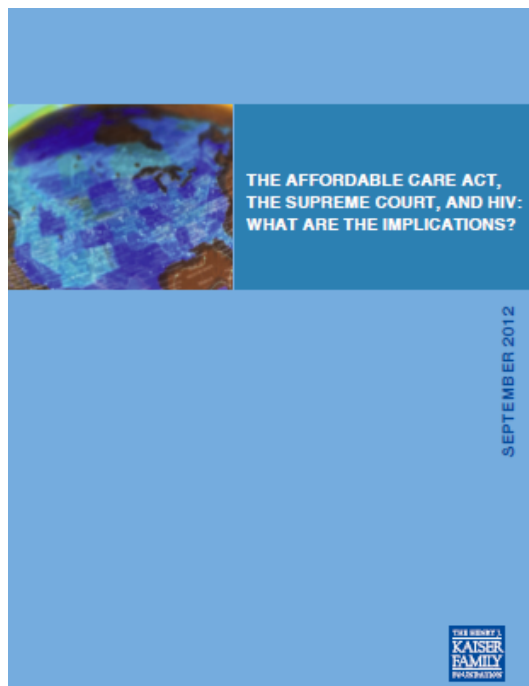
The Treatment Cascade



Source: Adapted from CDC, "HIV in the United States—The Stages of Care," July 2012 and Gardner EM, et al., *CID*, Vol. 52(6), March 2011.



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**

Private Coverage & Consumer Protections

- **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 - End to lifetime coverage limits; coverage cannot be rescinded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?**