THE AFFORDABLE CARE ACT, MEDICAID & RYAN WHITE: THE HIV VOTE

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Overview

- The Affordable Care Act and HIV
- Medicaid – Expansion or not?
- Ryan White – filling gaps
- Resources
ACA at SCOTUS

- June 2012, Supreme Court upheld almost the entire ACA, incl “individual mandate” compelling individuals to purchase insurance or face tax penalty
- 7-2 majority deemed Medicaid expansion “coercive” and gave States opt-out without risking all of federal Medicaid support
- Medicaid opt-out probably means several million fewer uninsured Americans will get coverage
Affordable Care Act and HIV

• The ACA makes vital investments in prevention, access to care, and the health workforce. There’s a new prevention and public health fund, dollars to expand the number of community health centers for low-income or uninsured people, and new investments to expand the number of primary care doctors and nurses in anticipation of the millions of newly-insured Americans.

• Ends pre-existing condition limitations, including for those with HIV, in every state, through Pre-Existing Condition Insurance Plans (PCIPS). In many states, AIDS Drug Assistance Programs (ADAPs) can help pay the cost of PCIP premiums.
Affordable Care Act and HIV

• In 2014, most very low-income people will be able to get Medicaid coverage. About half of people with HIV get care via Medicaid now (Kates, 2011), but they have to be so sick that they’re disabled in order to qualify. In 2014, most people earning less than $14,000 will be able to enroll, no matter they’re health status.

• In 2014, working people with incomes between $15,000 and $44,000 will have access to more affordable, subsidized, private health insurance through new state-based, regulated exchanges.
Affordable Care Act and HIV

• **Private health insurance companies will be required to sell coverage to all**, even if they have a pre-existing condition like HIV, and they won’t be able to charge higher rates due to health status or gender. The ACA also eliminates annual and lifetime spending caps.

• **Medicare’s Part D prescription drug benefit is getting better, including for those with HIV.** ADAP spending on HIV drugs now counts toward out-of-pocket expenses such that folks get through the ‘donut hole’ faster. And while in the donut whole, the cost of name-brand drugs, including HIV medications, will be reduced by 50%. Preventive screenings are now free.
ACA & Advocacy Issues

- **Essential Health Benefits** – both in Medicaid expansion and in State-based exchanges
  - Drug coverage issues

- **Medicaid Expansion** –
  - 100% federal share in 2014-2016 & falls to 90% in 2020 and thereafter
  - States can opt-in at anytime; could be huge increase in enrollment depending on the state
  - Primary care rates go up in 2013 & 2014, incl for Internal Medicine and Infectious Disease
  - DSH payment reductions
Ryan White Core Services

✓ Ambulatory and outpatient care
✓ AIDS pharmaceutical assistance
✓ Mental health services
✓ Substance abuse outpatient care
  • Home health care
  • Medical nutrition therapy
  • Hospice services
  • Home and community-based health services
  • Medical case management, including treatment adherence services
  • Oral health care (not standard)

ACA “Essential Health Benefits”

• Ambulatory patient services
• Emergency services
• Hospitalization
• Maternity and newborn care
• Mental health and substance use disorder services, including behavioral health treatment
• Prescription drugs
• Rehabilitative and habilitative services and devices
• Laboratory services
• Preventive and wellness services and chronic disease management, and
• Pediatric services, including oral and vision care
Medicaid Expansion: State Planning in the Midst of Uncertainty

- What happens in a state that does not comply with expansion?

Traditional Medicaid

- Limited to people with very low income AND who fall into qualifying category:
  - Disabled
  - Low-income parents with dependent children
  - Pregnant women
  - Low-income children

The Gap

- People with incomes below 100% FPL, but who cannot qualify for Medicaid under current rules may be left out of reform if the state does not expand

Subsidized Private Insurance through Exchanges

- Private insurance available through exchanges:
  - Premium tax credits for people with income between 100 and 400% FPL
  - Cost-sharing subsidies for people with income between 100 and 250% FPL

- Greater role for Ryan White Program and ADAP
- Greater dependence on subsidies to purchase private insurance

Amy Killelea, NASTAD, FAPP mtg PPT, Sept 13, 2012
Predicting Client Migration
Amy Killelea, NASTAD, FAPP mtg PPT, Sept 13, 2012

- Identifying clients who will be affected
  - Eligible for Medicaid
  - Eligible for subsidized private insurance
  - Those left out of reform (undocumented immigrants ineligible for public or private insurance expansion and legal immigrants within 5 year ban still ineligible for Medicaid)

ADAP Clients Served, by Insurance Status, June 2011

- Uninsured: 60%
- Private Insurance: 21%
- Medicare: 15%
- Medicaid: 10%
- PCIPs: 2%
- Dually Eligible (Medicaid & Medicare): 6%

Two-thirds (68%) of ADAP clients had income levels at or below 200% FPL
Budget Control Act of 2011
“Sequestration” on January 1, 2013

OMB Report Pursuant to the Sequestration Transparency Act of 2012 (P. L. 112–155)

HOPWA cut $27 million
CDC HIV Prevention cut $64 million

ADAP cut $77 million
Ryan White cut $196 million

NIH AIDS Research cut $251 million

TOTAL: $538 million!
Resources

- Kaiser Family Foundation-Jennifer Kates [www.kff.org](http://www.kff.org)
- Amy Killelea, National Alliance of State & Territorial AIDS Directors [www.nastad.org](http://www.nastad.org)
- Malinda Ellwood ([mellwood@harvard.law.edu](mailto:mellwood@harvard.law.edu)), Center for Health Law & Policy Innovation of Harvard Law School;
- Jessica Terlikowski ([jterlikowski@aidsunited.org](mailto:jterlikowski@aidsunited.org)), AIDS United;
- John Peller ([jpeller@aidschicago.org](mailto:jpeller@aidschicago.org)), AIDS Fdn of Chicago;
- Andrea Weddle, HIV Medicine Association [www.hivma.org](http://www.hivma.org)
http://www.aidsunited.org/policy-advocacy/resources/voter-mobilization-toolkit1/