I Am (Still) Essential Coalition

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Studies of 2014 Silver Plans

123 Silver plan formularies

- 19 classes covering treatments for conditions such as severe mental illness, cancer, diabetes, MS, asthma, HIV/AIDS
  - 39% of the plans require co-insurance of 40% or more for all covered drugs on at least one tier.
  - 86% of plans place all medicines in at least one class on highest tier
  - In seven classes, more than 20% of plans require coinsurance of 40%+ for all medicines in the class

Source: An Analysis of Exchange Plan Benefits for Certain Medicines, PhRMA/Avalere, June 2014
Studies of 2014 Silver Plans

![Graph showing the percentage of Silver plans requiring coinsurance of 30% or higher for all drugs in the class.]

52% of plans require coinsurance of 30% or higher for ALL covered drugs in at least one class.

Source: An Analysis of Exchange Plan Benefits for Certain Medicines, PhRMA/Avalere, June 2014
Cost-sharing reduction (CSR) plans

- Less likely to reduce cost-sharing for expensive drugs;
- Reductions found in other benefits or deductibles.
- “…consumers who qualify for financial assistance could pay the same cost-sharing for a prescription drug as higher income consumers who do not qualify…”

Source: Analysis of Benefit Design in Silver Plan Variations, PhRMA/Avalere, June 2014
I Am (still) Essential Campaign

- Led by The AIDS Institute, Epilepsy Foundation, National Alliance on Mental Illness (NAMI)
- Builds on I Am Essential campaign
- Letter to Burwell – 333 sign-ons
- 3 Points
  - Limited benefits
  - High cost-sharing
  - Lack of transparency and uniformity
I Am (still) Essential Campaign

- Limited benefits
  - Medications not covered on formularies
  - Utilization management
  - Narrow provider networks

- High cost-sharing
  - “highly discriminatory against patients with chronic health conditions and may, in fact, violate the ACA non-discrimination provisions”

- Lack of transparency and uniformity
  - Incomplete information about out-of-pocket costs
  - Need for plan-finder tools
I Am (still) Essential Campaign

Letter to Secretary Burwell (July 28, 2014)

“These issues need attention if the ACA is to deliver on its promises for people with chronic health conditions.”

- Enforce ACA non-discrimination provisions;
- Prohibit restrictive formularies and inadequate provider networks;
- Address high cost-sharing, including inappropriate use of coinsurance; and
- Improve plan transparency so that consumers can make informed decisions.
I Am (still) Essential Campaign

- More than 300 organizations, including
  - Dozens of HIV/AIDS groups
  - National Viral Hepatitis Foundation
  - Epilepsy, NAMI, Lupus chapters
  - National LGBT groups
  - Easter Seals
  - National Kidney Foundation
  - Leukemia & Lymphoma Society
- Access the letter at http://bit.ly/1qa7taW.

The AIDS Institute
GROUPS CLAIM INSURANCE DISCRIMINATION IN NEW FORMS

By RICARDO ALONSO-ZALDIVAR — Aug. 17, 2014 8:45 PM EDT

From Associated Press ---
...

“Washington state's insurance commissioner, Mike Kreidler, said ‘there is no question’ that discrimination is creeping back. ‘The question is whether we are catching it or not,’ added Kreidler, a Democrat.

“Kansas' commissioner, Sandy Praeger, a Republican, said the jury is out on whether some insurers are back to shunning the sick. Nonetheless, Praeger said the administration needs to take a strong stand.

“‘They ought to make it very clear that if there is any kind of discrimination against people with chronic conditions, there will be enforcement action,’ Praeger said. ‘The whole goal here was to use the private insurance market to create a system that provides health insurance for all Americans.’”...
The AIDS Institute

Thank you

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