Keeping the Ryan White Program Funded and Current: Focus on the Deep South

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Southern HIV/AIDS Strategy Initiative (SASI)

- Initiative Funded by Ford and Elton John AIDS Foundation;
- Uses **Research-based advocacy** to push for increased attention and resources targeting the Southern epidemic;
- Target **9 Deep South states** that share common characteristics:
  - Overall poorer health
  - High poverty rates
  - Cultural climate that contributes to spread of HIV
- **AL, FL, GA, LA, MS, SC, NC, TN, TX.**
- **Steering Committee** of PLWH and advocacy allies from 9 states.
- **Research Team** from the Duke Center for Health Policy & Inequalities Research
The targeted states region had the highest HIV diagnosis rate of any US region in 2008-2012 (CDC Atlas database)
Number of HIV diagnoses – 2008-2012

Number of HIV Diagnoses by Region and Year

Year | Midwest | West | Northeast | Rest of South | Targeted South | Total
--- | --- | --- | --- | --- | --- | ---
2008 | 5,776 | 8,659 | 9,847 | 19,093 | 18,199 | 58,512
2009 | 5,834 | 8,209 | 9,260 | 17,484 | 18,199 | 55,811
2010 | 5,637 | 8,088 | 8,820 | 17,851 | 18,199 | 53,477
2011 | 5,637 | 7,836 | 8,481 | 19,343 | 17,851 | 54,201
2012 | 6,175 | 8,430 | 8,987 | 19,343 | 19,343 | 66,238
The AIDS diagnosis rates and number of individuals diagnosed were higher in the targeted states than any other US region.
10 MSAs with the highest AIDS Diagnosis Rates -- 2012
CDC/SASI Collaboration


  - Targeted states had higher proportions of HIV diagnoses that were female, black or African American, young (age 13-24) and living in a rural area than US average.

  - Targeted states had higher HIV diagnosis rates among individuals in both rural and urban areas.
HIV Survival

- 5-year HIV survival for persons diagnosed 2003-2004 was lower in the targeted states (85%), indicating that 15% of those diagnosed with HIV in 2003-2004 had died within 5 years.

- In the target states, HIV survival was lower among women, black/African Americans and persons living in rural areas.

- Louisiana had the lowest 5-year survival percentage (81%) followed by Mississippi (83%) and South Carolina (84%)
AIDS Survival

- For 5-year survival after an AIDS diagnosis, the targeted states had the lowest survival percentage of any region (73%), indicating that 27% of those diagnosed with AIDS in 2003-2004 had died within 5 years.

- In the targeted states, AIDS survival was lowest among women, black/African Americans, and those living in rural areas.

- 29% of females and 26% of males diagnosed with AIDS in this region had died within 5 years of diagnosis.
Ryan White Funding Provides a Crucial Safety Net for PLWH

- Many states are not expanding Medicaid;
- ADAP as a resource to fill many insurance coverage gaps that will continue to exist even in expansion States;
- Ryan White as a resource to provide essential services for HIV+ People that are not covered by new insurance plans
Continued need for Ryan White funding post ACA

Most Southern States are not Expanding Medicaid
Figure 1

In states that do not expand Medicaid under the ACA, there will be large gaps in coverage available for adults.

Limited to Specific Low Income Groups

- 0% FPL Childless adults
- 44% FPL $8,840 for parents in a family of three
- 100% FPL $11,770 for an individual
- 400% FPL $47,080 for an individual

Median Medicaid Eligibility Limits as of April 2015

Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels, updated to reflect state Medicaid expansion decisions as of March 2015, and 2014 Current Population Survey data.
Figure 2
Distribution of Adults in the Coverage Gap, by State and Region

Distribution By State:
- Other States Not Moving Forward: 39%
- TX: 26%
- FL: 18%
- NC: 10%
- GA: 8%

Distribution By Geographic Region:
- South: 89%
- Midwest: 7%
- Northeast: 1%
- West: 4%

Total = 4 Million in the Coverage Gap

Notes: Excludes legal immigrants who have been in the country for five years or less and immigrants who are undocumented. The poverty level for a family of three in 2015 is $20,090. Totals may not sum to 100% due to rounding.
Source: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels, updated to reflect state Medicaid expansion decisions as of March 2015, and 2014 Current Population Survey data.
Addressing the “Medicaid Gap” in Non-Expansion States

69% of ADAP clients in non-Medicaid expansion states have an income below 138% FPL

Ryan White Programs are:
- Purchasing insurance for those in the “Medicaid Gap”
- Providing safety net for those who cannot afford insurance or who are not otherwise eligible

*To help fill the gap...*
ADAP Funds are Used for Critical Insurance Completion

✓ ADAPs are increasingly used to pay health insurance premiums, copayments and/or deductibles for persons eligible for ADAP

✓ 45 total ADAPs used funds for insurance purchasing/continuation in 2014
✓ 28 (58%) ADAPs pay premiums for clients;
✓ 28 (58%) pay deductibles
✓ 32 (67%) pay co-payments/co-insurance costs for prescriptions
✓ 9 (19%) pay co-payments/co-insurance costs (medical only)

Total ADAP Clients Served & Top Ten States

Chart 12: ADAP Clients Served and Top Ten States, by Clients Served, June 2014

<table>
<thead>
<tr>
<th>State</th>
<th>Clients Served, June 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>20,392</td>
</tr>
<tr>
<td>New York</td>
<td>17,114</td>
</tr>
<tr>
<td>Florida</td>
<td>13,187</td>
</tr>
<tr>
<td>Texas</td>
<td>12,213</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>6,947</td>
</tr>
<tr>
<td>Georgia</td>
<td>5,802</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>5,085</td>
</tr>
<tr>
<td>North Carolina</td>
<td>5,033</td>
</tr>
<tr>
<td>Illinois</td>
<td>5,003</td>
</tr>
<tr>
<td>Tennessee</td>
<td>5,003</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>95,879</strong></td>
</tr>
</tbody>
</table>

Note: 48 ADAPs reported data. American Samoa, Federated States of Micronesia, Kentucky, Marshall Islands, Mississippi, Northern Mariana Islands, Republic of Palau, Rhode Island, Vermont and Virgin Islands (U.S.) did not respond.
HIV Care Continuum

There is an urgent need to reach more people with testing and make sure people living with HIV receive prompt, ongoing care and treatment.

<table>
<thead>
<tr>
<th>PERCENT OF ALL PEOPLE LIVING WITH HIV</th>
</tr>
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<tbody>
<tr>
<td>0%</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Diagnosed</td>
</tr>
<tr>
<td>Engaged in Care</td>
</tr>
<tr>
<td>Prescribed ART*</td>
</tr>
<tr>
<td>Virally Suppressed</td>
</tr>
</tbody>
</table>

*Antiretroviral therapy


www.cdc.gov/vitalsigns/HIV-AIDS-medical-care
Ryan White Covers Gaps in Essential Services

- linguistics
- psychosocial
- transportation
- outreach
- casemanagement
- legal
- food
- dental
- financial
- nutrition
- adherence
- counseling
- referrals
1. Ryan White Stories Project
   ✓ Contact sasi@law.duke.edu
   ✓ Volunteer with State Advocacy Organizations.

2. Ryan White Work Group
   ✓ Contact co-chair, William McColl wmccoll@aidsunited.org

3. Stay Informed
   ✓ Sign up for SASI list serve: sasi@law.duke.edu
   ✓ Sign up for SAC list serve: info@southernaidscoalition.org
   ✓ SASI website: www.southernaidsstrategy.org
   ✓ SAC website: www.southernaidscoaltion.org

4. Know who your members of Congress are (see http://votesmart.org/) & let them know why Ryan White matters to you