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Ryan White Reauthorization Can Wait, Some HIV/AIDS Advocates Say

By Rebecca Adams, CQ HealthBeat Associate Editor

Congress hasn't reauthorized the Ryan White CARE program for HIV-AIDS patients, but some advocates are not convinced that lawmakers should hurry. Instead, they say Congress should wait until the full effects of implementing the health care overhaul are understood.

The Ryan White law's authorization (PL 106-345) has expired although lawmakers continue to fund it through the annual appropriations process.

Carl Schmid, deputy executive director of The AIDS Institute, said that it would be helpful to have a couple of years of data from the Medicaid expansion and the implementation of marketplace plans to develop a better sense of the nation's needs and the role that the Ryan White program can play. The Ryan White system provides not only medical care and payment for drugs but services such as emergency housing, funding to pay insurance co-payments and other costs for insured patients, as well as transportation.

In Massachusetts, the Ryan White program evolved after a state law expanded health coverage. Now, the Massachusetts program is less focused on paying for patients' medical care and drugs and more directed toward paying covered patients' out-of-pocket costs and other needs, said Schmid.

The law does not have to be updated by Congress to allow for those kinds of changes, and Schmid suggested it would be better to wait for a year or two to make sure the program is renewed in a way that makes the most sense.

"The most important thing is to make sure funding continues," said Schmid, adding that he is hopeful because there is bipartisan support for the program in Congress. "We were successful last year."

Department of Health and Human Services researchers are working on studies to analyze the impact of the health care law (PL 111-148, PL 111-152). That work could inform future deliberations in Congress on a reauthorization.

Schmid made the comments after attending a conference sponsored by the journal Health Affairs.

Researchers at the conference said that almost 60,000 uninsured people with HIV/AIDS live in states that are not currently expanding Medicaid, leaving those patients facing barriers to treatment

Nearly 115,000 uninsured, low-income people with HIV/AIDS would be eligible for Medicaid if all states expanded the program, said Precision Health Economics Senior Research Economist Julia Thornton Snider in her presentation.

The expansion of Medicaid and availability of tax subsidies for people who buy marketplace plans under the health law can affect the prevalence of the disease.

Early treatment is key to preventing further transmission.

Early HIV care prevented about 188,000 HIV cases from 1996 through 2009, for an average of almost 13,500 infections per year, according to another presenter, University of Southern California Assistant Professor of Public Policy John Romley. Avoiding expensive HIV treatment can save a significant amount of money. One prevented case of HIV was worth $678,000, according to Romley's estimates, so that the total value of all of the cases prevented by early treatment from 1996 to 2009 totaled roughly $128 billion.

The health care law could increase the number of people who get tested for HIV by nearly half a million people by 2017, according to research by University of California at Berkeley doctoral student Zachary Wagner, whose estimate did not include all of the states that are now expanding Medicaid. Of those who are tested, he said that about 2,598 people would be diagnosed with HIV.

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