Keeping the Ryan White HIV/AIDS Program Funded and Current

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The Future

• Continued need to fund Program
  – Obama Administration Supportive
    • But proposed to defund Part D and move to Part C for past two years
  – Current Republican Congress supportive
    • But Senate proposal to cut SPNS
  – FY17?
  – Future Administrations?
    • Need data to back up current funding levels
Ryan White & the ACA

- After second year of enrollment, NASTAD reports:
  - 68,000 ADAPs enrolled in either QHP (70%) or Medicaid (30%)
  - No state breakdown; no cost data
    - No reports on Impact of ACA from other Parts
- Part C & D Funding Stream Report (HAB)
  - Done soon after 1st open enrollment period
  - Tracking Ryan White Funding
- Understanding and Monitoring Funding Streams in the Ryan White Program Clinics: Survey Results Presentation
- Understanding and Monitoring Funding Streams in Ryan White Program Clinics, Final Report Executive Summary
Respondents experienced challenges with reporting funding information

- 42 grantees were unable to report any dollar amounts for Medicaid, Medicare, and private insurance; many others reported unbelievably low values.
- Grantees have multiple systems to track services and funding (e.g., Ryan White data management system, EMR system, and billing system).
- Grantee program staff often do not have access to Medicaid, Medicare, and private insurance billing amounts.
## Grantees use of Ryan White Program funds

<table>
<thead>
<tr>
<th>Service</th>
<th>% *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical case management</td>
<td>79.6</td>
</tr>
<tr>
<td>Mental health services</td>
<td>67.3</td>
</tr>
<tr>
<td>Health education/risk reduction</td>
<td>74.3</td>
</tr>
<tr>
<td>HIV counseling and testing</td>
<td>63.6</td>
</tr>
<tr>
<td>Oral health care</td>
<td>71.1</td>
</tr>
<tr>
<td>Medical nutrition therapy</td>
<td>71.1</td>
</tr>
<tr>
<td>Medical transportation services</td>
<td>74.1</td>
</tr>
<tr>
<td>Substance abuse services</td>
<td>59.5</td>
</tr>
<tr>
<td>Non-medical case management</td>
<td>79.5</td>
</tr>
<tr>
<td>Rehabilitation services</td>
<td>27.3</td>
</tr>
<tr>
<td>Residential substance abuse treatment</td>
<td>58.3</td>
</tr>
</tbody>
</table>

*Percent out of grantees reporting use of Ryan White Program funds*
Ryan White & the ACA

• Other Ongoing HAB Studies
• ASPE Study
  – Examining Impact of ACA on Safety-net Programs
  – Grantee Interviews Completed
  – Sharing results with HRSA, internal report
• Ryan White Services Reports (RSR)
• Grantee Reports
• CDC Medical Monitoring Project
Medical Monitoring Report Outcomes Study

• Uninsured Ryan White Patients
  – 94% Prescribed ART (vs 52% uninsured no RW)
  – 77% Virally suppressed (vs 39% uninsured no RW)

• People w/ private insurance & Medicaid were 5% and 12% less likely, respectively, to be virally suppressed than those with RW only.

• Patients w/ private or Medicaid coverage supplemented by RW were more likely to be prescribed ART and virally suppressed than those w/o RW

Source: Clinical Infectious Diseases Advance Access published August 30, 2015
Ryan White Clients by Insurance Status - 2013

- No Insurance: 28%
- Medicaid: 26%
- Medicare: 9%
- Private: 12%
- Multiple Types: 16%
- Other Public: 8%
- Other Private: 1%

Source: HRSA/HAB Presentation, CDC/HRSA Advisory Committee, Atlanta May 2015
Ryan White & the ACA

• Many states not expanding Medicaid
  – Will this change?
  – Should other government programs step in, like Ryan White?
  – Is this fair to the states that have expanded?
  – What about the people with HIV in those states?
Ryan White Program Outcomes

- **Seen for at least 1 Medical Care Visit**: 301,496 (100%)
- **Retained in HIV Medical Care**: 224,501
- **Achieved Viral Suppression**: 222,684

1. 224,501 of 277,203 clients having two office visits at least 90 days apart before September 1 of reporting year
2. 222,684 of 283,189 clients with at least one reported viral load test count below 200

Ryan White Clients Viral Suppression by State – RSR 2013

Source: Cheever, L. (May 20, 2015) HRSA/HAB Update. Presentation to the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment

Viral suppression: had at least one OAMC visit, at least one viral load count, and last viral load test <200
Ryan White Clients Viral Suppression by Age - RSR 2013

Source: Cheever, L. (May 20, 2015) HRSA/HAB Update. Presentation to the CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment

Viral suppression: had at least one OAMC visit, at least one viral load count, and last viral load test <200
NHAS Goals, Updated

• By 2020:
  – Increase newly diagnosed linked to HIV care within one month of diagnosis to at least 85%
  – Increase retained in care to at least 90%
  – Increase virally suppressed to at least 80%
  – Reduce death rate by at least 33%

• Achieve through Ryan White Program, ACA, Medicaid, Medicare and others
Ryan White Future

• Must ensure next Administration maintains commitment to NHAS Goals
• Must continue to demonstrate outcomes
• Legislative changes unlikely soon
  – Political will and leadership not there
  – Risk losing elements
  – No community consensus on changes
• Therefore, rely on administrative guidance, priorities, and flexibilities
Next Steps

- Continue to educate Congress on Program
- Community conversations
- Focus on Supplemental funding
  - Continued analysis; await 2015 awards
  - HAB studying Part A Supplemental & Part C
  - ADAP Emergency Funding
  - Is the funding going to where it is needed?
  - States need to apply
Next Steps

• Continued Review of Grant Awards
  – Are grantees spending all their funds?
  – Is money being returned?
    • DC, MA, MD, Micronesia and Virgin Islands
• Needs differ from state to state
  – As ACA is implemented and if we are to reach NHAS goals, funding needs are different & should be reevaluated
    • Always a difficult conversation
Next Steps

• Continued Studies & Analysis of Data
  – Are more people being served?
  – How much money is being spent on premiums, co-pays?
  – How much money needed for other services?
  – How many people not covered by other payers and how much will that cost?

• Impact of 340B guidance

• Ryan White Program can do a better job at addressing Co-infection of HBV & HCV now

• Some calling for Ryan White to cover PrEP
Concluding Thoughts

• Not yet possible to determine future funding needs
• Change is happening
• Can Ryan White change enough administratively?
• When is the point that legislative changes need to be made?
  – How would it change?
  – Can we attain community consensus?
  – Do we have Administration and Congressional Leadership?
  – If we do not lead, will the changes be made for us?
Thank you!

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