Update on Health Reform & the Impact on Persons Living with HIV

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The 10th Annual HIV in West Virginia Conference
Stonewall Conference Center
May 2, 2014
Outline

• Health Reform Implementation

• Making Health Reform Work Better

• Ryan White HIV/AIDS Program
Slow Start; Strong Finish

- Over 8 million enrolled in the marketplace
  - 1.4 million from CA
  - 28% age 18-35
- Almost 5 million in Medicaid & CHIP
- Over 3 million under age 26 on parents’ plan
- 5 million gain coverage outside marketplace

Caveats
- How many paid premiums?
- How many were previously uninsured?
Health Coverage Growing

• 12 million will gain coverage in 2014 due to ACA (CBO estimate)

• 4 percent of Americans are newly insured in 2014 — about half of them through the exchanges (Gallup Survey)

• RAND study found that much of the growth in coverage due to employer sponsored insurance
Where the States Stand on Medicaid Expansion
26 states, DC, Expanding Medicaid—March 28, 2014

http://www.advisory.com/Daily-Briefing/Resources/Primers/MedicaidMap

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Enrollment for People with HIV

• Slow start; strong finish
• Depends on State
  – Medicaid Expansion
  – State Ability/Willingness
• NASTAD Enrollment Reports (ADAP clients)
  – Medicaid: 12,000
  – Marketplace: 12,000
• Medicaid enrollment year long
• Special enrollment qualifications
• Prepare for 2015 enrollment
Ryan White Premium & Co-pays

- Ryan White has historically paid insurance premiums & co-pays
- Blue Cross/Blue Shield in LA & ND refused to accept
  - Cited HHS statements that discourages plans to accept outside payments
- All LA plans then decided not to accept Ryan White payments
- Lambda Legal filed suit
- CMS clarified plans can accept Ryan White payments
- CMS issued interim final rule requiring plans to accept Ryan White Payments
  - Still discourages use of commercial payments
  - Issue of Rx co-pays by companies unresolved
Qualified Health Plans & Rx

• Placing every HIV & hepatitis drug on highest tier
  • Is this Discrimination?

• Sec. 1557 of ACA prohibits insurers from “employ[ing]
  …benefit designs that will have the effect of discouraging the
  enrollment of individuals with significant health needs in health
  insurance coverage or discriminat[ing] based on an individual's
  …predicted disability, …expected length of life, degree of
  medical dependency, quality of life, or other health conditions.”
Qualified Health Plans & Rx

• Also prohibits insurers from “employ[ing] marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs.”

• No regulations or guidance issued to implement Sec 1557
• CMS says take case to state insurance commissions
• Conduct outlier tests for 2015 plans
AIDS advocates say drug coverage in some marketplace plans is inadequate  

By Ariana Eunjung Cha Dec. 9

The nation’s new health-care law says insurers can’t turn anyone away, even people who are sick. But some companies, patient advocates say, have found a way to discourage the chronically ill from enrolling in their plans: offer drug coverage too skimpy for those with expensive conditions.

Some plans sold on the online insurance exchanges, for instance, don’t cover key medications for HIV, or they require patients to pay as much as 50 percent of the cost per prescription in co-insurance — sometimes more than $1,000 a month.

A coalition of 31 HIV/AIDS organizations is urging the Obama administration to investigate whether some health insurers are trying to discourage HIV-infected patients from enrolling in new policies being sold under the health-care law, a move the groups say could be illegal.

The Affordable Care Act prohibits discrimination against people who are sick; insurers can't deny them coverage or charge them more than healthier peers.
More Rx Issues

• High co-pays, use of co-insurance
  – 50% co-insurance common
    • Plans supposed to mirror employer sponsored plans
  – No transparency; beneficiary does not know cost & surprised
    • $1,000/drug
    • Out of pocket limits, but costs front loaded in year
    • Ryan White can help
  – Patients can fall out of treatment
  – Another example of discrimination?
More Rx Issues

- Not all ARVs on plan formularies
  - Due to Essential Health Benefits design
    - Based on number of drugs on benchmark
    - Combination drugs/single tablet regimens
      - US Pharmacopeia 5.0 does not recognize combination drugs
      - Draft version 6.0 does
    - Using current EHB process for first 2 years
  - Appeals process
- Formularies not transparent
- Drugs removed from plans
- No requirement to cover new drugs
Access to Care & Pharmacies

- **High Deductibles**
- **Adequacy of Physician networks**
  - Are Ryan White providers included in plan networks?
  - Ryan White Grantees are essential community providers
- **Difficult to find providers on websites**
  - Need increased transparency
- **Pharmacy networks**
Monitor Implementation

- Coordination with Ryan White Program
  - Is coverage completion happening?
- Are patients falling out of care & treatment?
- Is the medical care adequate and culturally competent?
- Is the appeals process working?
- Report problems
http://www.hivhealthreform.org/speakup/
Improving the ACA

• Legislative Changes Highly Unlikely
• Rely on Administrative fixes
  – Enforce Anti-discrimination provisions
• Review 2015 plans
  – Will premiums increase?
  – Will co-pays for Rx increase?
• Continue to push for Medicaid Expansion
  – Monitor Alternative Benefit Plans
• Essential Health Benefits for 2016 and beyond
Future of Ryan White Program

• Need to analyze impact of ACA through Studies and Data
• Need to continue to provide coverage completion to the 72% of clients who already have some coverage
• Need to determine costs of paying premiums & co-pays
• Need to determine level and cost of coverage completion services
  – Some plan benefits better than others
  – Support services to achieve viral suppression
• Need to account for people not covered by ACA
• How to address non-Medicaid expansion states
Ryan White Program Services

Medical Care

Mental Health

Case Management

Medical Case Management

Oral Health

Treatment Adherence

Food Bank

Psychosocial Support

Linguistics

Outreach

Transportation

Health Education

Risk Reduction

Legal

Housing

Referrals

Substance Abuse Treatment

Premium/Cost Sharing Assistance
Support Services Available at Facilities Funded vs. Not Funded by RWP, MMP, 2009

- **RWP-funded**
  - Case management: 75%
  - Substance abuse treatment: 30%
  - Mental health: 62%
  - Social services: 53%
  - Dental services: 46%
  - Adherence counseling: 83%
  - Nutrition consultation: 66%
  - Language translation: 59%
  - Risk reduction counseling: 74%

- **Not RWP-funded**
  - Case management: 13%
  - Substance abuse treatment: 11%
  - Mental health: 15%
  - Social services: 13%
  - Dental services: 8%
  - Adherence counseling: 35%
  - Nutrition consultation: 22%
  - Language translation: 24%
  - Risk reduction counseling: 26%

All differences are significant at p<.0001

Kaiser Family Foundation Study

- Examined Number of people with HIV who will gain coverage
- Of the 407,000 age 19-64 currently in care:
  - 70,000 are uninsured who could gain new coverage
  - With 26 states expanding Medicaid
    - 26,560 gain Medicaid
    - 25,190 receive subsidized marketplace coverage
    - 17,980 unsubsidized marketplace coverage
  - If all states expanded Medicaid
    - 46,910 gain Medicaid
**Massachusetts ADAP Expenditures by Category & Enrollment**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Full Pay</th>
<th>Co-Pay</th>
<th>Premiums</th>
<th>Enrollment</th>
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<tr>
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Continued Funding is Paramount

• Current authorization ended September 2013
• Funding can continue on annual basis
• Successful FY14 Appropriations Process
• Working to maintain current funding levels in FY15
  • Difficult federal budgetary climate
  • Need to explain importance of Ryan White Program

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### Ryan White Program

<table>
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<tr>
<th></th>
<th>FY2011 Final</th>
<th>FY2012 Final</th>
<th>FY2013 Operating</th>
<th>FY2014 Enacted</th>
<th>FY2015 President’s Request</th>
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<td>(-$143.4 m)</td>
<td>+$70.1 m</td>
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# Ryan White Program Historical Funding

<table>
<thead>
<tr>
<th>(In Millions)</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15 Proposed</th>
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<tr>
<td>Part A</td>
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<td>Part F: AETCs</td>
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<td>Part F: Dental</td>
<td>+$0.0</td>
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<td><strong>Total</strong></td>
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<td>-$143.4</td>
<td>+$70.1</td>
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Includes emergency funding: $35 m to ADAP and $10 m to Part C in FY12, and $35 to ADAP in FY13
Proposed Part D Transfer

- As Part of FY15 budget President Proposed to Transfer all Part D funding to Part C
  - Done in the name to reduce paperwork and reporting
    - 67% of Part Ds also are Part Cs
  - Services for Part D are different than Part C
  - No guarantee combined funding for Part C will occur
  - Appears to be a “reauthorization” move
  - Strong community opposition
The Future

- Need to continue to implement health reform and make improvements
- National HIV/AIDS Strategy
- Uncertainty increased due to political elections
  - Continued opposition to ACA & repeal efforts
- Need to continue to make case for Ryan White Program
- Continued advocacy is necessary
HIV Treatment Cascade of the Future?

- Total HIV-infected: 100%
- HIV-diagnosis: 95%
- Linkage to HIV Care: 90%
- Retainment in HIV Care: 85%
- Usage of ART: 83%
- Viral Suppression: 75%

The AIDS Institute
THANK YOU

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