Changes in the HIV Care & Financing Environment

Meeting on the Use of Generic ARVs for Treatment of HIV in the United States ♦ FCHR, ACRIA, HIVMA Project
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Executive Order -- HIV Care Continuum Initiative

ACCELERATING IMPROVEMENTS IN HIV PREVENTION AND CARE IN THE UNITED STATES THROUGH THE HIV CARE CONTINUUM INITIATIVE

The Constitution and the laws of the United States, and the policies of the Federal Government to effectively respond to the ongoing HIV epidemic is a priority of my Administration. In 2010, the White House released its National HIV/AIDS Strategy (Strategy), setting quantitative goals for health outcomes for people living with HIV, and reducing HIV-related deaths. The Strategy was updated in 2012 to serve as the blueprint for our national response to the domestic epidemic, including increased collaboration and accountability across executive departments and agencies.

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents

Developed by the HHS Panel on Antiretroviral Guidelines for Adults and Adolescents -- A Working Group of the Office of AIDS Research Advisory Council (OARAC)
The ACA
Select Key ACA Provisions for People with HIV

- Health Care Marketplaces & Consumer Protections
- Medicaid Expansion
- Benefits Standards
- Prevention/Testing
- Medicare Fixes
Private Market

Health Care Marketplaces & Consumer Protections

- End to lifetime and annual coverage limits
- Elimination of pre-existing conditions exclusions
- Dependent coverage to age 26
- Non-discrimination protections
- Health insurance Marketplaces in each state, to provide coverage including subsidies based on income
- QHPs have good coverage of ARVs, though high cost-sharing through co-insurance and co-pays (tiering matters)
In 2014, Medicaid eligibility expanded to nearly all low-income individuals: Eliminates “Catch-22” for people with HIV, sets floor of eligibility.

- Supreme Court decision effectively makes this a state option.
- In states that don’t expand, Medicaid coverage of childless, non-disabled adults very limited.
- More than 4 in 10 people with HIV live in states not expanding (or still debating).
Prevention/Testing

- Free preventive services: USPSTF “A” and “B” rated services, including routine HIV screening, must be provided for free in all new health plans (non grandfathered), Medicaid expansion states; financial incentive to provide in traditional Medicaid
- Under traditional Medicaid, 35 states cover routine HIV screening, 16 cover medically necessary only

How Many People with HIV will Gain New Coverage?
NOTES: Data are as of March 26, 2014.
SOURCES: States implementing in 2014 and not moving forward at this time are based on data from CMS here. States noted as “Open Debate” are based on KCMU analysis of State of the State Addresses, recent public statements made by the Governor, issuance of waiver proposals or passage of a Medicaid expansion bill in at least one chamber of the legislature.
Findings from KFF MMP Analysis

- **New coverage:**
  - ACA estimated to provide new health coverage for the approximately 70,000 uninsured people with HIV in regular care, and may also provide new options to some with coverage.
  - If extrapolated to all people with HIV (not just those in regular care), almost 200,000 could gain new coverage.

- **State decisions regarding Medicaid matter:**
  - If only 26 states expand, # uninsured with HIV newly eligible for Medicaid reduced by more than 40%.
  - Majority will not be able to obtain subsidized coverage in the Marketplace (incomes are < 100% FPL).

- **Insurance coverage alone ≠ access to, receipt of, care**

Implications for The Ryan White HIV/AIDS Program

- **Nation's safety net for PLWHA and payer of last resort**
- **Most Ryan White clients are insured and rely on the program to supplement limits in their coverage**
  - HRSA reports that 75% of Ryan White clients in 2011 were insured
  - KFF MMP analysis found that 40% of all people with HIV in regular care relied on Ryan White
- **Ryan White will need to change, but continue to be critical:**
  - Impact will depend on state Medicaid expansion decisions and benefit packages in health care marketplaces
  - In 2011, 58%* of uninsured Ryan White clients lived in non-expansion states, 70% of whom had incomes ≤100% FPL
  - Must “vigorously pursue” other eligibility but can pay premiums and cost-sharing for eligible Ryan White clients to enroll in QHPs, and help with Medicaid costs-sharing, when cost-effective
  - Undocumented with HIV will still need Ryan White

* Non-ADAP clients. N=72,079

Other Factors Shaping the Changing Environment
Factors Beyond the ACA

- **USPSTF “A” Rating for Routine HIV Testing**
  - Also NHAS, HIV Care Continuum Initiative, CDC High Impact Prevention

- **DHHS Treatment Guidelines recommend initiating ARVs at diagnosis**
  - Also NHAS, HIV Care Continuum Initiative

- **ARV Effectiveness Means People with HIV Living Longer**
Putting these pieces together…
Four, Key Interrelated Trends Shape Future Consideration for Understanding ARV Access & Use

- More people with HIV will have access to insurance coverage, including for prescription drugs
- More people with undiagnosed HIV likely to be diagnosed
- More people with HIV likely to be on ARVs
- More people with HIV on ARVs will be on ARVs for longer