AIDS Watch 2010

Advocacy after health care reform

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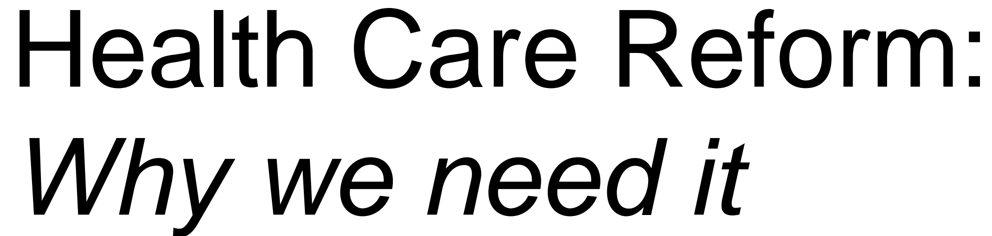


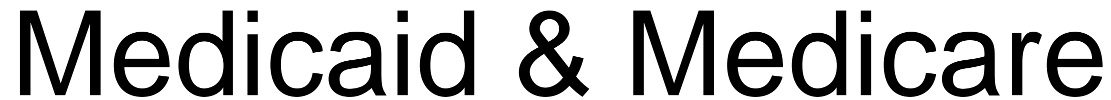
Health Care Reform: *Why we need it*

- Current system fails to meet the health care needs of people living with HIV/AIDS
  - Employer-based private insurance
  - Individual coverage generally not an option
  - Public programs often inaccessible

Employer-based insurance

- 54% of U.S. has employer-based health insurance, but only 17% of people living with HIV/AIDS
  - High unemployment
  - Unavailable to low-income workers
  - Discrimination based on health status

- Unavailable to most people living with HIV/AIDS
  - Discrimination based on health status
  - Unaffordable premiums and cost sharing
  - Annual and lifetime benefits coverage limits

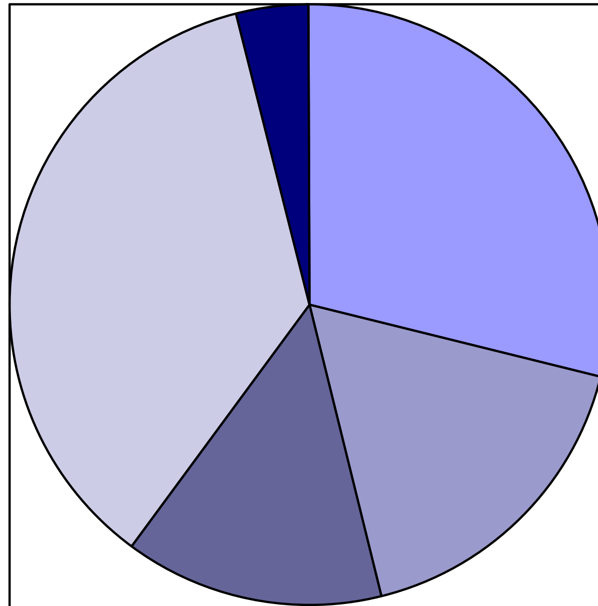


Medicaid & Medicare

- Public programs are extremely important
  - Over half of people living with HIV/AIDS have health care coverage through Medicaid, Medicare or both
- Both are designed around a cruel disability standard
  - Must be sick and disabled to get access to the health care services that could have prevented disability in the first place

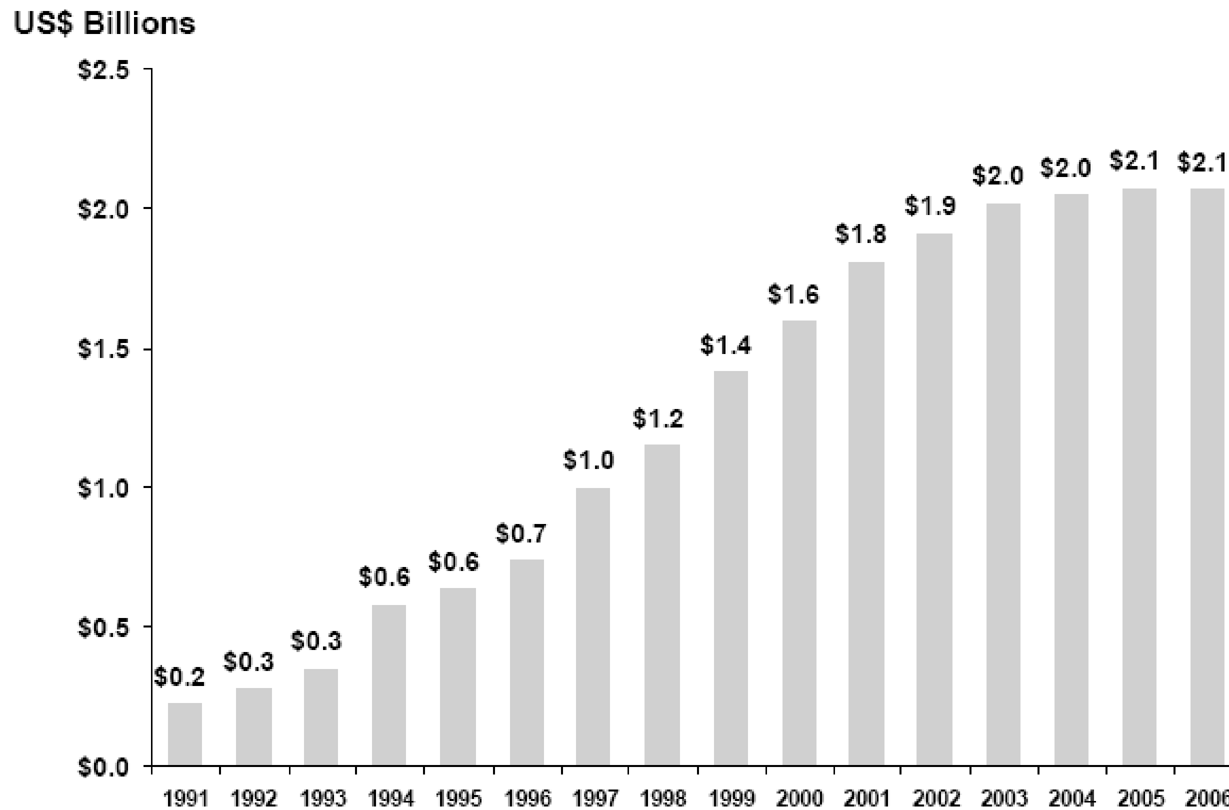
30% living with HIV/AIDS uninsured

Health care coverage



Federal Ryan White Funding

1991-2006



Note: The Ryan White CARE Act was enacted in 1990, with funding beginning in the following fiscal year.
Source: Health Resources and Services Administration, HIV/AIDS Bureau.

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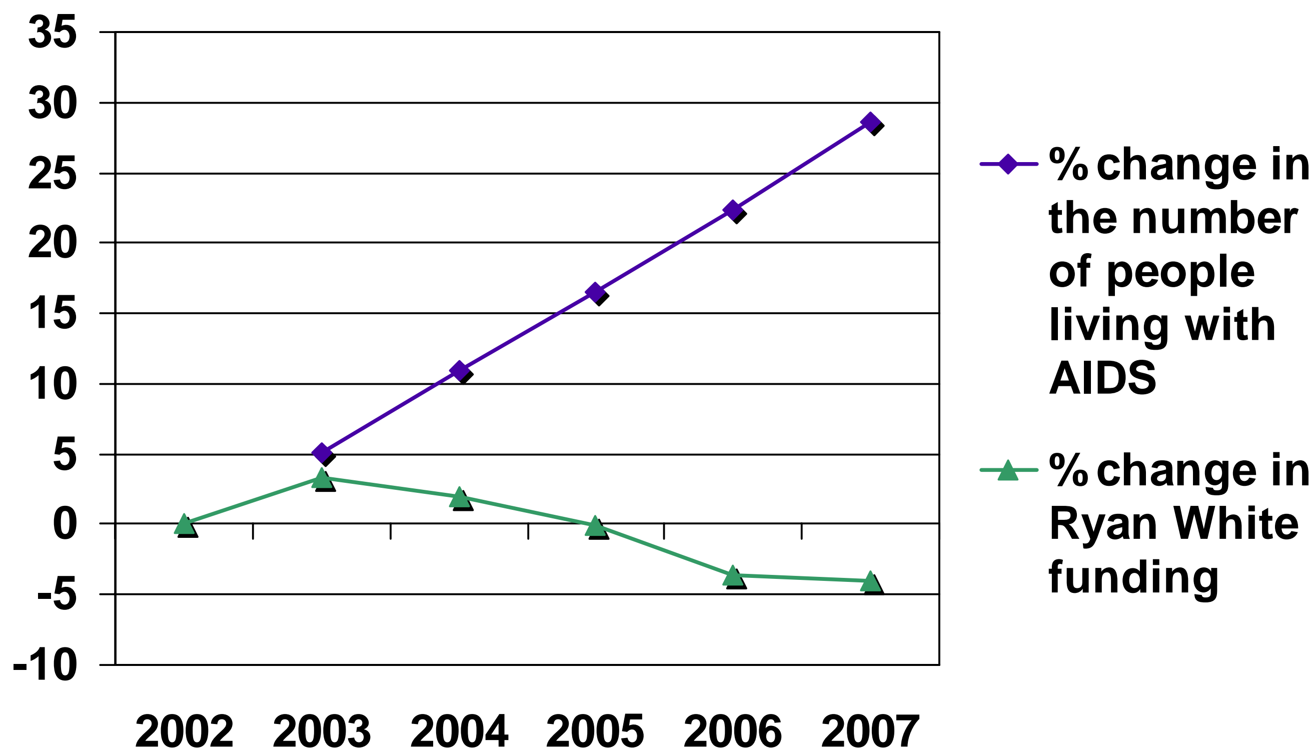
Number of people living with AIDS in the US vs. Ryan White funding, adjusted for inflation



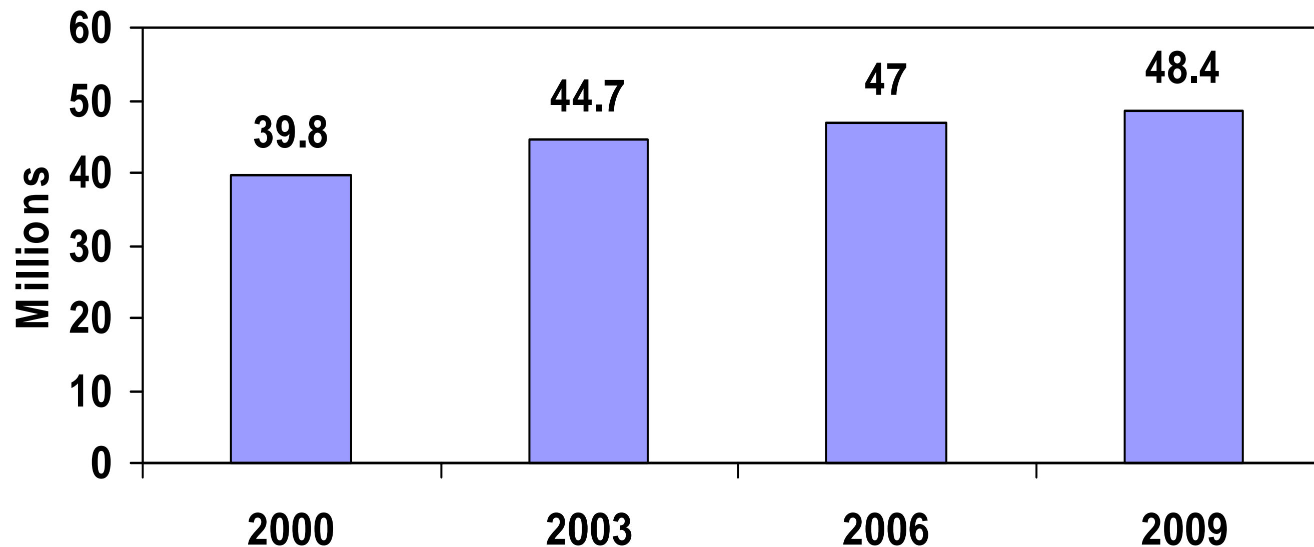
Sources: “Estimated Number of Persons Living with AIDS,” Centers for Disease Control and Prevention, http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/table12.htm; Ryan White Appropriations History, Health Resources and Services Administration, ftp://ftp.hrsa.gov/hab/fundinghis06.xls. Inflation calculated using http://www.usinflationcalculator.com/.

Current system fails people living with HIV/AIDS

- Private insurance
  - Employer-based system doesn’t work well for low-income or unemployed
- Medicaid/Medicare
  - Disability care systems, not health care systems
  - Medicaid benefits insufficient and vary by state
  - Medicare Part D out-of-pocket costs too high
- ADAP & Ryan White
  - Discretionary funding not keeping pace with need

We are not alone!

- The health care system is failing more and more people in the U.S. each year



Health Care Reform

The Patient Protection and Affordable Care Act
The Health Care and Education Reconciliation Act

- 2014 Expansion
  - Provides access to all below 133% FPL
  - Enhanced federal matching rate to states (FMAP)
- Provider reimbursement rates
  - Increase for primary care providers in 2013-2014
- Increases FMAP and spending caps for Puerto Rico and territories
- Notable limitations leave room for improvement

- Cost sharing for certain preventive services eliminated
- Part D donut hole closed by 2020
  - $250 rebate in donut hole (2010 only)
  - ADAP as TrOOP (beginning 2011)
  - 50% brand-names discount (beginning 2011)
  - Phase-down of consumer co-pays for generics (2011-2020)
  - Phase-down of consumer co-pays for brand names (2013-2020)

Private market reforms

- State-level exchanges created (2014)
  - Exchanges are portals for consumers to compare and buy health plans
  - Exchanges certify plans that are compliant with health care reform requirements
  - Exchanges include new OPM-certified multi-state plans and non-profit co-ops

Exchange plan requirements

- Increased coverage (2014)
  - New mandatory “essential health benefits” package
- Increased affordability (2014)
  - Premium subsidies and cost sharing assistance for people up to 400% FPL
- Increased access (2014)
  - Limits on premium rating variation

Additional private market reforms

- Increased access
  - Discrimination based on health status largely eliminated (2010-2014)
- Coverage mandates
  - Individuals required to purchase health insurance (2014)
- Immediate access
  - Temporary high risk insurance pool to be established by July 2010 to cover those with pre-existing conditions before exchanges are implemented

New investments & initiatives

- Invests in prevention, wellness, and public health activities
- Invests in efforts to reduce health disparities
- Supports clinical workforce development with emphasis on meeting the needs of underserved and vulnerable populations

Next steps: AIDS Watch advocacy

- Build a bridge to 2014
  - $126 million emergency supplemental ADAP
  - Pass ETHA for early access to Medicaid
- Fully fund reforms and initiatives over the next 10 years
- Stabilize and standardize Medicaid
  - Establish a comprehensive mandatory benefits package
  - Ensure adequate provider reimbursement
  - End the five-year waiting period for legal immigrants

Congratulations & thank you!