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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

March 31, 2014

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Figure 1

The White House

Office of the Press Secretary

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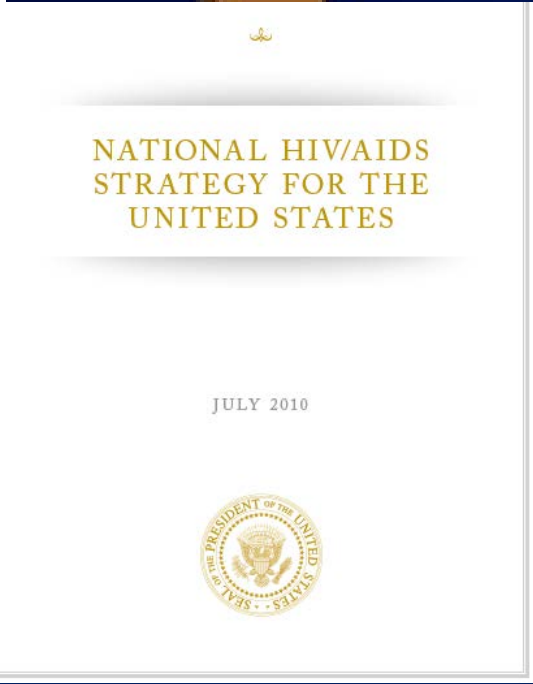
Executive Order -- HIV Care Continuum Initiative

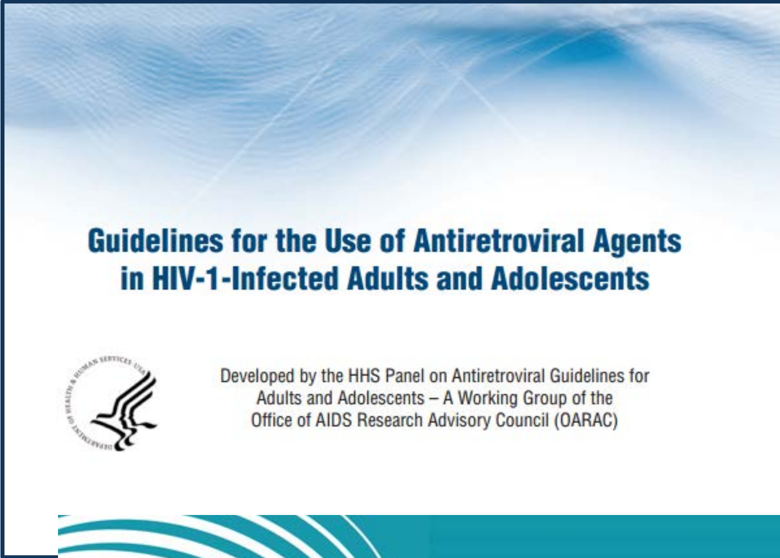
EXECUTIVE ORDER

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

...t by the Constitution and the laws of the United States of America, and ... of the Federal Government to effectively respond to the ongoing ...red as follows:

...tic HIV epidemic is a priority of my Administration. In 2010, the White ... National HIV/AIDS Strategy (Strategy), setting quantitative goals for ...ealth outcomes for people living with HIV, and reducing HIV-related ...nue to serve as the blueprint for our national response to the domestic ...collaboration, and accountability across executive departments and





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The ACA

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Select Key ACA Provisions for People with HIV

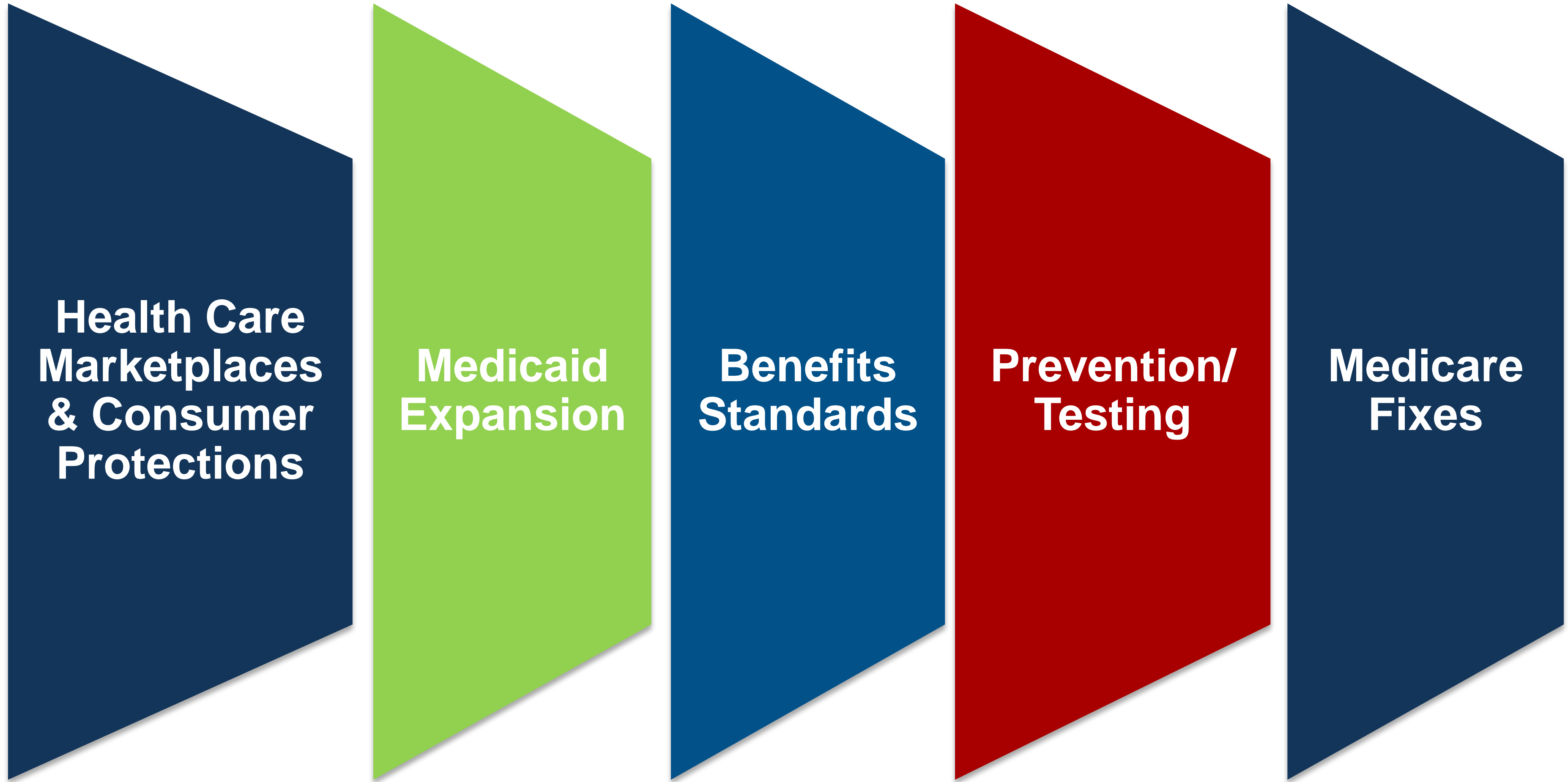

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Figure 4

Private Market

- 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)

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Medicaid

- 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)

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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

SOURCE: Kaiser Family Foundation, *State Medicaid Coverage of Routine HIV Screening*, February 2014.

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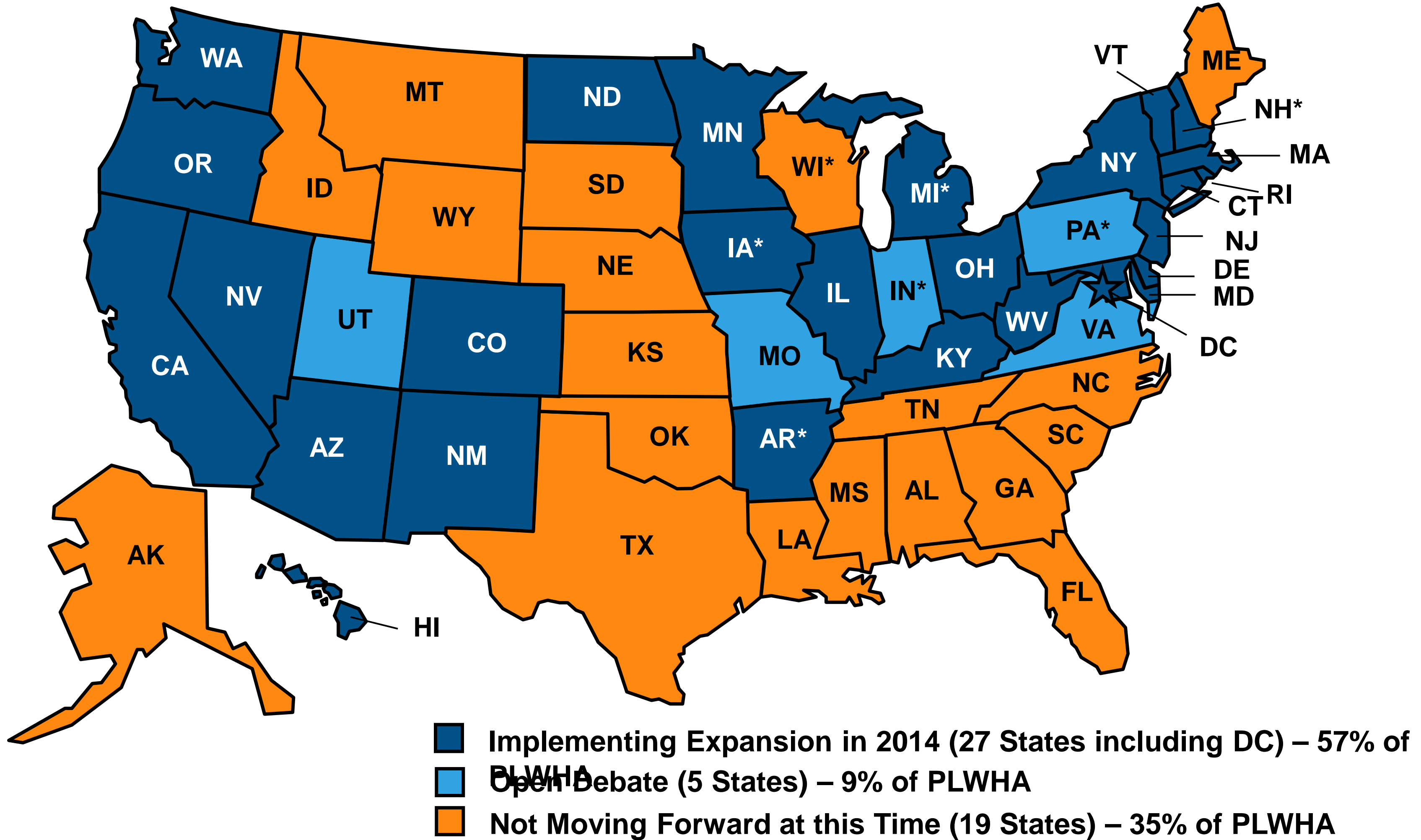
How Many People with HIV will Gain New Coverage?

Figure 8

Status of State Medicaid Expansion Decisions



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.

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Findings from KFF MMP Analysis

- <u>New coverage</u>:
  - 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

- <u>State decisions regarding Medicaid matter</u>:
  - 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)

- <u>Insurance coverage alone ≠ access to, receipt of, care</u>

SOURCE: Kaiser Family Foundation, *Assessing the Impact of the Affordable Care Act on Health Insurance Coverage of People with HIV*, January 2014.

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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

SOURCES: HRSA, Congressional Budget Justification, FY 2015; Kaiser Family Foundation, *Assessing the Impact of the Affordable Care Act on Health Insurance Coverage of People with HIV*, January 2014.

Other Factors Shaping the Changing Environment

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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
  - Life expectancy of people with HIV in the U.S. approaching that of general population (R.S. Hogg et al. IAS 2013; abstract TUPE260).

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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