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The Ryan White HIV/AIDS Program in the Age of Health Care Reform

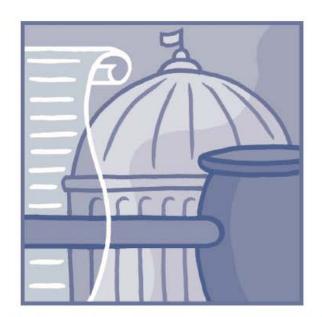


National Summit on HCV & HIV
Diagnosis, Prevention and
Access to Care
Forum for Collaborative HIV
Research
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GOVERNMENT, LAW, AND PUBLIC HEALTH PRACTICE

Real and Perceived Threats to Public Health

The Ryan White HIV/AIDS Program in the Age of Health Care Reform

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Thanks to the Affordable Care Act, thousands of people living with HIV who have received Ryan White HIV/AIDS Program—funded care are now eligible for Medicaid or subsidized insurance.

The protection against insurance discrimination on the basis expand Medicaid eligibility—will further exacerbate racial and regional disparities in health care access and outcomes.

The 2009 reauthorization of the Ryan White HIV/AIDS Program (RWP) expired September HIV/AIDS are experiencing in 2015, we first have to understand the origins of the RWP. The Ryan White CARE (Comprehensive AIDS Resources Emergency) Act was passed in fiscal year 1990 (FY1990) to fund communityPart C directly funds 350 health care providers, supporting a comprehensive continuum of health care and support services, including outpatient and ambulatory health services, case management and risk reduction counseling

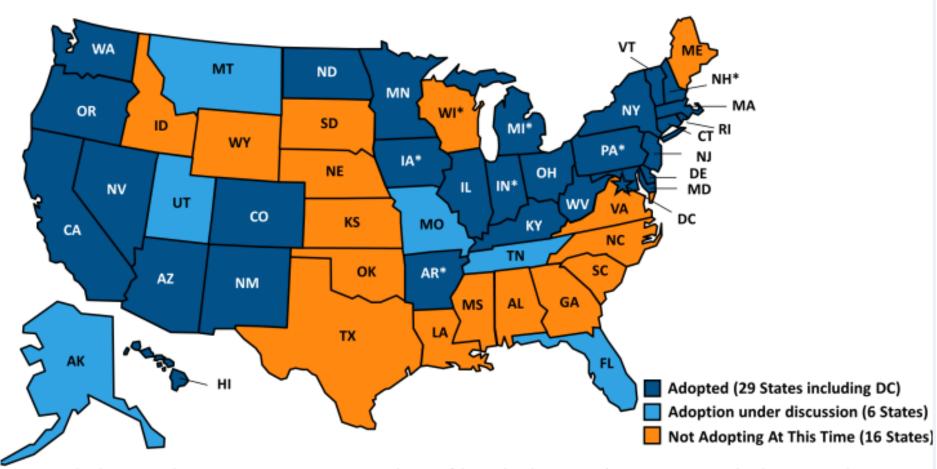
Affordable Care Act & Ryan White

- □ Largest expansion of health insurance coverage in half a century: 16 million people
- ■Because of this, ACA's protections for PLWHA (pre-existing condition, spending caps, EHBs), some have Q'd whether RWP will be needed
- ■RWP supports core capacity of communitybased providers to offer integrated care
- □Part C funds 350 health care providers, funding continuum of health care, support services
- □500,000 in U.S. receive RW-funded svc/year
- ■46% of people on ART use ADAP

Essential elements of HIV care

- □ 2/3 of RW clients have insurance; RWP covers things insurance doesn't cover
- Essential enabling services: case mgt, treatment adherence counseling, legal, housing, transport.
- ☐ Supports local, state health depts; ASOs/CBOs
- □ PLWH have complex needs, comorbidities, need non-medical supportive services
- ■20% of Part C provider patients have Hep B or C
- ■30% have substance use disorder
- ■35% have serious mental illness
- ■39% had AIDS diagnosis at point of entry to ca
 - (Weddle & Hauschild, 2010)

Current Status of State Medicaid Expansion Decisions



NOTES: Under discussion indicates executive activity supporting adoption of the Medicaid expansion. *AR, IA, IN, MI, NH and PA have approved Section 1115 waivers. Coverage under the PA waiver went into effect on 1/1/15, but the newly-elected governor has stated he will transition coverage to a state plan amendment. Coverage under the IN waiver went into effect 2/1/15. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated March 6, 2015. http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/



The Ryan White Program works

- □51% of PLWH in U.S. retained in care
 - (*MMWR*, 2011)
- □73% of RWP clients retained in care
 - (Gallant et al., Clin Inf Dis, 2011)
- ■Mass: 91% of RWP patients reached through HDAP on ART; 72% virally suppressed
 - (Holman et al., 2011)
- Massachusetts gives hope for U.S.
 - 2001 Medicaid expansion to 200% FPL
 - 2006 individual mandate, subsidies to 300% FPL
 - Uninsured rate ↓ 6% in 2006 to 2% in 2010
 - New HIV diagnoses ↓ 45% 2000-2010

Recommendations

- Maintain RWP, increase funding to support growing caseload
 - Flat funded since 2001, even as Part C #s up 62% 2001-09
- ■Provide culturally competent care for 50+
 - OAA or AOA designate older HIV+ adults population of greatest social need; HRSA and AOA collaborate on trainings
- ☐ Incorporate biobehavioral prev. approaches
 - HRSA, CDC partner on PrEP integration into HIV continuum
- ■Support development of provider workforce
 - Loan forgiveness thru NHSC, fund clinical training opps at Part C clinics, ↑ Medicaid reimbursement for HIV care