

State Healthcare Access Research  
Project (SHARP)  
*Access to Care for Persons Living with HCV  
in Massachusetts*

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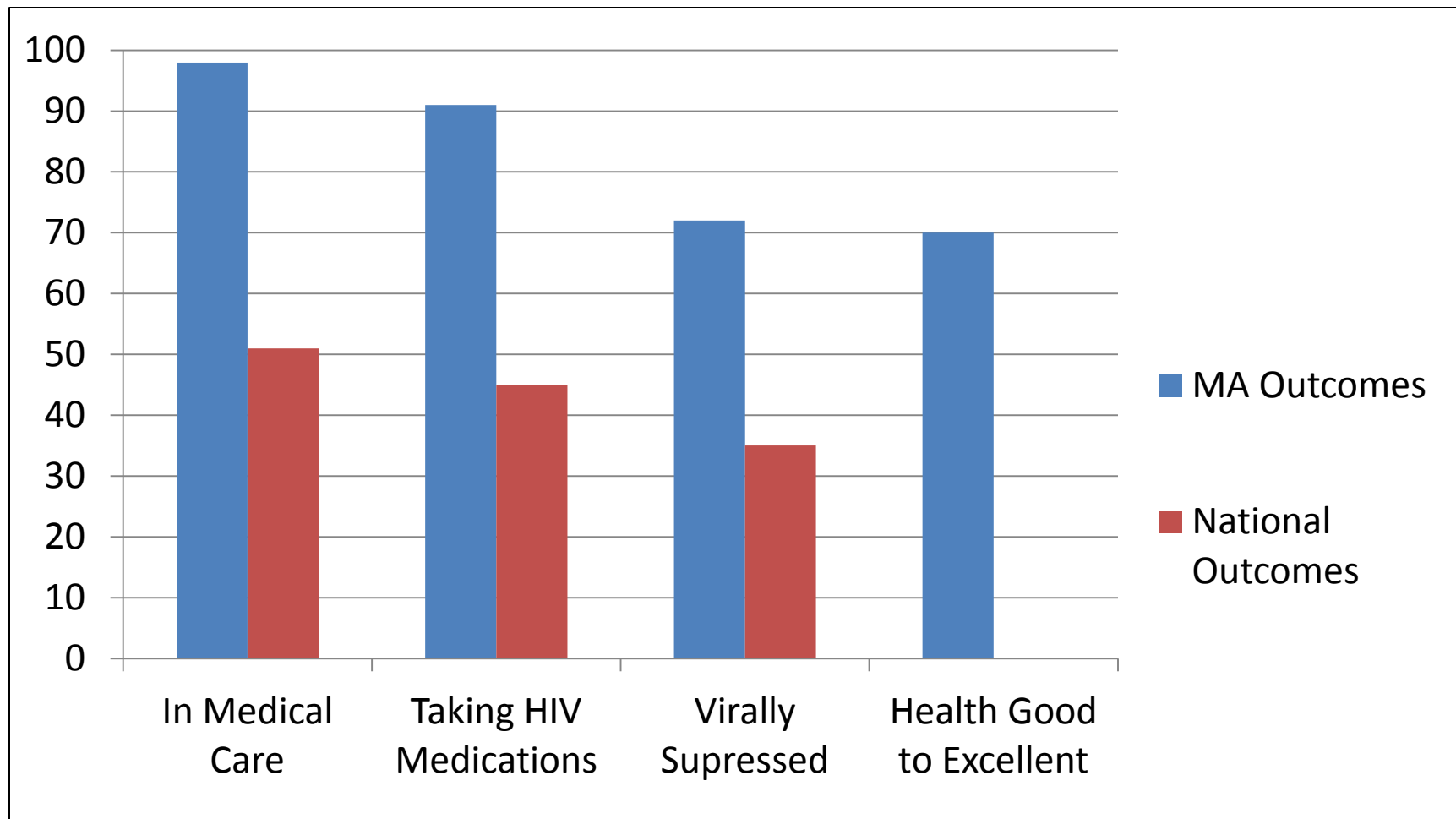
Treatment Access Expansion Project

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# Acknowledgments

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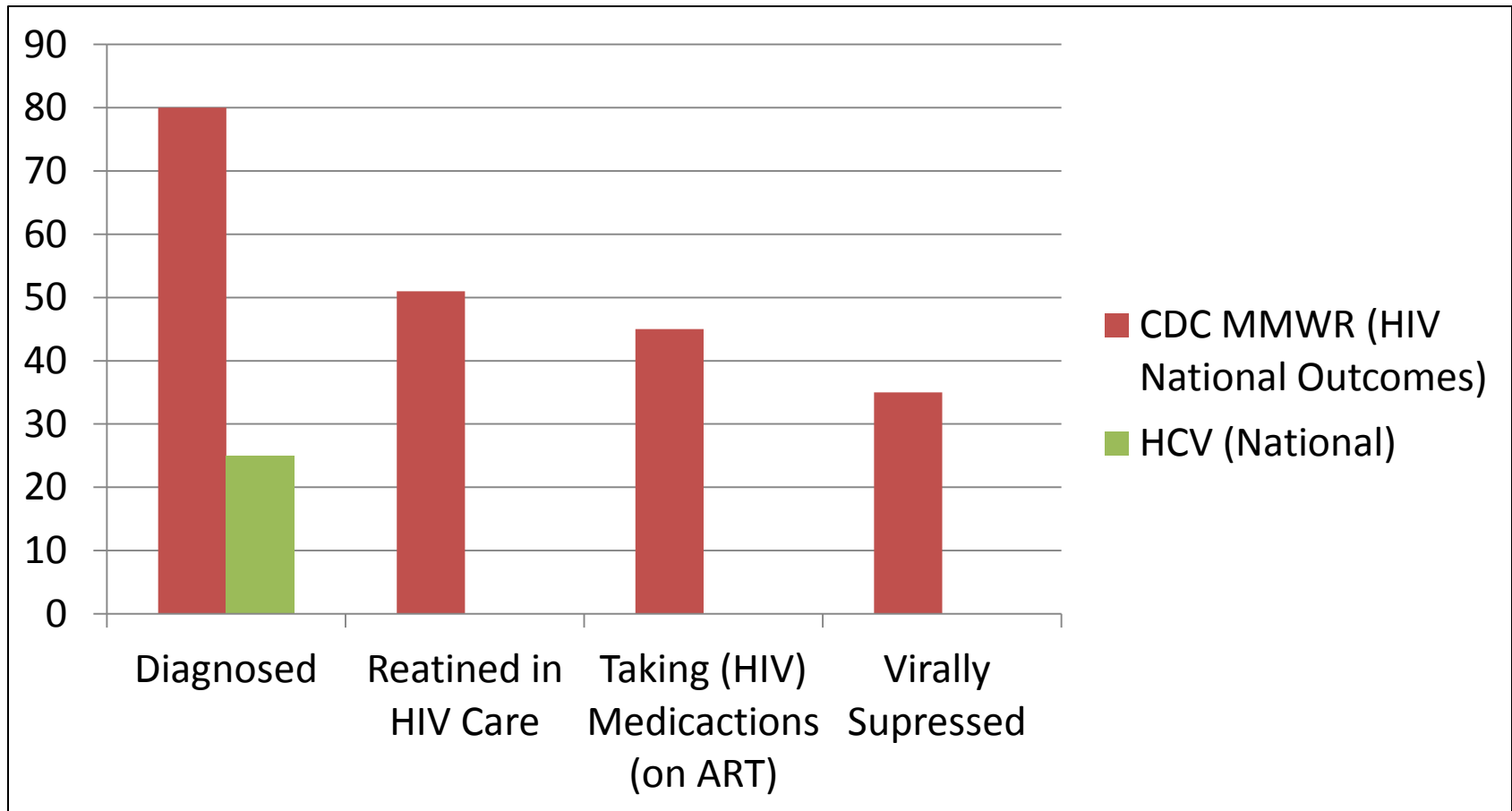
## Massachusetts' Successful Reform Implementation Improves Health Outcomes and Meets NHAS Goals



Notes: MA outcomes are based on *Massachusetts and Southern New Hampshire HIV/AIDS Consumer Study Final Report*, December 2011, JSI Research and Training, Inc.; National outcomes are based on Cohen, Stacy M., et. al., *Vital Signs: HIV Prevention Through Care and Treatment — United States*, CDC MMWR, 60(47);1618-1623 (December 2, 2011);

For both MA and national outcomes the percentages used are taken from a baseline of those who have already been diagnosed, not the total number of individuals living with HIV/AIDS. The definition of "In Medical Care" may differ slightly between the MA data and the MMWR. There was no comparable data category in the MMWR report for "Health Good to Excellent."

## We Need an HCV Cascade to Clearly Assess and Address Gaps



Source: Cohen, Stacy M., et. al., *Vital Signs: HIV Prevention Through Care and Treatment — United States*, CDC MMWR, 60(47);1618-1623 (December 2, 2011);

Institute of Medicine, *Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C* (January 2010).

## Key ACA Reforms: Great Potential But Successful Implementation Will Determine Where We Go

**Improves Medicaid:** Expands eligibility (optional); provides essential health benefits (EHB) (varies by state); improves reimbursement for PCPs; includes health home (optional)

**Creates Private Insurance Exchanges** (varies by state): Provides subsidies up to 400%FPL, eliminates premiums based on health/gender, and includes EHB (varies by state), limits on cost-sharing

**Increases Access to Medicare Rx:** 50% discount on brand-name drugs; “donut hole” phased-out; ADAP counts toward TrOOP

**Reduces Discriminatory Private Insurance Practices:** Eliminates pre-existing condition exclusions; lifetime and annual caps; promotes continuity of coverage

**Invests in Prevention, Wellness, Workforce and Innovation:** Creates Prevention and Public Health Fund; funds CHCs; provides free preventive services (optional for Medicaid)

## Challenges and Opportunities Remain

- Implementation of the Medicaid expansion in ALL states
- EHB For Medicaid and private plans must meet the care and treatment needs of individuals living with HCV and other chronic illnesses
  - Access to case management, medications, substance use disorder treatment and mental health care
- Medicaid Health homes
  - New opportunities for coordinated care models
- Education
  - Individuals still at risk, including youth and adults
  - Baby-boomers
  - Providers
    - New USPSTF guidelines recommend only risk-based screening
    - New investments in CHCs and primary care