



CENTER FOR HEALTH LAW
& POLICY INNOVATION
Harvard Law School

OPPORTUNITIES IN THE AFFORDABLE CARE ACT TO IMPROVE HEALTH CARE COORDINATION AND DELIVERY FOR PEOPLE LIVING WITH HIV

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SEPTEMBER 2015

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WHERE WE WERE

Pre-ACA Status Quo = Access to HIV Care Crisis

Medicaid/ Medicare are lifelines to care, but disability standard means they are very limited

Demand for Ryan White Program care and services greatly exceed available funding

Few insured through employer system and pre-ACA nearly impossible to obtain individual health insurance

29% of people with HIV and 33% with HCV uninsured (More than 2X national 14%)

The Crisis
Over 50% of people with HIV and over 70% with HCV were not in regular care



ENROLLMENT OF PEOPLE LIVING WITH HIV IN MEDICAID AND MARKETPLACE HEALTH INSURANCE PLANS SINCE 2014

68,000 people living with HIV in ADAP
(38% of ADAP enrollees) are newly insured



48,000 enrolled in plans offered through the
Marketplaces,
almost all with subsidies



20,000 enrolled in Medicaid expansion



**20,000 (primarily living in the Southeast US)
did not gain coverage because their states
rejected Medicaid expansion**



CHALLENGES IN NEW HEALTH INSURANCE PLANS: SYSTEMATIC ISSUES FOR CONSUMERS

Coverage

- Random exclusions of HIV medications and inadequate coverage of single-tablet regimens tablets (STRs)

Cost/Affordability

- Placing all HIV/AIDS drugs on the highest cost-sharing tiers

Transparency

- Changing formularies and hidden utilization management, including prior authorization and mail-order pharmacy requirements
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DISCRIMINATORY INSURANCE PRACTICES MAKE PRIVATE HEALTH INSURANCE UNFAIRLY EXPENSIVE FOR PEOPLE LIVING WITH HIV

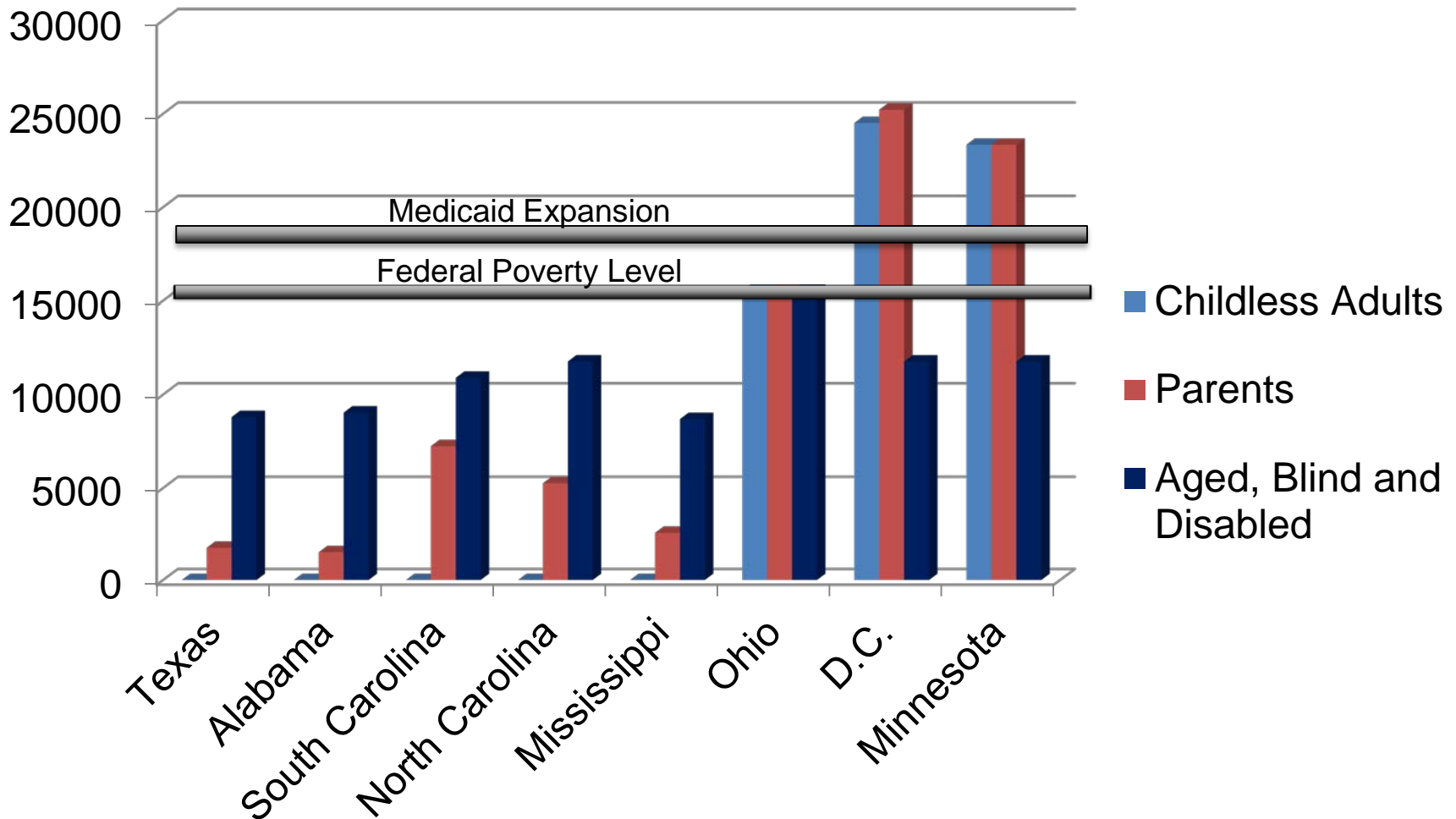
- Insurers are placing HIV medications on high cost-sharing tiers to dissuade people from enrolling and to push costs onto those who do
 - Individuals living with HIV enrolled in plans with high cost sharing for HIV medications (adverse tiering) spend \$3,000 more per year
- Of Marketplace Qualified Health Plans (QHPs) analyzed in 5 Southern states over the past two years of open enrollment:
 - 54% require co-insurance of $\geq 30\%$ for HIV meds
 - 63% placed more than 50% of HIV meds in the highest cost sharing tier
 - 93% charge 30% of median yearly annual discretionary income for Atripla

ACA EXPANDS AND IMPROVES MEDICAID

- Expands Eligibility to Medicaid by eliminating the disability requirement for those with income up to 138% FPL (~\$15K for an individual/~\$32K for family of four)
 - Every low-income U.S. citizen and legal immigrant (after 5 years in U.S.) is now automatically eligible
- Federal government pays 100% through 2016 and then 90% thereafter
- Includes **Essential Health Benefits**
- Based on Supreme Court decision federal government can't withhold all federal Medicaid funds if states refuse to implement Medicaid expansion

Medicaid expansion is optional and will be decided state-by-state

Traditional Medicaid Eligibility in Select States: The Southeast Tends to Be Most Restrictive



RECOMMENDATION: EXPAND MEDICAID

- Transform Medicaid from a disability care program to an early intervention and prevention based program
 - Without expansion too many people are only eligible for Medicaid after they are suffering from numerous, yet preventable, chronic and serious health conditions
- Provides the opportunity to relieve stress on safety net providers by limiting the amount of uncompensated care these providers must provide
- Contribute to timely access to care
- Increase care coordination and deliver services through the most appropriate and cost effective providers

Must put pressure on state governments to accept Medicaid Expansion, either as contemplated or through premium assistance programs

Recommendation: Preventive Services

- All private insurance plans, Medicare and Medicaid (for new expansion population only) must provide free preventive services
- States also have the option of providing free preventive services to all traditional Medicaid beneficiaries
 - If states opt-in they receive a 1% increase in federal funding
- Free preventive services include broad-based screening related to disease prevention and sexual health (eg, HIV, HCV, STI screening)
- Free preventive services also include a broad range of women's health screenings and access to contraception

RECOMMENDATION: HEALTH HOMES

- Improves reimbursement rates for primary care providers (up to Medicare reimbursement rate) for 2013 and 2014
 - Legislation to continue enhanced reimbursement rate in 2015 and beyond is pending in Congress
- Gives states the **option** to provide cost-effective, coordinated and enhanced care and services to people living with chronic medical conditions through Medicaid Health Home Program
 - HIV and HCV not on original list of covered chronic health conditions, but now on the list as a result of successful advocacy
 - NY the first state to adopt Medical Health Home and includes all 55,000 people living with HIV and AIDS



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