THE AFFORDABLE CARE ACT

Helping to Make the End of AIDS Possible in the United States

The ACA has the potential to dramatically alter the course of the HIV epidemic.

Protect, Fund and Support Effective Implementation of the ACA

Currently, 14% of people living with HIV are undiagnosed and only 30% of people living with HIV are virally suppressed.[1] Lack of treatment and care for HIV results in poor health outcomes for those living with HIV, increased long-term medical expenses for health systems and increased likelihood of transmission.

The ACA has the potential to dramatically alter the course of the HIV epidemic by significantly improving access to comprehensive health coverage through private insurance marketplaces and Medicaid expansion. For 2014, through an analysis completed by the Kaiser Family Foundation, it was estimated that 200,000 people living with HIV could gain coverage under the ACA, including 124,000 individuals who were not currently receiving medical care.[2] Comprehensive benefit packages, affordable cost sharing, preventive services including HIV screening and the ending of discrimination based on preexisting health conditions offer new tools not only for those living with HIV but also for ending AIDS in America.

Medicaid expansion, if fully implemented, will provide first-ever reliable coverage to tens of thousands of low-income people with HIV. While Medicaid coverage historically was limited to those who had advanced to an AIDS diagnosis, Medicaid expansion no longer requires them to wait until they are disabled by AIDS to gain access to the services they need to stay healthy and that could have prevented them from becoming disabled in the first place. Although Medicaid expansion is now optional for states, full funding of Medicaid will demonstrate an ongoing federal commitment to the Medicaid program and encourage state participation.

Full funding of the Prevention and Public Health Fund (without supplanting other prevention programs) is also critical to transforming our current "sick care" system into a more humane and cost-effective "health care" system that focuses on preventing diseases, such as HIV.

Support the Vital Role of the Ryan White Program in Addressing the HIV Public Health Crisis

The Ryan White HIV/AIDS Program (RWP) will continue to play a critical role even after full ACA implementation by addressing coverage gaps and concerns about affordability of care, as well as by providing HIV services to those left out of reform. Currently, many people served by the RWP have access to some type of health insurance but continue to count on the essential care and financial support services that only the RWP provides. The RWP will continue to meet the critical unmet care and affordability needs of some of our nation's most vulnerable individuals and is essential to effectively addressing the HIV public health crisis in the United States.

Current and ongoing investments in the RWP are also critical to ensuring that we build on the hard-won gains of Ryan White providers in finding people living with HIV, linking them to care and ensuring effective treatment—ultimately saving lives and

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Enact Appropriate Laws

Enact Laws to Reduce Discriminatory Cost Sharing & Ensure that the ACA's Nondiscrimination Mandates Are Aggressively Enforced

The ACA includes significant protections to ensure that individuals with HIV and other chronic health conditions have unimpeded access to care and do not face discrimination. Yet some insurance practices are having a detrimental effect on the ability of these vulnerable people to enroll in Qualified Health Plans (QHPs) and/or, once enrolled, to afford needed treatments. Such practices include posting misleading or intentionally vague formularies on marketplace websites, excluding essential HIV medications from drug formularies and imposing extremely high cost sharing. These discriminatory practices undermine efforts to provide access to comprehensive coverage for every American, regardless of health status or income. To reduce geographic disparities, Congress should enact a federal law, similar to state laws in Delaware (18 DEL. CODE TIT. 33, § 3364), Louisiana (LA. REV. STAT. § 22:1060.5) and Maryland (MD. CODE, INS. LAW § 15-847), that cap the cost of a 30-day supply of a single specialty tier medication at $150. Capping out-of-pocket monthly prescription costs, in addition to Congressional pressure and support for swift federal regulatory and enforcement action from the U.S. Department of Health Human Services, is necessary to ensure that discriminatory insurance practices stop.

helping to end the epidemic. We must continue to maintain and leverage this model of high-quality, cost-effective care and service delivery developed over the past two decades.

Maintain the Federal Commitment to Medicaid and Medicare

Medicaid is a lifeline to care and treatment for more than 230,000 people with HIV.[3] Federal cuts and proposals to block grant the program threaten an already-strained safety net. Shifting Medicaid costs to states or modifying the eligibility and maintenance of effort requirements will result in service cuts and cost-sharing levels that jeopardize access to lifesaving HIV care and treatment. Similarly, increasing Medicaid or Medicare cost sharing will put lifesaving care and treatment out of reach for many beneficiaries with HIV. Any cost-sharing increases must be paired with a reasonable out-of-pocket cap.

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[1] AIDS.gov. What is the HIV/AIDS care continuum? January 1, 2015. http://aids.gov/federal-resources/policies/care-continuum/

[2] Kaiser Family Foundation (KFF). Assessing the impact of the Affordable Care Act on health insurance coverage of people with HIV. January 7, 2014. http://kff.org/hivaids/issue-brief/assessing-the-impact-of-the-affordable-care-act-on-health-insurance-coverage-of-people-with-hiv/

[3] KFF. Medicaid and HIV/AIDS. March 5, 2013. http://kff.org/hivaids/fact-sheet/medicaid-and-hivaids/

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