

To Your Health!

Benefits of the Affordable Care Act for PLWHA



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Birth of the Affordable Care Act (ACA)



- After protracted negotiations with lawmakers and multiple interest groups, President Obama signed the Affordable Care Act (ACA) into law in 2010.

Benefits of ACA for PLWHA



- ACA is concordant with the three major goals of President Obama's National HIV/AIDS Strategy:
 - Diminishing the number of new infections
 - Enhancing access to care and maximizing health outcomes for PLWHA
 - Diminishing HIV-connected health disparities

Health Care Coverage for PLWH: The Current Picture



- Only thirteen percent of PLWH have private insurance
- Almost 24% have no insurance
- The remainder receive coverage via Medicaid, Medicare, and the Ryan White HIV/AIDS Program

Early Benefits of the ACA



- General (non HIV-specific) benefits for patients:
 - Insurance companies cannot cease covering patients when patients become ill
 - Powerful consumer safeguards
 - Increased choices for coverage
 - Reduced expenses
 - Children can continue to be covered by their parents' plan(s) until the age of 26

Early Benefits of the ACA



- A number of benefits became active shortly after President Obama signed the bill into law:
 - Insurance carriers cannot refuse to cover children on account of HIV or AIDS or other pre-existing disorders
 - Insurance carriers cannot withdraw coverage of adults or children with the exception of instances in which fraud has been committed or central facts have been deliberately distorted
 - No monetary cap on essential health benefits over the course of the lifespan
 - ADAP counts toward true Out of Pocket Spending Limit for medications for Medicare recipients – a tremendous benefit for PLWHAs who have reduced income because it facilitates swifter movement through the donut hole

More on the Donut Hole



- The ACA slowly and steadily ends the donut hole – the empty space in prescription drug benefits for Medicare recipients. PLWHA will have additional reserves to afford important medicines.
 - Medicare recipients who arrived at the donut hole in 2010 benefited from a one-time reimbursement of \$250.
 - Medicare recipients who arrive at the donut hole in 2011 obtain a 50% reduction on covered brand-name medications for the duration of their time in the donut hole – a substantial benefit for PLWHA who use expensive medications.
 - Marked-down prices on both brand-names and generics will be further reduced during a ten-year span until the donut hole is closed.

Link to 2014



- These benefits help to carry consumers through to 2014, when the ACA will be completely implemented and further modifications in health insurance choices will be offered to many Americans.

Looking Ahead to 2014



- In 2014, virtually all Americans will be able to obtain reasonably priced insurance on account of some major adjustments:
 - The ACA guarantees that reduced-income Americans (including childless adults) who earn less than 133% of the federal poverty level will be covered by Medicaid
 - Reduced-income PLWH will not have to develop AIDS before they can be covered
 - Insurance carriers cannot refuse to provide insurance or demand higher payments from individuals with pre-existing conditions, such as HIV/AIDS, and cannot establish annual cost caps on benefits
 - Individuals lacking access to insurance via employers or via Medicaid can purchase private coverage from Affordable Insurance Exchanges, created to facilitate purchasing health insurance
 - Individuals who are low- or middle-income will be able to obtain Federal premium tax credits to guarantee that they can afford this insurance

Making Excellent Care Available (1)



- Improved information: insurance carriers have to offer accessible and comprehensible information that distinctly describes covered and non-covered services
- Both individuals and small companies who choose to buy coverage, including individuals who purchase coverage via the Affordable Insurance Exchanges, will possess a bundle of benefits equivalent to what standard employer plans offer. Benefits will include insurance to address the health care concerns of Americans – prescription medications, preventive services, management of chronic illness, and coverage for drug use and mental health conditions.

Making Excellent Care Available (2)



- Medicare and numerous private plans currently must pay for numerous preventive services, such as HIV testing, mammography and other cancer exams at no expense to the patient. This feature will enhance the health of PLWHA.
- New funding will facilitate providers' ability to handle chronic illnesses. The ACA acknowledges the importance of medical homes for patient care as a means of enhancing quality of care, particularly in the case of individuals with difficult chronic illnesses like HIV. Medical homes are a way of making available organized, cohesive, and inclusive care that is exceptionally helpful when working with PLWH.

Recognizing the Contribution of Financial, Social, and Physical Issues to Health



- The ACA takes financial, social, and physical considerations into account:
 - It puts resources into prevention, well-being, and public health activities to enhance surveillance, to enhance community based programs, and to improve attempts to reach out and draw people in. The law forces numerous insurance plans to pay for HIV testing for individuals who are at risk of infection, thereby increasing the chance that people will be tested and, if infected, will obtain life-prolonging treatment more rapidly. Beginning in 2012, moreover, many insurance plans will have to pay for HIV and STI counseling for all women who are sexually active at no cost.

Recognizing the Contribution of Financial, Social, and Physical Issues to Health



- The ACA enhances programs to improve cultural competency training for providers of health care services and to guarantee that all individuals are treated fairly. In addition, the ACA beefs up the Federal pledge to diminish health disparities (a major feature of NHAS). Moreover, the Department of Health and Human Services has provided for the first time an Action Plan to Reduce Health Disparities, setting forth targets, policies, and activities to be undertaken by HHS to diminish health differences among members of minority racial and ethnic groups.

Recognizing the Contribution of Financial, Social, and Physical Issues to Health



- The ACA increases the number of health care workers and enhances money for community health centers, a key source of care for people with limited funds.
 - ✦ A network of over 1,100 community health centers manages 8,100 locations offering care to almost 19.5 million individuals in the US.
 - ✦ Increasing the number of health care workers can enhance access for at-risk groups such as PLWHA. Putting money into the National Health Service Corps has made it possible for almost three times as many health care providers to offer care in underserved areas throughout the country, compared with the number who were offering care three years ago. The number of National Health Service Corps members has grown from 3,600 in 2008 to over 10,000 in 2011.

The Good News



- Obstacles frequently confront PLWHA when they seek out health insurance, treatment choices, and attempt to obtain care.
- The ACA ensures that Americans will possess enhanced consumer security, enhanced choices for insurance coverage, and reduced expenses.
- The ACA facilitates access to thorough, good quality health services, contributing to the health and welfare of PLWHA across America.
- <http://www.healthcare.gov/news/factsheets/2011/11/hiv-aids11092011a.html>