

The Essential Health Benefits of the Affordable Care Act: What Are the Implications for PLWHA?



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Essential Health Benefits

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- **With the Affordable Care Act (ACA) in place, approximately 30 million people who would otherwise lack insurance would be able to enroll in a plan either via the private health insurance marketplace or via the enlargement of the various states' Medicaid programs.**
- **In order to guarantee that the benefits are even, the ACA demands that specific types of private and public insurance include a federally defined Essential Health Benefits (EHB) bundle.**

Essential Health Benefits

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- **According to the legislation, the Secretary of Health and Human Services (HHS) has complete authority to identify the components of the EHB.**
- **HHS turned to the Institute of Medicine (IOM) to endorse a methodology according to which the HHS Secretary could identify and over time revise the EHB.**
- **The IOM Committee pursued input from multiple professionals and stakeholders.**

Essential Health Benefits

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- **The IOM Committee deciding about the components of the EHB recognized that:**
 - In order for the ACA to enable Americans to obtain health coverage, the coverage would have to be reasonably priced.
 - A broader range of benefits provided would be associated with a more expensive plan that would become less affordable.
 - Harmonizing the opposing objectives of ample and reasonably priced insurance was critical.

Essential Health Benefits

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- **The IOM Committee examined the way in which four policy realms could facilitate the HHS Secretary's decisions about the EHB bundle. These four policy realms are:**
 - **Economics**
 - **Ethics**
 - **Evidence-Based Practice**
 - **Population Well-Being**

Essential Health Benefits

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- **The IOM Committee recommended:**
 - **Weighing coverage and expense when formulating the EHB**
 - **Gathering input from the public**
 - **Requiring clarity and specificity from the Secretary of HHS concerning the benefits to enhance similarity regardless of where or from whom coverage is obtained**
 - **Creating a scaffold to manage collection of data in order to examine the implementation of and revisions to the EHB**
 - **Permitting states to innovate (with the approval of the Secretary of HHS)**
 - **Considering expenses when revising the EHB**
 - **Continuing to partake of outside suggestions by means of a National Benefits Advisory Council (NBAC)**

Institute of Medicine Report

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- **On October 6, 2011, the IOM Report was released.**
 - **The Report does not endorse specific benefits or discuss whether specific benefits should or should not be incorporated.**
 - **Rather, the Report provides leadership for determining a bundle of essential health benefits in order to offer coverage for a panoply of health needs and to guarantee that insurance will be financially feasible, especially for small employers and people who have to purchase their own health insurance package.**

HIV/AIDS Community Concerns

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- **What are the specific concerns of the HIV/AIDS community regarding the EHBs?**
 - **The HIV Health Care Access Working Group stated the basic problem and identified several features to be incorporated into the EHB in order to enhance the health and well-being of PLWHAs.**

HIV/AIDS Community Concerns

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- **HIV HCAWG statement of the basic problem:**
 - **The health care system in the US is a wreck, and an excessive number of PLWH cannot take advantage of the extraordinary care and treatment options that exist.**
 - **Approximately half of PLWH have consistent entrée to treatment for their infection, and less than one-fifth have undetectable viral loads.**
 - **The ACA provides an unparalleled chance to build a health care structure that benefits PLWH and promotes the objectives of the National HIV/AIDS Strategy of diminishing the number of new cases, fostering entrée to treatment, enhancing health, and decreasing HIV-linked inequalities.**

HIV/AIDS Community Concerns

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- **HIV HCAWG identification of specific features to be incorporated into the EHB to enhance the health and well-being of PLWHA:**
 - **A variety of services are required to facilitate maintenance in treatment and care.**
 - **High levels of adherence are necessary in order to maintain health and steer clear of costly interventions like inpatient treatment.**
 - **Elasticity of the EHB bundle is important in order to maintain health and lower costs.**
 - **Inclusive care is critical for the wellbeing of PLWHA and has significant public health implications because successful management diminishes the likelihood of sexual transmission.**

HIV/AIDS Community: Specific Concerns

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- **Ambulatory Patient Care: No caps on medical services or appointments**
 - **Easy entrée to a skilled HIV medical provider coupled with inexpensive co-pays fosters involvement in and compliance with treatment and forestalls disease advancement. Caps on appointments results in failure to receive required care, illness, and more expensive care.**

HIV/AIDS Community: Specific Concerns

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- **Prescription Medications**

- **No monthly or yearly caps on prescription drugs, restrict co-pays, and demand specific safeguards for some groups of drugs, such as ARVs.**
- **To ensure that prescriptions drugs are available and obtainable, firm constraints on and management of inequitable cost-sharing, including specialty tiers, for more expensive drugs, such as ARVs.**

HIV/AIDS Community: Specific Concerns

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- **Handling of Chronic Illnesses**
 - **PLWHAs should be entitled to join chronic illness control programs, in the same way as the Center for Medicare and Medicaid Services (CMS) permitted in the November 2010 letter to directors of state Medicaid programs concerning the Medicaid Health Home Program.**

HIV/AIDS Community: Specific Concerns

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- **Rehabilitation and Habilitation**
 - **Case management closely tied to medical care should be offered as rehabilitation care.**
 - **Case management serves a vital function in enabling PLWHs to enter into care in order to remain in good health and limit the need for more serious health care treatment.**
 - **Case management should involve care coordination and steering, compliance with treatment and care, as well as counseling.**

HIV/AIDS Community: Specific Concerns

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- **Behavioral Health and Drug Use Services**
 - The ability to gain entrée to the panoply of care that successfully helps with psychological illness and drug use problems is vital in order to forestall inpatient stays and to enable PLWHAs to continue in treatment and care in order to remain in good condition.
 - Over half of PLWHs are afflicted with a significant mental condition or drug use problem, meaning that this kind of treatment is an especially significant component of comprehensive care.

HIV/AIDS Community: Specific Concerns

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- **Prevention and Maintenance of Health**
 - **Regular HIV testing should be a component of the Essential Health Benefits.**
 - **In order to ease the connection to treatment and care for people who test positive, interim case management should be included as a benefit for groups of people with multiple risk factors; this strategy has been shown to assist people with accessing and remaining in treatment.**

HIV/AIDS Community: Specific Concerns

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- **Laboratory Services**

- Health plans should not ration coverage for laboratories to follow the course of a patient's disease when monitoring is viewed as a typical component of care, as in the case of HIV.
- PLWHAs should undergo lab tests at each 3- to 6-month interval to examine the patient's reaction to the HIV medications and to examine the progress of co-occurring illnesses as a consequence of treatment or of the advancement of the disease.

HIV/AIDS Community: Specific Concerns

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- **Oral Health**

- **Although the Affordable Care Act does not include dental care as a component of the EHB, other than in pediatric cases, oral care should be counted as an essential health benefit for some populations, including PLWH, whose condition makes itself known via oral cavities.**

HIV/AIDS Community: Specific Concerns

- **Guaranteeing genuine entrée to medically required health care, especially for people who have expensive, long-term illnesses such as HIV infection, is critical. Federal guidelines should:**
 - **Prohibit bias by guaranteeing that utilization management is employed to foster the standard of care, not to hinder entrée to medically vital treatment. Prolonged care, for a year (for example), should be permitted when suggested by a provider of HIV medical care.**
 - **Facilitate stability of care, with instruction and coordination via patient navigators.**
 - **Incorporate safeguards vis-à-vis expense-sharing for patients with chronic illnesses, including HIV, who need routine entrée to providers of medical care, medications, lab services, and additional health services.**

HIV/AIDS Community Concerns

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- **What can we, as the Policy Committee of the HIV Health and Human Services Planning Council of New York, do in order to ensure that PLWHAs in this State and across the nation have access to comprehensive treatment and care services?**