How Health Reform Can Help Reduce Disparities and the Challenges of STDs & HIV/AIDS

Council of State Governments 2010 National Conference
Providence, Rhode Island
December 3, 2010

Kevin Cranston, MDiv
Director
Bureau of Infectious Disease
Massachusetts Department of Public Health
Trends in HIV Infection and Death among People Reported with HIV/AIDS by Year: Massachusetts, 1999–2008

Number of Diagnoses and Deaths

- Diagnosis of HIV Infection
- Death
Age-Adjusted HIV/AIDS Prevalence Rate per 100,000 Population by Race/Ethnicity: Massachusetts, 2009

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Prevalence per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>White NH</td>
<td>142</td>
</tr>
<tr>
<td>Black NH</td>
<td>1,718</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1,512</td>
</tr>
<tr>
<td>API</td>
<td>112</td>
</tr>
<tr>
<td>AI/AN</td>
<td>223</td>
</tr>
<tr>
<td>Total MA</td>
<td>279</td>
</tr>
</tbody>
</table>

Population sizes for rate calculations are based on year 2000 population estimates from the MDPH Bureau of Health Information, Statistics, Research and Evaluation; NH= Non-Hispanic, API = Asian/Pacific Islander; AI/AN = American Indian/Alaska Native; Data Source: MDPH HIV/AIDS Surveillance Program, data as of 1/1/10
Age-Adjusted Rate of Death per 100,000 Population Among People Reported with HIV/AIDS by Race/Ethnicity: Massachusetts, Average Annual Rate 2006–2008

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Deaths per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>White NH</td>
<td>3</td>
</tr>
<tr>
<td>Black NH</td>
<td>24</td>
</tr>
<tr>
<td>Hispanic</td>
<td>21</td>
</tr>
<tr>
<td>Total MA</td>
<td>4</td>
</tr>
</tbody>
</table>

1 Population sizes for rate calculations are based on year 2000 population estimates from the MDPH Bureau of Health Information, Statistics, Research and Evaluation, all rates are age-adjusted using the 2000 US standard population; NH= Non-Hispanic, API = Asian/Pacific Islander; AI/AN = American Indian/Alaska Native; Data Source: MDPH HIV/AIDS Surveillance Program, data as of 1/1/10.
Gains in National Health Reform: Medicaid

- Medicaid expansion to 133% FPL in 2014
- Increased Medicaid provider rates
- Increased state FMAP to enable expansion
- National benchmark benefits package (prescription drug coverage, mental health and substance abuse treatment, preventive services and chronic disease management)
Gains in National Health Reform: Medicare

- ADAP counts toward TrOOP (2011)
- Donut hole and co-pay assistance for those below 150% FPL (low income subsidy)
- No donut hole by 2020
- Brand name medication discounts (50% in 2011)
Gains in National Health Reform:
Private Health Insurance

- Creation of health care insurance exchanges may make consumers’ choices simpler
- States must establish and manage exchanges by 2014
- Premium controls, subsidies, mandatory coverage through the exchanges by 2014 (Ryan White care providers will be included in coverage)
- May impact (at state level) small business employment-based health insurance access (state option to reduce large groups to 51 or more employees in 2017), as will non-profit cooperatives
Gains in National Health Reform: Private Insurance

- Pre-existing condition exclusions on private insurance to be phased out by 2014
- Restrictions on lifetime coverage caps
- Guaranteed first-dollar coverage for preventive care, including many clinical screenings and immunizations (only USPSTF grade A and B; currently does not include routine HIV screening and only includes at-risk syphilis screening and broader STD screening for pregnant women)

http://www.healthcare.gov/center/regulations/prevention/taskforce.html
Gains in National Health Reform: High-Risk Pools and other investments

- High-risk insurance pools will temporarily address short-term issues in coverage for those with pre-existing conditions
- Medicaid Health Home plan will assist those with chronic conditions
- Expanded investment in community health centers will address preventive and urgent treatment access
Ongoing Challenges for HIV/AIDS and STD Control

• Minimum benefits do not apply to current Medicaid enrollees
• 5-year exclusion for legal immigrants
• No coverage for under-documented immigrants
• No Medicaid benefit for those over 133% FPL
• FMAP is temporary
• Full ETHA (enhanced HIV coverage and HIV-specific FMAP) not in law
Recommendations for State Legislators

• Support state ADAPs working to cover premiums, co-pays, donut hole expenses, coverage for legal immigrants in first 5 years
• Examine current and proposed state Medicaid coverage
• Explore submission of 1115 waivers for HIV, non-AIDS Medicaid coverage
• Consider state-level mandates of coverage for HIV screening
• Plan for vigorous state insurance exchange programs
• Use state resource wisely to enhance routine screening for HIV in clinical settings
• Examine state options for reducing size of large employment groups to expand employment-based coverage
Recommendations for State Legislators

• Continue supplementary support for HIV/STD programming at community health centers and public hospitals
• Advocate for HHS/CMS/HRSA technical and guidance support for states around
  – 1115 waivers
  – benefits packages
  – flexibility in use of ADAP (Ryan White) funds
  – inclusion of HIV as a presumptively eligible disability for inclusion in high risk pools
  – inclusion of Ryan White providers in their networks
  – inclusion of HIV as a qualifying chronic condition for Medicaid Health Home program
• Push Congress and Administration for short-term relief for states facing ADAP crisis
• Advocate for congressional action on ETHA
Thank you

kevin.cranston@state.ma.us