In 2014, the Patient Protection and Affordable Care Act’s (ACA) major health care coverage expansion will take place and most people with HIV infection will be eligible either for Medicaid coverage or to purchase coverage with sliding income scale subsidies through state-based exchanges (regulated marketplaces set up for purchasing health insurance). Decision-making related to implementation of the health coverage expansion is well underway at the federal level and in many states across the country. As key policy decisions are made, it is important for HIV medical providers to be involved to ensure the medical needs of people with HIV are met under the Medicaid expansion and in the plans offered through the state-based exchanges.

GET INVOLVED

While the federal government is setting broad standards for implementing the ACA, many of the important details will be decided at the state level. HIV medical providers can play a unique role in educating state policymakers on the:

- importance and benefits of HIV-infected patients being managed by HIV experts and having access to comprehensive care and treatment
- complexity and ongoing advances in HIV care and treatment
- benefits of early and effective HIV care and treatment to individuals living with HIV and to public health
- effective systems of care developed by the Ryan White program and others

ACCESS TO HIV PROVIDERS

The federal government is setting rules to govern the state-based exchanges that include standards for the medical provider networks of the plans available through the exchanges. One of the requirements is that plans include sufficient “essential community providers.” According to the ACA, Ryan White medical providers are considered “essential community providers” and should advocate being included in state exchange plan networks.

Key Questions for Providers to Ask

- Will plans contract with sufficient numbers of HIV experts?
- How will HIV expertise be defined?
- Will policies such as standing referrals to HIV physicians be put in place?
- Will plans contract with Ryan White-funded providers to allow for continuity of care?
- Will HIV providers be allowed to serve as their patients’ primary care provider?
- Will HIV programs be sustainable under the proposed Medicaid and private plan payment levels?

MEANINGFUL BENEFITS COVERAGE

The ACA defines 10 broad benefit categories that plans must cover known as the “essential health benefits.” Important decisions about how the categories are defined will be done at the state level.

<table>
<thead>
<tr>
<th>Essential Health Benefits</th>
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<tbody>
<tr>
<td>Ambulatory patient services</td>
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<tr>
<td>Emergency services</td>
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<tr>
<td>Hospitalization</td>
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<tr>
<td>Maternity and newborn care</td>
</tr>
<tr>
<td>Mental health and substance use disorder services, including behavioral health treatment</td>
</tr>
<tr>
<td>Prescription drugs</td>
</tr>
<tr>
<td>Rehabilitative and habilitative services and devices</td>
</tr>
<tr>
<td>Laboratory services</td>
</tr>
<tr>
<td>Preventive and wellness services and chronic disease management</td>
</tr>
<tr>
<td>Pediatric services, including oral and vision care</td>
</tr>
</tbody>
</table>
Key Questions for Providers to Ask

☐ Will the “essential health benefits” support high quality HIV care?
☐ Will the “essential health benefits” support nationally recognized HIV care and treatment guidelines?
☐ Will there be a limit on the numbers of prescription drugs covered per month?
☐ Will the formulary include all of the antiretroviral medications?
☐ Will there be limits on physician visits? On access to specialists?
☐ Will medical case management or chronic disease management be covered for people with HIV?
☐ Will routine HIV screening be covered?
☐ Will there be guidelines for cost-sharing that prevent discrimination against people with HIV?

MONITORING AND EVALUATING ACCESS TO HIV QUALITY CARE

Key Questions for Providers to Ask

☐ Will HIV providers, people living with HIV and advocates be included on any advisory committee(s) created by the state?
☐ Will plans be required to follow nationally-recognized HIV care and treatment standards?
☐ Will plans be required to report on HIV-related quality measures?

KEY CONTACTS AND RESOURCES

For Medicaid: www.medicaid.gov
For your state insurance office: www.naic.org/state_web_map.htm
For exchange activity in your state: www.statehealthfacts.org
For HIV-related care and treatment guidelines: www.aidsinfo.nih.gov and www.hivma.org

LEARN MORE

Stay informed and learn more about specific ACA provisions from the online resources below.

HIV Health Reform Central: www.hivhealthreform.org
HIV Medicine Association: www.hivma.org
Kaiser Family Foundation: healthreform.kff.org
Healthcare.gov: www.healthcare.gov

HIVMA CAN HELP

▪ Use HIVMA comment letters to inform your state-level work.
▪ Contact HIVMA to share issues, concerns or questions.
▪ Visit the IDSA/HIVMA’s advocacy center available from our website (www.hivma.org) for assistance weighing in with your congressional representatives.

Contact HIVMA
Phone: (703) 299-1215
Email: info@hivma.org