The ACA will dramatically increase health care coverage for people with HIV by expanding Medicaid to low-income people and providing middle-income individuals with access to subsidized private insurance through exchanges (ie, competitive online marketplaces for purchasing insurance). In addition, Medicaid for both newly eligible beneficiaries and private insurance plans offered on exchanges will be required to include an Essential Health Benefits package. Benefits provided must include, among other things, access to specialty care, prescription drugs, and mental health and substance abuse treatment.

The ACA also eliminates many existing barriers to health care coverage by banning annual and lifetime limits on coverage and by prohibiting insurers from excluding people with pre-existing conditions such as HIV. Furthermore, it prohibits Medicaid and private insurers from participating in discriminatory coverage practices (eg, charging women higher premiums). This expansion of care will help the US achieve the NHAS goals of increasing access to care and improving health care outcomes, as well as reducing health disparities.

Finally, recent studies confirm that access to appropriate HIV medications can greatly reduce transmission. By expanding access to care and treatment, the ACA will help to prevent new HIV infections and help to achieve the NHAS goals.

**Potential of the ACA to reach NHAS goals**

The goals of the ACA are to: (1) expand health insurance coverage for people with HIV by expanding Medicaid to low-income people and providing middle-income individuals with access to subsidized private insurance through exchanges (ie, competitive online marketplaces for purchasing insurance); (2) prohibit insurers from excluding people with pre-existing conditions such as HIV; and (3) prohibit Medicaid and private insurers from participating in discriminatory coverage practices (eg, charging women higher premiums).

This expansion of care will help the US achieve the NHAS goals of increasing access to care and improving health care outcomes, as well as reducing health disparities.

**Key implementation decisions**

To maximize the potential of the ACA to achieve NHAS goals, the new reforms must be implemented in ways that work for people living with HIV. While the ACA provides a broad framework for expanding access to health care coverage, many of the crucial decisions about how to implement these expansions are left to the individual states. For example, each state must decide exactly what kinds of benefits will be included in its Essential Health Benefits package. States must also decide how to cover many important health care services for HIV patients, such as mental health care, substance abuse treatment, and dental care.

Further, many people with HIV who currently lack health insurance rely on the Ryan White Program for access to care and treatment. As these individuals gain coverage (either through Medicaid or an exchange), it will be critical that ACA implementation is coordinated with the administration of the Ryan White Program to ensure continuity of care.

**US Supreme Court ruling could undermine health care reform’s ability to achieve NHAS goals**

The recent Supreme Court ruling hampers effective implementation of the ACA. While the Court upheld the major provisions of the ACA, it severely curtailed the ability of the federal government to enforce the provision requiring states to expand their Medicaid programs. Specifically, the Court found that the federal government may not withhold all of a state’s matching Medicaid funding if it does not comply with the provision requiring a state to expand its Medicaid program. In states that did not expand Medicaid in accordance with the ACA, the lowest-income people with HIV would be without comprehensive health care insurance coverage, preventing a significant barrier to achieving NHAS goals. Combined state advocacy is needed to ensure that states expand Medicaid to prevent large groups of residents from remaining uninsured.

**Three federal steps for health care reform to meet the NHAS goals**

Although many key implementation decisions are left to states, the federal government must play a strong leadership role by setting standards and enforcing protections in the law. Doing so will ensure health care reform meets the goals of the NHAS. The US federal government should take the following three critical implementation steps.

**Step One**

1. **Appoint a Medicaid and HIV official at the Centers for Medicare and Medicaid Services (CMS) to coordinate federal and state Medicaid reform implementation for people with HIV, by:**
   - Providing technical assistance and support for states to provide enhanced and coordinated care for people living with HIV (eg, using the Medicaid Health Homes Program) and other options to provide enhanced and coordinated care for people living with HIV.
   - Ensuring development of effective outreach, patient navigation, and application processes for Medicaid and the new health insurance exchanges, and
   - Ensuring ongoing coordination of Medicaid and health insurance exchanges with the Ryan White Program to maximize continuity of care and minimize “sliding” (movement from one program to another due to income fluctuations).

**Step Two**

1. **The federal government must issue strong guidance and standards to ensure state-defined Essential Health Benefits packages meet national standards of HIV care and treatment. Federal guidance should require benefits packages to include, at a minimum:**
   - Unlimited access to ARTs and viral hepatitis medications.
   - Unlimited access to HIV/AIDS-related medical care.
   - Case management (ie, care coordination, treatment adherence, counseling).
   - Comprehensive mental health and substance abuse services.
   - Preventive and wellness services including routine HIV and viral hepatitis screenings; and
   - Laboratory testing every 3-6 months.

In addition, to ensure that the Essential Health Benefits packages are implemented in ways that meet the care and treatment needs of people with HIV, the federal government must also provide initial review and continuous oversight of any utilization review restrictions in state plans and ensure compliance with the non-discrimination mandates of the ACA.

**Step Three**

1. **Maintain the Ryan White Program and adopt it to meet the ongoing gaps in affordability and services that will continue post–health care reform:**
   - Access to the Ryan White Program, currently a crucial source of care for low-income people with HIV, must be maintained through health reform implementation; in particular, to prevent the progress we have made already on the NHAS goals.
   - Post-HIV care reform, there will still be gaps in affordability (eg, premiums, copays) and core health and support services (eg, vision care, case management, dental care, transportation).
   - The Ryan White Program must be adapted to meet those needs.

**Conclusions**

The ACA’s structural changes to the health care system – combined with Ryan White Program supportive services and affordable assistance – will make it possible to engage and retain people with HIV in high-quality, comprehensive health care that meets current treatment guidelines and reaches the goals of the NHAS. However, to maximize the potential of the ACA, the federal government must act quickly to develop the necessary state implementation standards, and develop models for states.

In particular, the federal government must appoint an HIV and Medicaid official, establish an adequate Essential Health Benefits package and oversee its implementation, and sustain the Ryan White Program to cover unmet needs for essential health and supportive services. Combined advocacy will also be needed from HIV leaders in coalition with health care providers, state Medicaid offices, insurance companies, and others, to ensure that all states expand Medicaid and otherwise implement the ACA in ways that work for people living with HIV.