

THE AFFORDABLE CARE ACT HELPS PEOPLE LIVING WITH HIV/AIDS

On March 23, 2010, President Obama signed the Affordable Care Act and set into place an effort that will help ensure Americans have secure, stable, affordable health insurance. Historically, people living with HIV and AIDS have had a difficult time obtaining private health insurance and have been particularly vulnerable to insurance industry abuses. Consistent with the goals of the President's National HIV/AIDS Strategy, the Affordable Care Act makes considerable strides in addressing these concerns and advancing equality for people living with HIV and AIDS.

IMPROVING ACCESS TO COVERAGE

Currently, fewer than one in five (17%) people living with HIV has private insurance and nearly 30% do not have any coverage. Medicaid, the Federal-state program that provides health care benefits to people with low incomes and those living with disabilities, is a major source of coverage for people living with HIV/AIDS, as is Medicare, the Federal program for seniors and people with disabilities. The Ryan White HIV/AIDS Program is another key source of funding for health and social services for this population.

The Affordable Care Act is one of the most important pieces of legislation in the fight against HIV/AIDS in our history. As of September 23, 2010, insurers are no longer able to deny coverage to children living with HIV or AIDS. The parents of as many as 17.6 million children with pre-existing conditions no longer have to worry that their children will be denied coverage because of a pre-existing condition. Insurers also are prohibited from cancelling or rescinding coverage to adults or children because of a mistake on an application. And insurers can no longer impose lifetime caps on insurance benefits. Because of the law, 105 million Americans no longer have a lifetime dollar limit on essential health benefits. These changes will begin to improve access to insurance for people living with HIV/AIDS and other disabling conditions and help people with these conditions retain the coverage they have.

For people who have been locked out of the insurance market because of their health status, including those living with HIV/AIDS, the law created the Pre-existing Condition Insurance Plan. More than 90,000 people—some of whom are living with HIV or AIDS—have enrolled in this program, which has helped change lives and, in many cases, save them.

These changes will provide an important bridge to the significant changes in 2014 as the Affordable Care Act is fully implemented. Beginning in 2014, insurers will not be allowed to deny coverage to anyone or impose annual limits on coverage. People with low and middle incomes will be eligible for tax subsidies that will help them buy coverage from new state health insurance Exchanges. The Affordable Care Act also broadens Medicaid eligibility to generally include individuals with income below 133% of the Federal poverty line (\$14,400 for an individual and \$29,300 for a family of 4), including single adults without children who were previously not generally eligible for Medicaid. As a result, in many states, a person living with HIV who meets this income threshold will no longer have to wait for an AIDS diagnosis in order to become eligible for Medicaid.

The Affordable Care Act also closes, over time, the Medicare Part D prescription drug benefit “donut hole,” giving Medicare enrollees living with HIV and AIDS the peace of mind that they

will be better able to afford their medications. Beneficiaries receive a 50% discount on covered brand-name drugs while they are in the “donut hole,” a considerable savings for people taking costly HIV/AIDS drugs. And in the years to come, they can expect additional savings on their prescription drugs while they are in the coverage gap until it is closed in 2020.

In addition, as a result of the health care law, AIDS Drug Assistance Program (ADAP) benefits are now considered as contributions toward Medicare Part D’s True Out of Pocket Spending Limit (“TrOOP”). This is a huge relief for ADAP clients who are Medicare Part D enrollees, since they will now be able to move through the donut hole more quickly, which was difficult, if not impossible, for ADAP clients to do before this change.

ENSURING QUALITY COVERAGE

The Affordable Care Act also helps people with public or private coverage have access to the information they need to get the best quality care. This includes:

- **Better information.** Because of the Affordable Care Act, people living with HIV and AIDS will also be offered more information and services. Plans are required to provide information in a user-friendly manner that clearly explains what is and isn’t covered. (Go to <http://www.healthcare.gov/law/features/rights/sbc/>.)
- **Quality, comprehensive care.** The law ensures health plans in the individual and small-group markets beginning in 2014 offer benefits similar to that of a typical employer plan, including prescription drugs, preventive services and chronic disease management, and mental health and substance use disorder services.
- **Preventive care.** Many private health insurance plans must now cover recommended preventive services, like certain cancer screenings, at no additional cost. HIV screening for adults and adolescents at higher risk and HIV screening and counseling for women are also covered without cost-sharing in most private plans. Medicare also covers certain recommended preventive services, including HIV screening for individuals at increased risk, without cost-sharing or deductibles. These services will help people living with HIV and AIDS stay healthy and prevent the spread of HIV as well.
- **Coordinated care.** The law also recognizes the value of patient-centered medical homes (coordinated, integrated, and comprehensive care) as an effective way to strengthen the quality of care, especially for people with complex chronic conditions. The Ryan White HIV/AIDS Program is the pioneer in the development of this model in the HIV health care system.

INCREASING OPPORTUNITIES FOR HEALTH AND WELL-BEING

Despite significant advances in HIV treatment and education, there are an estimated 50,000 new HIV infections annually, and there are significant racial and gender disparities with the majority of new infections among gay men, African Americans, and Latinos. The health of people living with HIV and AIDS is influenced not only by their ability to get coverage but also economic, social, and physical factors.

- **Prevention and wellness.** The law makes critical investments in prevention, wellness, and public health activities to improve public health surveillance, community-based programs, and outreach efforts. This includes increasing coverage for HIV testing.

- **Diversity and cultural competency.** The Affordable Care Act expands initiatives to strengthen cultural competency training for all health care providers and ensure all populations are treated equitably. It also bolsters the Federal commitment to reducing health disparities.
- **Health care providers for underserved communities.** The Affordable Care Act expands the health care workforce and increases funding for community health centers, an important safety-net for low-income individuals and families. A key recommendation of the National HIV/AIDS Strategy is to increase the number and diversity of available providers of clinical care and related services for people living with HIV. Thanks to the Affordable Care Act, the National Health Service Corps is providing loans and scholarships to more doctors, nurses, and other health care providers that today serve approximately 10.4 million patients across the country. The National Health Service Corps has nearly tripled since 2008, a critical healthcare workforce expansion to better serve vulnerable populations.

Learn more about the Affordable Care Act at www.healthcare.gov/law/index.html.

To find insurance options for yourself or your family, use the online tool available at <http://finder.healthcare.gov/>.