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ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM

THE IMPACT OF HEALTH CARE REFORM ON THE PREVENTION, DIAGNOSIS AND TREATMENT OF HIV/AIDS IN ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER POPULATIONS

Overview

Addressing HIV/AIDS within the Asian American, Native Hawaiian and Pacific Islander (AA and NHPI) populations raises many unique concerns. Lack of coverage and access, issues in culturally competent care, insufficient data collection, and the large obstacle of stigma complicate the diagnosis and treatment of HIV/AIDS within the AA and NHPI community.

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (PPACA) into law. PPACA made several reforms to the nation's health care system, and contains numerous provisions that will improve the diagnosis and treatment of HIV/AIDS within the AA and NHPI community. Improving access to health insurance coverage and preventive services, in combination with better management and coordination of care, will lead to better health outcomes for AA and NHPI individuals. These provisions offer AA and NHPI service providers opportunities for advocacy as the law moves into the implementation phase.

Increased Access to Coverage

PPACA expands both public and private insurance. Some of these provisions went into effect on September 23, 2010, offering consumers improved access to care. One of the most significant changes was the creation of the Pre-existing Condition Insurance Plan (also known as the High-Risk Pools) for persons newly diagnosed or being treated for cancer. Prior to the PPACA, insurance companies could deny health coverage to individuals with pre-existing conditions such as AIDS. Now, insurance companies are prohibited from this type of discrimination, allowing individuals with HIV/AIDS to access the life-saving testing and treatment services that have been inaccessible to them in the past. Another major improvement in access to health coverage is the expansion of Medicaid starting in 2014, which will cover a large part of the low-income, uninsured population, and the creation of the health insurance exchanges.

Currently, Individuals with chronic diseases can apply for coverage under the "Pre-existing Condition Insurance Plan." The requirements for eligibility are:

- United States citizenship or lawful presence in the country.
- Lack of insurance for past six months.
- Inability to obtain insurance because of a pre-existing condition.

Insurers can no longer set lifetime limits on coverage and annual limits will be phased out by 2014.

The Medicare "donut hole" will be closed by 2020. For 2010, all persons who hit or exceed the Medicare coverage gap will receive a one time $250 rebate to offset these expenses. For 2011, recipients will receive a 50% discount on covered brand-name drugs while in the donut hole. The gap in coverage will be closed by 2020.

Beginning in 2014, Medicaid will be expanded to cover eligible individuals and families with incomes below 133% of Federal Poverty Level, including childless adults. States have the option of expanding coverage to childless adults as early as 2011.

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Each state will create its own Health Insurance Exchange (HIE), or the federal government will operate one for them. The HIE will serve as a one-stop marketplace for purchasing insurance coverage, with subsidies available for individuals up to 400% of FPL. All plans in the HIE must contain an "Essential Benefits Package," setting forth the minimum benefits to be provided. These benefits will be defined by the Secretary of the Department of Health and Human Services and must include:

- Emergency services and hospitalization
- Mental health services, including behavioral health treatment
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive care services and chronic disease treatment

Consumer protections will increase, including:

- Private insurers will be prohibited from barring individuals or charging higher premiums because of their health status or pre-existing conditions, including HIV/AIDS.
- Private insurers will only be able to rescind policies in the case of fraud or intentional misrepresentation.

Recommendations for Service Providers

- Inform patients about the private and public healthcare expansion and assist them in the application process. Encourage eligible persons to enroll in the Pre-Existing Condition Insurance Plans.
- Work with patients to ensure continuity of care as they enter and transition into the public and private healthcare expansion.
- Inform patients about state consumer assistance programs, which can help them navigate the health care system, address grievances and report abuses.
- Play an active role in implementation in your state by working with state interagency committees and task forces. Work with your state insurance commissioner to ensure that any benefits not included in the federal essential benefits package are included in your state. Advocate for the inclusion of all Ryan White services and interpretation services (currently not covered by Ryan White) in the essential benefits package.
- Advocate that limits on out-of-pocket expenses be applicable to both group and individual insurance plans.

Possible Shift in Ryan White Funding

Currently, many community health centers that provide HIV/AIDS services receive funding through the Ryan White program. PPACA's Medicaid expansion will allow community health centers to provide coverage to many HIV-positive individuals, however it will also shift funding away from Ryan White. This shift impacts AA and NHPI HIV-positive individuals who are foreign-born immigrants because only quantified immigrants that have completed a five-year waiting period are eligible for Medicaid. In contrast, all individuals, regardless of immigration status are eligible to receive HIV/AIDS care and treatment under the Ryan White Program.

AIDS Drug Assistance Program (ADAP)

- Budget-strapped states have raised ADAP eligibility levels (e.g., from 300% to 500% FPL) in an effort to continue to provide assistance during the current economic downturn. These changes may have a disproportionate impact on the AA and NHPI community and other communities of color as many individuals within this population are the working poor.
- Shifts in Ryan White funding caused by the expansion of Medicaid under PPACA can lead to reductions in ADAP funding, leaving many individuals without their life-saving medications.

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Surveillance and treatment coverage

- Shifts in Ryan White funding could also change the level of coverage afforded. The Ryan White program is non-discretionary and provides funding to eligible entities, regardless of individual patients' needs. In contrast, Medicaid provides funding on a per-beneficiary basis, and only provides coverage for treatments a state considers "medically necessary;" a term that is uniform for the state and not based on a patient's need.

Recommendations for Service Providers

- Advocate for reauthorization of the Ryan White Program to prevent its expiration in 2013.
- Develop a definition of "medically necessary" treatment in Medicaid that is inclusive of the types of care your HIV/AIDS patients seek.

Improved Preventive Care

PPACA also makes significant investments in preventive care and public health initiatives including the creation of the Prevention and Public Health Fund, which received $500 million in fiscal year 2010. This money will go to programs such as the Community Transformation Grant Program, which provides grants to state and local agencies, and community based organizations (CBOs) that engage in evidence-based activities to promote chronic disease prevention. The program allows CBOs, especially those working with diverse populations, to apply for funding for their prevention initiatives. In September, 2010, the Secretary of the Department of Health and Human Services allocated over $20 million from the Prevention Fund to promote HIV/AIDS prevention and testing, grants to strengthen epidemiology, laboratory and health information systems capacity, and grants to address capacity building to strengthen the public health infrastructure. PPACA also makes significant investments in community health centers, providing $11 billion to renovate, expand and develop new centers.

In addition, PPACA increases private health insurance, Medicaid and Medicare coverage of preventive care services:

Starting January 2013, Medicaid programs that opt to cover preventive services, without cost-sharing, will receive an enhanced federal medical assistance percentage (FMAP).

Starting January 2011, Medicare programs must cover preventive services, without cost-sharing, for interventions given an "A" or "B" rating by the United States Preventive Services Task Force (USPSTF) and one annual wellness visit.

All new group plans must provide coverage, without cost-sharing, for all preventive services rated "A" or "B" by the USPSTF. Currently, HIV screening is rated "A" by USPSTF for adolescents, adults at "increased risk for HIV infection," and for pregnant women. USPSTF also states that "persons who request an HIV test despite reporting no individual risk factors may also be considered at risk, since this group is likely to include individuals not willing to disclose high-risk behaviors."

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Recommendations for service providers

- Promote testing of all individuals, especially those included within the "increased risk" group, such as men who have sex with men, and injection drug users.
- Collect and report data on all individuals to better reflect actual incidence and prevalence of HIV in the AA and NHPI community. This data can be used to inform and advocate for an expanded definition of the "increased risk" group in USPSTF recommendations. For example, it is important to note that AA and NHPI women have the highest rates of unreported/unknown risk factors.
- Focus on "increased risk behaviors" rather than "increased risk groups." For example, while transgendered females may not be considered an "increased risk group," many engage in behaviors such as unprotected receptive intercourse and intercourse under the influence of a substance, both of which are high-risk activities.
- Educate patients about the expanded array of covered preventive services, such as HIV and sexually transmitted infection (STI) screening.
- Continue and enhance efforts to adapt current Centers for Disease Control and Prevention (CDC) evidence-based HIV/AIDS interventions for AA and NHPI populations.
- Partner with your state health department and other CBOs to develop Community Transformation Grant proposals that provide culturally and linguistically appropriate strategies for HIV/AIDS prevention.

Definitions

Pre-existing condition: An injury, disease, or other medical illness that occurred before an individual applies for a health plan. Generally, the condition bars the individual from gaining health coverage, or raises the premium for coverage. Health care reform laws seek to change this over time, through the Pre-existing Condition Insurance Plan.

Pre-existing Condition Insurance Plan: This is the government insurance plan that allows individuals with pre-existing conditions to gain coverage until 2014, when public and private plans will have to offer coverage to all individuals, regardless of health status.

Federal Poverty Level (FPL): Income levels set by federal agencies to determine whether individuals are eligible for federal benefits.

Essential Benefits Package (EBP): The minimum benefits an insurance plan within the state-based health insurance exchange must provide. The EBP will be defined by the Secretary of Health and Human Services (HHS) in 2014.

Eligible individuals: The eligibility of an individual varies by program. Hence, the term "eligible individual" does not have one fixed meaning.

Non-discretionary funding: A type of funding that is not capped based on the number of participants, but is instead based on the demand for certain services. Ryan White funding is non-discretionary because it is allocated based on the need of the community health center, not on the need of the individual living with HIV.

Per-beneficiary funding: This type of funding is allocated based on the individual; therefore, the only services a community health center can provide are those for which the individual received coverage.

Evidenced-based medicine: A system of care that uses researched measures to apply the best medical intervention and practices.

For more information about the health care reform law, please visit our Health Care Reform Resource Center at www.apiahf.org/hcr.

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