

The Affordable Care Act and People Living with HIV/AIDS

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How Does the Affordable Care Act Help People Living with HIV/AIDS?

In 2010, President Obama signed the [Affordable Care Act](#) into law. The health care law ends the worst practices of the insurance industry, such as dropping people's coverage when they get sick. The law also offers Americans strong consumer protections, more coverage options, and lower costs.

The Affordable Care Act is particularly important for people living with HIV/AIDS (PLWHAs), as well as other people living with serious medical conditions. Historically, getting—and keeping—private health insurance has been difficult for many PLWHAs. They have faced barriers to finding qualified providers to care for their needs. The law makes significant progress in addressing these concerns and in advancing the rights of PLWHAs consistent with the goals of the President's [National HIV/AIDS Strategy](#).

Improving Access to Coverage and Protecting People with HIV/AIDS Now

Currently, fewer than one in five (13%) people living with HIV has private insurance and nearly 24% do not have any coverage at all. The rest are covered by government programs including [Medicaid](#), the Federal-State program that provides health care benefits to low-income people and those living with disabilities; [Medicare](#), the Federal program for seniors and people with disabilities; and the [Ryan White HIV/AIDS Program](#), which provides HIV-related services for those who do not have enough health care coverage or the financial resources to cope with their HIV disease.

The Affordable Care Act helps address coverage issues and provides new protections for patients and consumers. Many important features of the law went into effect soon after President Obama signed it in 2010. For example:

- Insurance companies can no longer deny coverage to children because of their HIV or AIDS or any other pre-existing condition.
- Insurers cannot rescind coverage for adults or children except in cases of fraud or intentional misrepresentation of a material fact.
- Insurers can no longer impose a lifetime dollar limit on essential health benefits.
- [AIDS Drug Assistance Program](#) (ADAP) benefits are now considered as contributions toward a Medicare beneficiary's true Out of Pocket Spending Limit for drug coverage, a huge relief for low-income beneficiaries living with HIV and AIDS because it helps them move through the "donut hole" more quickly.

These changes will begin to help people living with HIV/AIDS find—and keep—health insurance now.

A Bridge to 2014: Medicaid Expansion, Insurance Reforms and Closing the "Donut Hole"

These changes will also provide an important bridge to 2014, when the Affordable Care Act will take full effect and additional changes in health insurance options will be made available for many

Americans. In 2014, all Americans will have access to affordable coverage because of important changes in health insurance options. For example:

- In 2014, the Affordable Care Act will ensure that Medicaid coverage is available to all low-income Americans – including adults with no children – with income below 133 percent of the Federal poverty level (about \$14,500 for an individual and \$29,700 for a family of four) wherever they might live. As a result, low-income adults living with HIV will no longer have to wait for an AIDS diagnosis to become eligible for coverage.
- Insurers will not be able to deny coverage or charge more for anyone who has a pre-existing condition, like HIV/AIDS—or impose annual dollar limits on essential health benefits.
- People without access to employer-sponsored insurance or Medicaid will be able to buy private coverage from [Affordable Insurance Exchanges](#), which are designed to make buying health insurance easier and more affordable. And people with low and middle incomes will have access to Federal premium tax credits that will ensure that this coverage is affordable for them.

The Affordable Care Act also gradually closes the gap in Medicare’s prescription drug benefit known as the “donut hole.” This will give people with Medicare who are living with HIV and AIDS more resources to pay for life-saving medications. For example:

- Medicare beneficiaries who reached the donut hole in 2010 received a one-time rebate of \$250.
- In 2011, beneficiaries who reach the donut hole 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.
- Those discounts for brand-name and generic drugs will grow over the course of the decade until the donut hole is closed.
- As noted above, [AIDS Drug Assistance Program](#) (ADAP) benefits are now considered as contributions toward a Medicare beneficiary’s true Out of Pocket Spending Limit for drug coverage, a huge relief for low-income beneficiaries living with HIV and AIDS because it helps them move through the donut hole more quickly.

Ensuring People Have Quality Care, Good Insurance Coverage and the Information They Need to Find It

The Affordable Care Act seeks to ensure that people with public or private coverage can find high-quality health care:

- **Better information.** Health insurance plans must provide information in a user-friendly way that clearly explains what is and isn’t covered.
- **Quality, comprehensive care.** Individuals and small business that purchase insurance, including people who buy coverage in the Affordable Insurance Exchanges, will have access to a benefit package that equals the scope of a typical employer plan. The package will offer coverage to meet the health care needs of Americans, including prescription drugs, preventive care, chronic disease management, and substance abuse and mental health treatment.
- **Preventive care.** Medicare and many private insurance plans are now required to cover many recommended preventive services, including screening for HIV, mammograms and other cancer screenings, with absolutely no cost-sharing for patients. This will help people living with HIV/AIDS stay healthy.

- **Coordinated care.** The Affordable Care Act calls for new investments to help providers manage chronic disease. The law also recognizes the value of patient-centered [medical homes](#) as a way to strengthen the quality of care, especially for people with complex chronic conditions such as HIV. Medical homes provide a way to offer coordinated, integrated, and comprehensive care that has proven to be particularly effective for treating people living with HIV.

Increasing Opportunities for Health, Well-Being and Cultural Competency

Health care coverage is a key issue for people living with HIV/AIDS, but their overall health is also influenced by other economic, social, and physical factors. The Affordable Care Act acknowledges the importance of these other factors by addressing:

- **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. The law requires many insurance plans to offer HIV screening tests for at-risk people at no additional cost to them—making it more likely they will get tested and, if necessary, get access to life-saving treatment more quickly. And starting in 2012, the law also requires many plans to provide coverage without cost-sharing of HIV and other STI counseling for all sexually active women.
- **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—another key aspect of the President’s National HIV/AIDS Strategy. In addition, HHS has released its first-ever, department-wide [Action Plan to Reduce Health Disparities](#), which outlines goals, strategies and actions HHS will take to reduce health disparities among racial and ethnic minorities.
- **Health care providers for underserved communities.** A key recommendation of the National HIV/AIDS Strategy is to increase the number and diversity of available clinical-care providers and related services for people living with HIV. Today, a network of more than 1,100 community health centers operates 8,100 sites that provide care to nearly 19.5 million people throughout the country. The health care law expands the health care workforce and increases funding for [community health centers](#)—an important safety net for low-income individuals and families. Expanding the health care workforce can improve access to care for vulnerable populations like people living with HIV/AIDS. Already, investments in the National Health Service Corps program have allowed for nearly three times the number of clinicians working in underserved communities across America than there were three years ago. This increased the number from 3,600 Corps members in 2008 to more than 10,000 clinicians in 2011.

PLWHAs often face challenges in finding health care coverage, treatment options, and accessing care. President Obama signed the Affordable Care Act into law so that all Americans would have stronger consumer protections, more coverage options, and lower costs. The law helps improve access to comprehensive quality health care, thereby improving the health and well-being of all PLWHAs.

For more information, visit: www.healthcare.gov or www.cuidadodesalud.gov

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