

Taking Action: Improving Access to Quality HIV Care through Advocacy

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HIVMA represents medical professionals who practice HIV medicine. We represent the interests of our patients by promoting quality in HIV care and by advocating for policies that ensure a comprehensive and humane response to the AIDS pandemic informed by science and social justice. We have more than 3,600 members from across the U.S.

What to Expect: Session Objectives

- **Increase your knowledge about federal HIV policy issues.**
- **Learn how you can affect the federal process for funding and policy decisions related to HIV prevention, care and research.**
- **Identify specific actions that you can take!**

Why You? The Issues

- **HIV research, prevention and care depend largely on federal policies and federal funding.**
 - **Time for real health care reform**
 - **Ensure adequate federal funding for HIV prevention, research and care programs (CDC, NIH, Ryan White)**
 - **Strengthen and protect the health care safety-net, Medicaid, Medicare, Ryan White**
 - **And more: mental health parity, HIV workforce, evidence-based prevention policies**

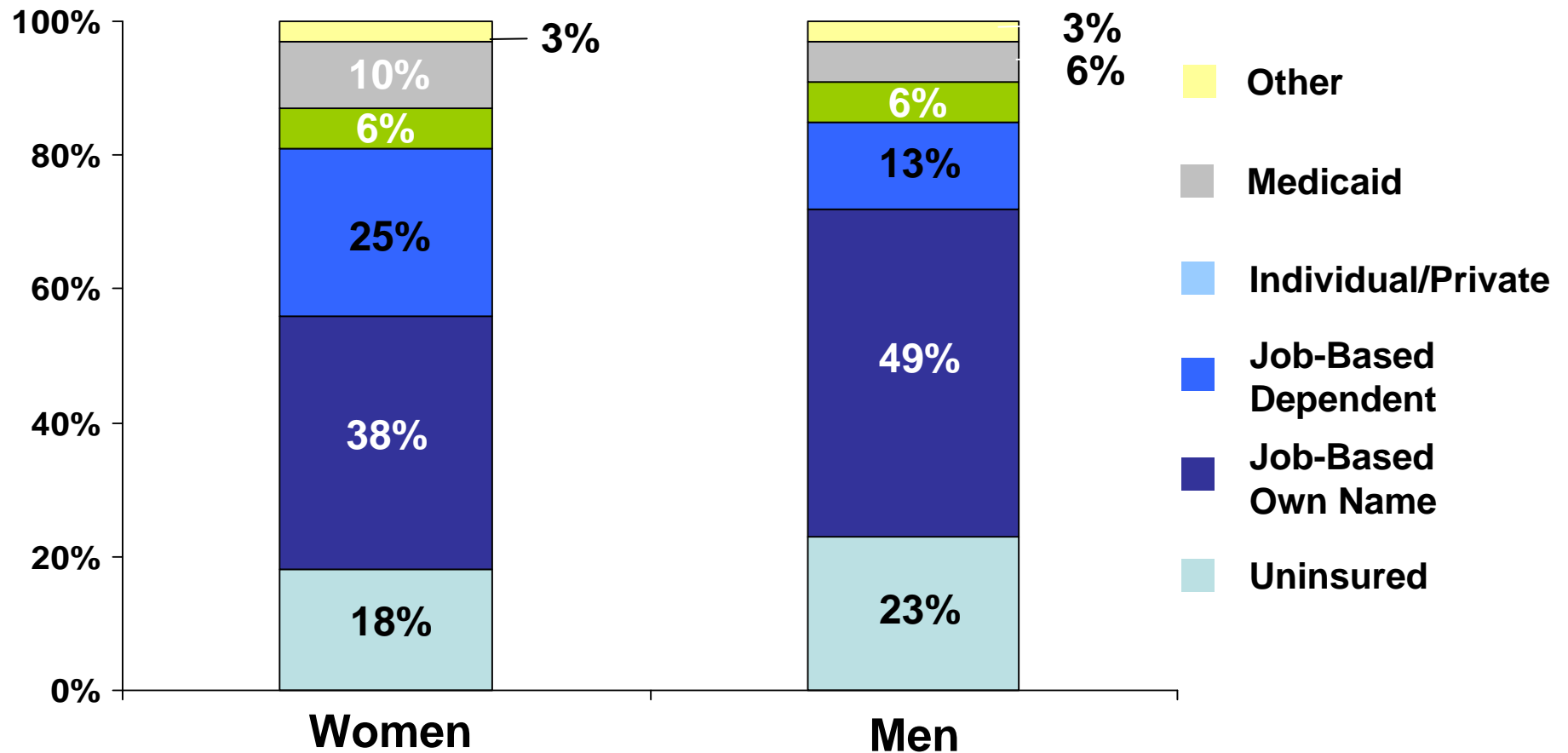


45 to 55% of People with HIV are NOT in Regular Care

- **Many people infected but unaware of their status (yet HIV screening still not routinely done in primary care settings, substance abuse or STD clinics)**
- **Health care benefits and access depend on where you live**
- **Two major programs (Medicaid and Medicare) designed for treating disability rather than preventing serious illnesses and disability**
- **Funding for programs like Ryan White not keeping pace with need**

Insurance Coverage Patterns Differ Between Women and Men

Health Insurance Coverage of Adults Ages 18 to 64, by Sex, 2006

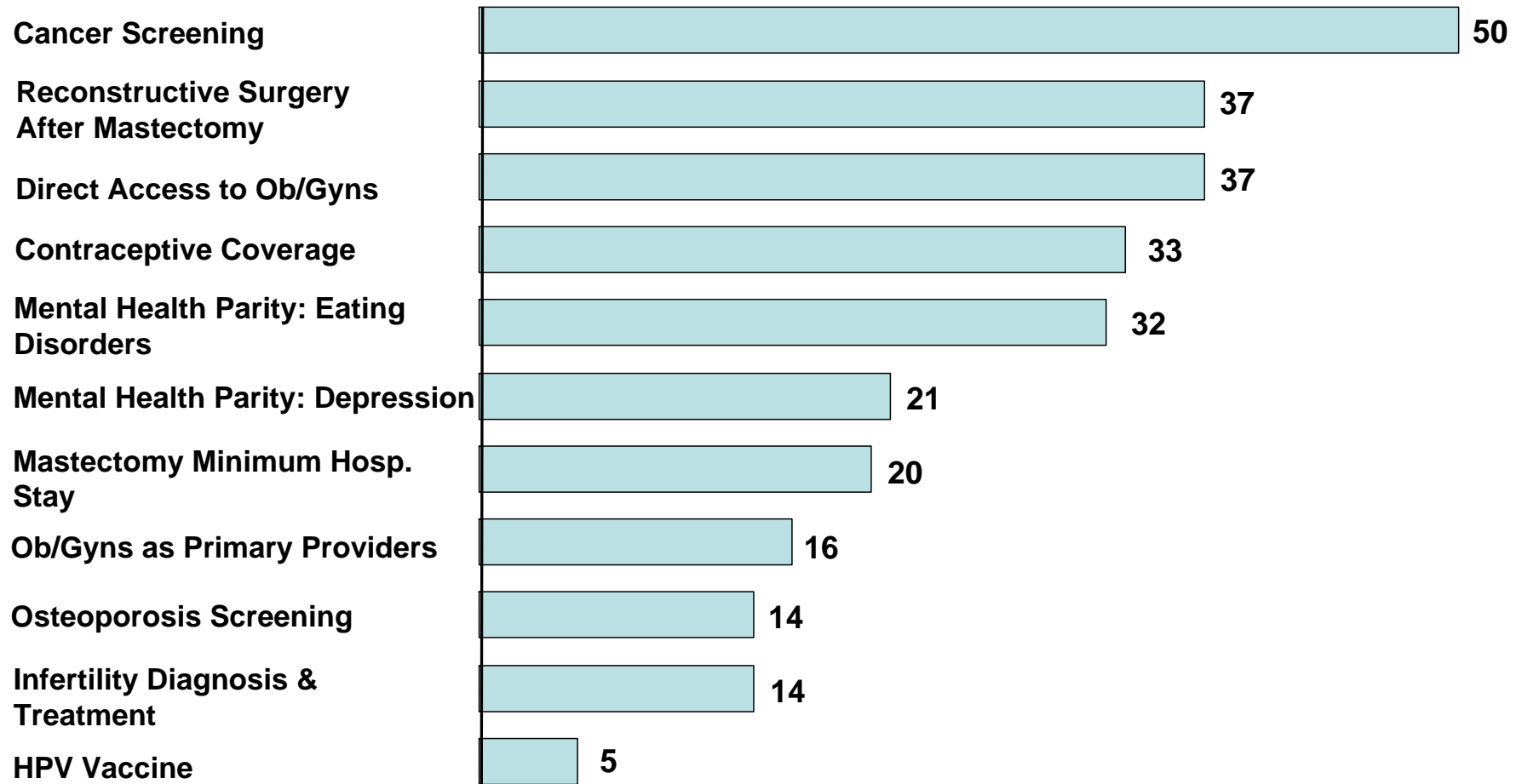


Note: Other includes Medicare, TRICARE, and other sources of coverage.

Source: KFF analysis of the March 2007 Current Population Survey, Census Bureau.

There Is Wide Variation in State Policies Regarding Benefit Mandates

Number of States that Mandate Following Benefits:

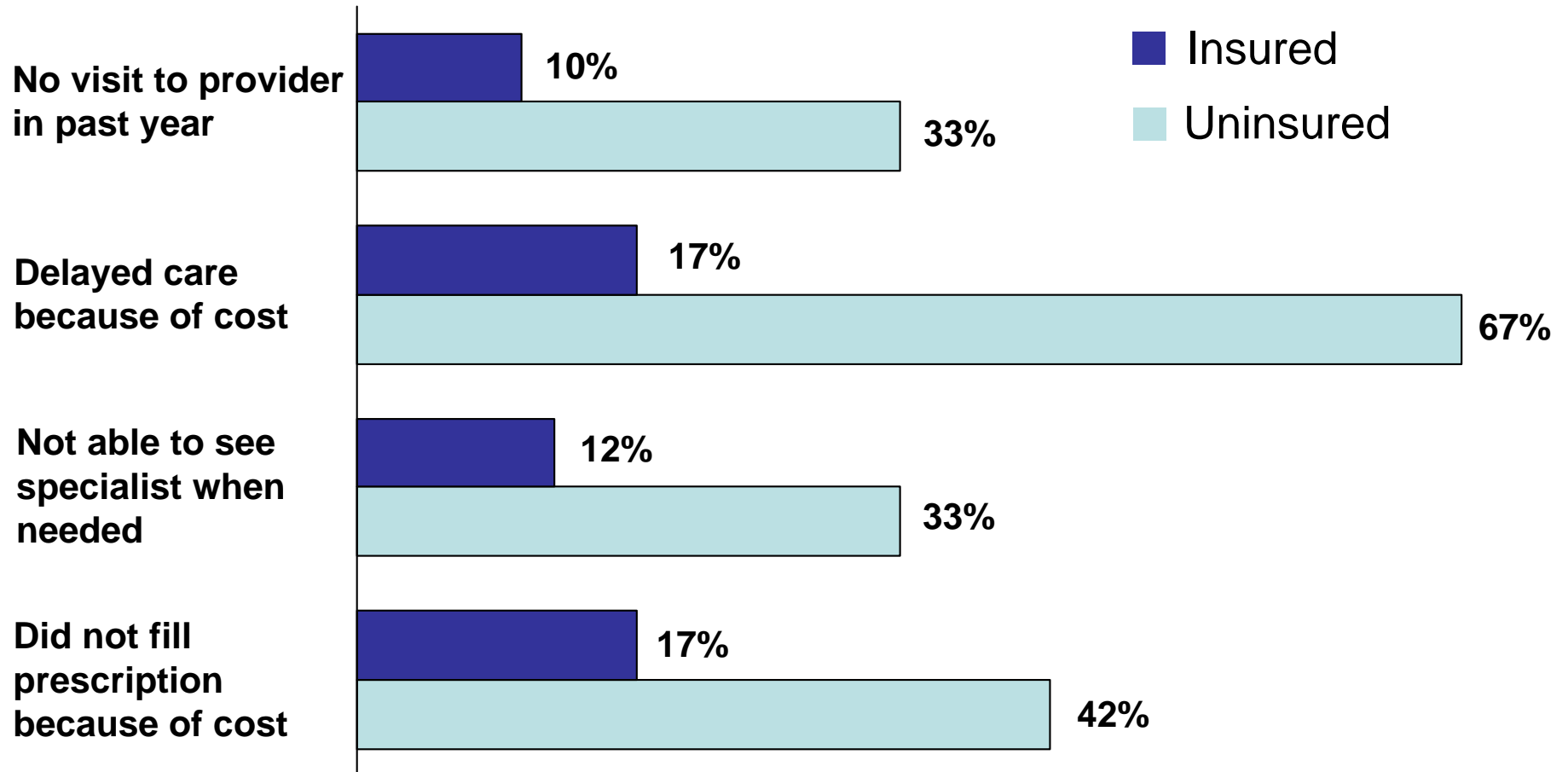


Source: Kaiser Family Foundation State Health Facts Online.

Uninsured Women Face Many Access Barriers

Access Barriers, by Insurance Status

Percentage of women reporting:

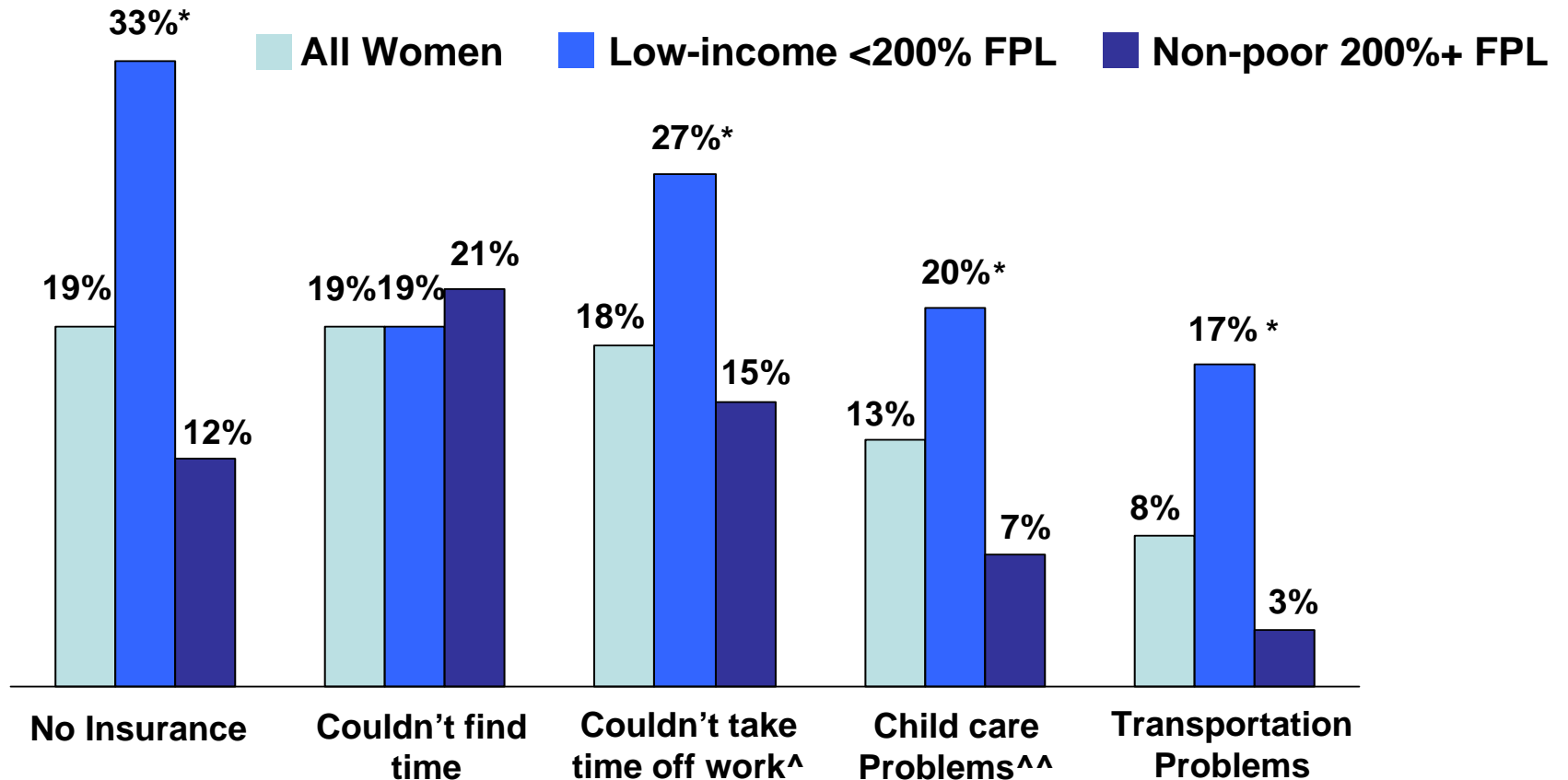


Note: Includes women ages 18 to 64.

Source: KFF, *Kaiser Women's Health Survey*, 2004.

And Coverage is Only Part of the Challenge...

Percent Reporting They Delayed or Went Without Care They Thought Was Needed in the Past 12 Months Due to:



Note: Includes women ages 18 and older. 200% of the FPL was \$29,552 for a family of three in 2004.

*Significantly different from 200% of poverty and higher, $p < .05$.

[^]Among women who are employed. ^{^^} Among women with children younger than 18 years living in household.

Source: Kaiser Family Foundation, 2004 Kaiser Women's Health Survey.

Health Care Reform!

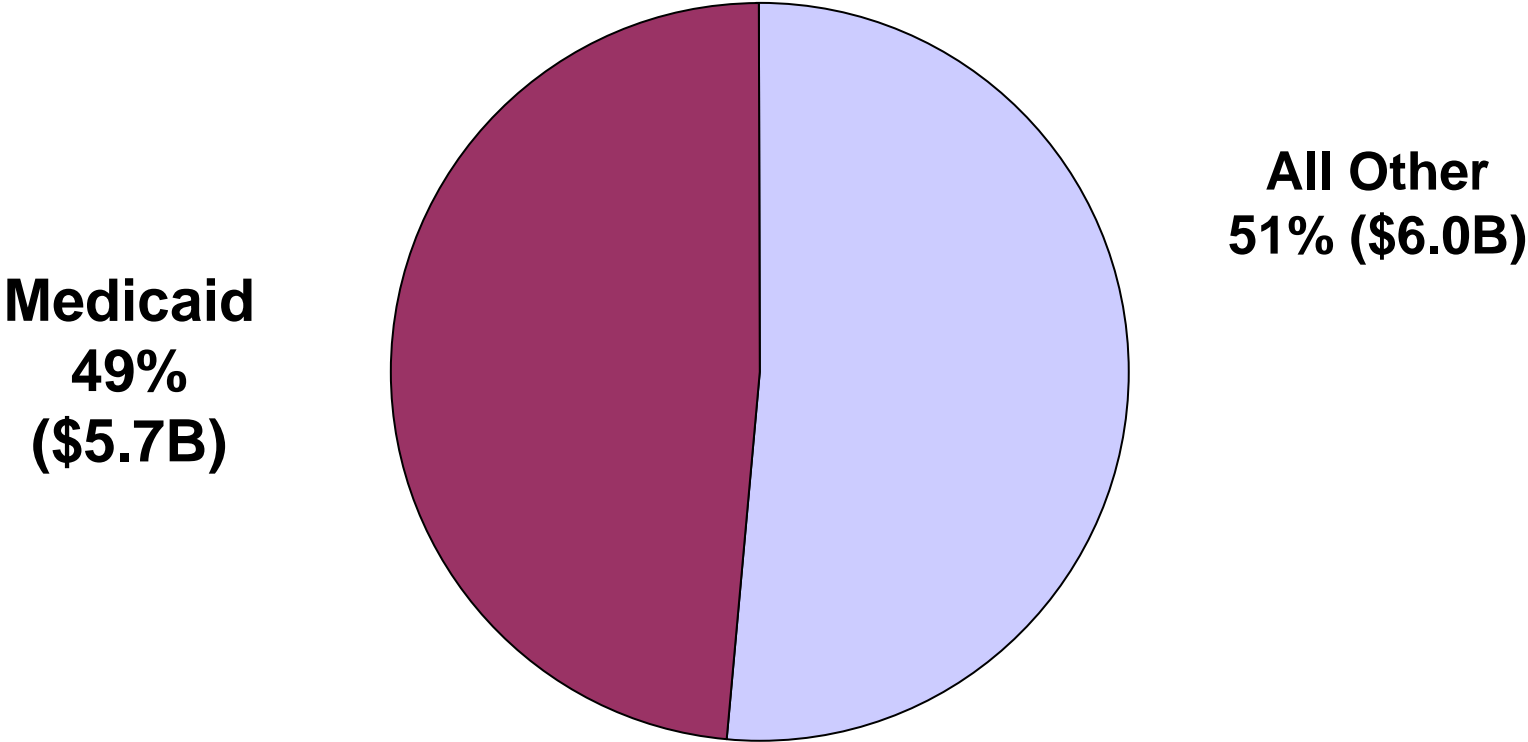
- **Check out presidential candidates HIV and health care proposals**
 - Kaiser Family Foundation - www.health08.org
 - Global HIV, TB and Malaria Policies - www.onevote08.org/ontherecord/
- **Participate in health care reform discussions – professional societies, local forums, Congressional representatives**
 - **Contribute unique perspective of HIV medical providers**
 - **Ensure needs of people with HIV and HIV medical providers met (workforce issues!)**



Our Health Care Safety-Net



Federal Medicaid Spending on HIV/AIDS Care as Percent of Federal Spending on HIV/AIDS Care FY 2005



Total: \$11.7 B

Sources: Kaiser Family Foundation, *Medicare and HIV/AIDS*, 9/05; KCMU, *The Medicaid Program at a Glance*, 1/05. Medicaid HIV/AIDS spending estimate from CMS, Office of the Actuary, 2005, and HHS Office of the Budget, 2005.

Medicaid: Important to Women and People with HIV/AIDS

- **Entitlement program – everyone who qualifies gets help**
- **Largest source of coverage for people with HIV/AIDS**
 - **266,000 Medicaid beneficiaries with HIV/AIDS**
- **69% of adult Medicaid beneficiaries are women**
- **1 in 10 women in the US are covered by Medicaid**
- **Many with HIV/AIDS qualify through disability-related pathway and many women because low income parents**
- **Joint federal/state program – eligibility and benefits vary greatly from state to state**

Sources: Kaiser Family Foundation (KFF). Medicaid and HIV/AIDS, October 2006. Medicaid's Role for Women, October 2007. Available online www.kff.org.

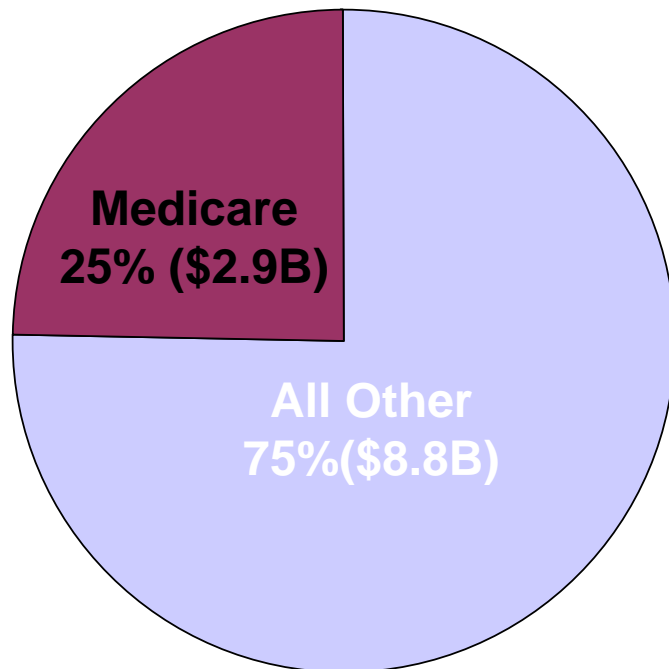
Medicaid Issues at Play

- **Pass the Early Treatment for HIV Act. Allows states to cover people with HIV before they become disabled.**
- **Urge state Medicaid programs to cover routine HIV screening.**
- **Block CMS Medicaid Regulations that cut federal support for Medicaid. If not stopped – the rules will:**
 - **Eliminate reimbursement for GME.**
 - **Restrict Medicaid reimbursement for outpatient services.**
 - **Limit Medicaid case management.**
 - **Restrict mental health treatment through the rehab option.**

Medicare's Role in HIV/AIDS Care

Medicare Spending on HIV/AIDS Care as Percent of Federal Spending on HIV/AIDS Care FY 2005.

- Covers nearly 42 M seniors and persons with disabilities
- Second largest source of HIV/AIDS coverage
- Medicare Part D Drug Coverage Began 2006



Total: \$11.7 B

Sources: Kaiser Family Foundation, *Medicare and HIV/AIDS*, 9/05; Kaiser Family Foundation, *Medicare at a Glance*, 9/05. Medicare HIV/AIDS spending estimate from CMS, Office of the Actuary, 2005, and HHS Office of the Budget, 2005.

Medicare: Not Just for Seniors

- **Covers around 100,000 people with AIDS**
- **Federal entitlement program for seniors and people with disabilities with a work history**
- **Benefits and eligibility are the same across the US**
- **After disabled and on social security disability insurance program – must wait 2 years then eligible for Medicare**

Improving Medicare: Policy Priorities

- **Allow ADAP expenses to count toward Medicare Part D out-of-pocket limit**
- **Cap Part D cost sharing for low income beneficiaries**
- **Implement parity for cost sharing for mental health services**
- **End the two-year waiting period for Medicare coverage**

Program vs. Funding Bills

Authorization bill:

Determines program rules and policies, generally for three to five years, e.g., Ryan White reauthorization.

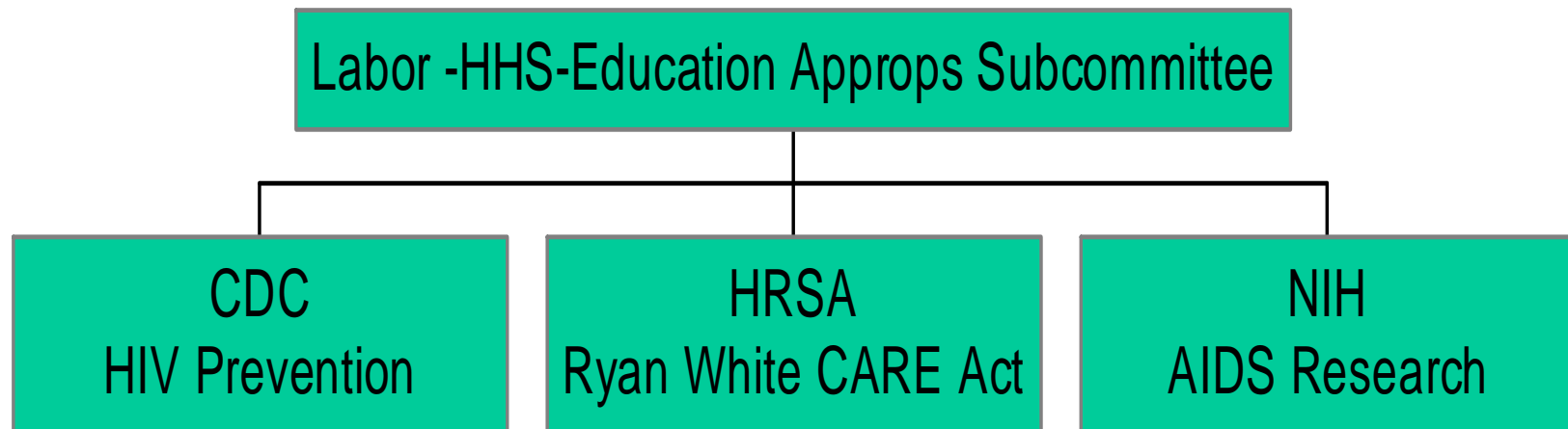
May recommend funding levels but not binding.

Appropriations bill:

Sets funding levels for discretionary programs. Occurs every year. 12 bills – Labor, Health and Human Services funds most domestic HIV programs.

Annual funding for HIV Discretionary Programs

House and Senate Appropriations Committees





Advocating from Home: Connecting with Policymakers

- **Invite your Congressional representatives to visit your clinic.**
- **Schedule visits with your Senators and Representative when they are home.**
- **Offer to be a resource to health policy staff on HIV issues.**
- **Make it local. Communicate with policymakers about how policies/funding decisions will affect your work.**
- **Urge the legislative department at your institution or university to weigh in on policy issues related to your work (if applicable).**


Contact Your US Senators and Representative



Why?

- Make abstract policy and program discussions real
- Educate them on the value of HIV/AIDS and health care policies and programs to their districts and states

How?

- Call the Capitol switchboard  at 1-800-614-2803. Ask to be connected to your Senators and Representative's offices.
- Contact information also available at www.house.gov and www.senate.gov.

More Advocacy Actions

- **Prepare a flyer to promote your clinic and share with policymakers. Include:**
 - federal funding sources and amount
 - who you serve
 - services provided
 - specific challenges or anecdotes
- **Write letters to the editor of your local newspaper.**
- **Submit op-eds to your local paper when HIV issues are in the news.**
- **Become involved with your professional association**

Advocates Making a Difference

- **Strong protections for people with HIV/AIDS under Medicare Part D**
 - all antiretrovirals on all Part D formularies
 - no prior authorization on ARVs
 - in 2009 new ARVs covered in 90 days
- **Likely to pass real substance abuse and mental health parity this year**
- **Blocked harmful changes to the Medicaid program**
 - Attempt to reduce federal Medicaid support (2003)(2008?!)
 - Eased Mississippi Medicaid prescription drug limit for people with HIV/AIDS

Stay Informed and Connected with Advocates

- **Professional associations: HIVMA, ANAC, PAAN**
- **HIV Medicaid and Medicare Working Group Listserv
– email Ihanen@nastad.org**
- **Kaiser Family Foundation – www.kff.org – daily HIV
and health policy clippings**
- **National Women’s Law Center – www.nwlc.org –
state by state women and Medicaid report card,
advocacy resources**