

Policy, Politics, and Poor Patients

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Learning Objectives

Upon completion of this presentation, learners should be better able to:

- Review three important policy updates relating to current and future funding for HIV treatment
- Discuss the potential political tension that may result from upcoming geographical successes in new HIV incidence
- Appraise how poverty impacts our ability to end AIDS in this generation

Faculty and Planning Committee Disclosures

Please consult your program book.

Off-Label Disclosure

The following off-label/investigational uses will be discussed in this presentation: None

OR

There will be no off-label/investigational uses discussed in this presentation.

Policy

- Affordable Care Act (ACA) updates
- Ryan White Program Changes
- The 340B Program

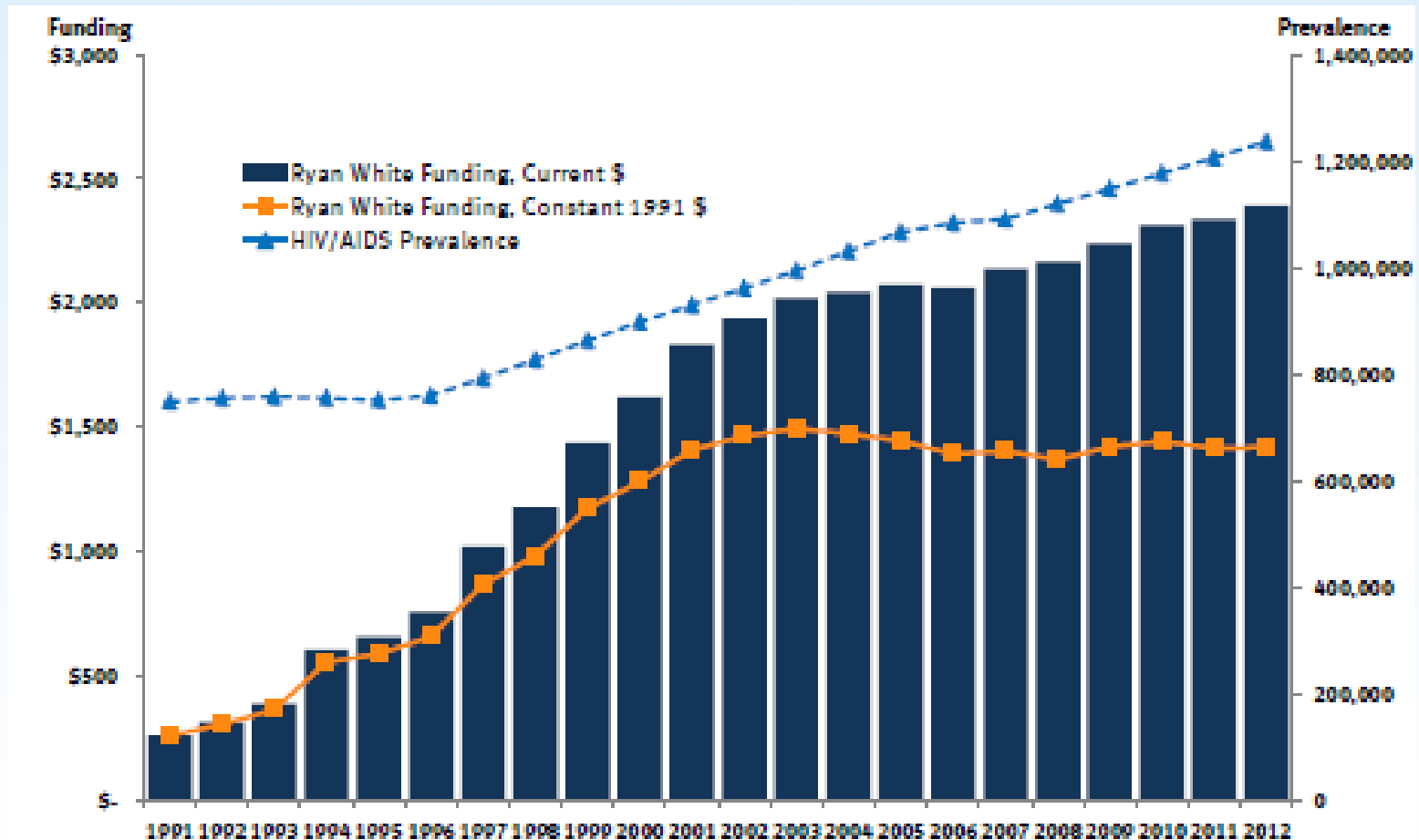
ACA Updates

- “Established by the state” – Section 1401, *King v Burwell*
- Drug coverage decisions discourage people with HIV from selecting their plans¹
 - 12 of 48 plans have evidence of adverse tiering
 - Adverse tiering plans more than triple out-of-pocket costs
- Provider networks failing to comply with ACA guidelines²

1. Jacobs D and Sommers B. NEJM. 2015; 372L 399-402

2. Oaks J. www.hivhealthreform.org 2014

Ryan White Program Changes



Crowley J & Kates J. The Kaiser Family Foundation. 2013.

Recent Ryan White Legislation

- Ryan White Patient Equity and Choice Act
 - Uses “Medical Home” for delivery of core medical services
 - Expands pharmacy networks
 - Pilots savings accounts for patients
- Ryan White Grantee Payment Equity Act
 - Increases Medicaid funding to Part C providers
 - Uses similar reimbursement structures as Federally Qualified Health Centers (PPS Rates)
 - Calls for similar quality measures and outcomes indicators

H.R. 4260. 113th Congress. (2014).

H.R. 3665. 111th Congress. (2009).

340B Program and HIV Treatment

- Ryan White HIV/AIDS Program grantees are eligible covered entities
 - “Enables [us] to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services”
 - Average savings of 25-50%
 - Estimated \$7 billion in drug purchases last year
 - Represents 2% of total drug market share
 - Over 80% of spending is through hospitals
- <http://www.hrsa.gov/opa>
House Report, No 102-384, Part II, Pg. 12, 102nd Congress, 2nd Session
Scholz L. 340B Drug Discount Program. 2015. SNHPA

Politics



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REVISED TO CORRECT A FACTUAL ERROR

Governor Inslee Issues Proclamation to End AIDS in Washington State by 2020

Seattle – Governor Jay Inslee has announced a commitment to End AIDS in Washington. The governor issued a proclamation today that appoints an HIV Planning Steering Group (HPSG) to develop a statewide plan for reducing the rate of new HIV diagnoses by 50 percent by 2020.

FOR IMMEDIATE RELEASE

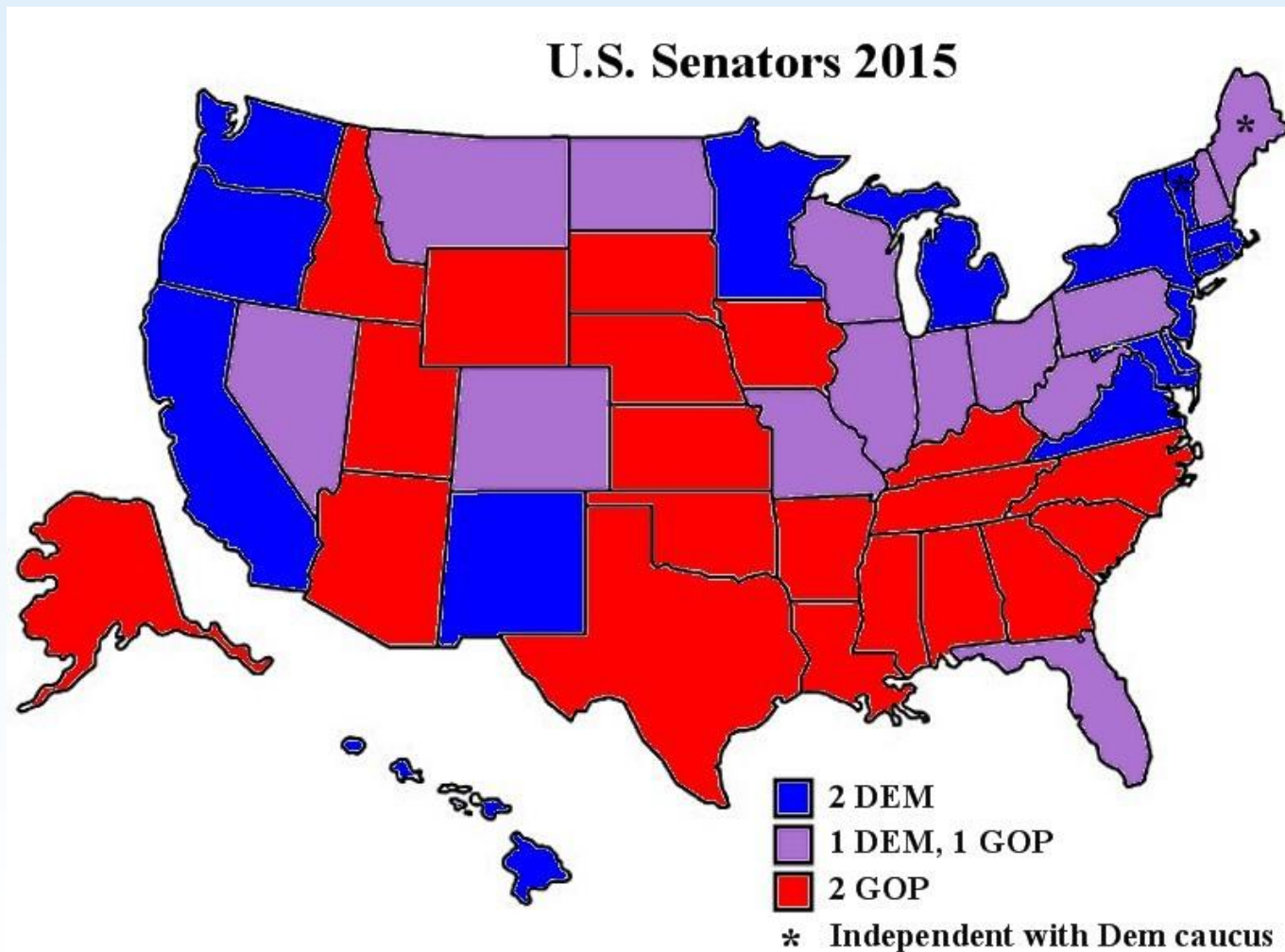
Monday, December 1, 2014 *World AIDS Day*

HIV Care Funding By Region

Funding Program	South	Northeast	Midwest	West
Ryan White (2010)	\$2,488.8	\$2,659.5	\$2,463.6	\$2,603.1
Medicaid Spending (2009)	\$20,808.1	\$35,964.8	\$21,710.8	\$26,225.6
Medicaid % PLWH Covered (2009)	23.3	34.2	27.2	21.8

Reif S & Whetten K. CHPIR, Duke University. 2012

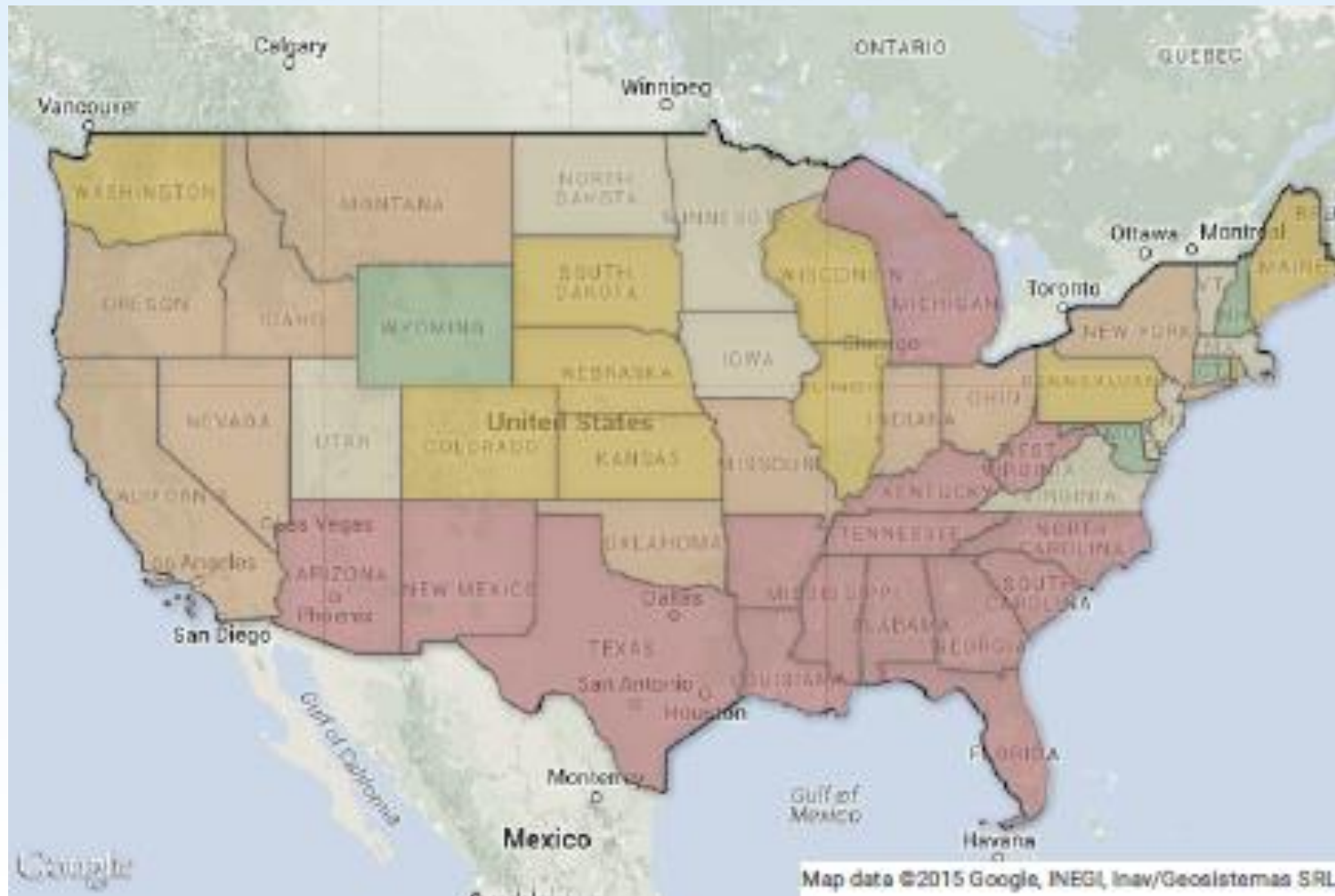
U.S. Senators by Party



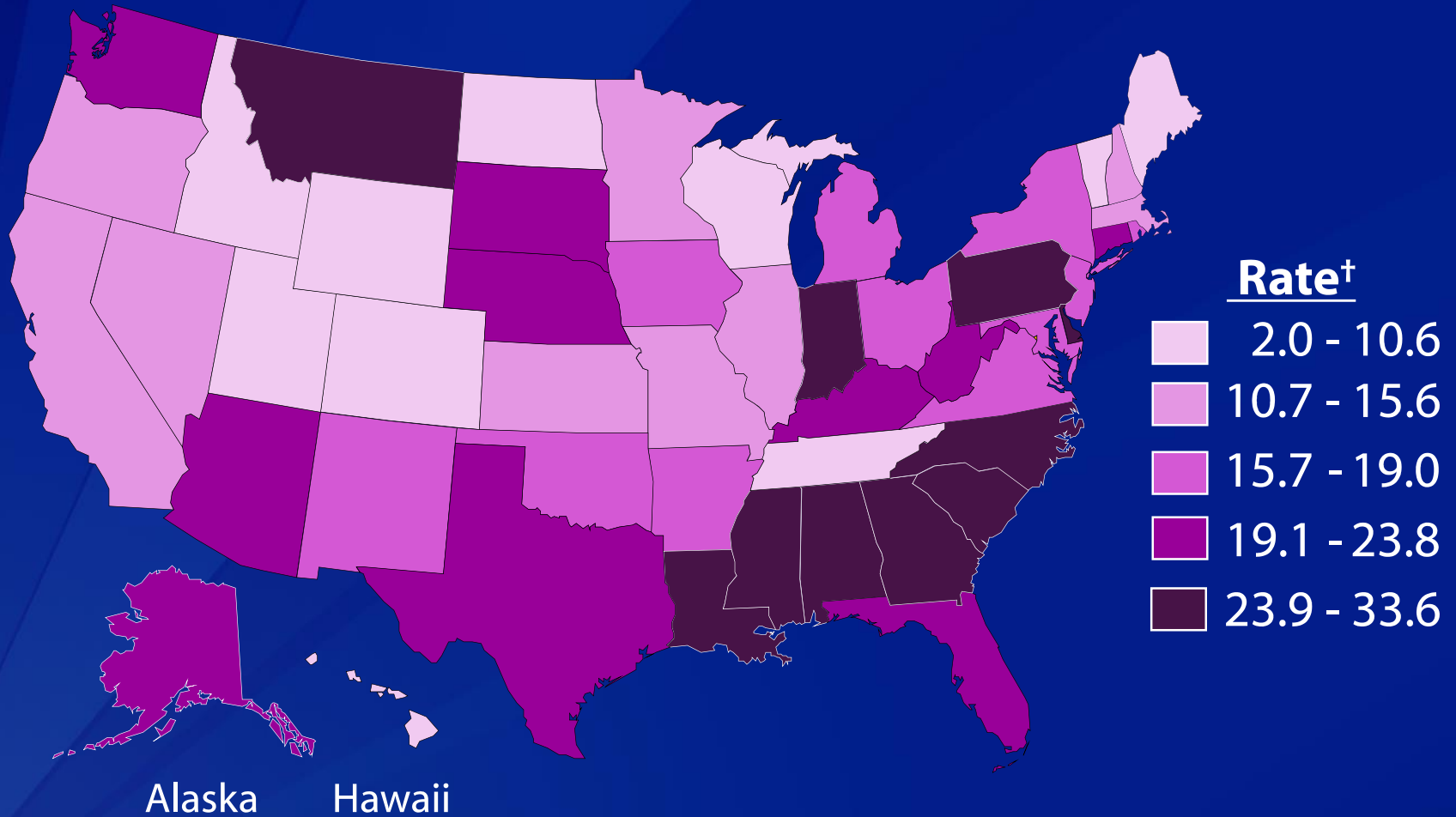
www.dailykos.com

ACTHIV
THE AMERICAN CONFERENCE
FOR THE TREATMENT OF HIV

Poverty



Age-Adjusted* Rate† of Death among persons with HIV Infection, by State, United States, 2010



*Standard: age distribution of 2000 US population
†Per 1,000 persons living with a diagnosed HIV infection.



HIV Diagnoses, 2013

NATIONAL DATA

Diagnoses: 47,352

Rate (per 100,000 people): 15.0

NORTHEAST

Diagnoses: 8,908

Rate: 15.9

WEST

Diagnoses: 8,013

Rate: 10.8

MIDWEST

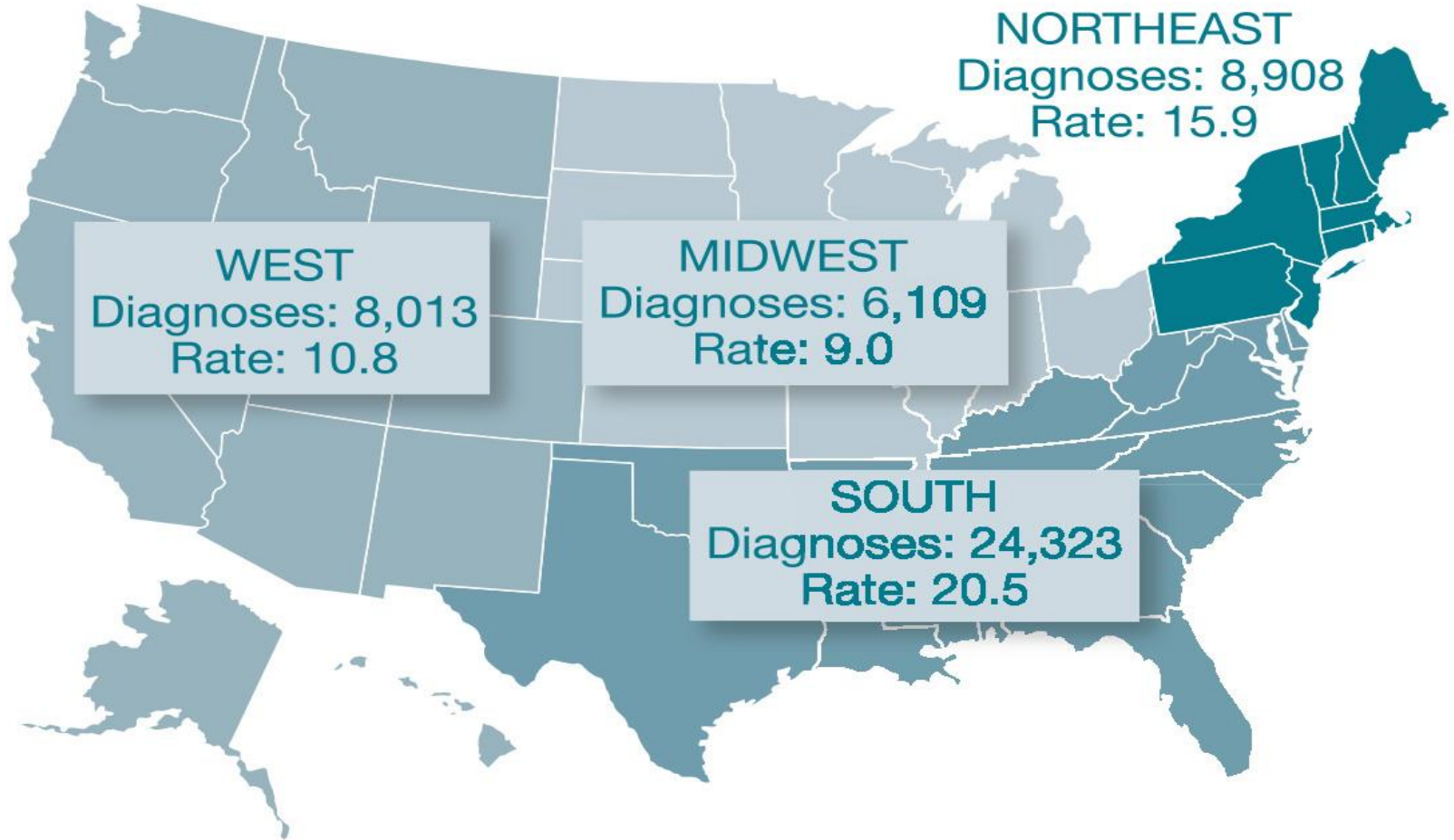
Diagnoses: 6,109

Rate: 9.0

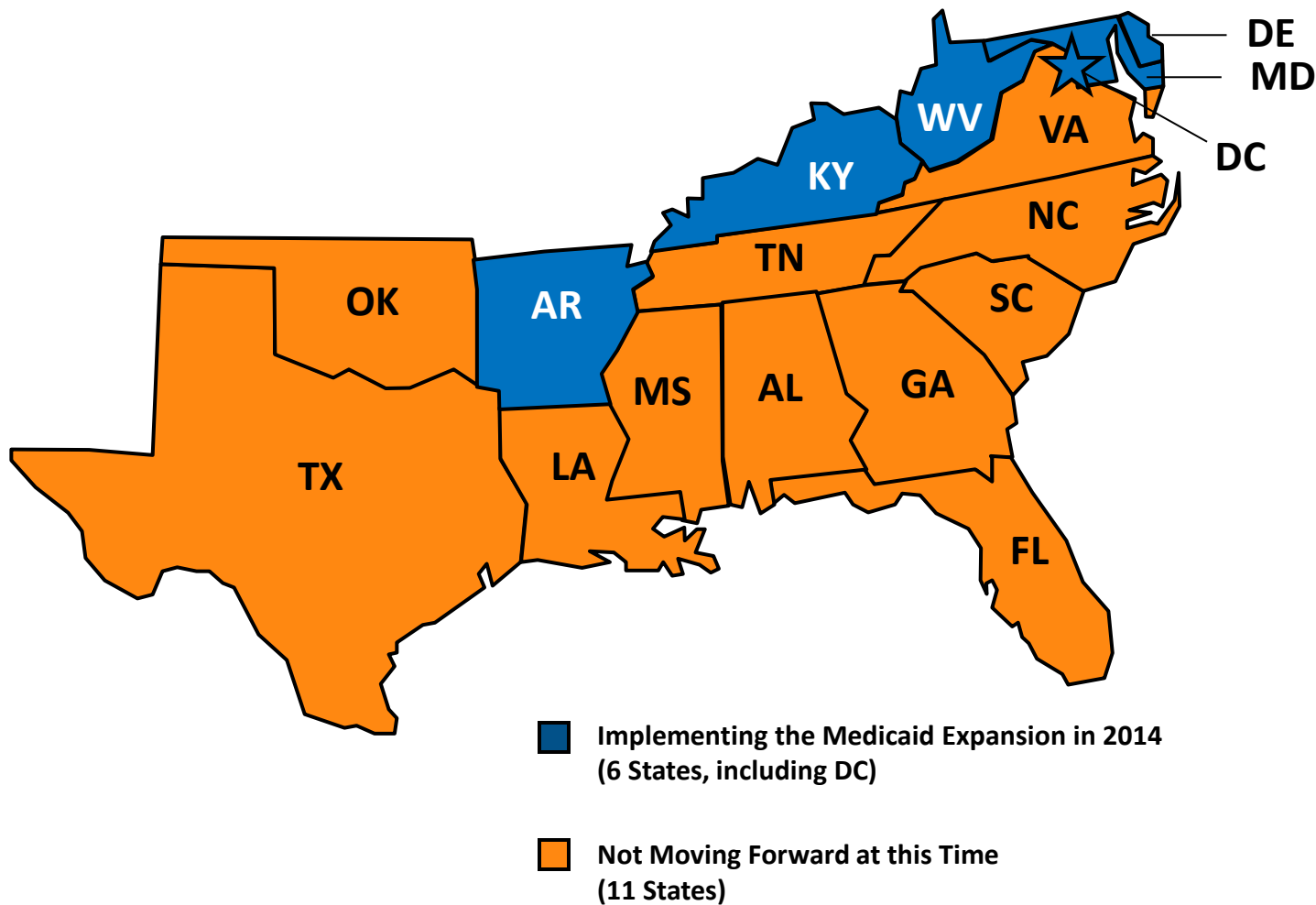
SOUTH

Diagnoses: 24,323

Rate: 20.5



Status of Medicaid Expansion Decisions in the South as of April 2014



SOURCES: State decisions on the Medicaid expansion as of April 2014. Based on data from the Centers for Medicare and Medicaid Services, available at: <http://medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Medicaid-and-CHIP-Eligibility-Levels/medicaid-chip-eligibility-levels.html> with state updates.

PrEP Costs

New Patient Visit		Follow-Up Visit		Additional Charges	
CMP	1.75	CMP	1.75	RPR/FTA	23.60
HBsAg	4.5			Hep B Vac	199.41
HIV	10.00	HIV	10.00	4 th Gen HIV	65.54
UA	3.19	UA	3.19	Gc/CT-3 sites	286.36
99204	165.38	99214	108.95		
TOTAL:	184.82		123.89		

Will PrEP further drive the epidemic towards the poor?

Annual PrEP Medication Cost \$18,735

Estimated Annual "Retail" Cost \$19,415

Patient out of pocket costs could range from \$80 - \$6,600 per year, depending on insurance type

Dallas, TX Estimates (2015).

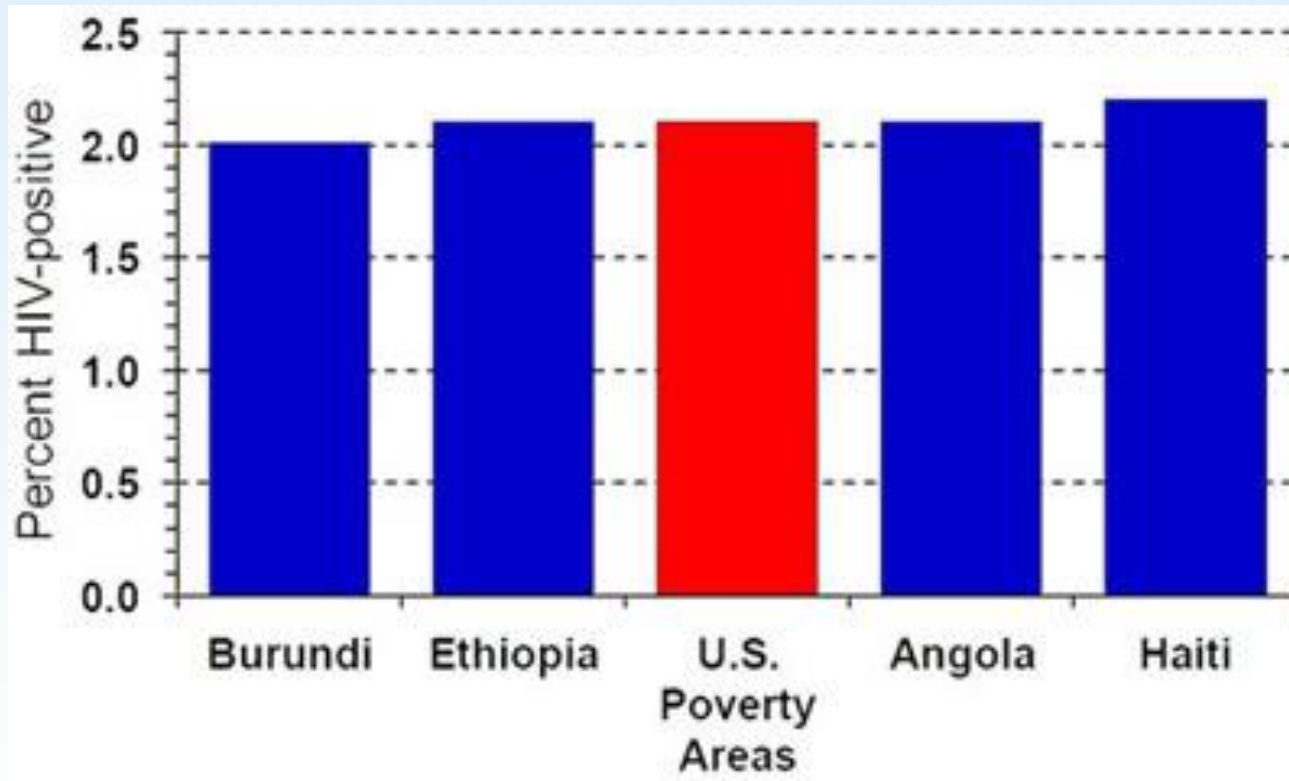
Estimated from AWP of \$51.33/pill (Truvada, 2015)

Poverty and HIV Strongly Intersect

- 44% of HIV patients **in care** are at or below the Federal Poverty Level¹
- Black MSM vs. White MSM, twice the poverty rate and homelessness; no differences individual risk factors²
- Poverty clearly increases vulnerability to HIV for women³

1. CDC. 2010 HIV Surveillance Special Report 9.
<http://www.cdc.gov/hiv/library/reports/surveillance/#special>.
2. Sullivan P, et al. PLoS One. 2014; DOI: 10.1371.
3. Rodrigo C & Rajapakse S. International Health. 2010;

HIV Prevalence Rate, by Country



Denning P & DiNenno E. <http://www.cdc.gov/hiv/risk/other/poverty.html>, NHBS-HET-1 2006-2007 and UNAIDS Estimates 2007

Final Thoughts

- Policy, politics, poverty all impact the HIV care continuum
- Future accomplishments in therapies and ultimately ending AIDS undoubtedly will be buffered against these forces





ACTHIV 2015: A State-of-the-Science Conference for Frontline Health Professionals