Policy, Politics, and Poor Patients

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AIDS Arms, Inc. – Dallas, TX
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 plans\(^1\)
  – 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 guidelines\(^2\)

1. Jacobs D and Sommers B. NEJM. 2015; 372L 399-402
Ryan White Program Changes

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).
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
FOR IMMEDIATE RELEASE
Monday, December 1, 2014 *World AIDS Day*

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.
# HIV Care Funding By Region

<table>
<thead>
<tr>
<th>Funding Program</th>
<th>South</th>
<th>Northeast</th>
<th>Midwest</th>
<th>West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan White (2010)</td>
<td>$2,488.8</td>
<td>$2,659.5</td>
<td>$2,463.6</td>
<td>$2,603.1</td>
</tr>
<tr>
<td>Medicaid Spending (2009)</td>
<td>$20,808.1</td>
<td>$35,964.8</td>
<td>$21,710.8</td>
<td>$26,225.6</td>
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<tr>
<td>Medicaid % PLWH Covered (2009)</td>
<td>23.3</td>
<td>34.2</td>
<td>27.2</td>
<td>21.8</td>
</tr>
</tbody>
</table>

Reif S & Whetten K. CHPIR, Duke University. 2012
U.S. Senators by Party

U.S. Senators 2015

2 DEM
1 DEM, 1 GOP
2 GOP
* Independent with Dem caucus

www.dailykos.com

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

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

Implementing the Medicaid Expansion in 2014 (6 States, including DC)

Not Moving Forward at this Time (11 States)

## PrEP Costs

<table>
<thead>
<tr>
<th></th>
<th>New Patient Visit</th>
<th>Follow-Up Visit</th>
<th>Additional Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMP</td>
<td>1.75</td>
<td>CMP</td>
<td>RPR/FTA</td>
</tr>
<tr>
<td>HBsAg</td>
<td>4.5</td>
<td></td>
<td>Hep B Vac</td>
</tr>
<tr>
<td>HIV</td>
<td>10.00</td>
<td>HIV</td>
<td>4th Gen HIV</td>
</tr>
<tr>
<td>UA</td>
<td>3.19</td>
<td>UA</td>
<td>Gc/CT-3 sites</td>
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<tr>
<td>99204</td>
<td>165.38</td>
<td>99214</td>
<td>108.95</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>184.82</td>
<td></td>
<td>123.89</td>
</tr>
</tbody>
</table>

### Will PrEP further drive the epidemic towards the poor?

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

- **Annual PrEP Medication Cost**: $18,735
- **Estimated Annual “Retail” Cost**: $19,415

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 Level

• Black MSM vs. White MSM, twice the poverty rate and homelessness; no differences individual risk factors

• Poverty clearly increases vulnerability to HIV for women

HIV Prevalence Rate, by Country

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
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