Background

The Affordable Care Act (ACA) was fully implemented in 2014, expanding health care coverage options for many persons in the U.S., including those living with HIV.

Many persons living with HIV became newly eligible for Medicaid or subsidized private coverage, depending on whether or not their state expanded Medicaid.

Persons with household incomes <100% of the federal poverty level (FPL) who live in Medicaid non-expansion states and do not qualify for subsidized private coverage under the ACA had limited coverage options.

For more than 25 years, the Ryan White HIV/AIDS Program (RWHAP) has provided underinsured and uninsured people living with HIV in the United States with quality HIV care, treatment, and supportive services.

Methods

Data

Used data from the Medical Monitoring Project (MMP), a CDC surveillance system that produces national representative estimates of characteristics of HIV-infected adults in care in the United States.

Data collected during 2012–2015 using interview and medical record abstraction.

Analysis

Estimated weighted percentages of patients in 2012 and 2014 who reported being uninsured or having private insurance or Medicaid coverage.

Estimated weighted prevalences of having a documented medical record test measure (CD4 count/ viral load) and of receiving RWHAP assistance among patients in 2012 and 2014.

Stratified all estimates by residence in Medicaid vs. non-Medicaid expansion states and income <$100 FPL.

Used χ²-square tests to compare 2012 vs. 2014 estimates.

Discussion and Limitations

Discussion

In 2014, more than 3 times the percentage of persons in HIV care who were uninsured in non-Medicaid expansion states compared to those in Medicaid expansion states (25% vs. 7%).

Viral suppression increased more from 2012–2014 among persons in Medicaid expansion states compared to those in non-Medicaid expansion states, particularly among persons with household incomes <100% FPL.

RWHAP assistance is becoming more time in need among those in every coverage group, particularly among persons in non-Medicaid expansion states.

Limitations

Health care coverage type and receipt of RWHAP assistance were self-reported.

Not enough time has passed since ACA implementation to assess how much change in viral suppression is attributable to changes in coverage types.

Conclusions

It is important to carefully monitor health care coverage and clinical outcomes among persons living with HIV in a shifting health care policy landscape.

MMP data are uniquely suited to monitor these changes over time.

RWHAP is likely to remain an important source of support for quality HIV care, treatment, and supportive services.

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Health care coverage and viral suppression pre- and post-ACA implementation (#1012)

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