



## Ryan White Program 2013 Reauthorization

The National Alliance of State and Territorial AIDS Directors (NASTAD) represents the public health officials that administer state and territorial HIV/AIDS and adult viral hepatitis prevention and care programs nationwide. NASTAD members administer state health department programs, including Ryan White Program Part B and AIDS Drug Assistance Programs (ADAP), by organizing systems of health care and supportive services for uninsured and underinsured individuals living with HIV.

NASTAD members are dedicated to the continuation of the Ryan White Program as an essential safety net for individuals living with HIV/AIDS. The National HIV/AIDS Strategy's (NHAS) vision calls for all people living with HIV to "have unfettered access to high quality, life-extending care". However, the Gardner treatment cascade demonstrates that there are many barriers to linkage to care, retention in care, and viral suppression for people living with HIV. The Ryan White Program's comprehensive care model gets us closer to meeting the goals of the NHAS and provides opportunities to close the gaps in the treatment cascade.

NASTAD believes that reauthorization should not occur at this time for many reasons. The far reaching changes of the Affordable Care Act (ACA), both intended and unintended, will not be fully realized and understood for years after full implementation begins in 2014. NASTAD believes it is necessary to allow for sufficient time to analyze changes to the HIV healthcare landscape before making significant modifications to the Ryan White Program. NASTAD believes it is best to pursue both a short-term (three or four years) and a longer-term strategy when considering changes to the Ryan White Program. This strategy will ensure that all critical Ryan White services continue to be available while the clients with new sources of coverage transition. It will also ensure that changes are not made to the Ryan White Program prematurely and without an understanding of the full implications of health reform. In the short-term, every effort should be made to preserve the existing Ryan White infrastructure in each state to ensure clients continue to have access to vital services.

NASTAD simultaneously supports looking toward a longer-term strategy that would allow the Ryan White Program to change and adapt to a more fully implemented reformed health system. It is at that point that greater changes could be made to the Ryan White Program and its structure. For this reason, NASTAD is working with the wider HIV/AIDS community to develop community recommendations for the Administration and Congress for the program's eventual reauthorization.

**Even with full implementation of the Affordable Care Act, the Ryan White Program is needed** to fill gaps in covered services and covered populations and to continue to provide vital enabling and support services. The Ryan White Program will continue to be essential to for the following reasons:

## **Gaps in Services**

- There may be gaps for essential services in the “benchmark” Medicaid package and in private insurance plans, including prescription drug limits and case management coverage.
- Services and prescription drugs covered could vary greatly from state to state.
- Ryan White Program services will be crucial for continuing to link people to care and ensuring that they remain in care.

## **Gaps in Covered Populations**

- In states that choose not to expand Medicaid, there will be a significant gap in coverage for very low-income people living with HIV.
- Undocumented immigrants will not be eligible for either Medicaid coverage or private insurance coverage through exchanges. Legal immigrants within the five-year ban will still be ineligible for Medicaid coverage though they will be eligible for federal subsidies to purchase private insurance through exchanges.
- The Ryan White Program must continue to fulfill its core public health function of providing access to care and treatment to people who have nowhere else to go.

## **Transition to the Affordable Care Act**

- Insurance assistance services will need to increase so that the Ryan White Program is able to respond to affordability gaps.
- The Ryan White Program must be able to respond to potential affordability gaps, for instance, by increased use of insurance assistance programs and services.
- Ryan White Program providers have developed an expertise in reaching people living with HIV, determining the insurance options and public programs for which they are eligible, and assisting them in enrolling in coverage, which will be crucial for a smooth transition.
- Ryan White providers must be integrated into the new systems of care to ensure comprehensive expert care.

## **Flexibility**

- There must be expedited processes for grantees to apply and be quickly approved for waivers from the 75/25 rule with regard to program expenditures for medical vs. support services.
- Flexibility should be encouraged to allow ADAPs to provide comprehensive wrap-around services such as the paying of medical co-pays, in addition to prescription drug co-pays.
- Ryan white Program providers must be able to continue to provide care and services, while consumers navigate to new and complicated systems of care. There should be a “payer of last resort” waiver process as billing structures change and to ensure that access to services is uninterrupted.