

2009 Health Care Reform Analysis :: Baucus Plan

The following analysis of Senator Baucus's health care plan, "Call to Action," is based on priorities aimed at increasing early and uninterrupted access to affordable, comprehensive, and quality health care for persons living with HIV/AIDS. At this time, Senator Baucus's plan is still in a preliminary, vision-based format. HHCAGW will provide more detailed analysis when a bill is introduced.

Priority 1. Increase access to health care by broadening Medicaid eligibility:

What we support: Eliminating the categorical eligibility requirement for individuals with incomes up to 200% of poverty. HHCAGW strongly supports eliminating the categorical eligibility requirement for individuals with very low income, but maintains that limiting access to Medicaid coverage to individuals below 100% of poverty continues to prevent access to lifesaving treatment and care for individuals with low income above the FPL.

An additional, key aspect of increasing access to care for persons living with HIV is enacting the proposed Early Treatment for HIV Act (ETHA). ETHA gives states the flexibility to provide comprehensive healthcare to low and middle-income pre-disabled people living with HIV. Under ETHA, states could extend Medicaid coverage to individuals living with HIV but with incomes above the federal Medicaid income eligibility limit, should it be determined that these individuals' health needs are best met through a Medicaid benefits package and cost-sharing system.

Currently in the U.S., many persons living with HIV/AIDS lack medical care due to significant financial and programmatic barriers to access in both publicly-funded and private health care systems. Barriers to care that prevent or delay treatment have devastating consequences for the lives of individuals living with HIV and present major obstacles to addressing the HIV epidemic and protecting the public health.

What the plan does: Eliminates the disability requirement for individuals with incomes below 100% of the federal poverty level (p. 23) and proposes to increase access to Medicaid for legal immigrants. (p.31). The Plan also presents a generalized concept for a subsidy program to assist qualifying individuals purchase insurance through the proposed Health Insurance Exchange, but does not provide details on eligibility requirements. (p.17). The Plan also describes "RightChoices," a temporary program to be implemented until the Health Insurance Exchange is activated that would provide basic health screening for uninsured individuals and cost-free follow-up treatment for individuals with incomes less than 200% of poverty. (pp.28-29). At this time, the plan does not address promoting access to care through ETHA.

Priority 2. Ensure access to quality health care by establishing a mandatory minimum Medicaid benefits package available in all states.

What we support: Promoting access to affordable comprehensive, quality health care by establishing a uniform mandatory minimum Medicaid benefits package that is available in every state. Access to quality care should not depend on geography. This measure must be included in any plan for national health care reform, and applies whether Medicaid remains a primary insurer for low income individuals and families or transitions to a secondary insurer role.

National health care reform can and must address existing disparities in access to care, continuity of care, and quality of care irrespective of race, ethnicity, gender, gender identification, sexual orientation, actual or perceived disability, age, primary language, immigration status, or geography. It is essential that all people have access to health care when they need it.

What the plan does: While the Plan emphasizes correcting existing health care access, services, and outcome disparities, it does not specifically address this critical issue.

Priority 3. Make health care more affordable by limiting Medicaid and Medicare cost-sharing.

What we support: Increasing access to care and prescription drugs by setting nominal monthly caps on out-of-pocket expenses for co-pays and cost sharing, and by extending the full Medicare Low Income Subsidy to individuals with incomes below 200% of poverty and partial LIS to individuals below 300% of poverty.

What the plan does: Considers eliminating co-pays for some preventative health services for Medicaid and Medicare beneficiaries. (p.29).

Priority 4. Increase the federal matching rate to states in economic crisis.

What we support: Increasing the FMAP to 65–89% from 50–83% to help states avoid cutting their Medicaid budgets and making it even more difficult for people living with HIV/AIDS to access essential health care services. The GAO's suggested economic indicators-based formula could be used as the details of the Baucus Plan are developed.

What the plan does: Acknowledges the importance of increasing the FMAP in tough economic times and proposes to use an economic-indicators based trigger for temporary FMAP increases. (Plan at p.25)

Priority 5. Implement routine HIV screening in public and private health systems.

What we support: Mandating coverage of routine, voluntary screening for all individuals ages 13-64 who receive care in both private and public health care systems.

What the plan does: Emphasizes the importance of preventive care and early intervention for chronic diseases generally. (p.29).

Priority 6. Eliminate the 2-year Medicare waiting period for people with disabilities.

What we support: Current law requires individuals with disabilities to wait two years before becoming eligible for Medicare. For many persons living with HIV, this requirement jeopardizes their access to lifesaving care and treatment. Without reliable and continuous access to care during the two-year waiting period, individuals can become sicker and require more intensive and more costly medical interventions when they do finally qualify for coverage. HHCAWG strongly supports eliminating the 2-year waiting period for people with disabilities.

What the plan does: Proposes to eliminate the waiting period for people with disabilities. (pp.14, 21, 22).

Priority 7. Protect vulnerable Medicare beneficiaries facing donut hole coverage gaps.

What we support: Counting ADAP expenditures toward TrOOP under Medicare Part D and deploying a mandatory, enhanced Medicare Part D plan option. Both of these measures are critically needed to preserve access to life-saving treatment and care for individuals living with HIV/AIDS whose out-of-pocket costs can easily reach the gap in Medicare Part D coverage. HHCAWG believes that future versions of the Baucus Plan—or any serious plan for national health care reform—must include these provisions. The current Plan is silent on these measures.

What the plan does: The Baucus plan does not address this critical issue.

Priority 8. Promote stability by investing in the clinical workforce.

What we support: Addressing the inadequate Medicaid payment rates currently straining hospitals and other Medicaid providers. The current reimbursement system presents a growing barrier to access for Medicaid beneficiaries, including individuals living with chronic, complex diseases such as HIV/AIDS.

What the plan does: Focuses on Medicare payment schedules for primary care providers, proposing to increase primary care payment rates while decreasing payments for specialty care services. (pp.38-39). The Plan also contemplates strategies to encourage minorities to enter the medical field, with emphasis on primary care and preventive medicine. (pp.58-60). The Plan articulates the laudable goal of revamping payment systems to better foster quality in care. (pp.8,41).

Priority 9. Improve access to public and private health insurance options.

What we support: HHCAWG will monitor the development of the Plan to evaluate its actual capacity to ensure equitable health protection, consistent regulation, access to comprehensive coverage, and insurer accountability. To further strengthen the clinical workforce of HIV providers, it is critical that any plan for health care reform address HIV medical provider workforce needs by expanding federal loan forgiveness programs, such as the National Health Service Corps, to include HIV medical providers and Ryan White-funded clinics as designated sites.

What the plan does: Includes a number of proposals to increase access to private health care coverage, including providing subsidies for individuals and small businesses to purchase insurance through the proposed Health Insurance Exchange (pp.17, 20), prohibiting discrimination based on health status (pp.9, 19), and setting income-determined caps on out-of-pocket expenses (p.19). At this time, the Baucus Plan does not propose creating a public health insurance plan as an option for consumers.

Priority 10. Expand the role of Ryan White community-based programs.

What we support: Preserving and expanding the role of Ryan White community-based health care delivery systems. The Ryan White program is vital in supporting the delivery of care, treatment and important social services for individuals living with HIV/AIDS through community-based organizations and clinics. Ryan White programs help build the capacity of minority communities to provide primary medical care and other critical services to underserved populations. The federal government should stabilize and strengthen these important programs by providing them with cost-based reimbursement and ensuring that Medicaid programs and private insurers build these providers into their networks.

What the plan does: Propose establishing an expanded program for paying and regulating rural and community-based primary care centers, with a focus on preventive care. (p.40).

This report was prepared by staff of the WilmerHale Legal Services Center of Harvard Law School and the Treatment Access Expansion Project for the HIV Health Care Access Working Group (HHCAWG). The Working Group is a coalition of 84 national and community-based AIDS service organizations representing HIV medical providers, advocates and people living with HIV/AIDS and providing critical HIV-related health care and support services. For more information, contact co-chairs Laura Hanen, of the National Alliance of State and Territorial AIDS Directors, at 202.434.8091, or Robert Greenwald, of the Treatment Access Expansion Project, at 617.390.2584.



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