

Medicaid, the Ryan White CARE Act & ETHA

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Medicaid is the single largest provider of public health care coverage for people living with HIV/AIDS in the United States. Nationally, Medicaid provides access to medical treatment for approximately 55 percent of all adults living with AIDS, and 90 percent of children living with AIDS.

Medicaid rules, however, reinforce a system where access to care and treatment lag far behind established medical standards of care for treating HIV. For most people living with HIV, the path to Medicaid eligibility is closely tied to strict disability rules and an AIDS diagnosis. Prior to 1996, this was not a major concern, as few effective early treatment options for HIV disease existed. Since 1996, HIV treatment options have improved and the standard of care calls for early and continuous access to HIV medications. Early access to treatment has proven effective in delaying the progression of the disease and improving both health and quality of life. Research shows that continuous access to HIV therapies also serves as prevention by reducing the amount of HIV virus in a person's bloodstream, a key factor in reducing the ability to transmit HIV.

Given the growing unmet need for early access to care and treatment since 1996, the Ryan White CARE Act was enacted to provide access to people living with HIV who are ineligible for either public or private health care. Without the CARE Act, treatment advances would remain out of reach for thousands of pre-disabled, low-income people living with HIV. As more treatment options became available for HIV infection, the allocation of CARE Act resources began to shift away from essential support services and towards care and treatment in an ongoing effort to provide early treatment options for poor uninsured people living with HIV.

However, the CARE Act was not intended to be a primary provider of early intervention health care for thousands of people living with HIV in the United States. It was designed to fill gaps in health care and support services that prevented people from accessing adequate care. It was intended to help remedy the overwhelming strain on state and local health and social service resources by promoting the creation of more affordable and responsive AIDS care options.

The CARE Act is increasingly unable to keep pace with care needs. As of June 2004, fifteen state AIDS Drug Assistance Programs (ADAPs)—an essential CARE Act program that provides HIV-related medications to eligible individuals living with HIV—have implemented cost-containment strategies that gravely impact program access. Eleven of these states have instituted waiting lists, with nearly 1,700 individuals awaiting life-saving treatment nationwide. A recent report issued by the Institute of Medicine entitled “*Public Financing and Delivery of HIV/AIDS Care—Securing the Legacy of Ryan White*” states that “...maintaining waiting lists for the commencement of drug therapies fundamentally contradicts the need for early and continuous access to care to manage the epidemic and improve outcomes.” The Early Treatment for HIV Act (ETHA) is an effort to put both Medicaid and the CARE Act back on the course to fulfilling their critical missions and providing high standards of care.

The Importance of the Early Treatment for HIV Act on the Ryan White CARE Act

ETHA gives states the option of providing early intervention care and treatment through Medicaid. It would give state Medicaid programs the ability to provide primary care and treatment for poor and low-income pre-disabled people living with HIV. In doing so, ETHA would alleviate fiscal pressures and allow the CARE Act to return to its primary mission of filling gaps in care and treatment and relieving strain on other local and state healthcare resources. It would also allow the CARE Act to provide critical and essential support services that maintain people in care and are critical to effective utilization of complex HIV/AIDS drug regimens.

The CARE Act and Medicaid are essential to our efforts to address the U.S. HIV/AIDS epidemic. They are the cornerstones of the federal effort to fight this epidemic. Together they serve as a critical safety net for vulnerable people with HIV and AIDS. With the passage of ETHA, each will be able to provide essential, yet complimentary, care, treatment and support services to those living with HIV and AIDS.

Treatment Access Expansion Project (TAEP) is a collaborative project of the HIV/AIDS community, health care providers and the pharmaceutical industry.

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