



Improving the Response to HIV/AIDS in Texas

A new research report, produced as part of the State Healthcare Access Research Project (SHARP), examines the current successes and challenges of accessing healthcare for people living with HIV/AIDS in Texas, with a focus on the Texas Medicaid program, and proposes opportunities for improving access. The Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project reviewed health policies in Texas, met with stakeholders, and invited comments from state officials. **The full report is available at www.taepusa.org.**

SUMMARY OF RECOMMENDATIONS

1. Promote Access to Comprehensive HIV/AIDS Care and Treatment Through Medicaid. In 2010, the Texas Medicaid program served nearly 13,000 people living with HIV/AIDS. Although the program is an essential source of HIV/AIDS care in Texas, strict eligibility rules prevent most predisabled people living with HIV from qualifying, putting significant strain on health safety net programs, like the Ryan White HIV/AIDS Program, the Texas HIV Medication Program, and hospital districts. Expanding Medicaid eligibility to provide early intervention offers the individual health benefit of reducing high-cost hospitalizations, the public health benefit of decreasing new transmissions, and the economic benefit of reducing pressure on a strained health safety net system. Advocates should work with state agencies and health policymakers to:

Pursue a statewide HIV section 1115 Medicaid waiver. States can apply for a section 1115 waiver from the Centers for Medicare and Medicaid Services (CMS) to expand Medicaid eligibility to predisabled individuals living with HIV. Under the waiver, every state dollar put into the Medicaid program would leverage nearly \$3 in federal funding for comprehensive care to keep people living with HIV healthy and enable them to remain in the workforce. These waivers are identified as a priority in the National HIV/AIDS Strategy (NHAS), and CMS has committed to working with states to expeditiously process applications. The Texas legislature charged the Texas Health and Human Services Commission (HHSC) with considering the feasibility of using a waiver in this way; advocates should work with HHSC in this process.

Participate in implementation of federal healthcare reform's Medicaid expansion. In 2014, Medicaid will expand to most people with incomes up to 133% of the federal poverty level (about \$14,000/year for an individual and \$29,000 for a family of four). This means that thousands of currently uninsured people living with HIV/AIDS in Texas (who currently receive care through Ryan White HIV/AIDS Program funding) will move into Medicaid in 2014. Successful transition will require coordination among state agencies and the HIV/AIDS community. Priorities include ensuring that the "essential health benefits" requirement, which provides a floor for benefits available to newly eligible Medicaid beneficiaries in 2014, is defined and also implemented in ways that meet the care and treatment needs of people living with HIV/AIDS. Successful transition to Medicaid will also require a simple application process and effective outreach strategies to reach vulnerable populations, for instance, through use of the state's Patient Navigator Program.

Encourage the state to apply for the Medicaid Health Home Program. The Medicaid Health Home Program for people with multiple chronic conditions allows states to amend their Medicaid state plans to obtain time-limited, enhanced federal funding (a 90% federal match) for coordination of primary, acute, behavioral health, and long-term services and support for people with chronic conditions. CMS has set forth a list of qualifying conditions, including HIV/AIDS. HHSC should apply for this enhanced funding, designating HIV/AIDS as an eligible condition and including HIV/AIDS services providers in its definition of eligible entities to serve as medical homes.

2. Develop a Statewide Strategy for Addressing the HIV/AIDS Epidemic in Texas. To meet the prevention, access-to-care, and health equity goals of the NHAS, states are encouraged to develop state-specific plans with explicit goals and targets to better coordinate provision of HIV/AIDS prevention, care, and treatment services. To support these efforts, the Texas HIV/AIDS community should work with state officials to:

Coordinate HIV/AIDS planning with the Texas Department of State Health Services (DSHS), HHSC, Texas Department of Criminal Justice, and other relevant state agencies. A Texas HIV/AIDS strategy that engages all relevant state agencies (as well as people living with HIV/AIDS and their health and social services providers) and identifies goals and benchmarks to further NHAS priorities will improve interagency coordination and engage the HIV/AIDS community in a statewide response to a changing healthcare environment. Coordination among all relevant agencies will be even more important as HIV/AIDS services providers, funding, and programs are integrated into broader healthcare systems.

3. Ensure That HIV/AIDS Services Providers Are Able to Adapt to a Changing Healthcare Environment. Federal healthcare reform, state Medicaid reform, and movement away from HIV/AIDS funding and services “silos” signal challenges and opportunities for HIV/AIDS prevention, care, and treatment. To support coordinated and comprehensive care, the HIV/AIDS community, state health officials, and broader health safety net providers must:

Support increased collaboration and affiliation between HIV/AIDS services providers and community health centers.

Community health centers are becoming an increasingly important source of care for people living with HIV/AIDS and will become even more important in 2014. However, many community health centers and HIV/AIDS services providers currently operate separately. Strategies for increased collaboration include applying to become a federally qualified health center (FQHC) or implementing affiliation agreements for provision of services with existing FQHCs. The Texas DSHS should work with the HIV/AIDS community and community health centers to explore these options.

Ensure that the Ryan White HIV/AIDS Program continues to provide essential medical and support services. Even after 2014, the Ryan White HIV/AIDS Program will still be needed to provide a safety net for vulnerable populations who are not eligible for public insurance—and to provide essential HIV/AIDS services that still will not be fully covered by public or private insurance. For instance, dental care, transportation, nonmedical case management, nutrition programs, and mental health and substance abuse treatment are necessary to provide “whole person” care for people living with HIV/AIDS. State and federal governments must ensure that the Ryan White HIV/AIDS Program continues to provide these services.

4. Implement Expansion of Medicaid Managed Care in Ways That Work for People Living With HIV/AIDS. Texas is in the process of significantly expanding its Medicaid managed care program, which could mean changes in benefits and providers. Managed care models must be designed in ways that ensure access to care for people living with HIV/AIDS and other chronic conditions. To address these issues Texas must:

Include HIV/AIDS stakeholders in Medicaid managed care implementation decisions. Including HIV/AIDS services providers in managed care networks, ensuring that capitated payments do not discourage providers from accepting people with chronic and expensive medical conditions, and ensuring that plan information is accessible are essential steps in making managed care models work for people living with HIV/AIDS. The HIV/AIDS community should be included in any stakeholder input process to ensure that the expansion of managed care does not disrupt care and treatment in Texas.

About SHARP – A national project of the Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project, the State Healthcare Access Research Project (SHARP) develops state-level research reports by conducting a series of focus groups and one-on-one interviews with people living with HIV/AIDS, community-based AIDS services providers, healthcare providers, faith leaders, state and federal government officials, and other researchers and advocates. The insights gained from these meetings are supplemented with independent research. SHARP is designed to examine states’ capacities to meet the healthcare needs of people living with HIV/AIDS and has three main goals: (1) improve access to care and treatment, with an emphasis on addressing state-level barriers to care; (2) share information and advocacy strategies that reduce barriers in access to care within and among states; and (3) support coalition development and self-sustained, grassroots advocacy capacity in states. This project is conducted in collaboration with and funded by Bristol-Myers Squibb’s WithInSight Initiative. The content of this summary does not necessarily reflect the views or opinions of Bristol-Myers Squibb. **Visit SHARP online at www.taepusa.org or www.withinsightinitiative.org.**

Prepared by the Health Law and Policy Clinic of Harvard Law School and the Treatment Access Expansion Project.



Health Law and Policy Clinic
of Harvard Law School



A collaboration between the HIV community
and Bristol-Myers Squibb



Treatment Access Expansion Project

An Analysis of the Successes, Challenges, and Opportunities for Improving Healthcare Access