

HEALTH CARE REFORM: Key Improvements for People Living with HIV and AIDS in The Patient Protection and Affordable Care Act of 2010

On March 23, 2010, President Obama signed the **Patient Protection and Affordable Care Act of 2010** (“PPACA”) into law. Shortly thereafter the House and Senate amended the statute through the reconciliation process and we now have a final health care reform bill. PPACA is the most comprehensive reform to the United States’ health care system since the passage of Medicare and Medicaid in 1965. While PPACA does not offer everything the HIV community had hoped for in health care reform, it does create tremendous opportunities for improving access to care and treatment for many people living with HIV and AIDS. The most important new health care access opportunities for people with HIV and AIDS are as follows:

Public health insurance (Medicaid/Medicare) improvements

- Eliminates the Medicaid disability requirement and provides access to Medicaid to individuals and families with income below 133% of FPL in 2014 (currently income below \$14,403 for an individual and \$29,326 for a family of four)
- Eliminates the Medicare Part D “donut hole” by 2020, provides a \$250 rebate for donut hole costs in 2010, and requires pharmaceutical companies to provide a 50% discount on brand-name drugs in the donut hole beginning in 2011
- Counts ADAP contributions toward the Medicare Part D’s True Out of Pocket Spending Limit (“TrOOP”) starting in 2011

Private health insurance improvements

- Increases access to private health insurance by reducing discrimination based on health status or gender - prohibits pre-existing condition exclusions and lifetime limits on coverage in 2010, and charging higher premiums based on gender or health status in 2014
- Increases scope of coverage through a new mandatory benefits package that among other benefits includes prescription drugs, mental health and substance abuse treatment, preventive care and chronic disease management in 2014.
- Increases affordability through subsidies for people with incomes up to 400% of the federal poverty line (“FPL”) (income up to \$43,320 for an individual and \$88,200 for a family of four)
- Creates an individual mandate requiring uninsured individuals to purchase insurance beginning in 2014

Other key reforms

- Invests in prevention, wellness and public health activities
- Invests in efforts to reduce health disparities
- Supports the clinical workforce with an emphasis on the needs of underserved communities

Moving Forward with Future Reform Efforts

Despite the impressive progress that PPACA will make toward improving health care for people living with HIV and AIDS, the future is certain to bring continued challenges in health care access, quality, and cost. Many of PPACA’s most important reforms, including the Medicaid expansion, will not occur until 2014. Thus, advocacy will be necessary both to encourage new reforms, and to provide health care access for those who are uninsured or underinsured during the transitional period before the reforms fully take effect. PPACA will provide unprecedented opportunities to improve health care access, affordability, and quality for the HIV/AIDS community. It is crucial that we fully take advantage of PPACA and continue to work toward a future of high quality, equitable, and sustainable health care for everyone in the United States.