Health care coverage and viral suppression pre- and post-ACA implementation (#1012)
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Background
- The Affordable Care Act (ACA) was fully implemented in 2014, expanding health care coverage options for many persons in the U.S., including those living with HIV.
- Many persons living with HIV became newly eligible for Medicaid or subsidized private coverage, depending on whether or not their state expanded Medicaid.
- Persons with household incomes <100% of the federal poverty level (FPL) who live in Medicaid non-expansion states do not qualify for subsidized private coverage under the ACA and had limited coverage options.
- For more than 25 years, the Ryan White HIV/AIDS Program (RWHAP) has provided uninsured and unstressed people living with HIV in the United States with quality HIV care, treatment, and supportive services.

Objectives
- To describe changes in health coverage and receipt of RWHAP assistance among persons living with HIV pre- and post-ACA implementation, overall and among persons with incomes <100% FPL.
- To assess differences in the prevalence of viral suppression by coverage type, pre- and post-ACA implementation, overall and among persons with incomes <100% FPL.

Methods
Data
- Used data from the Medical Monitoring Project (MMP), a CDC surveillance system that provides national representative estimates of characteristics of HIV-infected adults in care in the United States.
- Data collected during 2012–2015 using interview and medical record abstraction.

Analysis
- Estimated weighted percentages of patients in 2012 and 2014 who reported being uninsured or having private insurance or Medicaid coverage.
- Estimated weighted prevalences of having a documented HIV viral load test measure (<200 copies/mL) and of receiving RWHAP assistance among patients in 2012 and 2014.
- Stratified all estimates by residence in Medicaid expansion states.
- Stratified all estimates by residence in non-Medicaid expansion states and income <100% FPL.
- Used χ² tests to compare 2012 vs. 2014 estimates.

Results

Discussion and Limitations
Discussion
- In 2014, more than 3 times the percentage of persons in HIV care were uninsured in non-Medicaid expansion states compared to those in Medicaid expansion states (23% vs. 7%).
- Viral suppression increased more from 2012–2014 among persons in Medicaid expansion states compared to those in non-Medicaid expansion states, particularly among persons with household income <100% FPL.
- RWHAP assistance increased over time in nearly every coverage group, particularly among persons in non-Medicaid expansion states.

Limitations
- Health care coverage type and receipt of RWHAP assistance were self-reported.
- Not enough time has passed since ACA implementation to assess how much change in viral suppression is attributable to changes in coverage type.

Conclusions
- It is important to carefully monitor health care coverage and clinical outcomes among persons living with HIV in a shifting health care policy landscape.
- MMP data are uniquely suited to monitor these changes over time.
- RWHAP is likely to remain an important source of support for quality HIV care, treatment, and supportive services.