

# 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 and do not qualify for subsidized private coverage under the ACA had limited coverage options.
- For more than 25 years, the Ryan White HIV/AIDS Program (RWHAP) has provided underinsured and uninsured 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

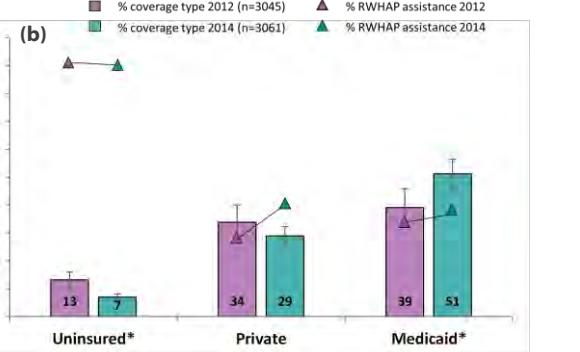
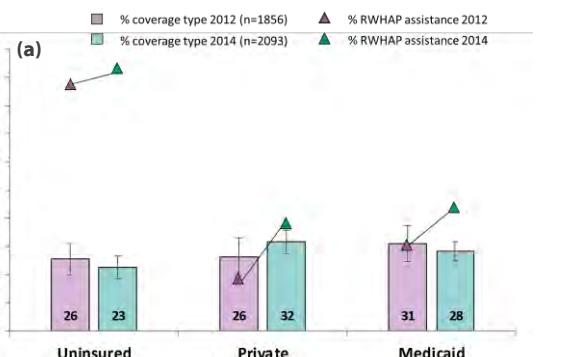
- Used data from the Medical Monitoring Project (MMP), a CDC surveillance system that produces nationally representative estimates of characteristics of HIV-infected adults in care in the United States
- Data collected during 2012–2015 using interview and medical record abstraction

### 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 undetectable viral load at last measure (<200 copies/mL) and of receiving RWHAP assistance among patients in 2012 and 2014, by health care coverage type
- Stratified all estimates by residence in Medicaid vs. non-Medicaid expansion states and income <100% FPL
- Used  $\chi^2$ -square tests to compare 2012 vs. 2014 estimates

## Results

Figure 1. Percentage of patients by health care coverage type and with RWHAP assistance in (a) non-Medicaid expansion and (b) Medicaid expansion states: Medical Monitoring Project, 2012 and 2014



\*Difference in percentage between 2012 and 2014 is statistically significantly significant ( $p<0.05$ )  
Error bars indicate 95% confidence intervals  
Prevalence ratios (PR) indicate % with coverage type or viral suppression in 2014 vs. 2012

Figure 2. Percentage of patients with household incomes <100% FPL by health coverage type and with RWHAP assistance in (a) non-Medicaid expansion and (b) Medicaid expansion states: Medical Monitoring Project, 2012 and 2014

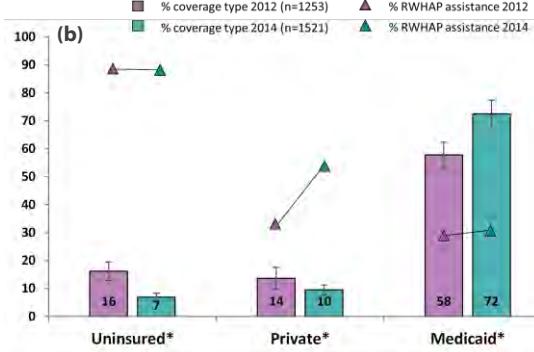
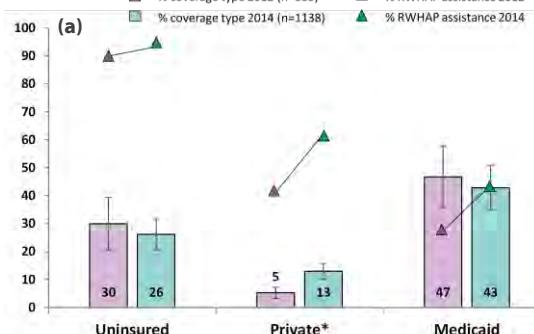


Figure 3. Percentage of patients virally suppressed by health coverage type in (a) non-Medicaid expansion and (b) Medicaid expansion states: Medical Monitoring Project, 2012 and 2014

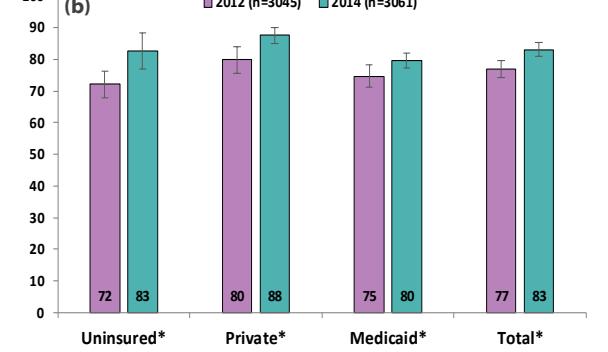
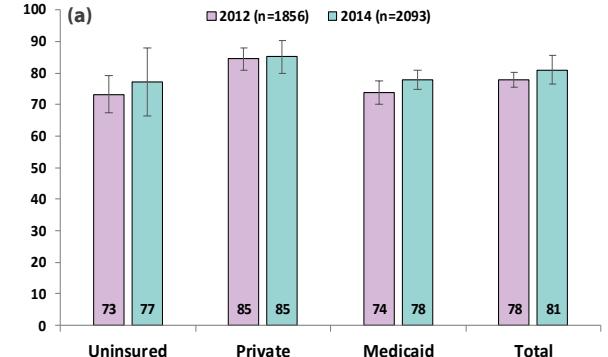
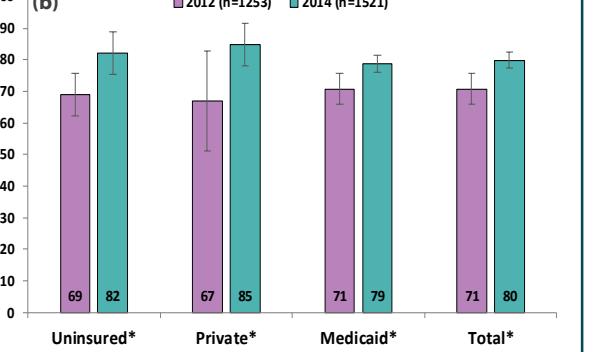
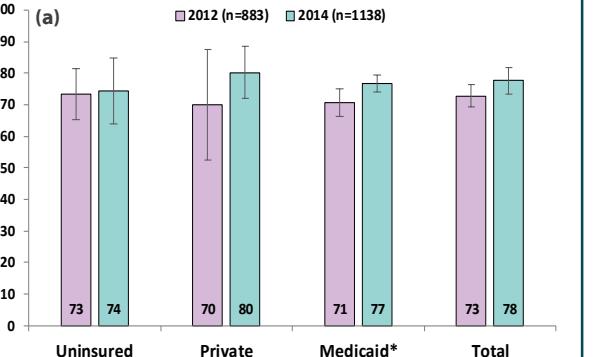


Figure 4. Percentage of patients with household incomes <100% FPL virally suppressed by health coverage type in (a) non-Medicaid expansion and (b) Medicaid expansion states: Medical Monitoring Project, 2012 and 2014



## 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 incomes <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.

## Contact Information

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