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10 Reasons the Medicaid Expansion Benefits Women Living with HIV

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1. **The Medicaid Expansion eliminates a "Catch-22" for people with HIV that exists under current law.** The Expansion extends coverage to individuals below 138% FPL without requiring a categorical link. Currently, people living with HIV are not eligible until they are unable to work due to disability. Expanding Medicaid ensures earlier entry into treatment, thus promoting better health and wellness for women and their families.

2. **Expanding Medicaid can allow more women living with HIV to remain in the workforce, improving the state economy.** Women living with HIV who have reliable and affordable health insurance, like Medicaid coverage, are more likely to get needed medical attention and live in better health.[1]

3. **The Medicaid Expansion will free up state funds used for AIDS Drug Assistance Programs (ADAPs).** Women make up nearly a quarter of those served by ADAPs.[2] ADAPs are block grant programs funded by the federal government and the states. With the Expansion, many states can shift over half of their current ADAP enrollees to Medicaid, leveraging a higher federal match and freeing up significant state ADAP dollars to provide other health and social services. For example, in Alabama, over 80% of clients currently enrolled are below 133% FPL and in Florida, more than 60% of those enrolled are below 133% FPL.[3]

4. **The Medicaid Expansion will also free up state and local spending that now goes to mental health services for low-income patients.** Women with HIV and co-occurring mental health and substance use disorders need comprehensive, integrated, and continuous health services.[4] Studies find that women with HIV have a high incidence of substance use disorders yet often do not receive treatment. These women have higher rates of psychiatric co-morbidity and more negative consequences than their male counterparts.[5] Mental health and substance use disorder services must be covered under the Expansion, potentially saving between $11 and $22 billion in funds that states would otherwise spend on mental health programs from 2014-2019.[6]

5. **Medicaid coverage is provided on the basis of medical necessity.** Some public programs have spending caps, with neither the federal government nor the state obligated to provide services when funds are exhausted. Medicaid services are provided when medically necessary.[7] This means more continuous coverage for office visits, prescription drugs, and services needed to ensure adherence to HIV treatment.

6. **Coverage in the Medicaid Expansion will bring important cost-sharing protections.** Uninsured women living with HIV cite cost as a major barrier to private coverage, and even those with private insurance have reported problems accessing care due to high deductibles and co-payments.[8] The cost-sharing protections in the Medicaid program will help eliminate the significant cost barriers to coverage for women living with HIV.

7. **Medicaid coverage means transportation assistance.** Women living with HIV report being more likely than men to postpone care because they lack transportation.[9] Under Medicaid, states must ensure transportation for enrollees to and from providers, with the option to include transportation and "other" travel related expenses including meals, lodging, and the cost of a necessary attendant, as Medicaid-covered services.[10]

8. **Medicaid Expansion coverage must include at least the essential health benefits (EHB).** All newly eligible individuals under the Expansion must receive, among other mandatory categories of services, preventive and wellness services (including chronic disease management), prescription drugs, and maternity and newborn care.[11] This is particularly beneficial in meeting the unique health needs of women living with HIV.

9. **The Medicaid Expansion is an exceptionally generous deal for the states.** States will receive 100% federal funding for the Expansion for the first three years, to be gradually reduced to 90% thereafter. Between 2014 and 2022, a fully implemented state Medicaid Expansion could cover thousands of women living with HIV with very few state dollars.[12]

10. **Providing reliable and affordable coverage through the Medicaid Expansion will help low-income women by supporting and strengthening their families.** Low-income women living with HIV often serve as the primary caretakers for their children and other household members.[13] When parents and caretakers are insured, their children are more likely to be insured, and families can make more effective use of their coverage.

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[1] *See* KAISER COMM'N ON MEDICAID AND THE UNINSURED, SICKER AND POORER: THE CONSEQUENCES OF BEING UNINSURED 12 (2003).
[2] *See* Kaiser Family Foundation, *State Health Facts, Distribution of AIDS Drug Assistance Program (ADAP) Clients Served by Gender* (June 2011), *available at* http://www.statehealthfacts.org.
[3] *See* Kaiser Family Foundation, *State Health Facts, Total AIDS Drug Assistance Program (ADAP) Clients Enrolled, FY 2010*, *available at* http://www.statehealthfacts.org.
[4] W. Dean Klinkenberg & Stanley Sacks, *Mental disorders and drug abuse in persons living with HIV/AIDS*, 16 AIDS Care 22 (2004).
[5] *Id.*
[6] Matthew Buettgens et al., The Robert Wood Johnson Found. & Urban Inst., *Churning Under the ACA and State Policy Options for Mitigation* (June 2012).
[7] *See* 42 U.S.C. § 1396a(a)(10); *cf. Goldberg v. Kelly*, 397 U.S. 254 (1970).
[8] *See* Kaiser Family Foundation, *The Healthcare Experiences of Women with HIV/AIDS: Insights from Focus Groups* (Oct. 2003), *available at* www.kff.org.
[9] *See* William Cunningham et al., *The Impact of Competing Subsistence Needs and Barriers on Access to Medical Care for Persons with Human Immunodeficiency Virus Receiving Care in the United States*, 37 Medical Care 1270 (1999).
[10] *See* 42 U.S.C. §§ 1396a(a)(4)(A), 1396d(a)(27); 42 C.F.R. §§ 431.53, 440.170(a); CMS, STATE MEDICAID MANUAL § 2113.
[11] *See* Affordable Care Act (ACA), Pub. L. No. 111-148, § 1302 (2010).
[12] *See* Amy Killelea et al., *Affordable Care Act Priorities: Opportunities for Addressing the Critical Health Care Needs of Women Living with or at Risk for HIV* (July 2012), *available at: http://www.nblca.org/wp-content/uploads/2012/03/Affordable_Care_Act_.pdf.*
[13] *Id.*