The Affordable Care Act and Viral Hepatitis: Opportunities and Challenges

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Our advocacy is working!

• 2011 is a landmark year in viral hepatitis advocacy
• President Obama calls for 20% funding increase
• HHS viral hepatitis action plan release/Congressional briefing
• We have strong, passionate, bipartisan Congressional champions
• We have a new and powerful advocacy tool
The Affordable Care Act (ACA)

- Signed into law on March 23, 2010
- Most significant and far reaching health care reform since establishment of Medicaid/Medicare
- Builds on current public/private health care system
- Expands access to care, ends discrimination, seeks to control costs, prioritizes prevention
- Mandates all U.S. citizens/legal residents to maintain insurance
- Provides financial assistance to low-income people
- Most significant changes begin in 2014
Why is the ACA important to us?

• Expands access to care/treatment through Medicaid expansion, private insurance exchanges, financial assistance
• Strengthens community health centers
• Ends discrimination against pre-existing conditions
• Eliminates co-pays for some screening/vaccination
• Establishes Prevention and Public Health Fund – opportunity for viral hepatitis $$
• Prioritizes reduction of health disparities
• New HHS hepatitis action plan depends on ACA implementation
Key components of the ACA

• Medicaid (Medi-Cal) expansion
• State insurance exchanges
• Elimination of discrimination
• Essential benefits
• Prevention and Wellness
• Establishes Prevention and Public Health Fund
  – opportunity for viral hepatitis $\$
Medicaid (Medi-Cal) expansion

• 2014: new eligibility category for all uninsured non-elderly low-income individuals (<133 of federal poverty level, or FPL)
• People will no longer have to be extremely sick to get Medicaid
• Guaranteed set of benefits
• Federal government will pay 100% of costs during 2014-16; gradually decreases to 90% in 2020
Private insurance exchanges

• 2014: private insurance coverage options for individuals with income above 133% FPL
• Centralized, regulated, state-based marketplaces to purchase insurance
• Guaranteed minimum set of benefits
• Tax credits, subsidies, and out-of-pocket spending caps for people with income between 133%-400% FPL
• Prohibits discrimination for pre-existing/high-cost health conditions and gender
Essential benefits package

- Ambulatory patient services
- Emergency services
- Hospitalization
- Maternity/newborn care
- Mental health/substance use
- Prescription drugs
- Rehabilitative services/devices
- Laboratory services
- Preventive/wellness/chronic disease management
- Pediatric services, including oral and vision
Prevention and Wellness

• Coverage of clinical preventive benefits under all forms of insurance
•Eliminates co-pays for certain preventive services
  • Services must have an “A” or “B” rating from the U.S. Preventive Services Task Force
  • Includes: hepatitis A and B vaccination for at-risk groups; hepatitis B screening for pregnant women
• Does **not** include: hepatitis C testing and hepatitis B testing for other at-risk adults
Prevention and Public Health Fund

• Provides grants to states and communities to prevent illness and promote health, strengthen public health infrastructure, train medical workforce
• $500 million in 2010, grows by $250 million per year to $2 billion in 2015
• Provides great opportunity to secure funding for viral hepatitis prevention, screening, testing
• Will require strong and sustained advocacy to (1) defend the Fund and (2) secure a portion for viral hepatitis
The new HHS hepatitis action plan depends on the Affordable Care Act

- Expanded access to care/treatment
- Reducing health disparities
- Strengthening/expansion of community health centers
- Prioritization of prevention
- Increased vaccination/screening/testing
- Developing and training health care workforce
ACA challenges

• Undocumented not covered
• Legal immigrants continue to be ineligible for Medicaid for first 5 years in U.S.
• Will not be affordable for everyone
• Insurance coverage doesn’t guarantee full access or quality
• Doesn’t address provider reimbursement
• Requires continued funding/support from Congress
• Many states dealing with severe budget crises and eroding health care infrastructure
ACA under attack

• House leadership has prioritized repealing/gutting the ACA
• House has voted to repeal the ACA and the Prevention and Public Health Fund
• Rejected by Senate and President Obama
• Court challenges
• Many Governors oppose various provisions
• Continued attacks can result in reduced public support
What can you do?

• Ask your U.S. Representative and Senators Feinstein/Boxer to:
  • Defend the ACA against all attacks
  • Support increased funding for viral hepatitis
  • Fight for implementation of the new HHS hepatitis action plan
• Monitor implementation of the ACA and weigh in on viral hepatitis issues
  • Join Hepatitis Health Action
  • Review California’s exchange website
• Urge Governor Brown and the State Legislature to protect Medi-Cal and our public health infrastructure
Resources

Hepatitis Health Action: email rclary@projectinform.org or search on Facebook

Federal government’s ACA website:

www.healthreform.gov

Implementation of ACA in California:

http://healthcare.ca.gov/

Trust for America’s Health:

www.tfah.org

FamiliesUSA:

www.familiesusa.org/health-reform-central

Kaiser Family Foundation:

http://healthreform.kff.org