Early Data Suggests Many With HIV Accessed Obamacare

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A preliminary study conducted by a major pharmacy benefits manager suggests that a significant proportion of those accessing marketplace insurance plans through Obamacare are people with HIV, The New York Times reports. Analyzing data on 650,000 people who received insurance coverage in January and February, Express Scripts found that people in these insurance plans were more likely to take medications for HIV, depression and pain than those in employer-based plans.

Given that the deadline to sign up for marketplace plans was March 31—and for some the deadline was extended to April 15—this data provides an early snapshot to an evolving portrait of those covered under the Affordable Care Act's private insurance policies. The study's findings are welcome news to those advocating for HIV-positive Americans' access to health care. Carl E. Schmid, deputy executive director for the AIDS Institute, told the Times that it appeared that people with HIV who were previously shut out of insurance coverage because of pre-existing condition restrictions were now receiving care.

But the suggestion that a significant percentage of those accessing marketplace plans are living with HIV is also a concern to insurers, considering the high expense of treatment for the virus. In order to keep premium costs down and turn a profit, insurers seek to strike a balance between people who have high health care costs and those who pay more into the system than they get out of it—typically referred to as the "younger and healthier" set.

About six out of every 1,000 prescriptions in the marketplace plans, the study found, were for HIV medications. By comparison, those in employer-based insurance plans access HIV medications at a rate just one quarter of that figure.

In marketplace plans, Atripla (efavirenz/emtricitabine/tenofovir) came out on top of the list of overall expenditures for any given drug. Employee plans rank this first-line antiretroviral combination pill at spot No. 18 on the list of cumulative payouts for medications. Truvada (emtricitabine/tenofovir) came in at No. 6 on the expense list for marketplace plans and 51st for employer plans.

The study also painted a worrisome portrait of the out-of-pocket expenses that HIV-positive people may be incurring in the marketplace plans. Across the board, people in these plans have been paying for a greater proportion of drug costs when compared with those receiving employer-based

coverage.

To read the New York Times story, click here.

To read the study, click here.

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