Obamacare is Here

An edited excerpt from David Ernesto Munar's POZ blog post "ObamaCare Is Here--But Is It Working for People With HIV?"

September 25, 2013 By David Ernesto Munar

On January 1, 2014, national health care reform will provide new health insurance options for millions of people. Thanks to leadership from local officials and the Obama administration, the Affordable Care Act (ACA) is already being implemented in Cook County—the home of Chicago—in the form of CountyCare.

This new program implements a provision of national health care reform that allows states to expand Medicaid programs to cover most low-income adults. The federal Center for Medicare and Medicaid Services (CMS) granted Cook County permission to implement the program in October 2012. Previously, as many as 250,000 Cook County residents were excluded from Medicaid because they did not meet the program's requirements, such as being totally disabled. The AIDS Foundation of Chicago (AFC) estimates that 1,800 or more Cook County residents with HIV could benefit from CountyCare.

While CountyCare is a sign of great things to come, it also provides critical lessons. The AFC released a report on the importance of CountyCare. It contains policy recommendations for the city and state departments of public health, Cook County and the federal government to improve the program for people with HIV and avoid problems.

The most significant issue with CountyCare for people with HIV is that nine HIV clinics in Chicago are excluded from the primary care network. As a result, 500 or more patients with HIV could be forced to switch doctors. Many low-income people with HIV have tenuous connections to the health care system. Having to find a new doctor can cause many of them to drop out of care entirely. Delayed or disrupted health care harms people with HIV and also worsens the health of our communities.

The federal Ryan White Program, which subsidizes care for low-income uninsured patients with HIV, must by law be the payer of last resort. Federal law prohibits clinics from serving patients with Ryan White dollars if their insurance could be used. Thus, people with HIV are caught in a bind: They are required to apply for all insurance for which they are eligible, but if they enroll, they might be forced to leave their current health care provider of choice.

Such potential disruptions occur because different federal government entities routinely drop the ball in coordinating and communicating their strategies. One of the lessons we have learned as we prepare to implement health care reform nationwide is to closely monitor the interactions and implications of various programs. We cannot rely on the federal government to communicate across or even within agencies. Sustained advocacy and vigilance will be needed.

It’s clear that the transition to new health care reform programs will be slower than we want. Case managers and other clinic staff are already overwhelmed by the clients they see every day; it will be challenging to help thousands more people apply for new ACA programs, connect them to resources and ensure they get optimal care. New federal funding for ACA enrollment staff should help.

The HIV community needs to better prepare for new ACA programs. Clinics should reach out to new Medicaid and private insurance programs to make sure they are part of these new programs, and the insurance companies must do their part and enroll HIV clinics in their networks. Clients can’t be stripped of medical options because their doctors don’t accept their insurance.

David Ernesto Munar is the President and CEO of the AIDS Foundation of Chicago. Click here to read the entire blog.
