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Highlights:

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Introduction

Over a thousand Ohioans are likely to be infected with HIV in 2016. Almost a third of them will be under the age of 24 (many in their teens), and they will be disproportionately African American. According to the Centers for Disease Control, a significant percentage of these individuals will not be tested early, will not receive medical care, and will not have access to the most effective medications. Only a small fraction of them will have their viral load suppressed, which means most will be able to infect others. The tragedy of this is that we now have many of the tools we need to eventually end this epidemic in Ohio, but we lack coordinated leadership to put these tools to work and create other strategies that will help finish the job. But we have an opportunity now to demonstrate leadership as the Ohio Department of Health (ODH) begins work on a federally mandated integrated 5-year plan for HIV prevention, and care. But it's not a job for state government alone. A renewed commitment is required from the public, private, and philanthropic sectors in order to end the HIV/AIDS epidemic in Ohio.

Background

Late last month, the Joint Medicaid Oversight Committee (JMOC) of the Ohio General Assembly released an excellent report with the innocuous title, "Review of the Ohio Department of Health Treatment Programs." It was a report that the Ohio General Assembly mandated when they passed the state's two-year budget[1] in June 2015. JMOC was charged with reviewing the ODH Ryan White Program, the Breast and Cervical Cancer Screening program, the Bureau for Children with Medical Handicaps, Maternal and Children Safety Net and Reproductive Health programs and Immunizations. The review was initially driven by the view of some in the legislature that these programs could be reduced in the wake of the Affordable Care Act. However, it transformed into an exploration of what the programs could do to sharpen their focus and integrate more fully into the larger health care system so that funding could be leveraged, health outcomes could be improved, and costs could be lowered.

[1] Amended Substitute House Bill 64, Ohio General Assembly, June 2015.

This paper looks at the JMOC recommendations related to HIV and AIDS along with recommendations from a 2014 report by Mathematica Policy Research for ODH and a recent paper from the Ohio AIDS Coalition on ending the HIV epidemic in Ohio. With the passage of the Affordable Care Act, the expansion of Medicaid coverage in Ohio, the continued advances in highly active anti-retroviral therapy (HAART) for people living with HIV, expansion of the use of Pre-Exposure Prophylaxis (PrEP), and Ohio's liberalization of needle exchange laws—there is a clear path that the state should follow to end the HIV epidemic in Ohio.

Mathematic Policy Research Review of ODH Ryan White Program

In 2014, ODH contracted with Mathematica Policy Research to assess the impact of the Affordable Care Act on several health programs it operates, including the Ryan White Program. The Ryan White program supports primary HIV care, HARRT, and supportive services for persons living with HIV. The report was to examine, among other things, potential savings the state might experience by shifting services managed by the state to the 100 percent federally funded Medicaid expansion or to a qualified health plan purchased through the federally facilitated insurance marketplaces.

The report didn't identify any reduction in state spending on HIV/AIDS made possible by the ACA. This is in part because the U.S. Health Resources and Services Administration (HRSA) requires states to maintain a certain level of qualified expenditures in order to obtain any federal Ryan White funding. HRSA bases the required funding match on the number of HIV/AIDS cases in a state and the proportion they represent of total HIV/AIDS cases in the United States. Ohio's match requirement over the past three years has been approximately $11.5 million annually.[2] The report did estimate a reduction in federal Ryan White HIV/AIDS Program (RWHAP) spending in Ohio of between $6.8 and $8.6 million if 60 to 100 percent of the population newly eligible for ACA health care coverage obtained it in State Fiscal Year 2015.[3]

The report pointed out that the RWHAP provided a number of important services that helped people living with HIV/AIDS stay healthy and that would not be covered by Medicaid or by private insurance coverage available through federally facilitated marketplaces. These services included early intervention services, child care, housing, respite care, legal services, medical case management (including treatment adherence

[2] Review of Ohio Department of Health Treatment Programs, Joint Medicaid Oversight Committee Staff, December 2015.

[3] Consulting Services for the Affordable Care Act: Final Report, JudyAnn Bigby, Mathematica Policy Research, December 30, 2014.

counseling), and quality assurance reviews.[4] The report noted that several of these services had important public health dimensions and were critical to preventing the further spread of HIV.

While Medicaid has always been the largest payer of services for people living with HIV/AIDS, the report documented the significant impact of expanded Medicaid and subsidized coverage available through the federally facilitated marketplaces. For example, it estimated that 72 percent of low-income African Americans living with HIV/AIDS would become eligible for Medicaid compared to 31 percent prior to Medicaid expansion. Adults aged 19 to 39 were projected to go from 23 percent Medicaid eligible to 68 percent Medicaid eligible. Medicaid's involvement with people living with HIV/AIDS will grow even greater, as will the need for closer collaboration with the Ohio Department of Health's RWHAP.

The Mathematica report provided policy makers with a base line of information on Ohio's Ryan White program. It underscored that the RWHAP pays for services not covered under Medicaid or private coverage, and that some of these services have important public health implications and help to reduce the spread of the disease. Finally, it illustrated the even more central role Medicaid could play in providing comprehensive health care to persons living with HIV/AIDS, thereby helping to halt the spread of the disease. While the report helped the RWHAP—and other ODH programs—to emerge from the state budget without any funding cuts, legislators still had questions, so they included language in the state budget requiring JMOC to do a further review of several ODH programs funding clinical services.

Joint Medicaid Oversight Committee Review of ODH Ryan White Program

The JMOC report tips its hand in the opening overview when it states, "Compared to other states, Ohio has traditionally taken a narrow view of how these dollars (Ryan White and other ODH programs) may be used. Other states have been more aggressive and creative in their use of these funds." It goes on to say, "Nowhere is the opportunity greater than in the Ryan White Program—the availability of coverage through the expansion (of Medicaid) and the exchange offers the state the opportunity to contemplate what is needed to win the war on HIV/AIDS."

Some of the findings from the report:

- Based on Centers for Disease Control data, there are 4,000 Ohioans infected with HIV who don't know they are infected, and of those who do know they're

[4] [4] Consulting Services for the Affordable Care Act: Final Report, JudyAnn Bigby, Mathematica Policy Research, December 30, 2014.

infected, the majority are not virally suppressed – meaning they can infect others.

- Neither the Ohio Department of Health nor the Ohio Department of Medicaid track whether people living with HIV/AIDS are engaged in care, have been prescribed highly active anti-retroviral therapy, or are virally suppressed. Although the ODH HIV Care Services Section does track four measures, including viral load and viral suppression, for its Part B clients.

- In state fiscal year 2015, the Ohio Department of Medicaid spent over $190 million on services to more than 9,400 individuals with HIV/AIDS diagnosis.

- Last year, the Ohio Department of Health (ODH) returned $8.5 million in unspent federal Ryan White Part B dollars to the federal government. [5]

- Ohio's rate of new HIV infections is slightly higher than the national average, and more than half of new infections occur among African-Americans. Nearly one in three new HIV infections in Ohio occurs among those between the ages of 13 and 24, and the young people infected are disproportionately African-American. Despite this, in State Fiscal Year 2016, ODH has budgeted to leave 20 percent of its AIDS Prevention and Treatment line item unspent as part of its "cost containment" strategy.

The number of uninsured Ohioans served by ODH's HIV Drug Assistance Program has dropped by more than half with the implementation of the ACA and the expansion of Medicaid in Ohio.

COVERAGE	2014	2015
Uninsured	50.1%	16%
Medicaid	6.7%	21%
Private Coverage	15.9%	27%
Medicare	27%	35%

The JMOC report includes several specific opportunities for ODH:

- The Ryan White Part B program should apply to HRSA for a waiver that would allow it to spend up to 10 percent of its AIDS Drug Assistance Program funds on medical case management services. This could increase medication

[5] Review of Ohio Department of Health Treatment Programs, Joint Medicaid Oversight Committee Staff, December 2015.

adherence and viral load suppression and reduce the amount of funds that Ohio returns to the federal government.

- The Ryan White Part B program should then extend its medical case management services to all HIV-positive Medicaid clients. It points out that many of these clients are not receiving any HIV-specific case management services.

- While the federal government allows states to spend up to 25 percent of their Ryan White Part B funds for supportive services, Ohio spends only 0.9 percent. The report suggests boosting spending on supportive services, particularly for high-risk clients, like housing assistance, transportation, and other services that increase the likelihood of treatment adherence. These are services not covered through Medicaid or private health insurance, but which are vital to people in vulnerable situations.

- ODH has made the reduction of HIV transmission a measurable goal in their 2015-2016 State Health Improvement Plan—reducing the rate of new infections by two-tenths of 1 percent by the end of 2016. JMOC calls on ODH to use its "authority and credibility to ensure that Ohioans know of the risks of HIV/AIDS." One way to do this would be for ODH to use Part B funds and state funds dedicated to HIV/AIDS treatment and prevention to support expanded outreach and prevention, including testing.

- Finally, the report suggests that ODH and ODM should adopt rules to develop an Ohio-specific HIV treatment cascade – documenting how many Ohioans are HIV infected, receiving health care and HAART services, and have a suppressed viral load. This will require working with Medicaid managed care plans, other insurers, and providers. Surveillance is a basic public health responsibility, and an Ohio-specific treatment cascade will allow the state and others to better target treatment and prevention strategies.

Ohio AIDS Coalition Plan to End HIV Transmission in Ohio

The Ohio AIDS Coalition, a division of AIDS Resource Center Ohio (ARC Ohio), provides education, leadership training, advocacy, and support for Ohio's HIV/AIDS community. Late last year, they developed and published a thoughtful and ambitious plan for ending the HIV epidemic in Ohio.[6] It includes a number of recommendations around increasing public awareness, making HIV testing more routine, and targeting testing toward those

[6] Breaking the Silo, Flattening the Cascade, Ending the HIV Epidemic in Ohio, The Ohio AIDS Coalition, December, 2015

groups most at risk. It lays out specific steps that Ohio's departments of Health, Medicaid, Insurance, and Rehabilitation and Corrections should take. It recommends comprehensive sexual health education for grades K-12 to educate students around decision making impacting their health and reduce new infections among youth. It also recommends implementation of syringe exchange programs and aggressive education around the use of Truvada for Pre-exposure Prophylaxis (PrEP), because of their effectiveness in protecting individuals from acquiring HIV.

One of the most important recommendations surrounds Ohio's outdated criminal statutes related to HIV and sexual contact, loitering, and solicitation. It suggests amending the current statutes to provide no enhanced penalty for people who are on antiretroviral medications and are virally suppressed to ensure that Ohioans feel safe in testing to learn of their HIV status. Finally, it has a series of recommendations around data collection and monitoring that are more detailed than in the JMOC report. For example, it suggests that the state contract with Ohio Colleges of Medicine Government Resource Center at Ohio State University to aggregate HIV data from ODH and merge it with Medicaid fee-for-service claims data, Medicaid managed care encounter data, and Medicare data to produce an HIV treatment cascade that is Ohio specific.

OAC recommends that state launch an aggressive targeted testing campaign focused on those populations with the highest rates of new infections. This would include men who have sex with men, African-Americans, Latinos, and transgender persons. The importance of this recommendation is underscored by Cleveland Department of Public Health data projecting that of the 10,415 community HIV tests to be performed in 2015, only 11.2 percent would be provided to African-American men and only 4.5 percent to gay and bisexual African-American men. According to the 2010 U.S. Census, Cleveland's population was 53.3 percent African-American.

The OAC recommendation on syringe exchange is supported by a provision in Ohio Substitute House Bill 64 that allows Boards of Health to authorize a "bloodborne infectious disease prevention program" as a way to prevent the transmission of HIV, hepatitis, and other bloodborne diseases. This language allows for the establishment of needle exchange programs similar to the one that has operated in Cleveland for over 20 years. Injection drug use (IDU) related HIV infections are climbing in Ohio and needle exchanges are an important tool in the fight to reduce the spread of HIV/AIDS and related diseases. They also serve as a contact point between people who inject drugs and recovery resources. Needle exchange programs got a further boost when the U.S. Congress recently relaxed a long-standing ban on the use of federal funds for these programs. Although federal funds can't be used to pay for the needles themselves, they can importantly be used to pay for staff, and other operational costs.

The lifetime cost of treating just the 60 Ohioans who were diagnosed in 2013 with HIV/AIDS with injection drug use as their potential exposure could be over $22 million. Of course, there are also the human and societal costs that result from new IDU-related HIV/AIDS infections that could also be prevented.

Recommendations

- The Governor's Office of Health Transformation (OHT) has been successful in helping improve and transform many aspects of Ohio's health care system; the effort to end the HIV/AIDS epidemic in Ohio would benefit from their leadership. OHT should consider convening interested public and private partners in order to develop an appropriate and effective plan.

- ODH and ODM should develop an Ohio-specific HIV treatment cascade to track whether people living with HIV/AIDS are engaged in care, have been prescribed highly active anti-retroviral therapy, and/or are virally suppressed. This would identify gaps in programming and how to best target existing resources.

- As recommended by JMOC, ODH's Ryan White Part B program should apply to HRSA for a waiver that would allow it to spend up to 10 percent of its AIDS Drug Assistance Program funds on medical case management services.

- ODH should work with ODM and Ohio's Medicaid managed care plans to ensure that all HIV-positive Medicaid clients have access to medical case management services to ensure they maximize their benefits, and are connected with services that will help them to manage their disease. Explore how Ryan White case managers and Medicaid managed care plan case managers could share information.

- The ODH 2015-2016 State Health Improvement Plan goal of reducing the rate of new infections by two-tenths of 1 percent by the end of 2016 is modest at best. ODH should set a more aggressive goal of eliminating the transmission of HIV in Ohio.

- The Ohio Board of Education should mandate comprehensive, evidenced-based sexual health education for grades K-12 based on CDC standards.

- Local health departments should move quickly to take advantage of state and federal policy changes and convene interested parties to see how bloodborne infectious disease prevention programs (syringe exchange) could work in their

communities.

- Ohio should update its criminal statutes related to HIV and sexual contact, loitering, and solicitation; at a minimum, they should be amended to provide no enhanced penalty for people who are on antiretroviral medications and are virally suppressed.

Conclusion

Armed with provisions of the Affordable Care Act, the Medicaid Expansion to all low-income Ohioans, and CDC Prevention and state and federal Ryan White funding, Ohio has more resources than ever at its disposal to combat and end HIV. Ohio should leverage these existing funding sources creatively to ensure robust surveillance, health care access, and supportive services for those most vulnerable HIV-positive Ohioans, and ensure these strategies are reflected in Ohio's 2017-2021 HIV Integrated Strategic Plan. Leadership around these efforts will result in a longer and better quality of life for HIV positive Ohioans and fewer new infections.

Note: Thank you to my colleagues, Fellow Tara Britton and Melissa Federman, the Treuhaft Chair for Health Planning and Director of the AIDS Funding Collaborative (AFC), for their contributions to this paper. The AFC strengthens the community's response to HIV/AIDS as a public/private partnership providing coordination, leadership, advocacy, and funding in Greater Cleveland. Since 1994, the AFC has secured over $9 million to support HIV/AIDS-related services, activities, and prevention efforts in the Greater Cleveland area. The Center for Community Solutions has been involved in HIV/AIDS policy issues almost since the beginning of the epidemic.

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