FY 2024 Houston EMA/HSDA Ryan White Part A/MAI Service Definition **Health Insurance Co-Payments and Co-Insurance Assistance** (Revision Date: 5/21/15)	
HRSA Service Category Title:	**Health Insurance Premium and Cost Sharing Assistance**
Local Service Category Title:	**Health Insurance Co-Payments and Co-Insurance**
Budget Type**:** **RWGA Only**	**Hybrid Fee for Service**
Budget Requirements or Restrictions: **RWGA Only**	Agency must spend no more than 20% of funds on disbursement transactions. The remaining 80% of funds must be expended on the actual cost of the payment(s) disbursed.
HRSA Service Category Definition **(do <u>not</u> change or alter):** **RWGA Only**	***Health Insurance Premium & Cost Sharing Assistance*** is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.
Local Service Category Definition:	A program of financial assistance for the payment of health insurance premiums, deductibles, co-insurance, co-payments and tax liability payments associated with Advance Premium Tax Credit (APTC) reconciliation to enable eligible individuals with HIV disease to utilize their existing third party or public assistance (e.g. Medicare) medical insurance. <u>Co-Payment:</u> A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service. <u>Co-Insurance:</u> A cost-sharing requirement that requires the insured to pay a percentage of costs for covered services/prescription <u>Deductible:</u> A cost-sharing requirement that requires the insured to pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay. <u>Premium:</u> The amount paid by the insured to an insurance company to obtain or maintain and insurance policy. <u>APTC Tax Liability:</u> The difference paid on a tax return if the advance credit payments that were paid to a health care provider were more than the actual eligible credit.
Target Population (age, gender, geographic, race, ethnicity, etc.):	All Ryan White eligible clients with 3rd party insurance coverage (COBRA, private policies, Qualified Health Plans, CHIP, Medicaid, Medicare and Medicare Supplemental) within the Houston EMA.
Services to be Provided:	Provision of financial assistance with premiums, deductibles, co-insurance, and co-payments. Also includes tax liability payments associated with APTC reconciliation up to 50% of liability with a $500 maximum.

Service Unit Definition(s): **(RWGA only)**	1 unit of service = A payment of a premium, deductible, co-insurance, co-payment or tax liability associated with APTC reconciliation for an individual living with HIV with insurance coverage.
Financial Eligibility:	Refer to the RWPC's approved *Financial Eligibility for Houston EMA Services*.
Client Eligibility:	Individuals living with HIV residing in the Houston EMA meeting financial eligibility requirements and have insurance or be eligible to purchase a Qualified Health Plan through the Marketplace.
Agency Requirements:	Agency must: • Provide a comprehensive financial intake/application to determine client eligibility for this program to insure that these funds are used as a last resort in order for the client to utilize his/her existing insurance or be eligible to purchase a qualified health plan through the Marketplace. • Ensure that assistance provided to clients does not duplicate services already being provided through Ryan White Part B or State Services. The process for ensuring this requirement must be fully documented. • Have mechanisms to vigorously pursue any excess premium tax credit a client receives from the IRS upon submission of the client's tax return for those clients that receive financial assistance for eligible out of pocket costs associated with the purchase and use of Qualified Health Plans obtained through the Marketplace. • Conduct marketing with Houston area HIV service providers to inform such entities of this program and how the client referral and enrollment processes function. Marketing efforts must be documented and are subject to review. • Clients will not be put on wait lists nor will Health Insurance Premium and Cost Sharing Assistance services be postponed or denied without notifying the Administrative Agency. • Establish formal written agreements with all Houston HSDA Ryan White-funded (Part A, B, C, D) primary care, mental health and substance abuse provider agencies to enable clients of these agencies to enroll in Health Insurance assistance at his/her primary care, mental health or substance abuse provider site. (i.e. No need for client to physically present to Health Insurance provider.) • Utilize RWGA approved prioritization of cost sharing assistance, when limited funds warrant it. • Utilize consumer out-of-pocket methodology approved by RWGA.
Staff Requirements:	None
Special Requirements:	Agency must comply with the Houston EMA/HSDA Standards of Care and Health Insurance Assistance service category program policies.

FY 2025 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/13/2024**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Steering Committee**		Date: **06/06/2024**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Quality Improvement Committee**		Date: **05/14/2024**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
2.		
2.		
3.		

Step in Process: **HTBMTN Workgroup #2**	Date: **04/16/2024**
Recommendations:	Financial Eligibility:
1.	
2.	
3.	

Local Service Category:	**Health Insurance Premium and Cost Sharing Assistance**
Amount Available**:**	**To be determined**
Budget Requirements or Restrictions **(TRG Only)**:	Contractor must spend no more than 20% of funds on disbursement transactions. The remaining 80% of funds must be expended on the actual cost of the payment(s) disbursed. ADAP dispensing fees are not allowable under this service category.
Local Service Category Definition:	**Health Insurance Premium and Cost Sharing Assistance:** The Health Insurance Premium and Cost Sharing Assistance service category is intended to help people living with HIV (PLWH) maintain continuity of medical care without gaps in health insurance coverage or disruption of treatment. A program of financial assistance for the payment of health insurance premiums and co-pays, co-insurance and deductibles to enable eligible individuals with HIV disease to utilize their existing third party or public assistance (e.g. Medicare) medical insurance. For purposes of this service category, health insurance also includes standalone dental insurance. Co-Payment: A cost-sharing requirement that requires the insured to pay a specific dollar amount for each unit of service. Co-Insurance: A cost-sharing requirement that requires the insured to pay a percentage of costs for covered services/prescription Deductible: A cost-sharing requirement that requires the insured pay a certain amount for health care or prescription, before the prescription drug plan or other insurance begins to pay. Premium: The amount paid by the insured to an insurance company to obtain or maintain and insurance policy. Advance Premium Tax Credit (APTC) Tax Liability: Tax liability associated with the APTC reconciliation; reimbursement cap of 50% of the tax due up to a maximum of $500.
Target Population (age, gender, geographic, race, ethnicity, etc.):	All Ryan White eligible PLWH with 3rd party insurance coverage (COBRA, private policies, Qualified Health Plans, CHIP, Medicaid, Medicare and Medicare Supplemental plans) within the Houston HSDA.
Services to be Provided:	Contractor may provide assistance with: • Insurance premiums, • And deductibles, co-insurance and/or co-payments.
Service Unit Definition **(TRG Only)**:	A unit of service will consist of payment of health insurance premiums, co-payments, co-insurance, deductible, or a combination.
Financial Eligibility:	Affordable Care Act (ACA) Marketplace Plans: 100-400% of federal poverty guidelines. All other insurance plans at or below 400% of federal poverty guidelines. Exception: PLWH who were enrolled prior to November 1, 2015 will maintain their eligibility in subsequent plan years even if below 100% or between 400-500% of federal poverty guidelines.
Eligibility for Services:	People living with HIV in the Houston HSDA and have insurance or be eligible (within local financial eligibility guidelines) to purchase a Qualified Health Plan through the Marketplace.

Agency Requirements **(TRG Only)**:	Agency must: • Provide a comprehensive financial intake/application to determine PLWH eligibility for this program to insure that these funds are used as a last resort in order for the PLWH to utilize his/her existing insurance or be eligible to purchase a qualified health plan through the Marketplace. • PLWH will not be put on wait lists nor will Health Insurance Premium and Cost Sharing Assistance services be postponed or denied due to funding without notifying the Administrative Agency. • Conduct marketing in-services with Houston area HIV/AIDS service providers to inform them of this program and how the PLWH referral and enrollment processes function. • Establish formal written agreements with all Houston HSDA Ryan White-funded (Part A, B, C, D) primary care, mental health and substance abuse provider agencies to enable PLWH of these agencies to enroll in Health Insurance assistance at his/her primary care, mental health or substance abuse provider site. (i.e. No need for PLWH to physically present to Health Insurance provider.) • Utilizes the RW Planning Council-approved prioritization of cost sharing assistance when limited funds warrant it (premiums take precedence). o **Priority Ranking of Requests (in descending order)**: ▪ HIV medication co-pays and deductibles (medications on the Texas ADAP formulary) ▪ Non-HIV medication co-pays and deductibles ▪ Co-payments for provider visits (eg. physician visit and/or lab copayments) ▪ Medicare Part D (Rx) premiums ▪ APTC Tax Liability ▪ Out of Network out-of-pocket expenses • Utilizes the RW Planning Council –approved consumer out-of-pocket methodology.
Special Requirements **(TRG Only)**:	Must comply with the **DSHS Health Insurance Assistance Standards of Care** and the **Houston HSDA Health Insurance Assistance Standards of Care.** Must comply with updated guidance from DSHS. Must comply with the Eastern HASA Health Insurance Assistance Policy and Procedure.

FY 2025 RWPC "How to Best Meet the Need" Decision Process

Step in Process: **Council**		Date: **06/13/2024**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Steering Committee**		Date: **06/06/2024**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
1.		
2.		
3.		

Step in Process: **Quality Improvement Committee**		Date: **05/14/2024**
Recommendations:	Approved: Y:_____ No: _____ Approved With Changes:_____	If approved with changes list changes below:
2.		
2.		
3.		

Step in Process: **HTBMTN Workgroup #2**	Date: **04/16/2024**
Recommendations:	Financial Eligibility:
1.	
2.	
3.	

FY 2020 PERFORMANCE MEASURES HIGHLIGHTS

RYAN WHITE GRANT ADMINISTRATION

HARRIS COUNTY PUBLIC HEALTH (HCPH)

Ryan White Part A
HIV Performance Measures
FY 2020 Report

Health Insurance Assistance
All Providers

HIV Performance Measures	FY 2019	FY 2020	Change
80% of clients for whom there is lab data in the CPCDMS will be virally suppressed (<200)	1,511 (80.6%)	1,367 (73.5%)	**-7.1%**

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Americans' Challenges with Health Care Costs

Lunna Lopes (https://www.kff.org/person/lunna-lopes/), **Alex Montero** (https://www.kff.org/person/alex-montero/), **Marley Presiado** (https://www.kff.org/person/marley-presiado/), and **Liz Hamel** (https://www.kff.org/person/liz-hamel/)

Published: Mar 01, 2024

This issue brief was updated on March 1, 2024 to include the latest KFF polling data.

For many years, KFF polling has found that the high cost of health care is a burden on U.S. families, and that health care costs factor into decisions about insurance coverage and care seeking. These costs and the prospect of unexpected medical bills also rank as the top financial worries for adults and their families, and recent polling (https://www.kff.org/other/perspective/why-affordability-is-the-big-tent/) shows that lowering out-of-pocket health care costs is by and large the public's top health care priority. Health care affordability is also one of the top issues (https://www.kff.org/affordable-care-act/poll-finding/kff-health-tracking-poll-february-2024-voters-on-two-key-health-care-issues-affordability-and-aca/) that voters want to hear presidential candidates talk about during the 2024 election. This data note summarizes recent KFF polling on the public's experiences with health care costs. Main takeaways include:

- **About half of U.S. adults say it is difficult to afford health care costs, and one in four say they or a family member in their household had problems paying for health care in the past 12 months.** Younger adults, those with lower incomes, adults in fair or poor health, and the uninsured are particularly likely to report problems affording health care in the past year.
- **The cost of health care can lead some to put off needed care.** One in four adults say that in the past 12 months they have skipped or postponed getting health care they needed because of the cost. Notably six in ten uninsured adults (61%) say they went without needed care because of the cost.
- **The cost of prescription drugs prevents some people from filling prescriptions.** About one in five adults (21%) say they have not filled a prescription because of the cost while a similar share say they have instead opted for over-the-counter alternatives. About one in ten adults say they have cut pills in half or skipped doses of medicine in the last year because of the cost.
- **Those who are covered by health insurance are not immune to the burden of health care costs.** About half (48%) of insured adults worry about affording their monthly health insurance premium and large shares of adults with employer-sponsored insurance (ESI) and those with Marketplace coverage rate their insurance as "fair" or "poor" when it comes to their monthly premium and to out-of-pocket costs to see a doctor.
- **Health care debt is a burden for a large share of Americans.** About four in ten adults (41%) report having debt due to medical or dental bills including debts owed to credit cards, collections agencies, family and friends, banks, and other lenders to pay for their health care costs, with disproportionate shares of Black and Hispanic adults, women, parents, those with low incomes, and uninsured adults saying they have health care debt.
- **Notable shares of adults still say they are worried about affording medical costs such as unexpected bills, the cost of health care services (including out-of-pocket costs not covered by insurance, such as co-pays and deductibles), prescription drug costs, and long-term care services for themselves or a family member.** About three in four adults say they are either "very" or "somewhat worried" about being

able to afford unexpected medical bills (74%) or the cost of health care services (73%) for themselves and their families. Additionally, about half of adults would be unable to pay an unexpected medical bill of $500 in full without going into debt.

Difficulty Affording Medical Costs

Many U.S. adults have trouble affording health care costs. While lower income and uninsured adults are the most likely to report this, those with health insurance and those with higher incomes are not immune to the high cost of medical care. About half of U.S. adults say that it is very or somewhat difficult for them to afford their health care costs (47%). Among those under age 65, uninsured adults are much more likely to say affording health care costs is difficult (85%) compared to those with health insurance coverage (47%). Additionally, at least six in ten Black adults (60%) and Hispanic adults (65%) report difficulty affording health care costs compared to about four in ten White adults (39%). Adults in households with annual incomes under $40,000 are more than three times as likely as adults in households with incomes over $90,000 to say it is difficult to afford their health care costs (69% v. 21%). (Source: KFF Health Care Debt Survey: Feb.-Mar. 2022 (https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/))

Figure 1

Half Of Adults Say It Is Difficult To Afford Health Care Costs, Including Large Shares Of The Uninsured, Black And Hispanic Adults, And Those With Lower Incomes

In general, how easy or difficult is it for you to afford your health care costs?

	Very/Somewhat easy	Very/Somewhat difficult
Total	53%	47%
Insurance status among adults ages 18-64		
Insured	52%	47%
Uninsured	15%	85%
Race/Ethnicity		
Black, non-Hispanic	40%	60%
Hispanic	34%	65%
White, non-Hispanic	61%	39%
Household income		
Less than $40K	31%	69%
$40K-$89.9K	51%	49%
$90K+	79%	21%

NOTE: See topline for full question wording.
SOURCE: KFF Health Care Debt Survey (Feb. 25-Mar. 20, 2022) • PNG

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When asked specifically about problems paying for health care in the past year, one in four adults say they or a family member in their household had problems paying for care, including three in ten adults under age 50 and those with lower household incomes (under $40,000). Affording health care is particularly a problem for those who may need it the most as one-third of adults who describe their physical health as "fair" or "poor" say they

or a family member had problems paying for health care in the past 12 months. Among uninsured adults, half (49%) say they or a family member in their household had problems paying for health care, including 51% of uninsured adults who say they are in fair or poor health.

Figure 2

Reports Of Problems Paying For Health Care Highest Among Those In Lower Income Households And The Uninsured

Demographics | Health Status and Insurance Type

Percent who say in the past 12 months, they or a family member living with them had problems paying for health care:

Total	24%
Age	
18-29	30%
30-49	30%
50-64	24%
65+	9%
Gender	
Women	27%
Men	20%
Race/Ethnicity	
Black	25%
Hispanic	27%
Asian	21%
White	23%
Household income	
Less than $40,000	30%
$40,000-$89,999	27%
$90,000 +	14%

NOTE: Black and Asian groups include multiracial and single-race adults of Hispanic and non-Hispanic ethnicity.

The cost of care can also lead some adults to skip or delay seeking services. One-quarter of adults say that in the past 12 months, they have skipped or postponed getting health care they needed because of the cost. The cost of care can also have disproportionate impacts among different groups of people; for instance, women are more likely than men to say they have skipped or postponed getting health care they needed because of the cost (28% vs. 21%). Adults ages 65 and older, most of whom are eligible for health care coverage through Medicare, are much less likely than younger age groups to say they have not gotten health care they needed because of cost.

One in four immigrant adults (22%) say they have skipped or postponed care in the past year, rising to about a third (36%) among those who are uninsured. Seven in ten (69%) of immigrant adults who skipped or postponed care (15% of all immigrant adults) said they did so due to cost or lack of health coverage. (Source: The 2023 KFF/LA Times Survey of Immigrants: Apr.-June 2023 (https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-and-health-care-experiences-of-immigrants-the-2023-kff-la-times-survey-of-immigrants/))

Six in ten uninsured adults (61%) say they have skipped or postponed getting health care they needed due to cost. Health insurance, however, does not offer ironclad protection as one in five adults *with* insurance (21%) still report not getting health care they needed due to cost.

Figure 3

Six In Ten Uninsured Adults Say They Have Skipped Or Postponed Getting Health Care They Needed In The Past 12 Months Due to Cost

Total Hispanic Black Asian White

Percent who say, in the past 12 months, they have skipped or postponed getting health care they needed because of the cost:

Total	25%
Age	
18-29	36%
30-49	32%
50-64	22%
65+	7%
Gender	
Women	28%
Men	21%
Household income	
Less than $40,000	29%
$40,000-$89,999	27%
$90,000 +	18%
Insurance Status	
Insured	21%
Uninsured	61%

NOTE: Black and Asian groups include multiracial and single-race adults of Hispanic and non-Hispanic ethnicity. Hispanic group includes those who identify as Hispanic regardless of race. White includes single-race non-Hispanic

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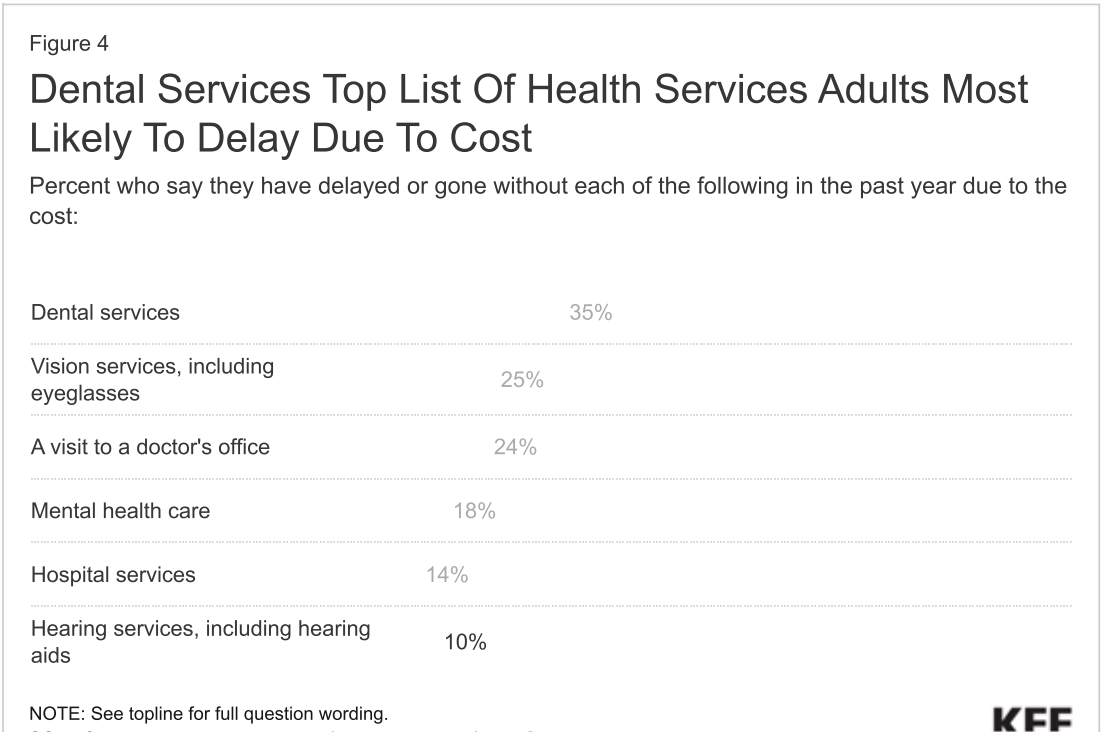
KFF health polling from March 2022 also looked at the specific types of care adults are most likely to report putting off and found that dental services are the most common type of medical care that people report delaying or skipping, with 35% of adults saying they have put it off in the past year due to cost. This is followed

by vision services (25%), visits to a doctor's offices (24%), mental health care (18%), hospital services (14%), and hearing services, including hearing aids (10%). (Source: KFF Health Tracking Poll: March 2022 (https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-march-2022/))



A 2022 KFF report (https://www.kff.org/health-costs/report/kff-health-care-debt-survey/) found that people who already have debt due to medical or dental care are disproportionately likely to put off or skip medical care. Half (51%) of adults currently experiencing debt due to medical or dental bills say in the past year, cost has been a probititor to getting the medical test or treatment that was recommended by a doctor. (Source: KFF Health Care Debt Survey: Feb.-Mar. 2022 (https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/))

Prescription Drug Costs

For many U.S. adults, prescription drugs are a component of their routine care. More than one in four (28%) adults say it is either "somewhat" or "very difficult" for them to afford to pay for prescription drugs. Affording prescription drugs is particularly difficult for adults who take four or more prescription medications (37%) and those in households with annual incomes under $40,000 (40%). Black and Hispanic adults are also more likely than White adults to say it is difficult for them to afford to pay for prescription drugs. (Source: KFF Health Tracking Poll: July 2023 (https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-july-2023-the-publics-views-of-new-prescription-weight-loss-drugs-and-prescription-drug-costs/))

Figure 5

Who Has Difficulty Affording Their Prescription Drugs?

Percent who say it is **either "somewhat" or "very difficult"** to afford to pay…

NOTE: See topline for full question wording.
SOURCE: KFF Health Tracking Poll (July 11-19, 2023) • PNG

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The high cost of prescription drugs also leads some people to cut back on their medications in various ways. About one in five adults (21%) say in the past 12 months they have not filled a prescription because of the cost. A similar share (21%) say they have taken an over-the-counter drug instead of getting a prescription filled – rising to about one third of Hispanic adults (32%) and more than one in four adults (27%) with annual household incomes under $40,000. About one in ten adults say that in the past 12 months they have cut pills in half or skipped doses of medicine due to cost. (Source: KFF Health Tracking Poll: July 2023 (https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-july-2023-the-publics-views-of-new-prescription-weight-loss-drugs-and-prescription-drug-costs/))

Figure 6

Two In Ten Adults Say They Have Not Filled A Prescription Or Taken An Over-The-Counter Drug Instead Due To Cost

Percent who say in the past 12 months, they have done each of the following **due to cost:**

	Not filled a prescription for a medicine	Cut pills in half or skipped doses of medicine	Taken an over-the-counter drug instead of getting a prescription filled
Total	21%	12%	21%
Household income			
Less than $40K	25%	16%	27%
$40K-$89.9K	22%	12%	19%
$90K+	15%	8%	17%
Race/Ethnicity			
Black, non-Hispanic	23%	13%	21%
Hispanic	21%	12%	32%
White, non-Hispanic	20%	12%	17%
Gender			
Women	24%	14%	21%
Men	18%	10%	21%

NOTE: See topline for full question wording.
SOURCE: KFF Health Tracking Poll (July 11-19, 2023) • PNG

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Health Insurance Cost Ratings

Overall, most insured adults rate their health insurance as "excellent" or "good" when it comes to the amount they have to pay out-of-pocket for their prescriptions (61%), the amount they have to pay out-of-pocket to see a doctor (53%), and the amount they pay monthly for insurance (54%). However, at least three in ten rate their insurance as "fair" or "poor" on each of these metrics, and affordability ratings vary depending on the type of coverage people have.

Adults who have private insurance through employer-sponsored insurance or Marketplace coverage are more likely than those with Medicare or Medicaid to rate their insurance negatively when it comes to their monthly premium, the amount they have to pay out of pocket to see a doctor, and their prescription co-pays. About one in four adults with Medicare give negative ratings to the amount they have to pay each month for insurance and to their out-of-pocket prescription costs, while about one in five give their insurance a negative rating when it comes to their out-of-pocket costs to see a doctor.

Medicaid enrollees are less likely than those with other coverage types to give their insurance negative ratings on these affordability measures (Medicaid does not charge monthly premiums in most states, and copays for covered services, where applied, are required to be nominal.) (Source: KFF Survey of Consumer Experiences with Health Insurance (https://www.kff.org/private-insurance/poll-finding/kff-survey-of-consumer-experiences-with-health-insurance/))

Figure 7

Large Shares Of Adults With ESI And Marketplace Coverage Rate Their Insurance Negatively When It Comes To Premiums And Out-Of-Pocket Costs

Percent who rate the following aspects of their current health insurance as either **fair** or **poor:**

	Total insured adults	ESI	Marketplace	Medicare	Medicaid
The amount they have to pay out-of-pocket to see a doctor	41%	50%	55%	21%	11%
The amount they have to pay for their health insurance each month	39%	46%	55%	27%	10%
The amount they have to pay out-of-pocket to fill a prescription	32%	35%	43%	24%	14%

NOTE: See topline for full question wording.
SOURCE: KFF Survey of Consumer Experiences with Health Insurance (Feb. 21-Mar. 14, 2023) • PNG

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Health Care Debt

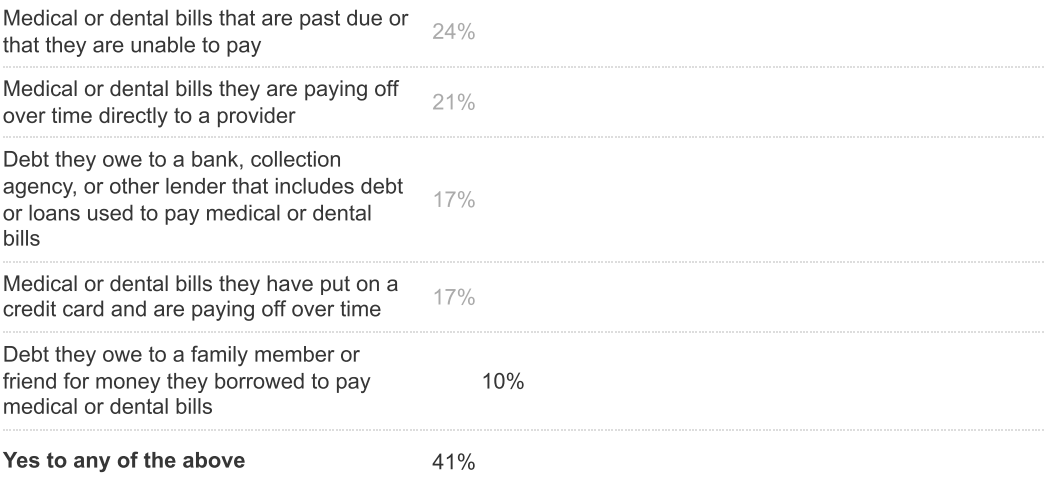
In June 2022, KFF released an analysis of the KFF Health Care Debt Survey (https://www.kff.org/health-costs/report/kff-health-care-debt-survey/), a companion report to the investigative journalism project on health care debt conducted by KFF Health News and NPR, *Diagnosis Debt*. This project found that health care debt is a wide-reaching problem in the United States and that 41% of U.S. adults currently have some type of debt due to medical or dental bills from their own or someone else's care, including about a quarter of adults (24%) who say they have medical or dental bills that are past due or that they are unable to pay, and one in five (21%) who have bills they are paying off over time directly to a provider. One in six (17%) report debt owed to a bank, collection agency, or other lender from loans taken out to pay for medical or dental bills, while similar shares say they have health care debt from bills they put on a credit card and are paying off over time (17%). One in ten report debt owed to a family member or friend from money they borrowed to pay off medical or dental bills.

While four in ten U.S. adults have some type of health care debt, disproportionate shares of lower income adults, the uninsured, Black and Hispanic adults, women, and parents report current debt due to medical or dental bills.

Figure 8

Four In Ten Adults Currently Have Debt Due To Medical Or Dental Bills

Percent who say they have each of the following types of debt due to medical or dental bills for themselves or for someone else's care, such as a child, spouse or parent:



Vulnerabilities and Worries About Health Care and Long-Term Care Costs

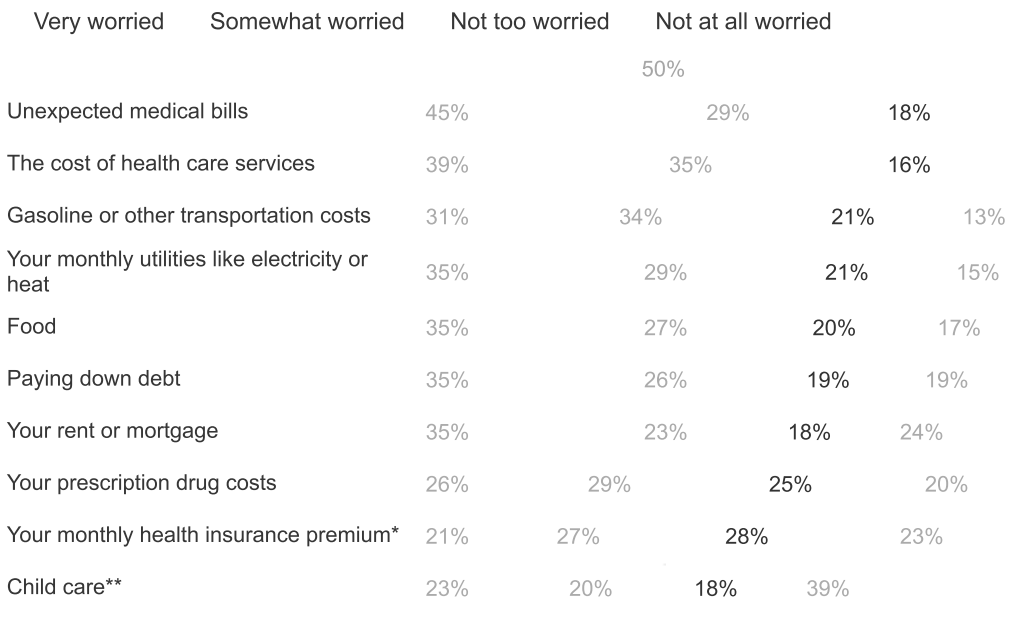
A February 2024 KFF Health Tracking Poll (https://www.kff.org/affordable-care-act/poll-finding/kff-health-tracking-poll-february-2024-voters-on-two-key-health-care-issues-affordability-and-aca/) shows unexpected medical bills and the cost of health care services are at the top of the list of people's financial worries, with about three-quarters of the public – and similar shares of insured adults younger than 65 – saying they are at least somewhat worried about affording unexpected medical bills (74%) or the cost of health care services (73%) for themselves and their families. Just over half (55%) of the public say they are "very" or "somewhat worried" about being able to afford their prescription drug costs, while about half (48%) of insured adults say they are worried about affording their monthly health insurance premium.

Worries about health care costs pervade among a majority of adults regardless of their financial situation (https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-economic-views-and-experiences-of-adults-who-struggle-financially/#:~:text=About%20one%20in%20five%20adults,have%20some%20money%20left%20over.). Among adults who report difficulty affording their monthly bills, more than eight in ten say they are worried about the cost of health care services (86%) or unexpected medical bills (83%). Among those who report being *just* able to afford their bills, about eight in ten say they are worried about being able to afford unexpected medical bills (84%) or health care services (83%). And even among adults who say they can afford their bills with money left over, six in ten nonetheless say they are "very" or "somewhat worried" about being able to afford unexpected medical bills (62%) or the cost of health care services (60%) for themselves and their family. (Source: KFF Health Tracking Poll: February 2024 (https://www.kff.org/affordable-care-act/poll-finding/kff-health-tracking-poll-february-2024-voters-on-two-key-health-care-issues-affordability-and-aca/))

Figure 9

About Three In Four Adults Say They Are Worried About Being Able To Afford Unexpected Medical Bills, The Cost Of Health Care

How worried, if at all, are you about being able to afford each of the following for you and your family?



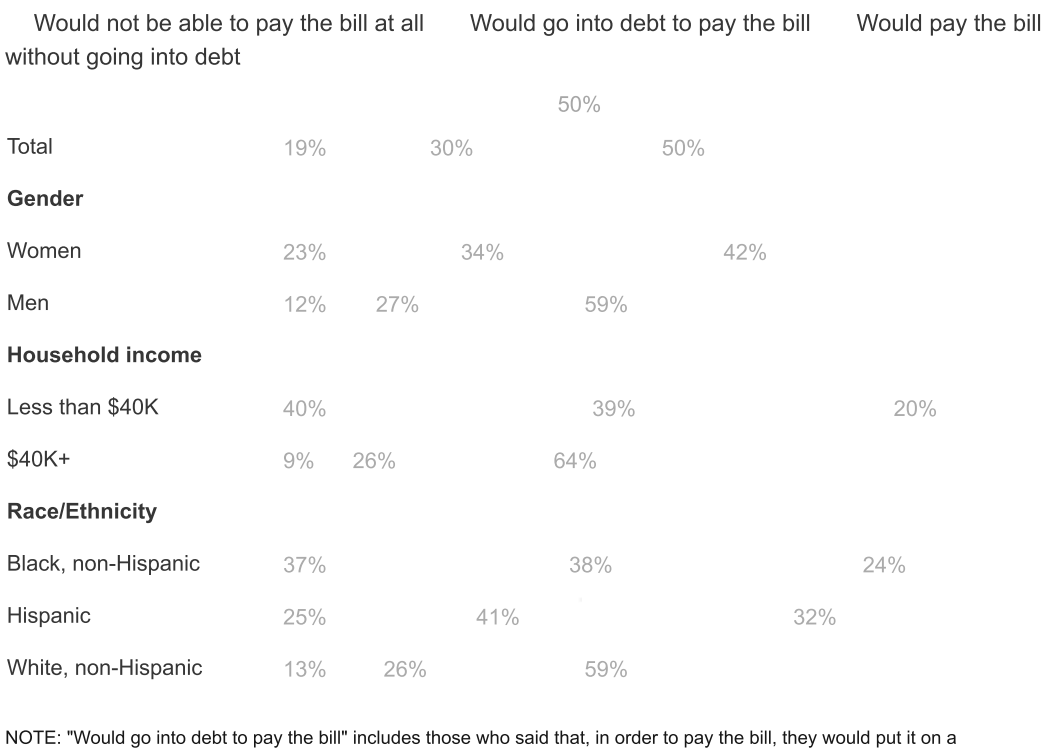
NOTE: *Asked of insured adults. **Among parents or guardians of a child under age 18 living in their household. See

Many U.S. adults may be one unexpected medical bill from falling into debt. About half of U.S. adults say they would not be able to pay an unexpected medical bill that came to $500 out of pocket. This includes one in five (19%) who would not be able to pay it at all, 5% who would borrow the money from a bank, payday lender, friends or family to cover the cost, and one in five (21%) who would incur credit card debt in order to pay the bill. Women, those with lower household incomes, Black and Hispanic adults are more likely than their counterparts to say they would be unable to afford this type of bill. (Source: KFF Health Care Debt Survey: Feb.-Mar. 2022 (https://www.kff.org/report-section/kff-health-care-debt-survey-main-findings/))

Figure 10

About Half Of Adults Would Be Unable To Pay For An Unexpected $500 Medical Bill In Full, Including Larger Shares Of Women, Those With Lower Household Incomes, Black And Hispanic Adults

Suppose you had an unexpected medical bill, and the amount not covered by any insurance you may have came to $500, how would you pay the bill?



NOTE: "Would go into debt to pay the bill" includes those who said that, in order to pay the bill, they would put it on a credit card and pay it off over time; borrow money from a bank, payday lender, or friends or family to pay the bill; make a payment plan with a provider; or pay over time (unspecified) Vol. "Would pay the bill without going into debt" includes those who said they would pay the bill right away or those who said they would put it on a credit card and

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Among older adults, the costs of long-term care and support services are also a concern. Almost six in ten (57%) adults 65 and older say they are at least "somewhat anxious" about affording the cost of a nursing home or assisted living facility if they needed it, and half say they feel anxious about being able to afford support services such as paid nurses or aides. These concerns also loom large among those between the ages of 50 and 64, with more than seven in ten saying they feel anxious about affording residential care (73%) and care from paid nurses or aides (72%) if they were to need these services. See The Affordability of Long-Term Care and Support Services: Findings from a KFF Survey (https://www.kff.org/health-costs/poll-finding/the-affordability-of-long-term-care-and-support-services/) for a deeper dive into concerns about the affordability of nursing homes and support services.

Insurance Coverage and Viral Suppression Among People with HIV, 2018

Lindsey Dawson (https://www.kff.org/person/lindsey-dawson/) (https://twitter.com/LindseyH_Dawson)

and **Jennifer Kates** (https://www.kff.org/person/jennifer-kates/) (https://twitter.com/jenkatesdc)

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DATA NOTE

Key Findings

- Health insurance and access to care improve health outcomes, including viral suppression, for people with HIV in the United States (U.S.). Our prior research documented (https://www.kff.org/health-reform/issue-brief/insurance-coverage-changes-for-people-with-hiv-under-the-aca/) an increase in insurance coverage among people with HIV, after implementation of the Affordable Care Act (ACA). In this update, we find that in 2018, just 1 in 10 (11%) nonelderly people with HIV were uninsured, a rate on par with that of the general population (10%).
- While the overall rate of uninsurance is now similar for people with HIV and the population overall, there are substantial differences in the type of coverage. Medicaid plays a much more significant role for people with HIV compared to the general population (40% v. 15%), and it is their single largest source of coverage, and people with HIV are much less likely to be covered by private insurance (35% v. 56%).
- The main driver of coverage increases for people with HIV has been the ACA's expansion of the Medicaid program (https://www.kff.org/health-reform/issue-brief/insurance-coverage-changes-for-people-with-hiv-under-the-aca/). As with our earlier research, in 2018, we continue to find that adults with HIV in sampled expansion states are significantly more likely to be covered by Medicaid (46% v. 30%) and less likely to be uninsured (6% v. 20%), compared to those in non-expansion states sampled.
- We observed coverage differences among adults with HIV by a range of demographic indicators. For example, men with HIV were almost twice as likely to have private coverage than women. Whites were also more likely to have private coverage compared to Blacks and Hispanics, who were more than three times as likely to be uninsured. We also noted differences by income, place of birth, and sexual orientation.
- The Ryan White HIV/AIDS Program plays a major role in providing outpatient care and support services to people with HIV, regardless of insurance coverage. In 2018, almost half of all people with HIV (46%) relied on Ryan White, including more than eight in ten (82%) of those who are uninsured.

Finally, we find that sustained viral suppression rates varied by payer, and were

- higher among those with private insurance or Medicare, compared to the uninsured. Viral suppression among those with Medicaid was not significantly different from the uninsured, a finding that could reflect the equalizing role of the Ryan White Program for the uninsured and lower incomes among individuals in these coverage groups. Additionally, those with Ryan White support were significantly more likely to have sustained viral suppression compared those without, regardless of payer.

Introduction

Health insurance coverage and access to care improve health outcomes, including viral suppression, for people with HIV in the United States. Our previous work, based (https://www.kff.org/health-reform/issue-brief/insurance-coverage-changes-for-people-with-hiv-under-the-aca/) on analysis of nationally representative data from the Centers for Disease Control (CDC) and Prevention's Medical Monitoring Project (MMP), demonstrated that implementation of the Affordable Care Act's (ACA) 2014 coverage provisions increased insurance coverage among adults with HIV. In this analysis, using the same data source and building on recent work (https://cattendee.abstractsonline.com/meeting/9289/Presentation/2850), we provide a detailed analysis of coverage in 2018, including by state Medicaid expansion status, race/ethnicity, gender, and income. For the first time, we include data on coverage among people with HIV by place of birth and sexual orientation.

Findings

Overall Coverage Findings

Our earlier research (https://www.kff.org/health-reform/issue-brief/insurance-coverage-changes-for-people-with-hiv-under-the-aca/) found that prior to the ACA's major coverage reforms, approximately 18% of people with HIV were uninsured in 2012. While not directly comparable to the current dataset, the share of people with HIV without insurance was just 11% in 2018, suggesting a substantial decline in uninsurance rates among this population. Indeed, implementation of the ACA resulted in a significant increase in coverage and since that time, rates have remained stable (Fig. 1). [1] (https://www.kff.org/hivaids/issue-brief/insurance-coverage-and-viral-suppression-among-people-with-hiv-2018/view/footnotes/#footnote-98765432-1) In 2018, Medicaid was the single largest source of insurance coverage for adults with HIV, covering 4 in 10. Private insurance was the second largest source of coverage, reaching more than one-third of the population (35%) and as noted, just 1 in 10 (11%) were uninsured (Fig. 2), on par with the general population).

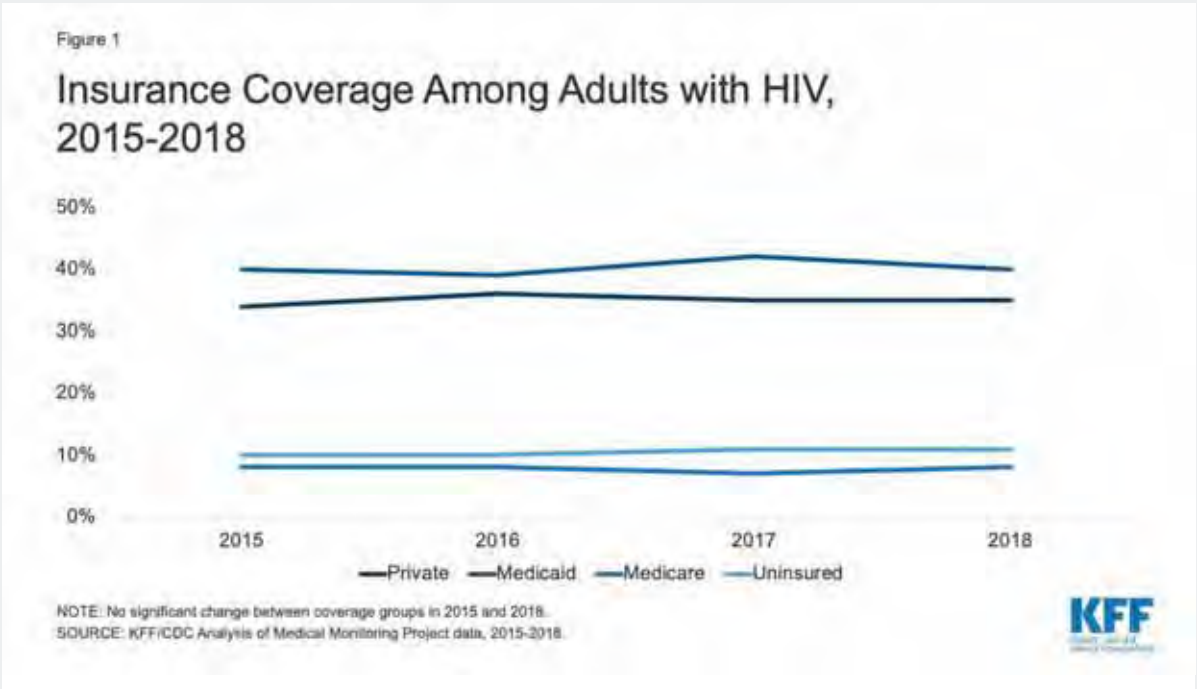

Figure 1: Insurance Coverage Among Adults with HIV, 2015-2018

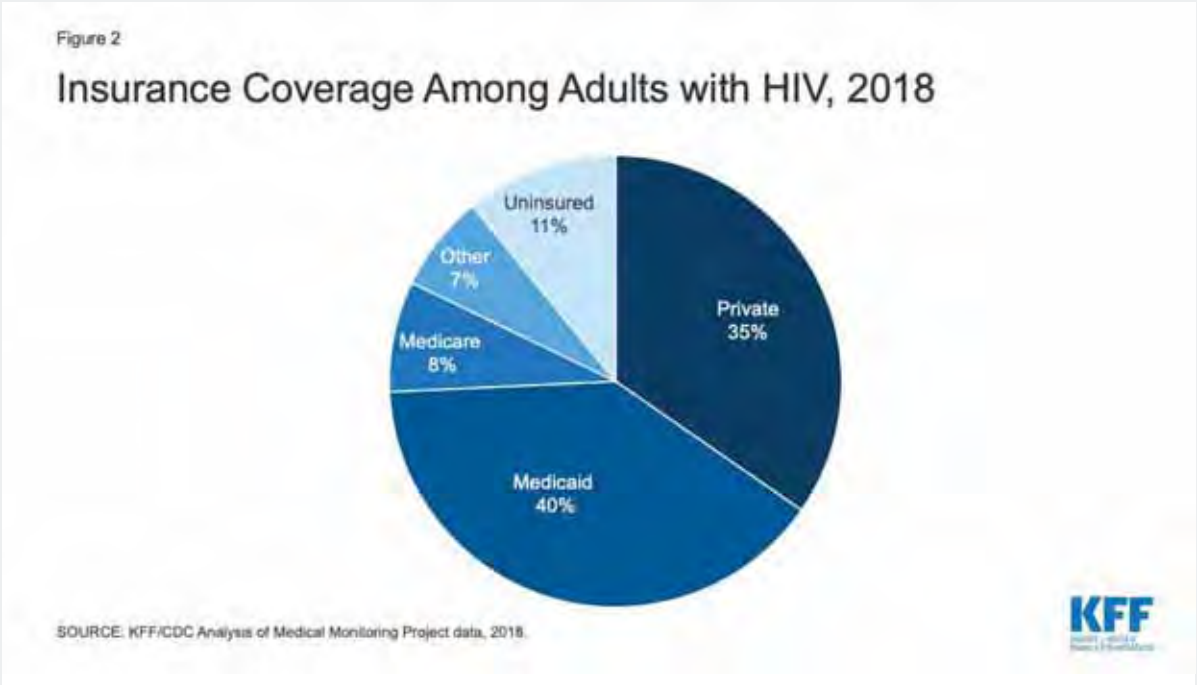

Figure 2: Insurance Coverage Among Adults with HIV, 2018

Coverage patterns among adults with HIV differ from those of the general population (Fig. 3). Medicaid plays a much larger role (40% v. 15%) and private insurance a smaller role (35% v 56%) among those with HIV compared to the general population. In addition, people with HIV are less likely to have private coverage through an employer (26% v. 49%) and more likely to have it through the individual market, including the ACA's marketplaces (7% v. 4%) (not shown). As noted above, uninsurance rates are comparable between the two populations (about 10%).

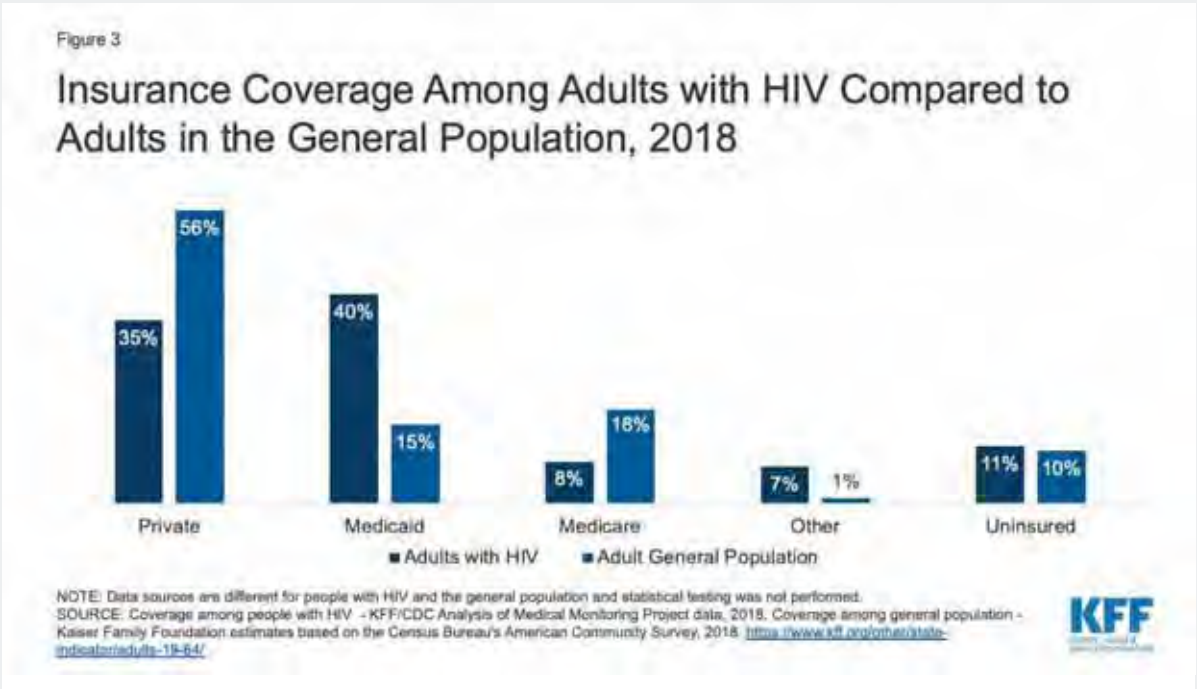

Figure 3: Insurance Coverage Among Adults with HIV Compared to Adults in the General Population, 2018

Coverage and Medicaid Expansion Status

Our earlier analysis (https://www.kff.org/health-reform/issue-brief/insurance-coverage-changes-for-people-with-hiv-under-the-aca/) found that Medicaid coverage among adults with HIV grew under the ACA and that this shift was driven by coverage gains in states that expanded their Medicaid programs. In 2018, the outsized role Medicaid plays in expansion states remains; adults with HIV in the expansion states sampled are significantly more likely to be covered by Medicaid compared to those in the sampled states that have not expanded (46% v. 30%). In addition, uninsurance rates in expansion states sampled are nearly three times lower than those in non-expansion states sampled (6% v. 20%). (Fig. 4)

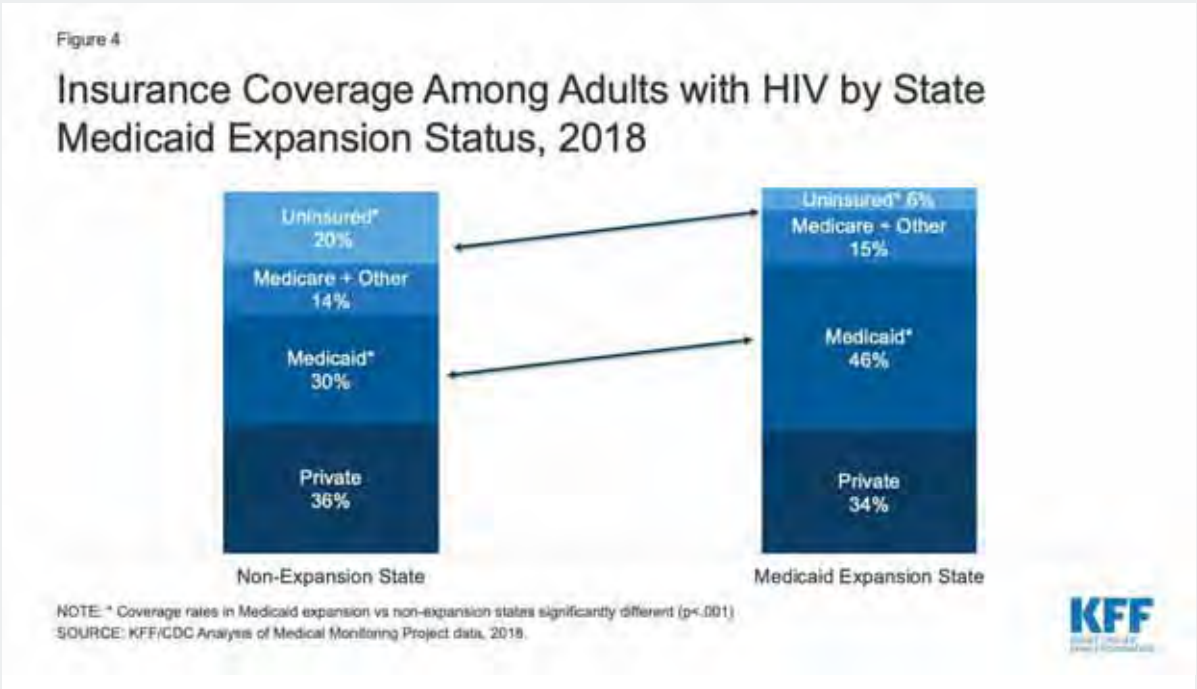

Figure 4: Insurance Coverage Among Adults with HIV by State Medicaid Expansion Status, 2018

Coverage by Key Demographics

We observed coverage differences among adults with HIV by a range of demographic indicators, including, race/ethnicity, gender, income, and, for the first time, place of birth and sexual orientation.

Gender: Male adults with HIV were almost twice as likely to have private coverage (39% v. 23%) and more likely to have Medicare than females (8% v. 6%), while females were more likely to have Medicaid (54% v. 36%). Women's greater likelihood of Medicaid coverage could reflect eligibility based on lower incomes and categorical eligibility based on being pregnant, parent of a dependent child, higher rates of disability. Rates of uninsurance do not differ significantly by gender. (Fig. 5)

Race/ethnicity: White adults with HIV were more likely than Blacks and Hispanics to have private insurance (45% v. 31% and 28%, respectively) and Medicare (11% v. 7% and 5%, respectively) and less likely than Blacks to have Medicaid (35% v 45%). Notably, Blacks and Hispanics were more than three times as likely as Whites to be uninsured (14% and 15%, respectively vs. 4%). These trends reflect in part, disparities seen in coverage by race/ethnicity nationwide, including that people of color are more likely than White to live in non-expansion states, (Fig. 5)

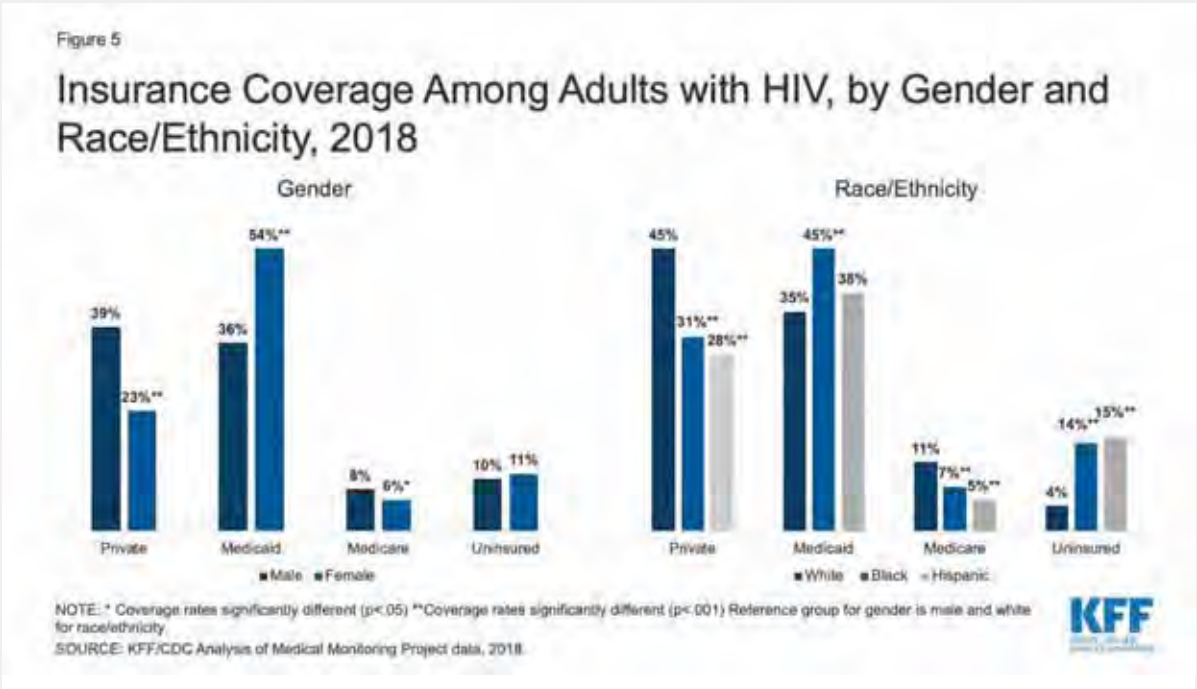

Figure 5: Insurance Coverage Among Adults with HIV, by Gender and Race/Ethnicity, 2018

Income. Those with household incomes <100% of the federal poverty level (FPL) ($12,140 for an individual in 2018 (https://aspe.hhs.gov/2018-poverty-guidelines)) were significantly less likely to have private coverage compared to all other income groups and most likely to have Medicaid coverage. This likely reflects the association between income and access to employment benefits and marketplace subsidies. The percentage of people with HIV with private healthcare coverage increased, and Medicaid coverage decreased, with increasing household income. (Fig. 6)

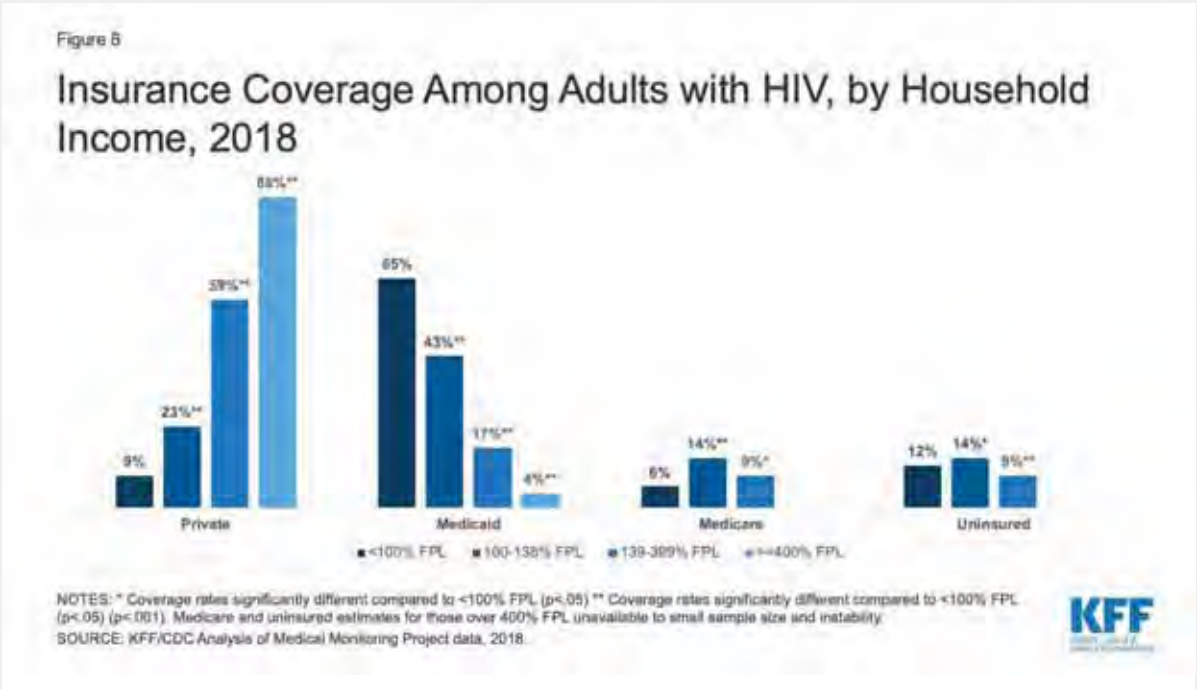

Figure 6: Insurance Coverage Among Adults with HIV, by Household Income, 2018

U.S. Born. Nine in 10 adults (86%) with HIV in the U.S. were born in country whereas 15% were born abroad.[2] (https://www.kff.org/hivaids/issue-brief/insurance-coverage-and-viral-suppression-among-people-with-hiv-2018/view/footnotes/#footnote-98765432-2) These individuals were significantly less likely to have the publicly funded health coverage sources, Medicaid and Medicare, than those born in the U.S (28% v. 42% and 4% v. 8%, respectively), potentially reflecting citizenship and residency requirements in public coverage. This group was also three times as likely to be uninsured compared to U.S. born counterparts (24% v. 8%). (Fig. 7)

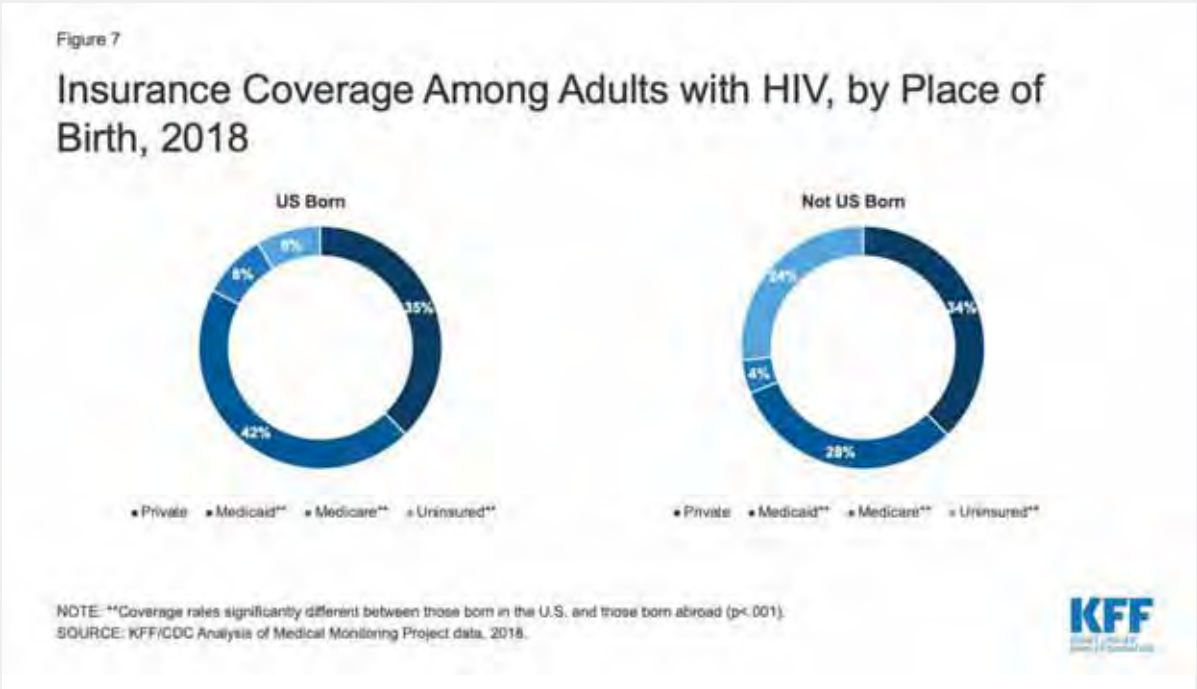

Figure 7: Insurance Coverage Among Adults with HIV, by Place of Birth, 2018

Sexual Orientation. Overall, 47% of adults with HIV identify as heterosexual and 41% as lesbian or gay. Smaller shares identify as bisexual (9%) or as “something else” (3%). Heterosexual adults with HIV, who are disproportionally Black and Latina women, were less likely than lesbian and gay adults with HIV to have private insurance coverage (25% v. 48%) and more likely to have Medicaid (49% v. 30%). Bisexual adults with HIV were less likely to have Medicaid (40% v. 49%) and more likely to be uninsured than heterosexuals (17% v. 11%). (Fig. 8)

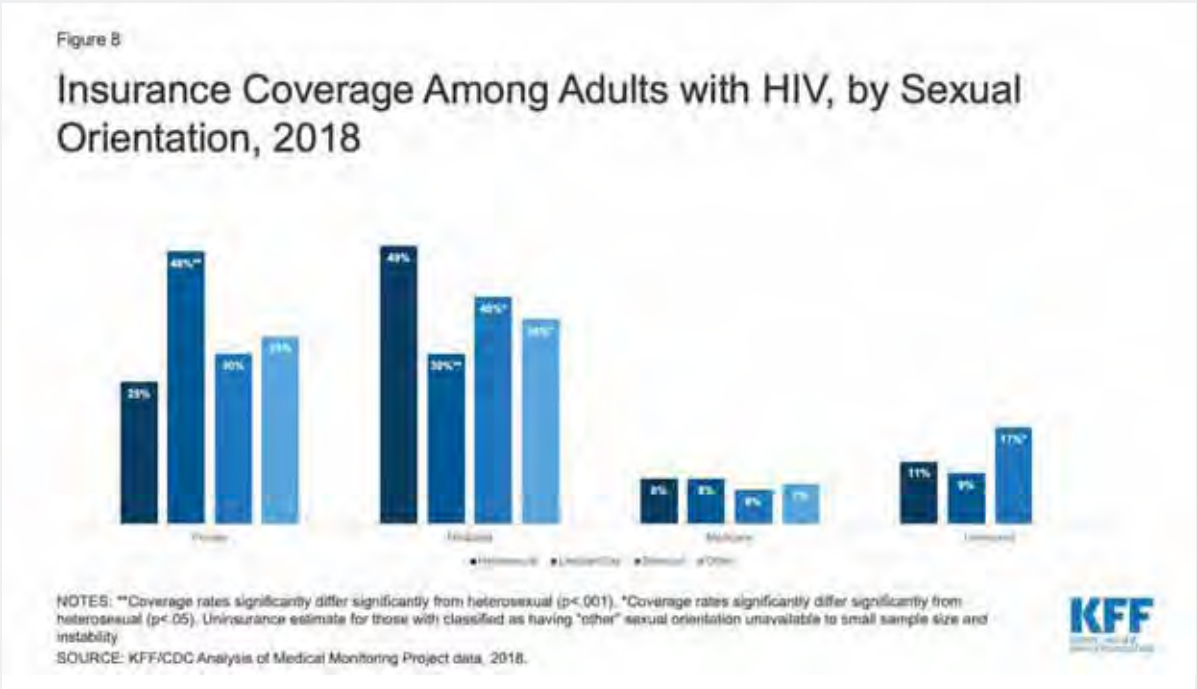

Figure 8: Insurance Coverage Among Adults with HIV, by Sexual Orientation, 2018

Coverage and Ryan White

The federal Ryan White HIV/AIDS Program provides outpatient HIV care, treatment, and support services to people with HIV who are underinsured and uninsured. In 2018, nearly half (46%) of adults with HIV received support from the program. The program provides assistance to those with and without coverage but plays an especially significant role for the uninsured, 82% of whom receive program services. Those who are uninsured may receive direct medical care and prescription drugs through the program, as well as support services. Ryan White also plays a meaningful role for those with insurance coverage, addressing gaps in coverage (e.g. providing support services not included in traditional coverage) and assisting with costs associated with insurance (e.g. insurance premiums and out-of-pocket costs related to HIV medication). Sixty-two percent (62%) of those with Medicare receive Ryan White support. Among those with private insurance, almost 4 in 10 (38%) receive assistance through the program. This share was significantly higher among those with marketplace coverage (56%) compared to employer-based coverage (32%), potentially reflecting the role Ryan White plays in helping clients purchase individual insurance (https://www.kff.org/report-section/the-ryan-white-program-and-insurance-purchasing-in-the-aca-era-introduction/) coverage. It could also reflect higher cost-sharing for many in individual insurance (Fig. 9).

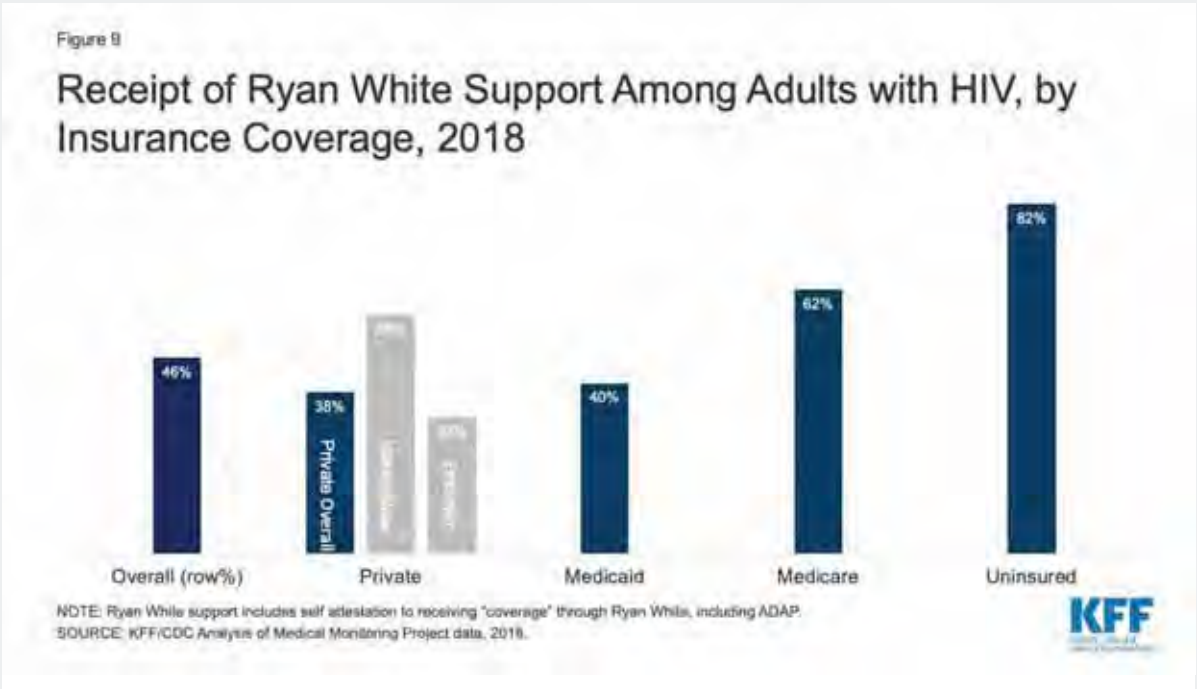

Figure 9: Receipt of Ryan White Support Among Adults with HIV, by Insurance Coverage, 2018

Coverage and Viral Suppression

Viral suppression (defined as having an undetectable viral load at the time of last available laboratory data) is a critical health indicator, affording optimal health outcomes at the individual level and, because when an individual is virally suppressed they cannot transmit HIV, significant public health benefit (https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/0). However, because viral suppression can change over time, especially depending on treatment adherence, it is particularly important to look at sustained viral suppression (defined as having an undetectable viral load over all tests in the preceding 12 months), a stronger indicator of long-term adherence antiretroviral treatment and its associated preventive benefits. In 2018, 68% of people with HIV were virally suppressed at last test and 62% had sustained viral suppression, the same share as in 2015. (Fig. 10)

Certain insurance types were positively associated with sustained viral suppression. The proportion of people with sustained viral suppression was significantly higher among those with private insurance, including those with employer-sponsored and marketplace coverage, and among those with Medicare, compared to the uninsured. Viral suppression rates among those with Medicaid were not significantly different from the uninsured, a finding that could reflect the equalizing role of the Ryan White Program for the uninsured. Lower viral suppression rates among those with Medicaid and the uninsured compared to those with other coverage types, could be accounted for by lower household income, among other, largely related, factors. (Fig. 10)

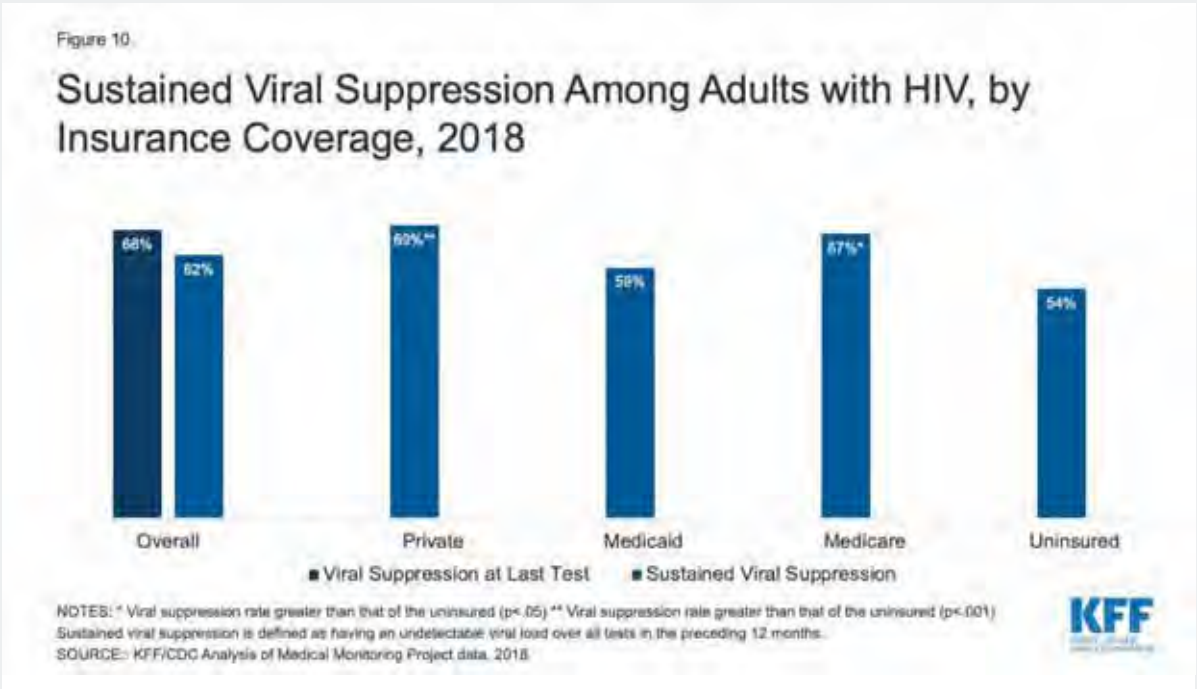

Figure 10: Sustained Viral Suppression Among Adults with HIV, by Insurance Coverage, 2018

Ryan White support appears to make a significant difference in achieving sustained viral suppression. Overall, those with Ryan White support were significantly more likely to have sustained viral suppression compared to those without (68% v. 58%) and this pattern was observed across all coverage types, and was especially apparent among the uninsured (60% v 26%). (Fig. 11)

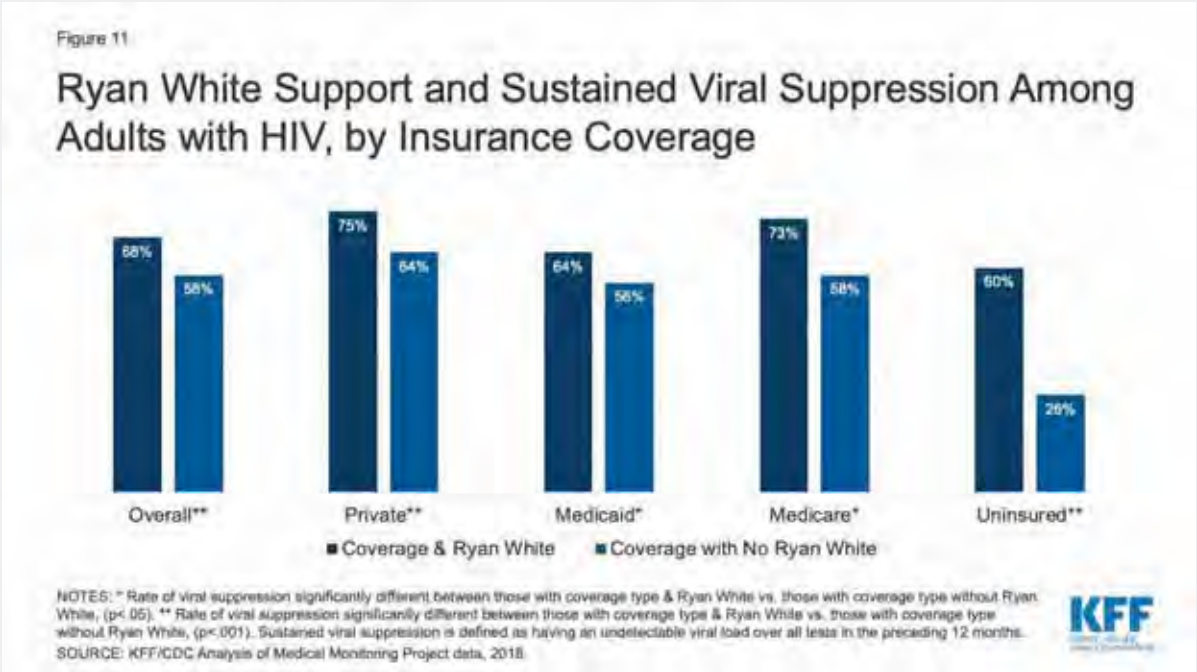

Figure 11: Ryan White Support and Sustained Viral Suppression Among Adults with HIV, by Insurance Coverage

Discussion

In 2018, the uninsurance rate among people with HIV was similar to that of the public at large. Medicaid represented the single largest source of coverage for people with HIV, particularly in Medicaid expansion states, followed closely by private insurance. We observed significant differences in coverage by gender, income, and race/ethnicity, with notable disparities related to rates of uninsurance by race/ethnicity. We also provide the first national data on adults with HIV and insurance coverage by place of birth and sexual orientation. The Ryan White Program is a significant source of care, treatment, and support for people with HIV, especially for the uninsured but also for a substantial share of those with coverage. Certain insurance sources and support from Ryan White were associated with greater rates of sustained viral suppression, a crucial indicator of optimizing the individual and public health benefits associated with antiretroviral treatment.

The ACA has made a significant difference in expanding insurance coverage for people with HIV, yet its future continues to be contested terrain. On the one hand, the Trump Administration is seeking to invalidate the law before the Supreme Court, while on the other hand, states, including states with leadership that has opposed the ACA, continue to adopt Medicaid expansion through voter led ballot initiatives; as of September 2020, 39 states (including D.C.) have adopted Medicaid expansion. In addition, health care could be a major issue in the 2020 elections with candidates President Trump and Democratic nominee Joe Biden holding deeply diverging views on the issue (https://www.kff.org/slideshow/health-care-and-the-2020-presidential-election/). Their different policy perspectives and positions stand to significantly impact coverage, and likely care outcomes, for people with HIV, as well as the success of the administration's "Ending the HIV Epidemic" initiative (https://www.kff.org/hivaids/issue-brief/the-u-s-ending-the-hiv-epidemic-ehe-initiative-what-you-need-to-know/).

Acknowledgments

The authors wish to thank Dr. Sharoda Dasgupta, Dr. Linda Beer, and Dr. Yunfeng Tie of the CDC, who were instrumental in this work in providing access to data, guidance, and conducting statistical analysis.

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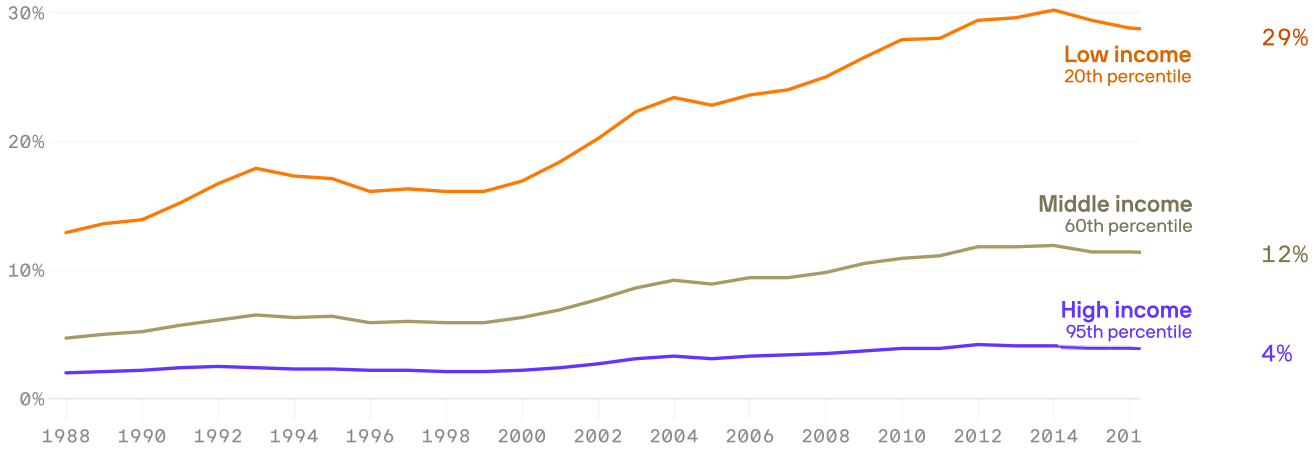
Jan 17, 2024 - Health

Health insurance premiums are eating into workers' wages

Caitlin Owens

Share of compensation going to health care premiums, by income level

Estimated among U.S. families with employer-sponsored health insurance; Annually, 1988–2019



Data: *JAMA Network Open*; Chart: Kavya Beheraj/Axios

Families with workplace health insurance may have missed out on $125,000 in earnings over the past three decades as a result of rising premiums eating into their pay, according to a new *JAMA Network Open* study.

AXIOS

- And it's costing low-income employees and people of color the most.

The big picture: Premium growth has long outpaced wage growth, meaning that health insurance has become a larger and larger part of workers' total compensation as employers pay out more in health benefits.

- Premiums usually don't vary based on income level, making them a larger percentage of total compensation for low-income workers — who are disproportionately people of color — than those with higher incomes.

- Employer insurance has gotten more and more expensive as health care itself has gotten more expensive — the average workplace health plan last year cost $24,000 for family coverage, with employers covering about three-quarters of the cost, according to KFF.

- Although workers most directly feel the impact of their health care spending through out-of-pocket costs, economists have long argued that soaring premiums have suppressed wage growth.

By the numbers: In 1988, health care premiums on average accounted for 7.9% of a worker's total compensation, which includes wages and premiums. By 2019, that had increased to an average of 17.7%, according to a study led by researchers at the Friedman School of Nutrition Science and Policy at Tufts University.

- In each of the 32 years in the study period, health care premiums were a larger percentage of compensation for Black and Hispanic families than for white families with employer insurance.

- Those disparities have also increased over time, the authors found.

The bottom line: "Our results depict the hidden costs of increasing health insurance premiums for the U.S. worker: less opportunity for wage growth and a heavier burden of health insurance premiums on lower-paid workers and on Black and Hispanic workers," the authors conclude.