

Massachusetts Case Study: Health Reforms in Conjunction With the Ryan White Program Lead to Improved Individual and Public Health Outcomes and Cost Savings

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Since 2001, Massachusetts has enacted health reforms that later became the basis for many of the reforms included in the Affordable Care Act (ACA). These reforms include an individual mandate, expansion of Medicaid, and expanded access to subsidized private insurance. Massachusetts' health reforms have translated into dramatically improved individual and public health outcomes, as well as reduced healthcare costs – successes that can be replicated in federal ACA reforms if properly implemented.

PROMOTES ACCESS TO EFFECTIVE TREATMENT

Among people living with HIV/AIDS in Massachusetts, the overwhelming majority has access to and is engaged in care and treatment (see Figure 1).ⁱ Massachusetts' reforms have translated into over 75% of those who need HIV medications actually having those medications. That is more than twice the 33% national average. Further, over 59% of Massachusetts' HIV-positive population has suppressed viral loads (compared to 25% nationally).

IMPROVES INDIVIDUAL AND PUBLIC HEALTH OUTCOMES

Massachusetts has experienced significant decreases in both HIV diagnoses and deaths among HIV-positive individuals. Over the period from 2000-2011, the number of HIV infection diagnoses decreased 44% and deaths declined 41% (see Figure 2).ⁱⁱ Of note is that new HIV diagnoses decreased equivalently across all races and ethnicities. In contrast, nationally, both new HIV diagnoses and deaths among persons with AIDS have remained relatively stable over a similar period of time.ⁱⁱⁱ

FIGURE 1: MA OUTCOMES VS NATIONAL OUTCOMES

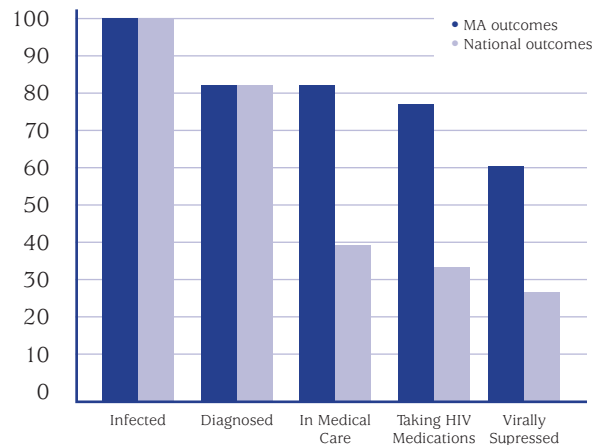
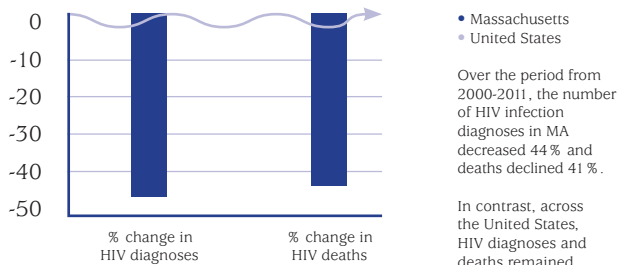


FIGURE 2: PERCENTAGE CHANGE IN HIV DIAGNOSES AND DEATHS, 2000-2011, MA AND US



Sources: US Centers for Disease Control and Prevention; Massachusetts Department of Public Health (see notes ii and iii)

REDUCES COSTS

The Massachusetts Department of Health estimates that these reforms, in part due to rapidly declining transmission rates, have saved the state approximately \$1.5 billion in HIV/AIDS healthcare expenditures over the past ten years.

MAXIMIZES EFFECTIVENESS OF RYAN WHITE PROGRAM

Health reforms that provide access to comprehensive healthcare for most people living with HIV/AIDS allow limited Ryan White Program resources to be used most effectively. In Massachusetts, the Ryan White Program has been adapted to address coverage gaps in vital health and support services and gaps in insurance affordability (premiums and copays). Massachusetts' health reforms and the Ryan White Program work together and complement each other to improve both public health and individual health status and outcomes for people living with HIV/AIDS in the Commonwealth.

ⁱ MA outcomes in Figure 1 are based on *Massachusetts and Southern New Hampshire HIV/AIDS Consumer Study Final Report*, December 2011, JSI Research and Training, Inc.; National outcomes are based on Cohen, Stacy M, et al. *Vital Signs: HIV Prevention Through Care and Treatment – United States*, CDC MMWR, 60(47); 1618-1623 (December 2, 2011); (National Outcomes HIV-infected, N=1,178,350; HIV-diagnosed, n=941,950); in Chart 1, for both MA and national outcomes, the percentages used are taken from a baseline of those infected, using the same estimated percentage diagnosed (82%) both nationally and for Massachusetts, based on the MMWR. The definitions of "In Medical Care" and "Virally Suppressed" may differ slightly between the MA data and the MMWR.

ⁱⁱ MA statistics in Figure 2 from presentation by H. Dawn Fukuda, Director, Massachusetts Department of Public Health (MDPH), Office of HIV/AIDS, *HIV/AIDS in Massachusetts: Challenges and Opportunities to Enhance the Public Health Response*, Fenway Community Health Center, May 14, 2013. See also MDPH, Office of HIV/AIDS, *Massachusetts HIV/AIDS Data Fact Sheet: The Massachusetts HIV/AIDS Epidemic at a Glance*, April 2013.

ⁱⁱⁱ See, eg, Centers for Disease Control and Prevention, *Today's HIV/AIDS Epidemic*, December 2013 ("...the number of new infections has been relatively stable since the mid-1990s"); Kaiser Family Foundation, *Fact Sheet: The HIV/AIDS Epidemic in the United States*, April 2014 ("While the number of new HIV infections...is down from its peak in the 1980s, new infections have remained at about 50,000 for more than a decade"); CDC HIV Mortality Slide Series ("...the annual rate of death due to HIV infection peaked in 1994 or 1995...decreased rapidly through 1997, and continued to decrease much more slowly thereafter.").