



Episode 1: Understanding Why Medicaid Matters for People With HIV

Take Action!

HIV PROVIDERS CAN SUPPORT MEDICAID EXPANSION IN EVERY STATE BY:

- Finding local coalitions and coordinating state and federal advocacy efforts with them (for example, the Southern AIDS Coalition leads many activities to support Medicaid expansion in the South);
- Letting your members of Congress (representative and senators) know a federal fix is needed to fill the Medicaid coverage gap.

WHAT IS MEDICAID?

Medicaid is a public program that provides health coverage for low-income individuals. Medicaid is different from Medicare, the federal program that provides coverage for people over the age of 65 and people who are disabled. It is also different from the Ryan White HIV/AIDS Program, which is not an insurance program. RWHAP relies on annual federal appropriations and can only support outpatient care and treatment related to someone's HIV diagnosis.

HOW IS MEDICAID DIFFERENT THAN MEDICARE?

Medicaid is a partnership between the state and federal government. Every state Medicaid program receives federal funding and must comply with a federal floor of requirements for coverage and eligibility. However, states have flexibility to tailor their Medicaid eligibility, benefits and payment policies, which means Medicaid may look very different from state to state. This is very different from Medicare, which as a federal program has eligibility and benefits that are generally consistent no matter what state you live in.

WHAT ROLE DOES MEDICAID PLAY FOR PEOPLE WITH HIV?

Medicaid is the largest source of insurance coverage for people with HIV, providing coverage for over 40% of nonelderly people with HIV. People with HIV are more likely to be covered by Medicaid than adults in the general population. Medicaid covers essential HIV services, like medications, clinical care and case management, but also covers non-HIV care and services.

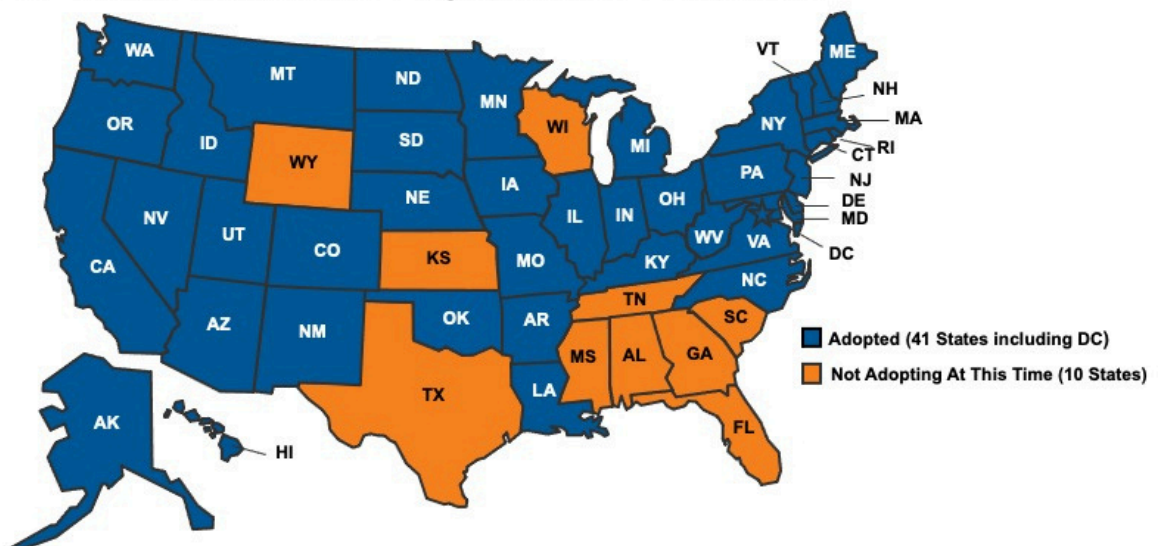
HOW DID THE AFFORDABLE CARE ACT CHANGE MEDICAID?

The ACA, a federal law passed in 2010, gave every state the option to dramatically expand Medicaid eligibility. Prior to the ACA, in most states, to be eligible for Medicaid, someone had to have very low income and fall into a qualifying category of eligibility, such as being disabled, being pregnant or being a parent. For people with HIV, this limited eligibility created a cruel catch-22 that required someone to become completely disabled by HIV before they were eligible for the care and treatment that would have prevented the disability in the first place.

WHAT IS THE STATUS OF MEDICAID EXPANSION?

Starting in 2014, the ACA allowed states to expand Medicaid to individuals up to 138% of the federal poverty level, based on their income alone. As of June 2024, 41 states and the District of Columbia had expanded Medicaid under the ACA. For the 10 states that have not yet adopted expansion, coverage for people with HIV is still fairly limited, putting more pressure on RWHAP systems and leading to higher uninsured rates for people with HIV in those states. Studies have also shown that Medicaid expansion has increased access to HIV testing and prevention services.

Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state activity. See link below for additional state-specific notes.
SOURCE: "Status of State Medicaid Expansion Decisions," <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

KFF

Where Can I Learn More?

The following organizations and resources provide useful information on Medicaid and HIV:

- KFF, [Medicaid and People With HIV](#)
- KFF, [Status of State Medicaid Expansion Decisions](#)
- AIDSvu, [HIV in the South](#)
- Harvard Law School Center for Health Law and Policy Innovation, [Filling the Medicaid Coverage Gap](#)