Key Findings:

Analysis of California Assembly Bill 993
HIV Specialists

Summary to the 2019–2020 California State Legislature, March 26, 2019

CALIFORNIA HEALTH BENEFITS REVIEW PROGRAM

AT A GLANCE

The version of California Assembly Bill (AB) 993 analyzed by CHBRP would allow health plans to include HIV specialists as eligible primary care providers (PCPs), if the provider requests PCP status and meets the health insurer's eligibility criteria.

1. CHBRP estimates that, in 2020, 24.5 million Californians enrolled in state-regulated health insurance will have insurance subject to AB 993.
2. **Benefit coverage.** According to the responses to the CHBRP carrier survey, most health plans and policies, including Medi-Cal Managed Care Plans and plans accessed through CalPERS, allow HIV specialists to act as PCPs if the HIV specialist meets the health plan's PCP requirements.
3. **Utilization.** CHBRP is unable to estimate enrollee utilization of designating an HIV specialist as a PCP due to limitations in health claims data.
4. **Expenditures.** Impact on expenditures is unknown.
5. **Medical effectiveness.** There is limited evidence from two studies with moderate research designs that providers with more experience/expertise in HIV provide equivalent or better primary care screening services to people living with HIV/AIDS (PLWH) compared to providers with less HIV experience/expertise or generalists.
6. **Public health.** There appear to be 886 HIV specialists (some of whom are credentialed by the American Academy of HIV Medicine [AAHIVM] and many more who likely meet the AB 993 specialist definition) who treat some of the 135,082 PLWH in California. However, the use of primary care services provided by HIV specialists and the resulting health outcomes for PLWH is unknown.

CONTEXT

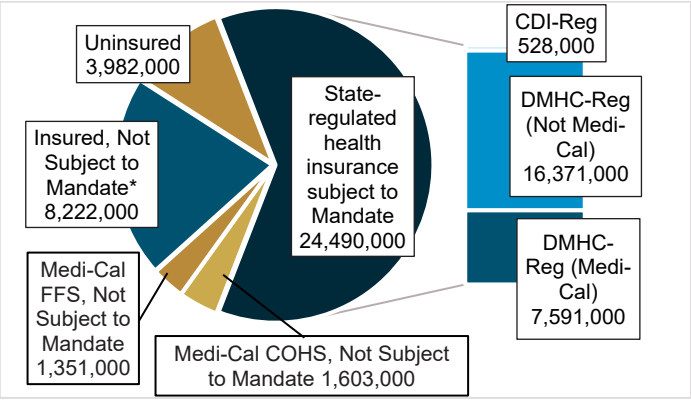
Due to advances in drug treatment, HIV/AIDS has progressed from an acute illness with a high mortality rate to a manageable chronic illness where patients achieve close to normal life expectancy. CHBRP conducted an analysis on similar legislation, AB 1534, introduced during the 2017-2018 Legislative Session. The analysis of AB 993 builds on the previous report.[1]

BILL SUMMARY

AB 993 would allow DMHC-regulated health plans to include HIV specialists as eligible PCPs, if the provider requests PCP status and meets the health insurer's eligibility criteria for all specialists seeking PCP status. The bill defines an HIV specialist as a physician, physician assistant, or nurse practitioner who meets the criteria set forth by the AAHIVM or the HIV Medicine Association (HIVMA), or those who are contracted to provide outpatient care under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990.[2]

Figure A notes how many Californians have health insurance that would be subject to AB 993.

Figure A. Health Insurance in CA and AB 993



Source: California Health Benefits Review Program, 2019.
Notes: *Medicare beneficiaries, enrollees in self-insured products, etc.

[1] Refer to CHBRP's full report for full citations and references.

[2] Refer to CHBRP's full report for full citations and references.

IMPACTS

Benefit Coverage, Utilization, and Cost

Benefit Coverage

AB 993 does not alter the benefit coverage of 24.5 million enrollees subject to AB 993. Rather, it increases enrollees' choice of PCPs, as the mandate would increase the number of qualifying HIV specialists that may be designated as PCPs. CHBRP assumes AB 993 would not impact current PCPs who are HIV specialists, but would impact HIV specialists such as board-certified infectious disease specialists, nurse practitioners, and physician assistants, who meet the criteria for an HIV specialist to seek PCP status. According to the responses to the CHBRP carrier survey, most health plans currently allow HIV specialists to act as PCPs if the HIV specialist meets the health plan's PCP requirements.

Utilization

CHBRP is not able to quantify the utilization impact of the proposed bill, due to limitations in health insurance claims data. "HIV specialists" are not specifically identified in common claims data.

Expenditures

CHBRP is unable to estimate changes in unit cost for PCP services provided by an HIV specialist as a PCP. However, the unit cost for PCP services is unlikely to change postmandate since an HIV specialist will bill according to diagnostic and procedure codes for the corresponding PCP services. According to the carrier survey, when an HIV specialist serves as a PCP they are reimbursed the same as any other PCPs under the fee-for-service arrangement; there is also no difference in contracted provider rates for those health plans under the capitation arrangement.

Medi-Cal

Most beneficiaries with HIV/AIDS enrolled in Medi-Cal Managed Care Plans regulated by DMHC are currently able to choose an HIV specialist, as defined, as their PCP. Beneficiaries who are not currently able to choose an HIV specialist as their PCP would be able to do so, should AB 993 be enacted.

CalPERS

The impact to CalPERS enrollees would be similar to the impact on enrollees in privately funded commercial plans. CHBRP is unable to quantify this impact.

Number of Uninsured in California

CHBRP is unable to project an impact.

Medical Effectiveness

CHBRP had previously conducted thorough literature searches on this topic in 2017 for AB 1534 and in 2016 for AB 2372. While some studies may refer to HIV specialists, as defined in the bill language, it is hard to disentangle the term HIV specialist, HIV provider, HIV primary care physician, and infectious disease physician. Two recent studies provide limited evidence that providers with more experience/expertise in HIV provide equivalent or better primary care screening services to persons living with HIV/AIDS (PLWH) compared to providers with less HIV experience/expertise or generalists.

Public Health

There appears to be 886 HIV specialists (some of whom are credentialed by AAHIVM and many more who likely meet the AB 993 specialist definition) who treat some of the 135,082 PLWH in California. However, the use of primary care services provided by HIV specialists and the resulting health outcomes for PLWH is unknown.

Essential Health Benefits and the Affordable Care Act

AB 993 allows certain providers to be designated as primary care providers, expanding the providers eligible to provide primary care services, but does not mandate coverage of additional benefits. Therefore, the provisions of AB 993 do not appear to exceed EHBs, and would not trigger the ACA requirement that the state defray the cost of additional benefit coverage for enrollees in qualified health plans in Covered California.