Women Living with HIV and Healthcare Reform

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THE RECENT ARTICLE by Clark et al.¹ provides important insight into the impact of Massachusetts healthcare reform on women's access to important health screening services. While the investigators showed that healthcare reform, in general, had a positive impact on the receipt of screening services, the authors do note that a large proportion of women (31%) required state safety-net funds to pay for these important screening services.

The impact of healthcare reform on the health and well-being of human immunodeficiency virus (HIV)-infected women should also be an important consideration. Women account for 20% of the new infections in the United States and have higher rates of mortality, hospitalizations, and HIV-related and acquired immunodeficiency syndrome (AIDS)-defining illnesses compared with their male counterparts.^{2–5} Prior to the Patient Protection and Affordable Care Act implementation, 50% of HIV-infected women relied upon Medicaid for health insurance coverage.⁵ Despite this publicly funded insurance system, research demonstrated that many women found it difficult to remain in clinical care.^{6,7} With the implementation of healthcare reform, the proportion of women gaining Medicaid coverage will increase with another large proportion of women gaining health insurance through exchanges. As eligibility for Medicaid is often determined on a monthly basis based on income, many HIV-infected women may find themselves “churning” between the healthcare exchange and Medicaid and finding it difficult to receive the care that they need. Currently the Ryan White HIV/AIDS program, a federally funded payer of last resort, supplies HIV-related treatment and care services to approximately 500,000 patients living with HIV in the United States.⁸ Much like that which was described in Massachusetts, it is necessary that safety net services like the Ryan White program continue to provide treatment and care services for this vulnerable population.

Acknowledgment

E. Brouwer is supported by grant number K12 DA035150 from the National Institutes of Health, Office of Women's Health Research and the National Institute on Drug Abuse.

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