



## COMMONWEALTH of VIRGINIA

Department of Health

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State Health Commissioner

TTY 7-1-1 OR

September 6, 2024

### MEMORANDUM

TO: The Honorable L. Louise Lucas  
Chair, Senate Finance and Appropriations Committee

The Honorable Luke E. Torian  
Chair, House Appropriations Committee

The Honorable Mark D. Sickles  
Vice Chair, House Appropriations Committee

FROM: Karen Shelton, MD  
State Health Commissioner, Virginia Department of Health

SUBJECT: 2023 Virginia Medication Assistance Program (VA MAP) Report

This report is submitted in compliance with the 2023 Special Session I, Virginia Acts of the Assembly – Chapter 2, Item 291 F, which states:

*The State Health Commissioner shall monitor patients who have been removed or diverted from the Virginia Medication Assistance Program (VA MAP), formerly AIDS Drug Assistance Program, due to budget considerations. At a minimum the Commissioner shall monitor patients to determine if they have been successfully enrolled in a private Pharmacy Assistance Program or other program to receive appropriate anti-retroviral medications. The commissioner shall also monitor the program to assess whether a waiting list has developed for services provided through the VA MAP program. The commissioner shall report findings to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees annually on October 1.*

Should you have any questions or need additional information, please feel free to contact me at (804) 864-7002.

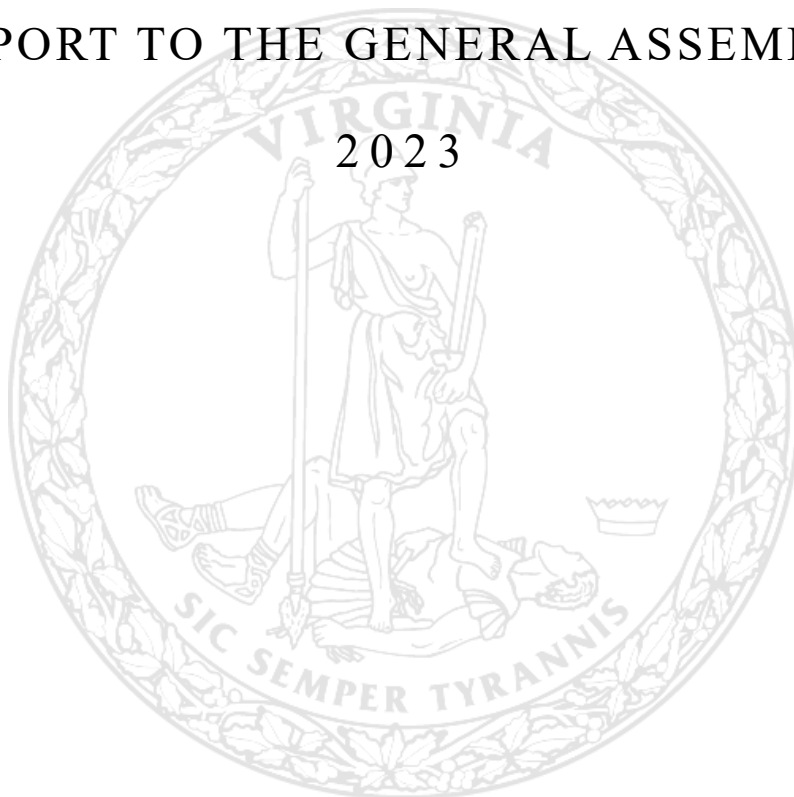
KS/AJ  
Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

# VIRGINIA MEDICATION ASSISTANCE PROGRAM

REPORT TO THE GENERAL ASSEMBLY

2023



VIRGINIA DEPARTMENT OF HEALTH

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PREFACE

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This report was completed by the Virginia Department of Health on behalf of the Secretary of Health and Human Resources. The State Health Commissioner was designated to report findings to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees annually on October 1. The fulfillment of this mandate was delegated 100% to the State Health Commissioner and Department of Health.

VIRGINIA MEDICATION ASSISTANCE PROGRAM

**HIV Care Services**

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**Virginia Department of Health**

Laurie Forlano, State Epidemiologist, Office of Epidemiology

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Karen Shelton, State Health Commissioner, Virginia Department of Health

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EXECUTIVE SUMMARY

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The Virginia Medication Assistance Program (VA MAP), formerly known as the AIDS (Acquired Immune Deficiency Syndrome) Drug Assistance Program (ADAP), is a state-administered program authorized under Part B of the federal Ryan White HIV/AIDS Treatment Extension Act of 2009. This critical program provides access to Human Immunodeficiency Virus (HIV) medications for people living with HIV in Virginia who have limited or no health coverage and meet all the program's eligibility requirements. The VA MAP supplies medications directly and through the support of insurance coverages, including Medicare prescription drug coverage, health insurance through the federal Marketplace, and employer-based insurance. The Ryan White HIV/AIDS Treatment Extension Act of 2009 requires that VA MAP serve as the payer of last resort. The Health Resources and Services Administration (HRSA) provides federal oversight for the Ryan White HIV/AIDS Program Part B (RWHAP B), which includes the VA MAP.

For Ryan White Grant Year 22 (RWGY22) (April 1, 2022-March 31, 2023), 5,293 clients were enrolled in VA MAP. There was no waiting list for VA MAP services during RWGY22 and no clients were disenrolled due to budget constraints or considerations. Any clients who were disenrolled, either (1) enrolled in Medicaid, (2) enrolled in a federal marketplace plan through VA MAP, (3) enrolled in Medicare, (4) obtained employer-based or other private insurance, or (5) moved out of state, died, or were lost to follow up.

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**INTRODUCTION**

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**VIRGINIA MEDICATION ASSISTANCE PROGRAM MANDATE**

On behalf of the State Commissioner, the HIV Care Services unit within the Division of Disease Prevention, Office of Epidemiology at the Virginia Department of Health (VDH) administers the Virginia Medication Assistance Program (VA MAP), formerly Virginia AIDS Drug Assistance Program (ADAP). The VA MAP monitors clients to determine successful enrollment in an HIV medication coverage program that includes other third-party payer coverage, such as Medicaid and Medicare, to ensure clients receive appropriate antiretroviral medications to facilitate clinical outcomes including long-term virologic suppression. The VA MAP monitors and reports client enrollment, service utilization, and resources that support the program's sustainability and provides data to show whether a waiting list develops for HIV medication services provided through the VA MAP program (Appendix A).

**REPORT OUTLINE**

The report shows the overall VA MAP funding and expenditures for the Ryan White HIV/AIDS grant year. It also describes how VDH used state funds to assure access to HIV medications for aging people with HIV in Virginia who used Medicare Part D coverage in the most recently completed grant year for the program. The VA MAP recommendations demonstrate how the program will be sustainable and maximize resources to prevent waiting lists for HIV medication access services in response to Chapter 2, Letters E and F (Appendix A).

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## BACKGROUND

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The VA MAP ensures access to life-saving HIV medications through three service options for Virginians living with HIV who are uninsured, underinsured, and meet all eligibility criteria:

1. Paying insurance premiums and medication cost shares for Affordable Care Act (ACA) Marketplace plans and Medicare prescription drug coverage plans (e.g., deductibles, co-payments, and co-insurance). These program options are Health Insurance Marketplace Assistance Program (HIMAP) and Medicare Part D Assistance Program (MPAP), respectively.
2. Paying medication cost shares for clients with employer-based insurance plans (those medications must be on the VA MAP formulary [www.vdh.virginia.gov/disease-prevention/formulary/](http://www.vdh.virginia.gov/disease-prevention/formulary/)). This program option is Insurance Continuation Assistance Program (ICAP); and,
3. Supplying medications directly to eligible clients. This program option is Direct MAP.

The Virginia Ryan White Part B (including VA MAP) client eligibility requirements include a documented HIV diagnosis, proof of Virginia residency, household income at or below 500% of the Federal Poverty Level (FPL), and documentation that the individual is not enrolled in Medicaid or any other third-party coverage for HIV medication access or other requested services. If People with HIV have Medicaid coverage that includes coverage for HIV medications, they are not eligible for VA MAP services.

### VA MAP CLIENT ENROLLMENT

For Ryan White Grant Year 22 (RWGY22) (April 1, 2022-March 31, 2023), 5,293 clients were enrolled in VA MAP, an overall increase of nine (9) clients from the previous grant year, RWGY21. There was no waiting list for VA MAP services during RWGY22 and no clients were disenrolled due to budget constraints or considerations.

VDH-contracted providers conduct eligibility assessments, which includes screening for Medicaid enrollment and eligibility. Those found eligible receive Medicaid enrollment assistance from the VA MAP's insurance benefits manager. This ensures that PWH have uninterrupted access to treatment and quality care that supports overall health, wellness, productivity, and quality of life and that Ryan White remains the payer of last resort.

During RWGY22, 38% of VA MAP clients received medications directly or Direct MAP, (a decrease of 5% from RWGY21); 31% had ACA health insurance (a decrease of .01% from RWGY21); 11% had Medicare Part D prescription coverage (an increase of 1% from RWGY21); and 20% had employer-based insurance services (an increase 4% from RWGY21). The program converted to a new electronic client-level data system in RWGY21. With data migration and data quality management activities still underway, the data presented may underreport for clients with Medicare prescription coverage because the system does not discretely capture the different Medicare coverage parts for all clients in the same manner as the

previous system. In addition, fluctuations in VA MAP service option utilization may occur throughout the year as client circumstances change. For example, a client may start the year on Direct MAP, transition to ACA health insurance, and, finally, transition to employer-based insurance services as their employment status changes. These adjustments assure continuity of medication access for clients and cost-effective resource utilization for the VA MAP.



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RECOMMENDATIONS AND FINDINGS

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1. No VA MAP clients were disenrolled due to budget considerations during RWGY22.
2. There was no waiting list for VA MAP services during RWGY 22.
3. Any clients who were disenrolled, either (1) enrolled in Medicaid, (2) enrolled in a federal marketplace plan through VA MAP, (3) enrolled in Medicare, (4) obtained employer-based or other private insurance, or (5) moved out of state, died, or were lost to follow up.

*Considerations for the Aging Population*

The needs of an aging population with HIV differ from those of younger cohorts, with potentially increased costs for care and medications. As a result of the increasing number of Medicare eligible clients, the VA MAP may experience rising costs, not only due to larger numbers in Medicare Prescription Assistance program (MPAP) enrollment, but also increases in medication pricing for HIV medications and medications for other health conditions that can complicate HIV treatment in older people. Currently, the program's resources are sufficient to cover these expenditures. The VA Ryan White Part B program is exploring national models of care for people who are 50+ years of age and living with HIV for potential adoption in Virginia to assure they receive age-appropriate care that will address their clinical and support services to not only contribute to optimal health outcomes, but also to their quality of life.

*Cost-Effective Services for VA MAP*

To sustain VA MAP's financial stability, it is critically important that people with HIV be enrolled in and utilize the appropriate, cost-effective program for which they qualify. For example, clients eligible for Medicaid must be identified and enrolled in the correct coverage. These correct alignments are not only essential to the individual health of clients, but also to the financial stability of the HIV service delivery system in Virginia including VA MAP.

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CONCLUSION

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Premium and cost sharing assistance continues for insured clients, including clients with Medicare prescription drug coverage. The VA MAP leverages RWHAP B funds from HRSA, and pharmaceutical rebates, to maximize services and maintain insurance, which is vital to the program's performance and sustainability. These efforts enable VDH to allocate resources to meet the current and changing needs of PWH.

**APPENDIX A      CHAPTER 2 OF THE 2023 ACTS OF ASSEMBLY,  
SPECIAL SESSION I**

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ITEM 291.	Item Details(\$)		Appropriations(\$)	
	First Year FY2023	Second Year FY2024	First Year FY2023	Second Year FY2024
Special.....	\$2,744,383	\$2,744,383		
Federal Trust.....	\$451,486,198	\$228,687,414		

Authority: §§ 32.1-11.1, 32.1-11.2, and 32.1-35 through 32.1-73, Code of Virginia, and P.L. 91-464, as amended, Federal Code.

A. Out of this appropriation, \$50,000 the first year and \$50,000 the second year from the general fund shall be used to purchase medications for individuals who have tuberculosis but who do not qualify for free or reduced prescription drugs and who do not have adequate income or insurance coverage to purchase the required prescription drugs.

B. Out of this appropriation, \$40,000 the first year and \$40,000 the second year from the general fund shall be provided to the Division of Tuberculosis Control for the purchase of medications and supplies for individuals who have drug-resistant tuberculosis and require treatment with expensive, second-line antimicrobial agents.

C. The requirement for testing of tuberculosis isolates set out in § 32.1-50 E, Code of Virginia, shall be satisfied by the submission of samples to the Division of Consolidated Laboratory Services, or such other laboratory as may be designated by the Board of Health.

D. Out of this appropriation, \$840,288 the first year and \$840,288 the second year from nongeneral funds shall be used to purchase the Tdap (tetanus/diphtheria/pertussis) vaccine for children without insurance.

E. Out of this appropriation, \$200,000 the first year and \$200,000 the second year from the general fund shall be provided to the State Pharmaceutical Assistance Program (SPAP) for insurance premium payments, coinsurance payments, and other out-of-pocket costs for individuals participating in the Virginia Medication Assistance Program (VA MAP), formerly AIDS Drug Assistance Program, with incomes meeting the VA MAP's current requirements and who are Medicare prescription drug coverage beneficiaries.

F. The State Health Commissioner shall monitor patients who have been removed or diverted from the Virginia Medication Assistance Program (VA MAP), formerly AIDS Drug Assistance Program, due to budget considerations. At a minimum the Commissioner shall monitor patients to determine if they have been successfully enrolled in a private Pharmacy Assistance Program or other program to receive appropriate anti-retroviral medications. The commissioner shall also monitor the program to assess whether a waiting list has developed for services provided through the VA MAP program. The commissioner shall report findings to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees annually on October 1.

G. The Virginia Department of Health shall report for each month within 30 days after the end of each month, on the number of procedures approved for payment pursuant to § 32.1-92.2, Code of Virginia, and include a description of the nature of the fetal abnormality, to the extent permitted by law, as required for eligibility under § 32.1-92.2, Code of Virginia. The department shall report the information by letter to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees.

H. The Virginia Department of Health, in cooperation with the Department of Behavioral Health and Developmental Services (DBHDS), shall utilize \$1,600,011 each year from available federal funding in DBHDS, including the State Opioid Response Grant, as available, to purchase and provide opioid reversal drugs to support community rescue efforts for those who deal with vulnerable populations.

I. The Department of Health shall convene a work group, which shall include the Commonwealth's Chief Diversity, Equity, and Inclusion Officer and representatives of the Office of Health Equity of the Department of Health, the Department of Emergency Management, and such other stakeholders as the department shall deem appropriate and which may be an existing work group or other entity previously convened for a related purpose, to (i) evaluate the methods by which vaccines and other medications necessary to treat or prevent the spread of COVID-19 are made available to the public, (ii) identify and develop a plan to implement specific actions necessary to ensure such vaccines and other medications are equitably distributed in the Commonwealth to ensure all residents of the

ITEM 291.	Item Details(\$)		Appropriations(\$)	
	First Year FY2023	Second Year FY2024	First Year FY2023	Second Year FY2024

Commonwealth are able to access such vaccines and other medications, and (iii) make recommendations for any statutory, regulatory, or budgetary actions necessary to implement such plan. The Department shall make an initial report on its activities and any findings to the Chairs of the House Committee on Health, Welfare and Institutions and the Senate Committee on Education and Health by December 1, 2020, and shall report monthly thereafter.

J. The Virginia Department of Health shall review and update their data collection and reporting protocols for COVID-19 or other infectious disease data to report actual deaths not an extrapolated projection of deaths.

K. The State Health Commissioner shall ensure that residents and employees of any nursing home or assisted living facility receive priority for testing indicating the existence of the COVID-19 virus in the Commonwealth. The Commissioner shall make available public health testing, if necessary, in order to ensure that nursing homes or assisted living facilities have access to testing that can provide the most rapid results in order to prevent or contain outbreaks of COVID-19. Such testing shall be provided, as needed, by the Division of Consolidated Laboratory Services or other public health testing agencies of the Commonwealth. Any testing costs through the public health system for employees or residents of nursing homes or assisted living facilities may be billed to responsible third-parties.

L. Out of this appropriation, \$1,300,000 the first year and \$1,300,000 the second year from the general fund shall be used to purchase opioid reversal drugs.

M. The Virginia Department of Health shall work with the Department of Behavioral Health and Developmental Services (DBHDS) to ensure that adequate funding, estimated at \$2,685,312 the first year, is provided for COVID-19 testing and surveillance at DBHDS state-operated facilities. Any amount not expended in the first year may be appropriated in the second year to continue services. The Virginia Department of Health shall include such activity in its plan to the Centers for Disease Control and Prevention for the use of the federal Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) funds received pursuant to the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116-260). The Virginia Department of Health shall transfer such funds to the Department of Behavioral Health and Developmental Services as necessary for such activities.

292.	Health Research, Planning, and Coordination (40600).....			\$38,397,213	\$23,041,547
	Health Research, Planning and Coordination (40603).....	\$19,705,131	\$4,065,770		
	Regulation of Health Care Facilities (40607).....	\$16,111,899	\$16,395,594		
	Certificate of Public Need (40608).....	\$1,716,056	\$1,716,056		
	Cooperative Agreement Supervision (40609).....	\$864,127	\$864,127		
	Fund Sources: General.....	\$5,664,511	\$5,348,206		
	Special.....	\$3,351,243	\$3,351,243		
	Dedicated Special Revenue.....	\$626,798	\$626,798		
	Federal Trust.....	\$28,754,661	\$13,715,300		

Authority: §§ 32.1-102.1 through 32.1-102.11; 32.1-122.01 through 32.1-122.08; and 32.1-123 through 32.1-138.5, Code of Virginia; and P.L. 96-79, as amended, Federal Code; and Title XVIII and Title XIX of the U.S. Social Security Act, Federal Code.

A. Supplemental funding for the regional health planning agencies shall be provided from the following sources:

1. Special funds from Certificate of Public Need (40608) application fees in excess of those required to operate the COPN Program, provided the program may retain special fund balances each year equal to one month's operational needs in case of revenue shortfalls in the subsequent year.

2. The Department of Health shall revise annual agreements with the regional health planning agencies to require an annual independent financial audit to examine the use of state funds and the reasonableness of those expenditures.

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**APPENDIX B      LIST OF ABBREVIATIONS AND ACRONYMS**

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ACA	Affordable Care Act
ADAP	AIDS Drug Assistance Program
AIDS	Acquired Immunodeficiency Syndrome
FPL	Federal Poverty Level
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
RWHAP B	Ryan White HIV/AIDS Program Part B
VA MAP	Virginia Medication Assistance Program

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