Seniors living with HIV: The Health Challenges and Policy changes needed

There is no future where we can end the epidemic without addressing the one of the largest demographics struggling with HIV. Seniors over the age of 50, represent more than 51% of the current HIV/AIDS population in the United States and around 1 in 6 new cases fall into this age group. This opens the possibilities for drastic consequences for individuals in this age group at no fault of their own, as many of them come to an age where they are entering Medicaid, the issue of lacking financial support as well as increased comorbidities may become overbearing for them to handle. While Medicaid supports many medications for seniors, not all can be said the same for seniors living in states where the Medicaid gap exists. In the twelve states with existing Medicaid gaps, an estimate 106,594 Americans over 55+ are living with HIV. "By definition, people in the coverage gap have limited family income and live below the poverty level. They are likely in families employed in very low-wage jobs, employed part-time, or with a fragile or unpredictable connection to the workforce. Given the economic downturn and limited offer rates of employer-based coverage for employees with these work characteristics, it is likely that employer-based coverage is not a viable option for them.”

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How addressing seniors living with HIV can help End the Epidemic

Within the next one to two decades, we are going to see a massive flux of new individuals entering the Medicaid and Medicare system. Many facing complicated health challenges that our system is potentially not equipped to handle as the current system struggles as is. Seniors living with HIV face increased risks to comorbidities, issues such as heart disease or cancers would require additional care, medication, and treatments. It is of great interest to patients and physicians caring for them, the very strong evidence that these comorbidities in HIV patients occur at increased rates at all ages compared to the uninfected population. In addition, depression can negatively impact your mind, mood, body, and behavior as it often goes undiagnosed and untreated in those individuals infected with HIV.

Health Issues facing seniors with HIV

1. Side effects from HIV medicines and other medicines may occur more frequently in older people with HIV than in younger people with HIV.

2. The increased risk of drug interactions in an older person taking HIV medicines and medicines for another condition.

3. Age-related changes that can affect an older person’s ability to think or remember, which can make it harder to stick to an HIV treatment regimen.

4. HIV-positive patient faces the challenges of aging in forms of chronic comorbidities:
   a. Cardiovascular disease, Osteoporosis and fractures, Renal disease, Chronic neurological disease, Malignancies, Liver disease, and Metabolic syndrome

5. Clinical depression is the most commonly observed mental health disorder among those diagnosed with HIV, affecting 22% of the population.
Clinical data suggest that aging with HIV will become a significant public health challenge to address at the federal, state, and local levels and Ending the Epidemic requires immediate support for our seniors, treatment and prevention of HIV stand at the core of this battle.

Policy needs and NMAC's goals

Unlike so many other nations, our healthcare system is severely broken. Costs for life saving medication for seniors have continued to grow while no social safety net has been implemented for those falling behind. Recent data suggests an estimated average lifetime HIV-related medical cost for a person with HIV of $420,285. These out-of-pocket costs dramatically affect the quality of life for these seniors living with HIV, even if you were to include the various governmental programs that are offered such as SAMHSA support, the costs are too great for your average pensioner. It is issues like these that could spiral to potentially worsening health challenges such as substance abuse where we see 1-in-3 individuals with depression engage in substance abuse. NMAC urges this administration and congress to act on a few key points.

1. Close the healthcare coverage gap and federalize Medicaid
2. Price cap the costs of life saving HIV medication
3. Increase funding to programs such as Ryan White, MAI, and EHE to properly address and combat the HIV Epidemic

Addressing the wide and complex issues that seniors living with HIV is essential to Ending the Epidemic. Whether it be access to Medicaid, comorbidities, or mental health, all these stand equally important to solving the complex challenges that our seniors face.

Endnotes