

# HIV Health Care Access Working Group

February 23, 2010

Dear Majority Leader Reid, Speaker Pelosi, Majority Leader Hoyer, Majority Whips Durbin and Clyburn, and Chairmen Rangel, Waxman, Miller, Baucus, Dodd and Harkin:

We urge you to stand firm for comprehensive, meaningful health reform and to do whatever it takes to make the long overdue promise of health reform a reality for the millions of uninsured Americans, including many with HIV/AIDS, who desperately need it.

We strongly support passage of comprehensive health care reform and use of the reconciliation process. To best meet the health care needs of people living with HIV and AIDS, those with other chronic medical conditions, and all uninsured Americans, the following critical issues must be addressed through the reconciliation process:

- **Eliminate the provision that would require states to offer an incomplete benefits package to new Medicaid enrollees and instead mandate a new comprehensive national benefits package for all Medicaid enrollees.** We strongly support providing access to Medicaid to all low income individuals up to 133% of the federal poverty level. Yet, the current bill provides sub-standard Medicaid coverage to those newly eligible through the Medicaid expansion and jeopardizes the current benefits that traditional Medicaid beneficiaries receive. There must be one standard, comprehensive Medicaid benefits package and it must meet the care and treatment needs of individuals who are low income and/or living with disabilities. A new national, mandated comprehensive Medicaid benefits package will keep individuals healthy and productive and avoid more complex, costly care.
- **Medicaid providers must be reimbursed at levels that will allow them to sustain the services they provide to Medicaid patients.** Medicaid rates average just 66% of Medicare rates for primary care services and do not cover the cost of providing care. According to the Congressional Budget Office, the planned expansion will increase enrollment in Medicaid and the Children's Health Insurance Program by as many as 15 million beneficiaries. In addition to people living with HIV, millions of low-income women, children, minorities and others with disabilities will rely on Medicaid for their health care. Medicaid rates must be adjusted to 100% of Medicare reimbursement in order to maintain an adequately-sized Medicaid health care workforce.
- **Ensure a reliable, stable coverage option and reduce geographic health disparities by establishing a national Exchange and offering a national public plan option.** Multiple, state-based exchanges will perpetuate existing geographic health disparities and result in a system that is unnecessarily complex and difficult to navigate. A public plan option will help to lower costs and a nationwide exchange will help to ensure that people living with HIV and others have seamless access to care when moving across state lines.

- **Include the Early Treatment for HIV Act in the final health care reform bill.** Allowing states to expand Medicaid to people with HIV prior to the implementation of Medicaid expansion is critical. To the extent that states take up this option, low-income people with HIV, who have not yet progressed to a disabling condition, will receive the care and treatment they need to prevent disease progression. In addition, when Medicaid expansion is implemented, this population will be healthier and require less costly care through Medicaid.
- **Close the Medicare Part D coverage gap and make Medicare Part D coverage meaningful for people with HIV.** Most people with HIV enter the coverage gap in the second or third month of their plan year and lose Medicare coverage for the remainder of the year unless they can afford more than \$4,500.00 out of their own pocket. People with HIV must have continuous access to a regimen of multiple medications or risk disease progression and the likelihood of developing resistance to effective medications. Ensuring adequate coverage through Medicare Part D will allow people with HIV to remain healthy and avoid costly, complex disease care and hospitalization.
- **Eliminate abstinence-only-until-marriage funding.** Abstinence-only programs rarely provide information on even the most basic topics in human sexuality and have generally proved ineffective. These initiatives fail to provide young people with the science-based, age-appropriate sexuality education they need to stay healthy. Eliminating abstinence only funding will ensure tax-payer money is not used to support ineffective and potentially harmful programs for youth.

The HIV/AIDS community is committed to working with Congress to pass truly historic and meaningful health care reform legislation this year. Enacting comprehensive health care reform will provide millions of people living with HIV and other chronic diseases access to the care they need to stay healthy and productive. We are counting on Congress to finalize meaningful health care reform legislation. We can't afford to abandon this vital effort.

For more information, please contact HHCAGW co-chairs Laura Hanen of the National Alliance of State and Territorial AIDS Directors at (202) 434-8091 or Robert Greenwald of the Treatment Access Expansion Project at (617) 390-2584.

AIDS Action  
 AIDS Action Baltimore  
 AIDS Alliance for Children, Youth & Families  
 AIDS Foundation of Chicago  
 The AIDS Institute  
 AIDS Law Project of Pennsylvania  
 AIDS Project Los Angeles  
 AIDS Treatment Data Network  
 American Academy of HIV Medicine  
 Broward House (Fort Lauderdale, FL)  
 CAEAR Coalition

Cascade AIDS Project (Portland, Oregon)  
Center for HIV Law and Policy  
Chase Brexton Health Services (Baltimore, MD)  
Community Access National Network (CANN)  
Community HIV/AIDS Mobilization Project  
Gay Men's Health Crisis  
Harlem United Community AIDS Center  
Health and Disability Advocates  
HIV Medicine Association  
HIVictorious, Inc. (Madison, Wisconsin)  
Housing Works  
L.A. Gay & Lesbian Center  
The Latino Commission on AIDS  
LIGHT Health and Wellness Comprehensive Services, Inc.  
Minnesota AIDS Project  
National Alliance of State and Territorial AIDS Directors  
National Association of People With AIDS  
National Health Law Program  
National Minority AIDS Council  
NO/AIDS Task Force (New Orleans, LA)  
Project Inform  
Ryan White Medical Providers Coalition  
San Francisco AIDS Foundation  
Sexuality Information and Education Council of the U.S. (SIECUS)  
South Carolina Campaign to End AIDS  
Treatment Access Expansion Project  
U.S. Positive Women's Network (PWN)  
Victory Programs, Inc. (Boston, Massachusetts)  
Village Care of New York  
Women Organized to Respond to Life-threatening Disease (WORLD)  
Women Together For Change (St. Croix, U.S. Virgin Islands)