

HIV Health Care Access Working Group

May 10, 2010

The Honorable Kathleen Sebelius
U.S. Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW - Room 120 F
Washington, DC 20201

Dear Secretary Sebelius,

We, the undersigned organizations, thank you for your leadership in making health care reform a reality. The new legislation makes historic and significant strides in expanding access to care and prevention, particularly for those most vulnerable in our health care system.

We also acknowledge and appreciate your efforts to quickly establish a federal high-risk insurance pool, which will provide much-needed coverage to people who have been denied insurance due to pre-existing conditions. This discriminatory practice has specifically impacted many people living with HIV, forcing them to seek care and coverage through the public health system. In a survey of accessibility of coverage on the individual market conducted by the Kaiser Family Foundation, applications were submitted to 60 plans for several hypothetical cases. One case study was a 36-year old male with HIV who was denied coverage by all of the private plans because he was considered "uninsurable" due his HIV status. In light of this, we offer the suggestions below to ensure that the high-risk pool provides the intended safety-net coverage to people with HIV in a timely and efficient manner.

In order to bring the full promise of high-risk pool coverage to people with HIV, we **urge you to include HIV disease as a qualifying condition for eligibility**. We are concerned that requiring people to prove that they have been without insurance for six months in order to qualify for the national high-risk pool creates a serious risk for disruptions in care for people with HIV.

We also urge you to **classify HIV disease as a "presumed eligible" disease group within the definition of "pre-existing condition"--- and not require individuals to demonstrate that they have been denied coverage on the basis of their HIV status in order to qualify as having a pre-existing condition**. Historically, it has been near impossible for people with HIV to obtain coverage in the individual insurance market and many are currently relying on discretionary programs, such as Ryan White programs and its AIDS Drug Assistance Programs for lifesaving care and treatment. However, these programs are struggling to meet the increased demand for HIV care and treatment as evidenced by the growing waiting list for assistance through ADAP, which currently includes more than 1000 people nationwide.

As you know, the National HIV/AIDS Strategy currently being developed by this Administration has four primary goals: reducing the incidence of HIV, assisting people in knowing their status, increasing access to care and reducing HIV-related health disparities. Access to the national high-risk insurance pools will begin to move us closer to two of these important goals.

We thank you for your continued leadership in health reform and welcome the opportunity to work with you on the implementation of this critically important law. For more information, please contact HHCAWG 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.

Submitted on behalf of the HIV Health Care Access Working Group Steering Committee,

AIDS Action; AIDS Action Baltimore; AIDS Alliance for Children, Youth & Families; AIDS Foundation of Chicago; The AIDS Institute; AIDS Project Los Angeles; AIDS Treatment Data Network; American Academy of HIV Medicine; Community Access National Network; Community HIV/AIDS Mobilization Project; Gay Men's Health Crisis; Harlem United; Health and Disability Advocates; HIV Medicine Association; HIVictorious, Inc.; Housing Works; Moveable Feast; National Alliance of State and Territorial AIDS Directors; National Association of People With AIDS; National Minority AIDS Council; The National Working Positive Coalition; Project Inform; San Francisco AIDS Foundation; South Carolina Campaign to End AIDS; Treatment Access Expansion Project; Treatment Action Group; Village Care of New York