

HIV Health Care Access Working Group

Statement of the HIV Health Care Access Working Group

to the

Senate Committee on Finance

Relating to the April 21, 2009 Roundtable to Discuss

Reforming America's Health Care Delivery System

On behalf of its constituent organizations, the HIV Health Care Access Working Group ("HHCAWG" or "the Working Group") applauds Senate Finance Committee Chairman Baucus and Ranking Member Grassley for focusing the Committee's attention on the urgent matter of reforming America's health care delivery system. HHCAWG is a coalition of eighty-four national and community-based AIDS service organizations representing HIV medical providers, advocates and people living with HIV/AIDS and providing critical HIV-related health care and support services. The Working Group is actively engaged in efforts to increase early and affordable access to quality, comprehensive care for people living with HIV/AIDS.

HIV disease provides a benchmark for reforming the nation's health care system—a system that meets the needs of people living with HIV will meet the needs of anyone in the United States. Successfully reforming health care in the U.S. requires (1) dismantling existing barriers to care, and (2) investing in delivery models that facilitate provision of comprehensive, quality care:

1. Focus on developing a system that promotes early access to care.

No disease better illustrates the frailties and disparities of the current health care system than HIV. Remarkable advances in HIV treatment have transformed it to a chronic condition—for *people with ongoing access to care*. But despite the best efforts of the discretionary Ryan White Program, nearly 50 percent of people living with HIV in the United States lack access to a secure source of HIV treatment.¹ National health care reform must address current systemic barriers to care for people living with HIV/AIDS.

Currently, Medicaid and Medicare are the two largest insurers of HIV care in the United States—together, these programs provide access to health care for approximately half of the people living with HIV/AIDS in the United States. Health care reform should build on these important programs, but move away from the current disability-based system and toward one that provides early access to meaningful health care coverage for everyone. Among others, the following are critical measures to removing barriers to care and promoting early access:

- Provide Medicaid to all low-income people by (a) eliminating the current disability requirement that often fails to prevent disease progression and results in more costly medical interventions; and (b) allowing states to provide Medicaid coverage

¹ Institute of Medicine of the National Academy of Sciences, Board on Health Promotion and Disease Prevention. Public Financing and Delivery of HIV/AIDS Care: Securing the Legacy of Ryan White. 2004.

for persons with HIV with income above the federal poverty level, as proposed in the Early Treatment for HIV Act (H.R.1616, S.833);

- Ensure access to quality health care by establishing a comprehensive, standard Medicaid benefits package that includes the full range of services critical to successful management of HIV disease and other chronic conditions. It is imperative that the standard benefits package include prescription drugs, mental health and substance abuse treatment, and coverage for prevention services including routine, voluntary HIV testing and counseling. And to ensure that the full range of services covered by the standard benefits package is actually available, reform legislation must bar states from applying arbitrary service limits that do not support the basic standard of care;
- Maintain protections under Medicaid that ensure low-income consumers do not go without health care because of inability to pay, and minimize consumers' out-of-pocket costs to ensure that Medicaid and Medicare health care services and prescriptions are affordable for everyone;
- Guarantee equitable Medicaid and Medicare reimbursement to primary care providers and experienced HIV providers to support effective chronic disease management; and
- End the two-year waiting period for Medicare coverage for people with disabilities and eliminate “donut hole” coverage gaps by counting AIDS Drug Assistance Program expenditures toward TrOOP.

Without system-wide improvements in these and other areas, people living with HIV/AIDS will continue to face barriers to accessing the health care they require even if cutting-edge delivery systems are deployed.

2. Invest in, build upon and integrate the Ryan White model of delivery of care.

While HIV disease spotlights the failures of current health care systems, it also has spurred great successes. For example, the Ryan White Program has been vital in supporting the delivery of comprehensive and coordinated HIV care, treatment and important social services through community-based organizations and clinics. In recent years these programs have struggled to meet the needs of uninsured and underinsured people living with HIV/AIDS. Many have nonetheless developed successful models for the delivery of comprehensive and coordinated care and services. Congress can and should look to the Ryan White community-based delivery system as a model for high-quality, cost-effective management of chronic conditions generally.

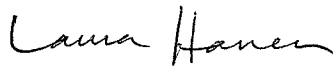
Additionally, the Ryan White program has helped build the capacity of community-based programs in racial/ethnic minority and low-income communities to provide primary medical care and other critical services to underserved populations. With the continuing, significant racial disparities in access to health care in the United States, the strength of Ryan White programs cannot be overstated.

In light of their great successes in providing access to high-quality care to people living with HIV, the Ryan White programs should continue to play an integral role in a reformed health care system. The Working Group urges the Senate Committee on Finance to consider ways to

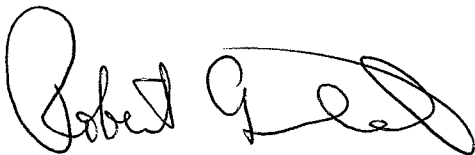
facilitate the integration of the network of Ryan White-funded community-based providers into the broader health system—for instance, by providing them with cost-based reimbursement and ensuring that Medicaid programs and private insurers will build these providers into their disease management or medical home networks. Finally, to ensure the successful integration of ongoing Medicaid and Ryan White programs, a reformed health care system must support strong collaboration at the federal and state levels.

Thank you for the opportunity to comment on this important matter as the Committee investigates health care reform. For more information, please contact Working Group 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.

Sincerely,



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Robert Greenwald
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