

HIV Health Care Access Working Group

November 30, 2009

The Honorable Harry Reid
Majority Leader
United States Senate
Washington, DC 20510

The Honorable Max Baucus
Chairman, Committee on Finance
United States Senate
Washington, DC 20510

The Honorable Tom Harkin
Chairman, Committee on Health, Education,
Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Christopher J. Dodd
Chairman, Subcommittee on Children and
Families, HELP Committee
United States Senate
Washington, DC 20510

Dear Senators Reid, Harkin, Baucus and Dodd:

We write on behalf of the HIV Health Care Access Working Group (HHCAGW) to offer our support for passage of the *Patient Protection and Affordable Care Act* (H.R. 3950). We commend you and your colleagues for your efforts to craft a comprehensive health reform bill which will do much to help those living with HIV/AIDS secure reliable access to lifesaving care and prevent the spread of this deadly disease.

HHCAGW is a coalition of more than 100 national and community-based AIDS service organizations representing HIV medical providers, public health professionals, advocates and people living with HIV/AIDS and providing critical HIV-related health care and support services. We are actively engaged in efforts to increase early and affordable access to quality, comprehensive care and prevention services for people living with HIV/AIDS and support expansion of evidence-based prevention policies and programs.

We are pleased that the *Patient Protection and Affordable Care Act* includes many changes we believe are needed in order for the health care system to better meet the needs of people with HIV and all Americans living with chronic and life-threatening conditions. In particular, we are pleased that the bill:

- Includes a provision to allow AIDS Drug Assistance Program expenditures to count toward True-Out-of-Pocket expenses in the Medicare Part D program;
- Includes a national public health insurance plan option to offer consumers greater choice and improved marketplace competition;
- Expands Medicaid coverage for individuals and families with income up to 133% of the federal poverty level;
- Requires that health insurance plans contract with 340b programs and other safety-net providers;
- Prohibits discrimination based on health status in the private insurance market;
- Provides premium credits, cost-sharing subsidies, and cost-sharing limits that will help make health insurance more affordable;
- Includes much needed investment of dedicated funding to address prevention and wellness, as well as State grants for comprehensive programs to educate adolescents

about prevention of teen pregnancy and sexually transmitted infections, including HIV/AIDS;

- Contains important provisions to address shortages in the primary care and public health workforce, and specifically includes priority targeting for dental and primary care training grants focused on practitioners that will work with vulnerable populations including individuals living with HIV, and;
- Includes important provisions aimed at reducing health disparities.

However, there are also a number of areas where we believe it is crucial that the bill be strengthened, and we hope to see such improvements made during the amendment process on the floor or in conference, including:

- Increase premium and cost-sharing credits for people at the low end of the subsidy scale to ensure affordability and access to medically necessary care.
- Strengthen the public plan option by making sure it is available nationwide in order to realize its potential and allow all Americans the choice of such an option. Failure to do so will widen the geographic disparities that currently exist and subject the availability of a reliable, stable coverage option to state government politics.
- Give the HHS Secretary authority to standardize the policies and regulations governing state-based exchanges. Without strong national standards, multiple, state-based exchanges will perpetuate existing geographic disparities and result in a system that is unnecessarily complex and difficult to navigate (for example, when moving across state lines).
- Apply the premium rating rules uniformly to all plans in and out of the exchange, the group market included. We appreciate that the majority of the reforms will eventually apply to all plans in and outside of the exchange but are concerned that group market plans will be exempt from the new premium rating reforms. Americans must be assured that they will not face premium discrimination regardless of how they access their coverage.
- Increase the income eligibility for the Medicaid expansion up to 150% FPL. Also allow states to expand Medicaid to people with HIV prior to implementation of the expansion in 2014. We are concerned that most states will not have the resources to fully expand Medicaid prior to 2014 without enhanced federal support, which will leave low-income people with HIV without the care and treatment they need to prevent disease progression and disability.
- Ensure access to medical providers for Medicaid beneficiaries by addressing the significant disparities in Medicaid reimbursement levels by raising them at a minimum to Medicare rates. Expanding access to Medicaid without addressing the reimbursement issue will weaken an already fragile network of providers at a time when the demand for their services will be growing.
- Ensure that current Medicaid beneficiaries maintain their current level of coverage as well as gain access to the services included in the essential benefits package if not already covered by their state plan. Medicaid beneficiaries must not be left worse off as a result of reform.
- Fully close the Medicare Part D coverage gap to ensure affordable access to prescription medications for low-income individuals living with complex, chronic diseases like HIV/AIDS. Ensure access to lifesaving medications by codifying protections for

antiretrovirals and the other five classes that are currently covered by the six protected classes policy.

- Ensure adequate resources to fully support the Prevention and Public Health Fund by funding it at a level closer to the House-passed level of \$34 billion over 10 years.
- Expand data collection and analysis categories for monitoring of health disparities to include gender identity and sexual orientation, as in the House-passed bill.
- Remove the provision that would restore state funding for unproven abstinence-only programs. Do not place any additional restrictions on reproductive choice services. Do not leave women worse off as a result of reforms.

The HIV/AIDS community is committed to working with you to pass legislation that will improve access to life-saving care for people living with HIV and other chronic conditions, and extend affordable, quality health care coverage to all. Thank you for your consideration of our views and for your leadership and commitment to accomplishing meaningful health care reform. 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.

With best regards,

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
Broward House (Fort Lauderdale, FL)
Community Access National Network
Community HIV/AIDS Mobilization Project
Gay Men's Health Crisis
Health and Disability Advocates
HIV Medicine Association
HIVictorious, Inc.
Housing Works
National Alliance of State and Territorial AIDS Directors
National Association of People With AIDS
National Minority AIDS Council
Project Inform
San Francisco AIDS Foundation
South Carolina Campaign to End AIDS
Treatment Access Expansion Project
Village Care of New York