

HIV Health Care Access Working Group

January 14, 2010

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

On behalf of the HIV Health Care Access Working Group, thank you for your work to pass meaningful health care reform this year. The Working Group is a coalition of more than 100 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.

As you work to negotiate a final health care reform bill, we urge you to address the following priorities:

- **Include HR 3962 §1721 to increase Medicaid reimbursement rates for primary care to Medicare levels.** Current Medicaid rates are inadequate to cover the cost of providing HIV care. Addressing reimbursement rates is vital to achieving a meaningful expansion of health care coverage through Medicaid.
- **Ensure that infectious disease programs, including HIV, are eligible for new public health and prevention funding under HR 3962 §2301 and HR 3590 §4002.** New funding under ARRA excluded infectious disease programs, making new investment in these programs a critical part of health care reform.
- **Include HR 3962 §2301's \$34 billion in mandatory funding for community-based prevention programs over the next 10 years.** Stabilizing the nation's public health system and expanding the delivery of HIV prevention programs are essential to reducing the number of new infections.
- **Retain HR 3962 §1731 to incentivize states to expand Medicaid to people living with HIV prior to the general Medicaid expansion.** This provision will help low-income people with HIV receive the care and treatment they need to prevent disease progression and disability.
- **Include HR 3962 §§343, 344 regarding sliding scale-based premium and cost-sharing credits and annual cost-sharing caps.** Cost sharing poses a significant barrier to health care for people with HIV and others with chronic conditions whose health relies on regular access to medical care and treatment. Health care will be much more affordable for the poorest individuals and families under the House bill.
- **Include HR 3590 §3314 and HR 3962 §1184 allowing state AIDS Drug Assistance Program and Indian Health Service payments to count toward individuals' Medicare Part D out-of-pocket spending requirement.**
- **Include HR 3962 §2526, allocating \$50 million for a "Healthy Teen Initiative" to provide state grants for evidence-based teen pregnancy and HIV and STI prevention programs, and remove HR 3590 §2954 restoring state funding for abstinence-only programs.**

Thank you for considering our views and for your commitment to health care reform. 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.

With best regards,

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
Broward House – Ft. Lauderdale | 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 | National Alliance of State and Territorial AIDS Directors | National Association of People With AIDS
National Minority AIDS Council | Place of Comfort – Orlando | Project Inform | San Francisco AIDS Foundation
South Carolina Campaign to End AIDS | Treatment Access Expansion Project | Treatment Action Group