

HIV Health Care Access Working Group

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
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
Treatment Action Group
Village Care of New York

December 30, 2009

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, we applaud you for your leadership in advancing historic health care reform legislation 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. We are actively engaged in efforts to increase early and affordable access to quality, comprehensive health care, support, and prevention services for people living with HIV/AIDS, and support expansion of evidence-based policies and programs.

We believe that a health care system that meets the needs of people with HIV will serve all Americans living with chronic and life-threatening conditions. As health care reform legislation moves forward, we write today to share with you our specific recommendations on proposals in H.R. 3962 and H.R. 3950 that we believe must be included in a final health care reform bill to realize the goal of making comprehensive care accessible to those who need it most. Specifically, we urge you to address the issues below as the conference committee finalizes a single piece of health care reform legislation:

Provisions to strengthen Medicaid: We strongly support the House bill's expansion of Medicaid to all low-income individuals up to 150% of the federal poverty level in 2013 (\$1701), and its provision to increase Medicaid payments for primary care to no less than the comparable Medicare rates within four years (\$1721). Expanding access to Medicaid without addressing reimbursement disparities will weaken an already fragile network of providers at a time when the demand for their services will be growing. Medicaid rates currently average just 66 percent of Medicare rates for primary care services and are simply 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.

Second, we urge you to retain House provision §1731, which would incentivize states to expand Medicaid to people living with HIV prior to implementation of the general Medicaid expansion. To the extent that states take up this option, the provision would help low-income people with HIV receive the care and treatment they need to prevent disease progression and disability.

Third, it is time to end the geographic disparities that currently exist under Medicaid. A comprehensive benefits package is necessary to ensure that Medicaid coverage means access to comprehensive care in every state. The final bill must ensure that current Medicaid beneficiaries maintain at least their existing level of coverage, as well as gain access to the services included in the "essential benefits package" that are not already covered by their state plan. And expansion beneficiaries must have access to the same benefits package that those who are traditionally eligible receive.

Provisions to Improve Access to Prescription Medications in Medicare Part D: We support inclusion in a final bill the provision in both the House bill (§1184) and Senate bill (§3314) to allow contributions paid by state AIDS Drug Assistance Programs (ADAPs) count toward individuals' True Out-Of-Pocket (TrOOP) spending requirement. We also strongly urge you to include the House bill's provision (§1181) to fully close the Medicare Part D "donut hole" coverage gap.

Regarding the Senate provision concerning the Secretary's authority to create protected classes for Prescription Drug plan and MA-PD Plans (§3307), we urge you to ensure that any exceptions to covering the protected classes are "based upon scientific evidence and medical standards of practice (and, in the case of HIV AIDS drugs, must be consistent with the Secretary's Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents) and include a public notice and comment period" as required in the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

Provisions to Ensure Affordability: We strongly urge inclusion of the House bill's provisions regarding sliding scale-based premium and cost-sharing credits and annual cost-sharing caps (§§ 343, 344), as total out-of-pocket costs are significantly more affordable for individuals and families with income at the low end of the subsidy scale under the House bill.

Providing Greater Consumer Choice through a Public Plan Option: We strongly urge inclusion of the House bill's provision (§321) creating a national public plan option in the final health care reform legislation. A national public plan option is critical to offer real choice and security to people living with chronic illnesses such as HIV. We are concerned that the non-profit alternatives proposed under the Senate bill (§1334) will not realize adequate cost savings.

Provisions Relating to Private Market Reforms: We applaud the work of both Chambers on strengthening consumer protections through insurance market reforms, including the prohibition on pre-existing condition exclusions. **We strongly urge you to ensure that all of these important provisions apply to all plans, whether offered in or outside of the exchange.**

Specifically, we support the House provision allowing plans to adjust premiums only based on community rating, family size, and age, with no more than a 2:1 ratio for age. It is critical that the premium-setting provisions apply to all plans operating in and outside of the exchange. Consumers must be assured of these important protections regardless of how they access their coverage.

In addition, we urge you to adopt the House bill's simpler, national health insurance exchange structure (§301). Without strong national standards, we are concerned that a state-based insurance marketplace will create an unnecessarily complex system and fuel disparities in access to quality, affordable coverage options between and among states. At the very least, the Secretary should have authority to standardize the policies and regulations governing state-based exchanges.

Provisions to Strengthen Prevention and Public Health Programs: We applaud the work of both Chambers to include investments in preventive care, research, and infrastructure and workforce development in health care reform legislation. Specifically, we strongly urge you to include in the final legislation the House bill's \$34 billion in mandatory funding for community-based prevention programs over the next ten years (§2301). Stabilizing the nation's public health system and expanding the delivery of HIV prevention programs are essential to reducing the number of new infections and related health care expenses.

We also support the House bill's allocation of \$50 million for a "Healthy Teen Initiative" (§2526) to provide state grants for evidence-based teen pregnancy and HIV and STI prevention programs. We strongly oppose, and urge the removal of, the Senate bill's provision restoring state funding for abstinence-only programs (§2954).

The HIV/AIDS community is committed to working with you and other members of Congress to pass health care reform legislation very early next year that will improve access to life-saving care for those living with HIV disease and other chronic conditions, and extend affordable, quality health care coverage to all.

Thank you for your consideration of our views and for your hard work and commitment to reform of the nation's troubled health care system. 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,
The HIV Health Care Access Working Group Steering Committee