May 8, 2013

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Sebelius:

We are writing on behalf of the HIV Health Care Access Working Group – a coalition of over 100 national and community-based HIV service organizations representing HIV medical providers, public health professionals, advocates, and people living with HIV who are all committed to ensuring access to critical HIV-related health care and support services. We are deeply concerned about the impact on people living with HIV of the recently announced withdrawal of full federal support for the state-run Pre-existing Condition Insurance Plans (PCIPs). We strongly urge HHS to fully fund the state-run PCIPs through the end of the year to ensure that the thousands of people already enrolled in these plans are held harmless. Failure to do so puts them at risk for disruptions in essential care and treatment in addition to financial instability.

The PCIP program is currently providing insurance access to over 4,600 people living with HIV, many of whom have never had access to private insurance before. Well over half of these people are enrolled in state-run PCIPs.1 As a result of the proposed revised contracts sent to state-run PCIPs governing the remainder of 2013, many state PCIP administrators have decided to transition PCIP enrollees to the federal PCIP. This transition – only six months before the PCIPs close and enrollees will need to transition to Medicaid or Marketplace coverage – will likely result in harmful disruptions in care for enrollees. If transition to the federal PCIP must occur, we urge HHS to do the following:

• Ensure that deductible and out-of-pocket costs that enrollees have already met transfer to the federal PCIP.
  Most people living with HIV meet their annual deductible and out-of-pocket caps very early in the year. Double billing these enrollees (and the AIDS Drug Assistance Programs that are currently assisting clients with payment of deductibles and out-of-pocket costs) by re-starting deductible and out-of-pocket caps once they transition to the federal PCIP will render coverage unaffordable. We urge HHS to either allow state-run PCIPs to share this information with the federal PCIP or to offer a credit to transitioning enrollees to offset the deductible and out-of-pocket amounts already paid.

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1 The National Alliance of State and Territorial AIDS Directors (NASTAD) has compiled information about the number of AIDS Drug Assistance Program (ADAP) clients enrolled in state and federal fun PCIPs in the most recent module of the National ADAP Monitoring Project Annual Report, available at http://nastad.org/docs/NASTAD-National-ADAP-Monitoring-Project-Report-Module-2-2013.pdf (see Table 5). Note: this data represents enrollment as of December 2012, and hundreds of ADAP clients have since enrolled in PCIPs.
• **Ensure that Ryan White Program providers and pharmacies are included in the federal PCIP provider networks.**

Federal PCIP provider networks must include providers with expertise in HIV care and treatment, including Ryan White Program providers and pharmacies with relationships with ADAPs. We urge HHS to work with state HIV/AIDS programs to ensure people enrolled in the state-run PCIPs can stay with their current HIV providers.

• **Facilitate smooth enrollment of state-run PCIP enrollees into federal PCIP coverage.**

Transition to the federal PCIP may result in different benefits coverage, different provider networks, higher costs, and confusion among enrollees. We urge HHS to put in place mechanisms and procedures to reduce burden on current enrollees. For instance, we urge HHS to consider patient protections such as a thirty-day grace period to allow transitioning enrollees to continue access to their providers and current treatment regimens at their current premium and cost-sharing amounts. We also urge HHS to consider procedures to reduce burden on enrollees, such as streamlined enrollment into the federal PCIP without a new application process.

As intended, the PCIP program has served as a bridge for people living with HIV to the health coverage options that will be available in 2014. We urge HHS to maintain its commitment to implementing the ACA in ways that ensure that people living with HIV and other chronic conditions have access to high-quality, affordable health care coverage by not reducing support for this effective program at this critical time of transition. HHCAWG is happy to work with HHS to ensure that PCIP transitions allow enrollees uninterrupted access to vital care and treatment. Please contact Amy Killelea with the National Alliance of State & Territorial AIDS Directors (akillelea@nastad.org), Andrea Weddle with the HIV Medicine Association (aweddle@hivma.org), or Robert Greenwald with the Treatment Access Expansion Project (rgreenwa@law.harvard.edu) if we can be of assistance.

Respectfully Submitted by the Steering Committee of the HIV Health Care Access Working Group,


Cc:
Grant Colfax, Director, Office of National AIDS Policy
Ronald O. Valdiserri, Assistant Secretary, U.S. Department of Health & Human Services
Laura Cheever, Acting Associate Administrator & Chief Medical Officer, HIV/AIDS Bureau, Health Resources and Services Administration
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Caya Lewis, Counselor to the Secretary for Science and Public Health, U.S. Department of Health & Human Services