October 05, 2009

Dear Majority Leader Reid, Chairmen Baucus and Harkin, Ranking Members Grassley and Enzi, and Members of the Senate Committees on Finance and Health, Education, Labor and Pensions:

As the Senate merges the Committees' respective plans for national health care reform, we are writing on behalf of the HIV Health Care Access Working Group (HHCAWG) to offer comments on the strengths of the two bills for your consideration. HHCAWG 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. The Working Group is actively engaged in efforts to increase early and affordable access to quality, comprehensive care and prevention services for people living with HIV/AIDS.

We urge the Senate to ease or remove the barriers faced by those living with HIV/AIDS in securing reliable access to health care and for shoring up the nation’s fragile HIV care system. 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. Specifically, we urge you to address the issues detailed below as you develop the health care reform legislation that will be considered by the full Senate.

**HIV-Specific Provisions**

ADAP as TrOOP: To ensure access to lifesaving medications for Medicare beneficiaries, **we strongly urge the Senate to adopt the Finance Committee’s provision that allows contributions by state AIDS Drug Assistance Programs (ADAPs) to count toward the Medicare Part D coverage gap or true out-of-pocket cost limit (TrOOP).**

Provider Networks: In the past, health plans have discouraged enrollment of people with HIV by excluding HIV providers from their networks. People with HIV experience better treatment outcomes and receive more cost effective care when cared for by experienced HIV providers. **We urge you to require plans to contract with 340b programs and other safety-net providers as in the HELP bill.**

**Public Plan Option**

A national public plan option is critical to offer real choice, affordability, stability and security to people living with HIV. We are concerned that the cooperative model and the state-based plans proposed in the Finance bill will not realize the same level of cost savings as a national public plan option. In this regard, **we strongly urge inclusion of the HELP bill's provision establishing a community health insurance option as a qualified health benefits plan.**

**Strengthening Medicaid**

We support the minimum benefits package that would be required of private insurers under either bill. We are concerned that there is no comparable package required of state Medicaid programs, and **urge the adoption of a mandatory, comprehensive benefits package under Medicaid that is available to all beneficiaries.**

We strongly support expanding Medicaid eligibility rules to include low-income childless adults. But meaningful access to Medicaid-covered services is only possible when patients are actually able to see providers. Many health care providers today are unable to accept Medicaid patients due to inadequate reimbursement rates. **We urge the Senate to increase Medicaid reimbursement rates for providers to levels that cover the cost of providing care.**

Finally, we encourage the Committees to **expand eligibility for Medicaid coverage to include all low-income individuals with income up to 150% of the federal poverty level (FPL).**
Affordable Coverage
Under the current Finance Committee proposal, medically necessary care and treatment will remain out of reach for many people living with HIV or other chronic diseases due to high levels of cost sharing and inadequate premium assistance relative to income. We strongly support the HELP bill’s affordability protections for lower- and middle-income people relative to both premiums and cost-sharing.

It is important to note that eligibility for affordability credits in the HELP bill would require a minimum income of 150% FPL, while under the Finance bill, individuals with income above 133% FPL would not be eligible for Medicaid. We urge the Senate to close this affordability gap by expanding Medicaid eligibility to include individuals with incomes up to 150% FPL as is assumed under the HELP bill.

Affordable coverage of prescription drugs—especially for low-income individuals living with complex, chronic diseases like HIV/AIDS—is a critical aspect of meaningful health care reform. We remain concerned that neither bill adequately protects Medicare beneficiaries facing the Part D coverage gap. We strongly urge inclusion of language such as that offered in Committee by Senators Nelson (FL) and Rockefeller to fully close the donut hole.

Prevention and Public Health
We strongly support the HELP bill’s provisions to invest in preventive care services, research, and infrastructure and workforce development, and urge the Senate to include these provisions in a merged bill. For example, we recommend including the HELP bill’s language funding temporary "Right Choices" programs that would provide uninsured adults access to preventive services.

We support Title III of the HELP bill, “Improving the Health of the American People,” as it would make an unprecedented investment in the health of all Americans and revitalize the nation’s severely neglected governmental public health system. Paramount among this request is the need for adequate resources to improve population health—and the inclusion of the Prevention and Public Health Investment Fund (Sec. 302 of Title III) in the final health reform legislation.

In addition, with respect to both individual health outcomes and protecting the public health, the importance of ensuring access to cost-free preventive care that includes routine, voluntary screening for HIV infection simply cannot be overstated. Despite the availability of innovative HIV therapies that have made HIV a more manageable chronic condition for many, thirty-six percent of people with HIV in the U.S. progress to AIDS within one year of diagnosis, indicating a very late HIV diagnosis. Individuals diagnosed late have much poorer health outcomes and cost 2.6 times more per year to treat. Infected individuals who remain undiagnosed are responsible for 56% of all new HIV infections. We urge the Senate to include coverage for voluntary routine HIV screening and counseling in any preventive care and/or screening requirements in all health insurance plans—including Medicaid and Medicare.

Finally, we strongly urge you to support The Personal Responsibility Education for Adulthood Training provision passed by the Finance Committee. It would provide $75 million for states for evidence-based, medically accurate, age-appropriate programs to educate adolescents about both abstinence and contraception for the prevention of unintended pregnancy and STIs, including HIV/AIDS, as well as for research and evaluation. We urge you NOT to restore funding for abstinence-only programs. Studies have shown they are ineffective and a waste of taxpayers’ money; as a result, nearly half of all states have refused these federal funds.

Market Reforms
We strongly support the limits on insurer premium ratings in the HELP bill. Under HELP, insurers may vary the rate of premiums by up to 2:1 when considering the factors of geography, age, and tobacco use. But the Finance bill would allow insurers to vary premiums significantly more and charge some consumers—especially the elderly—up to 7.5 times more than others.
We commend the Finance Committee for including reforms to the insurance market for non-group and small group insurers, including the prohibition on pre-existing conditions exclusions. **We urge the Senate to apply these reforms to group coverage as well.**

**Shared Responsibility (“Free rider”)**
As part of legislation that comprehensively reforms the employer-based health insurance system, it is imperative that all employers that do not provide affordable health insurance to their workers pay a penalty. But we are concerned that the Finance Bill's "free rider" provision will discourage the hiring of low-income workers, particularly those with dependent family members. **We urge the Senate to take the HELP Committee's more equitable approach to shared responsibility.**

**Medical Homes**
We strongly support the provisions in both bills to increase access to care through “medical homes.” In addition, we urge you to include of all of the proposed provisions that would support the delivery of coordinated, comprehensive care throughout the health care system, including under the Medicaid program, the Medicare program and through private plans.

**Health Care Workforce**
The HIV health care workforce faces a serious shortage of qualified HIV providers that is driven by many of the same factors contributing to challenges facing the primary care workforce. Both Committees have included significant investments in the clinical workforce, and we strongly support these provisions. In particular, **we support the provisions in the HELP bill that would increase access to health care for medically-underserved populations**, including the expansion of the national health service corps (§ 427); support for increased primary care training targeted to clinicians that work with vulnerable populations and including the medical home model (§ 431); development and deployment of nurse-managed heath clinics in medically- underserved communities (§ 428); and funding for Federally Qualified Health Centers in medically-underserved populations (§171).

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 commitment to achieve 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**
**Community Access National Network**
**Community HIV/AIDS Mobilization Project**
**Gay Men’s Health Crisis**
**Health and Disability Advocates**

**HIV Medicine Association**
**HIVVictorious, Inc.**
**Housing Works**
**Human Rights Campaign**
**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**