HIV Health Care Access Working Group

October 13, 2009

The Honorable Nancy Pelosi
US House of Representatives
Washington, DC 20515

Dear Speaker Pelosi:

As you finalize the House proposal for national health care reform, we are writing on behalf of the HIV Health Care Access Working Group (HHCAWG) to urge you to preserve components of HR 3200 that are important to improving access to lifesaving care for people living with HIV/AIDS. 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.

We applaud your commitment to meaningful health care reform and urge you to assemble the strongest reform proposal possible by ensuring that the provisions noted below are retained in HR 3200.

HIV-Specific Provisions

- **ETHA:** We strongly support expansion of Medicaid to all low income individuals up to 133% of the federal poverty level (FPL) and the provision temporarily granting states the authority to expand Medicaid eligibility to include low-income people with HIV regardless of disability status ($1731(a)) prior to the broader expansion in 2013. This provision is urgently needed to provide earlier and more effective care for people with HIV.

- **ADAP as TrOOP:** We strongly support fully closing the Medicare Part D coverage gap. During the phase-in period, we strongly urge you to maintain the provision that allows contributions paid by state AIDS Drug Assistance Programs (ADAPs) to count toward the Medicare Part D coverage gap or true out-of-pocket cost limit (TrOOP) ($1184).

- **Provider Networks:** Historically, health plans have discouraged enrollment of people with HIV by excluding HIV providers from their networks. We strongly urge you to maintain the provision that requires plans to contract with 340b programs and other essential community providers ($304(b)(6)).

National Public Plan Option: A national public plan option is critical to offer real choice, affordability, stability and security to people living with HIV. In addition to the cost savings realized by a national public plan, the option is important to protect people with HIV from the discriminatory practices that private insurers will likely use to discourage enrollment of people with high cost, chronic conditions. These practices have continued even in a well-regulated market, such as Medicare Part D.

**Strengthened Medicaid:** The proposal to fully federally fund an increase of Medicaid reimbursement levels up to Medicare levels is vital to ensuring access to medical providers for people with HIV ($1721(a)(1)). It is imperative that the rate increase is fully federally funded to ensure that it is adopted nationwide and in states where the increase is most urgently needed. Failure to adequately address the disparities in Medicaid payment rates will create a two-tiered health care system that leaves our country’s lowest income and most vulnerable residents behind.

We support the proposal to add coverage for some preventive services as a mandatory Medicaid benefit but are concerned that other key services, such as prescription drugs, substance abuse and mental health treatment remain optional services. We urge you to ensure that Medicaid beneficiaries have access to a comprehensive benefits package.
Affordable Coverage: In the absence of reasonable limits on premiums, deductibles and cost sharing, medically necessary care and treatment will remain out of reach for many people living with HIV. We strongly urge you to maintain premium and cost sharing credits for individuals and families to 400% FPL and to retain the levels of assistance that limit exposure from 1% to 11% depending on income as approved by the Education & Labor and Ways & Means Committees.

Prevention and Public Health: We strongly urge you to preserve the provisions to invest in preventive care, research, and infrastructure and workforce development, including the provision to establish a Prevention and Wellness Trust (Section 2301), and to ensure that the Trust is established with dedicated, mandatory funding. The Trust would strengthen our public health infrastructure and reorient our health system towards prevention and preparedness. Stabilizing our 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 Healthy Teen Initiative which would provide grants to reduce teen pregnancies and sexually transmitted diseases, including HIV/AIDS.

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. We strongly support the health workforce components of the bill, particularly the expansion of national loan repayment programs (Sec. 340I); capacity building grants to primary care (Sec. 340I) and dentistry programs (Sec. 749) that target vulnerable populations; and reauthorization and expansion of programs to improve diversity of the workforce (Sec. 2241, 2242 and 2281).

Health Disparities: We urge you to maintain the provisions addressing health care disparities that are integrated throughout sections of HR 3200, including establishing standards for data collection and analysis that require data collection on health disparities by characteristics, such as race, ethnicity, gender, sexual orientation, gender identity, and primary language (Sec. 2402).

We are committed to working with you to pass meaningful health care reform legislation this year that meets the needs of people with HIV and others with chronic conditions whose lives depend on affordable reliable access to comprehensive health care. For more information, please contact HHCWG 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,

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
HIVVictorious, Inc.
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National Association of People With AIDS
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