Dear Ms. DeParle:

We are writing on behalf of the HIV Health Care Access Working Group (HHCAWG) to urge the Administration to publicly voice its opposition to Congressional proposals to dismantle the Medicaid program by block granting it or easing current standards and to express concerns regarding the Administration’s position on the California Medicaid legal case.

Congressional Proposals to Block Grant Medicaid or Ease Current Medicaid Standards

A continued and strong federal commitment to Medicaid is vital to reduce disparities in Medicaid eligibility, coverage and provider payment rates. For people with HIV/AIDS, such disparities translate into their access to lifesaving care depending on where they live in the U.S. The Affordable Care Act (ACA) expanded Medicaid coverage and made other Medicaid improvements to address these disparities. Recent deficit reduction proposals, including proposals to block grant the Medicaid program, threaten to undermine the reforms included in the ACA and the very foundation of the Medicaid program as an essential safety net for millions of Americans. We urge the Administration to stand by the ACA and the Medicaid program and make it clear publicly that the deficit will not be reduced by eroding the federal commitment to the program that provides health care to poor families, children and people with disabilities.

The Right to Challenge State Medicaid Provider Reimbursement Rates

We were disappointed and confused by the Administration’s decision to file an amicus brief for Douglas v. Independent Living Center of Southern California Inc. (U.S., No. 09-958) in support of the position that providers do not have a legal right to challenge Medicaid payment rates. This appears counter to the Administration’s recognition in its April 29th draft regulation (CMS-2328-P) of the barrier that inadequate Medicaid reimbursement rates create to low-income individuals accessing medical care. It is also at odds with the Medicaid and Children’s Health Insurance Program Payment and Access Commission’s (MACPAC) recent report listing availability of providers as a key component of access to care. Elimination of the private right of action under Medicaid would leave poor families, elderly and disabled beneficiaries who rely on the program, and the providers that serve them, with no recourse for challenging states when they are not providing coverage at a level that supports access to medical care. In the case of Medicaid beneficiaries with HIV/AIDS and others with serious conditions – access to
providers can mean the difference between living a healthy, productive life and premature death. Finally, this action also contradicts the Administration’s recent commendable action giving guidance to state Medicaid directors on options for improving and expanding access to Medicaid for individuals with HIV/AIDS.

We are at a pivotal moment in the HIV epidemic. The science is clear. We have treatment that offers people with HIV/AIDS the opportunity to live healthy, productive and long lives. The research also tells us that the benefits of treatment extend beyond the individual to the community and public health, as the risk of transmission is significantly reduced when HIV disease is treated. The Administration has demonstrated unprecedented leadership in improving the health and lives of people with, and affected by, HIV/AIDS and countless other Americans through the National HIV/AIDS Strategy and passage of the ACA. More than a million people living with, and affected by, HIV/AIDS in the U.S. are counting on that leadership to continue and to include an unwavering commitment to defending the Medicaid program. Please contact the HIV Health Care Access Working Group co-chairs Robert Greenwald with the Treatment Access Expansion Project (rgreenwa@law.harvard.edu) or Andrea Weddle with the HIV Medicine Association (aweddle@idsociety.org) regarding this issue.

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


Cc: Melody Barnes, Assistant to the President and Director of the Domestic Policy Council
Jeanne Lambrew, Deputy Assistant to the President for Health Policy
Jeffrey Crowley, Director of the Office of National AIDS Policy
Bruce Reed, Chief of Staff to the Vice President