The HIV Health Care Access Working Group (HHCAWG) is eagerly preparing for October 1st when millions of Americans, including many people with HIV/AIDS, will begin enrolling in the new health care coverage options made possible by the Patient Protection and Affordable Care Act (ACA).

We enter the health care reform era with the expertise and treatment that make it possible for people with HIV to live long and healthy lives in addition to reducing their HIV transmission risk. Effective implementation of the ACA is the vehicle to significantly expand access to the HIV treatment and prevention tools that hold the promise to advance the goals of the National HIV/AIDS Strategy and move the U.S. closer to the President's vision of an AIDS-free generation.

With six months left until enrollment begins, now is a critical time to prepare for a smooth transition for people with HIV in the care system and to ensure access to quality HIV care for individuals who enter care for the first time or re-engage in care. Successful enrollment of people with HIV in Medicaid expansion and the Marketplace plans, along with the continuation of additional essential services through the Ryan White program, will showcase the tremendous importance and value of the ACA.

To realize these goals, we urge you to appoint a high level point person at the Center for Consumer Information and Insurance Oversight (CCIIO)/Centers for Medicare and Medicaid Services (CMS) reporting directly to you and the CMS Administrator to coordinate HIV-related Medicaid expansion and Marketplace enrollment activities with the Health Resources and Services Administration, the Centers for Disease Control and Prevention and the HIV community as recommended by the President’s Advisory Council on HIV/AIDS. Based on our experience with early Medicaid expansions in California and Cook County Illinois and the recognition that most people with HIV will be moving from the Ryan White system of care into new forms of coverage, the absence of a high level central contact to coordinate and oversee the 2014 transition places people with HIV at serious risk for falling out of care and poor health outcomes.
We saw firsthand the importance of a transition plan and a strong relationship with the CMS when Medicare Part D was implemented. With Medicare Part D, a number of problems quickly surfaced in January 2006, and CMS responded by implementing new policies, such as requiring a temporarily supply of medications for newly enrolled individuals to prevent treatment interruptions. For Medicare beneficiaries with HIV – a crisis was averted because we also had a direct line of communication to the Medicare Medical Director who kept us informed of policy changes and responded real time to problems as they occurred on the ground.

Thank you for your consideration of our request. We look forward to meeting with you or your staff to discuss this and other issues important to successful implementation of the ACA for people with HIV/AIDS. Your staff may contact the HHCAWG co-chairs, Andrea Weddle with the HIV Medicine Association (aweddle@hivma.org), Robert Greenwald with the Treatment Access Expansion Project (rgreenwa@law.harvard.edu), or Amy Killelea with the National Alliance of State and Territorial AIDS Directors (akillelea@NASTAD.org) to schedule a meeting or for additional information.

Submitted on behalf of the HIV Health Care Access Working Group Steering Committee,


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