

# Save the Lives of People with HIV: Improve - Do Not Repeal - the ACA

June 12, 2017

U.S. Senate Washington, DC 20510

Dear Senator:

The undersigned 140 organizations are writing with an urgent request for you to **reject the American Health Care**Act (AHCA) on behalf of the 23 million Americans¹ estimated to lose coverage, including hundreds of thousands

of individuals with HIV, if the bill is enacted. We are national, state, and local organizations representing people
living with HIV and vulnerable to HIV, public health and medical providers, HIV/AIDS service organizations,
housing providers, and advocates from across the United States.

The AHCA, or a modified version of it, would return America to a time when healthcare coverage was out of reach for too many people with HIV. The bill would cut billions of dollars from healthcare programs and offset billions of dollars through tax cuts, by retreating on the federal commitment to the Medicaid Program; phasing out of the Medicaid expansion; eroding key consumer protections that prevent discrimination against individuals with HIV; reducing premium assistance for lower income individuals; and ending cost sharing assistance. Together these changes would be devastating to many people with HIV who would be left without affordable healthcare coverage options and would reverse recent gains in reducing HIV incidence and improving outcomes.

We oppose the AHCA because it will:

- Severely Weaken the Ability of the Medicaid Program to Respond to the Needs of People with HIV and Millions of Others who Count on It for Lifesaving Care. Forty-two percent of individuals with HIV rely on the Medicaid program for access to healthcare. Either a per capita cap or block grant would leave states ill-equipped to respond to rising drug costs, curative break-through treatments for hepatitis C, natural disasters or public health crises, such as the 2015 HIV and hepatitis C outbreak affecting nearly 200 residents in Scott County, Indiana within a 12-month period. The per capita cap or block grant would abandon the federal government's commitment to supporting healthcare access for our nation's low income children, adults, seniors and disabled.
- Leave Millions Worse Off by Ending the Medicaid Expansion. Prior to the Affordable Care Act, the majority of people with HIV did not qualify for Medicaid coverage, no matter how poor they were, until they became sick and disabled by AIDS. In the 31 states and the District of Columbia that expanded Medicaid coverage, the ACA ended this cruel irony by providing access to the healthcare and medications that help to prevent disability in people with HIV.
- Make Healthcare Coverage and Services Unaffordable: Premium assistance must take into account the cost of purchasing insurance in a community and needs to be adjusted for a family or individual's income. People with HIV and others living on low incomes are living paycheck to paycheck and have little or no savings. In addition, as the population living with HIV ages, consumers must be protected from age rating

<sup>&</sup>lt;sup>1</sup> Congressional Budget Office. Cost Estimate. H.R. 1628 American Health Care Act of 2017. As passed by the House of Representatives on May 4, 2017. May 24, 2017.

<sup>&</sup>lt;sup>2</sup>CROI 2017. The Evolving Epidemiology of HIV Infection in Persons Who Inject Drugs: Indiana 2015. John Brooks.

- that prices out insurance coverage for older Americans. Alternatives such as Health Savings Accounts will do little to make up for increased premium expenses and the elimination of cost sharing subsidies.
- End Key Protections for People with HIV and 52 Million Americans with Pre-Existing Conditions: The end of discrimination based on health status and other demographics was a game-changer for people with HIV who prior to the ACA were virtually locked out of the individual insurance market. Allowing states to waive community rating for health status and require continuous coverage will shut the door on healthcare coverage when people with HIV and many others need it the most.
- Leave People with HIV and Millions of Others without Coverage that Will Meet Their Basic Medical Needs. Allowing states to waive the Essential Health Benefits that ensures access to key service categories, including prescription drugs, mental health and substance use treatment and preventive services will result in people with HIV and others paying more for coverage that does not meet their basic medical needs
- Provide Inadequate Funding to Stabilize the Individual Insurance Market and Give States the Flexibility to Create High Risk Pools: The Patient and State Stability fund that is intended to stabilize markets and keep costs down in states that waive community rating for health status is woefully underfunded and will be insufficient to ensure affordable premiums for individuals with chronic conditions. In addition, State High Risk Pools, one of the options available to the states with the funding, have largely failed people with HIV in the past due to their high out-of-pocket costs and restricted benefits. We strongly support stabilizing the individual market through reinsurance in communities, many in rural areas, where the number of potential enrollees has been insufficient to support a competitive environment but not as a substitute for re-introducing discriminatory practices to the individual insurance market.
- **Defund Planned Parenthood:** Planned Parenthood offers people of all genders essential sexual health services, including STD screening and treatment, HIV and hepatitis C testing and linkage to care services, and HIV preventative services. Planned Parenthood clinics are the sole source for HIV and hepatitis C testing in many rural communities as was the case in Scott County, Indiana where following the closure of the local Planned Parenthood clinic the 2015 HIV outbreak occurred.
- Eliminate the Prevention & Public Health Fund: This funding is critical to building local capacity to detect and respond to infectious diseases, such as hepatitis C and HIV, and other public health threats.

  Abandoning this critical investment will set back public health and security.

We cannot afford to go back to the pre-ACA sick care system that focused on treating disability and disease rather than preventing it. Please work to improve and build upon rather than dismantle health care reforms that have benefited millions of Americans, including hundreds of thousands living with HIV.

Respectfully submitted by the 140 undersigned organizations,

Alabama

AIDS Alabama

AIDS Alabama South, LLC Collaborative Solutions

Medical Advocacy and Outreach

Southern AIDS Coalition

Thrive Alabama

Unity Wellness Center

Arizona

Southern Arizona AIDS Foundation

Arkansas

Jefferson Comprehensive Care System, Inc.

California

AIDS Legal Referral Panel of San Francisco AIDS Services Foundation Orange County APLA Health

Equality California

**HIV ACCESS** 

La mbda Legal

Los Angeles LGBT Center

Project Angel Food

Project Inform

Sacramento LGBT Community Center

San Francisco AIDS Foundation

Colorado

Boulder Valley Women's Health Center

Rocky Mountain CARES

Connecticut

AIDS Project New Haven

District of Columbia (DC)

ADAP Advocacy Association (aaa+)

AIDS Alliance for Women, Infants, Children, Youth

and Families
AIDS United

Allies for Independence

American Academy of HIV Medicine

Asian & Pacific Islander American Health Forum

CAEAR Coalition

Community Access National Network (CANN)

Food & Friends

GLMA: Health Professionals Advancing LGBT Equality

HealthHIV

Human Rights Campaign National AIDS Housing Coalition

National Alliance of State and Territorial AIDS

Directors

National Association of County and City Health

Officials

National Center for Transgender Equality National LGBTQ Task Force Action Fund

NMAC Out2Enroll

Positive Women's Network - USA

The AIDS Institute

The National Viral Hepatitis Roundtable

Florida

CenterLink: The Community of LGBT Centers Hope and Help Center of Central Florida, Inc.

Northeast Florida AIDS Network The Poverello Center, Inc

Urban Coalition for HIV/AIDS Prevention Services

(UCHAPS) Georgia

AIDS Research Consortium of Atlanta

Georgia AIDS Coalition Georgia Equality HIV Dental Alliance

Positive IMPACT Health Centers

SisterLove Illinois

AIDS Foundation Chicago

Chicago House and Social Service Agency

Chicago Women's AIDS Project Children's Place Association Legal Council for Health Justice Open Door Center of IL

Open Door Clinic of Greater Elgin Ruth M. Rothstein CORE Center Test Positive Aware Network

Indiana

Meals on Wheels of Central Indiana

Kansas

Senior Services, Inc. of Wichita

Kentucky

Matthew 25 AIDS Services, Inc.

Louisiana

CrescentCare

Maine

Consumers for Affordable Health Care

Maryland

African American Health Alliance

AIDS Action Baltimore

Racial and Ethnic Health Disparities Coalition

Massachusetts

AIDS Action Committee of Massachusetts

Community Servings The Fenway Institute John Snow, Inc. (JSI)

Treatment Access Expansion Project

Michigan AL GAMEA

CARES of Southwest Michigan Health Emergency Lifeline Programs HIV/AIDS Alliance of Michigan Michigan Positive Action Coalition

African American AIDS Task Force

Minnesota

Clare Housing

Hope House of St Croix Valley Minnesota AIDS Project Rainbow Health Initiative The Aliveness Project Youth and AIDS Projects

Mississippi

Mississippi Center for Justice

Missouri

Saint Louis Effort for AIDS

Nevada

Northern Nevada HOPES Southern Nevada Health District

**New Jersey** 

Buddies of New Jersey, Inc.

New Jersey Association on Correction

**New York** Amida Care

Creations 4 Empowerment God's Love We Deliver Harm Reduction Coalition Hispanic Health Network

**Housing Works** 

Latino Commission on AIDS

National Latino AIDS Action Network

NYTAG (New York Transgender Advocacy Group)

Prevention Access Campaign Southern Tier AIDS Program Treatment Action Group

VillageCare

**North Carolina** 

Piedmont Health Services & Sickle Cell Agency

 $Southern\ HIV/AIDS\ Strategy\ Initiative$ 

Ohio

ADAP Educational Initiative

This letter is sponsored by the Federal AIDS Policy Partnership's HIV Health Care Access Working Group. The HHCAWG co-chairs are Carmel Shachar with the Center for Health Law and Policy Innovation (cshachar@law.harvard.edu), Amy Killelea with the National Alliance of State and Territorial AIDS Directors (a killelea@NASTAD.org) and Andrea Weddle with the HIV Medicine Association (a weddle@hivma.org).

Equitas Health

Miami Valley Positives for Positives

Silver Creek Strategies

## Oklahoma

Tulsa CARES

## Oregon

Cascade AIDS Project

OHSU/Partnership Project

## Pennsylvania

AIDS Resource Alliance

Association of Nurses in AIDS Care

GIRLU CAN DOIT, INC.

MANNA (Metropolitan Area Neighborhood Nutrition

Alliance)

## Tennessee

(TAPWA) Tennesse Association Of People With AIDS

CHOICES. Memphis Center for Reproductive Health

Friends For Life

Nashville CARES

Street Works

#### **Texas**

AIDS Arms, Inc. d/b/a Prism Health North Texas

Legacy Community Health

National Black Women's HIV/AIDS Network

Program for Wellness Restoration

Resource Center

Valley AIDS Coucnil

## Virginia

Blue Ridge Independent Living Center

**HIV Medicine Association** 

Ryan White Medical Providers Coalition

# Washington

Pierce County AIDS Foundation (PCAF)

# **West Virginia**

CAMC Ryan White Part CHIV Program

South Central Educational Development, Inc.

# Wisconsin

AIDS Resource Center of Wisconsin