hivma
hiv medicine association

1300 Wilson Boulevard Suite 300 / Arlington, VA 22209
703-299-1215 / f 703-299-8766 / info@hivma.org / www.hivma.org

May 30, 2017

U.S. Senate
Washington, DC

Dear Senator:

I am writing on behalf of the HIV Medicine Association to strongly urge you to improve rather than repeal the Patient Protection and Affordable Care Act (ACA) and specifically to reject the American Health Care Act (AHCA) as you craft the Senate healthcare reform bill**.**

HIVMA represents more than 5,000 physicians and other medical providers working on the frontlines of the HIV epidemic in communities across the country. We are deeply concerned that the AHCA's healthcare financing and market reforms, or a modified version of the bill, would have a devastating impact on our patients with HIV and on our ability to care for them.

The Congressional Budget Office's (CBO) analysis released May 24th estimated that 23 million more Americans would be uninsured under the AHCA in 2026, including 14 million who would lose Medicaid coverage due to federal funding cuts totaling $834 billion over 10 years.[1] With our uninsured rate at an all-time low of 10.9 percent in 2016[2], now is not the time to abandon reforms that have benefited millions by implementing policy changes that are likely to have unintended and far-reaching consequences that will jeopardize the health of many, in particular lower income, Americans.

With early diagnosis and reliable access to HIV care and treatment, individuals with HIV can achieve sustained viral suppression allowing them to stay healthy and reducing their risk of transmitting the virus to near zero. In recent years, we have seen important gains in diagnosing HIV, increasing the number of patients who are on treatment, achieving viral suppression and reducing the number of new cases of HIV occurring annually. The AHCA and specifically the proposed changes to Medicaid financing would threaten this important progress and cripple our response to the HIV epidemic for years to come. We summarize our concerns below.

Capping federal funding for the Medicaid Program would leave states without sufficient resources to respond to increases in care and medication costs; public health outbreaks or natural disasters or new treatment advances and therapies. States will be forced to restrict Medicaid access, benefits and

[1] Congressional Budget Office (CBO). Cost Estimate. HR 1628 American Health Care Act of 2017. As passed by the House of Representatives on May 4, 2017. May 24, 2017.
[2] Gallup. US Uninsured Rate Holds at Low of 10.9% in Fourth Quarter. January 9, 2017. Online at http://www.gallup.com/poll/201641/uninsured-rate-holds-low-fourth-quarter.aspx.

provider payments as the disparity between funding and actual care costs grows exponentially over the years.[3] Medicaid is the largest source of coverage for individuals with HIV covering more than 40 percent of patients with HIV.[4] We are deeply concerned about the impact of the cap across the U.S. but in particular on states in the Southeastern U.S. where we continue to see higher mortality rates and higher rates of new HIV cases and that currently receive higher federal matching rates for the traditional Medicaid Program.

Ending or phasing out the Medicaid expansion will leave a majority of low income individuals with HIV uninsured. Prior to the ACA, most people with HIV did not qualify for Medicaid coverage until they became sick and disabled by HIV and in non-Medicaid expansion that continues to be the case. In the 31 states and the District of Columbia that expanded Medicaid coverage, there were significant improvements in insurance coverage and in viral suppression rates in 2014, the first year of the expansion.[5] Medicaid works for low-income people with HIV because of its limits on premiums and cost sharing in addition to the strong consumer protections ensuring access to essential services. Phasing out the Medicaid expansion, even over an extended period, will still leave most individuals with HIV who gained coverage through the expansion uninsured.

Providing insufficient premium assistance to make healthcare coverage affordable. 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. Many of our patients live on tight budgets in order to meet their basic living needs and cannot take advantage of Health Savings Accounts. The level of premium assistance provided in the AHCA, and the elimination of cost sharing subsidies would make coverage and services cost prohibitive for many of our patients. We also are deeply concerned about access to healthcare coverage for the aging HIV patient population based on analysis of the CBO estimates that low income seniors would pay 9 times more for their coverage under the AHCA provision allowing states to charge older individuals five times (or more) for their coverage.[6]

Ending non-discrimination protections for people with HIV and 52 million Americans with pre-existing conditions. Prior to the ACA, most people with HIV were either denied coverage or offered coverage with exorbitant premiums in the individual insurance market. Allowing states to waive community rating for health status and require continuous coverage will once again leave individuals with HIV with few or no private insurance options. ***As noted by the CBO, "…people who are less healthy (including those with preexisting or newly acquired conditions) would ultimately be unable to purchase comprehensive non-group health insurance at premiums comparable to those under current law, if they could purchase it all…"***[7]

Returning to state high-risk pools to cover Individuals with high cost conditions is not the answer. 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 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 failed patients with HIV in the past due to their high out-

[3] Kaiser Family Foundation. Restructuring Medicaid in the American Health Care Act: Five Key Considerations. March 2017. Online at: http://kff.org/medicaid/issue-brief/restructuring-medicaid-in-the-american-health-care-act-five-key-considerations/.
[4] KFF. Medicaid's role for Individual's with HIV. April 2017. Online at https://kaiserfamilyfoundation.files.wordpress.com/2017/04/infographic-medicaids-role-for-individuals-with-hiv.png.
[5] Bradley, H, et al. Health Care Coverage and Viral Suppression. Pre-Post ACA Implementation. CROI 2017. Abstract #: 1012.
[6] The Washington Post. How the CBO thinks the Republican health-care bill will affect your pocketbook. May 24, 2017. Online at: https://www.washingtonpost.com/news/politics/wp/2017/05/24/how-the-cbo-thinks-the-republican-health-care-bill-will-affect-your-pocketbook/?utm_term=.8f1be81e44aa.
[7] CBO. Page 5.

of-pocket costs and restricted benefits.[8] We strongly support stabilizing the individual market through reinsurance in communities, many in rural areas, where the population size is not large enough to support a competitive insurance environment; but this cannot be in place of maintaining strong non-discrimination protections in the individual insurance market.

Leaving people with HIV and millions of others without coverage that will meet their basic medical needs. Allowing states to waive the Essential Health Benefits will leave our patients and millions of others without the security that their healthcare coverage will meet their medical needs. Prior to the ACA in the individual insurance market, key essential health benefit categories, including mental health and substance use treatment, prescription drugs and maternity coverage, were often not covered or had coverage limits applied. In discussing the impact of states waiving EHB, CBO notes that people who rely on benefits that are likely to be excluded such as mental health and substance use services ***"would experience substantial increases in out-pocket spending on health care or would forgo the services."***[9]

Defunding Planned Parenthood will leave individuals at risk without access to HIV and STD screening and prevention services in rural and underserved areas. Planned Parenthood clinics are the sole source for HIV and STD prevention services in many rural communities. This was the case in Scott County, Indiana when the 2015 HIV outbreak occurred following the closure of the local Planned Parenthood clinic.

Eliminating the Prevention & Public Health Fund will leave preventive services and capacity building underfunded. 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. Now is not the time to abandon this critical effort.

The Affordable Care Act (ACA) was an important step in giving lower income Americans and those without employer-sponsored health insurance access to healthcare coverage. While interventions are needed to facilitate competition in smaller, rural insurance markets, we cannot afford to disregard the progress that has been made in a relatively short period of time by implementing policy changes that will reverse these gains and contribute to even greater health disparities between states.

We hope we can count on you to not leave patients with HIV and millions of other Americans worse off and without access to the healthcare and treatment that keeps them alive. Please contact the HIVMA Executive Director Andrea Weddle at aweddle@hivma.org or (703) 299-0915 to discuss how people with HIV would be affected by the AHCA or an amended version of it. We also can help connect you to HIVMA members in your state who could share their perspective.

Sincerely,

Wendy Armstrong, MD, FIDSA
Chair, HIVMA Board of Directors

[8] National Alliance of State and Territorial AIDS Directors. Health Reform Issue Brief: High Risk Pools. April 2017. Online at: https://www.nastad.org/sites/default/files/nastad-high-risk-pool-issue-brief-4-24-17.pdf.
[9] CBO. Page 7.