



April 4, 2012

The Honorable Kathleen Sebelius
Secretary
United States Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Minimum Drug Benefit in the Essential Health Benefits Bulletin

Dear Secretary Sebelius:

We are writing on behalf of the HIV Medicine Association (HIVMA) and the Ryan White Medical Providers Coalition (RWMPC) to express concerns regarding the minimum drug benefit outlined in the Dec. 16 Essential Health Benefits (EHB) Bulletin.

HIVMA represents more than 4,800 medical providers and researchers practicing on the frontlines of the HIV epidemic. RWMPC provides an advocacy voice for HIV medical clinics and programs that receive Ryan White funding in every region in the country, and advocates for a full range of primary care services for persons living with HIV/AIDS with no other source for care.

HIVMA and the RWMPC are excited by the historical opportunity provided by the Patient Protection and Affordable Care Act (ACA) and the National HIV/AIDS Strategy to improve access to HIV care and treatment and reduce HIV-related disparities. As frontline medical providers, we witnessed firsthand the evolution in HIV treatment that transformed HIV infection from a nearly always fatal condition to a manageable chronic condition for patients with access to expert care and treatment. It is rare in the medical field to see such rapid and dramatic improvements.

We are concerned that the largest health care coverage expansion in our history will not adequately support access to the HIV treatment that has made the revolution in HIV care possible. In particular, the proposed minimum prescription drug coverage of one drug in a drug class or category included in the Dec. 16 EHB guidance would leave many HIV patients without access to this lifesaving treatment.

The proposed minimum drug coverage standard is below that offered by most private insurance plans and falls well short of covering the basic standard of care for HIV treatment that requires a minimum of three antiretroviral agents prescribed according to factors unique to the individual patient. Exorbitant cost sharing and burdensome prior authorization processes already pose serious barriers to obtaining HIV antiretroviral agents for many of our HIV-infected patients with poor insurance coverage.

HIV medicine is an area of rapid scientific discovery, and the development of more effective and less toxic antiretroviral therapies has been critical to our success in treating HIV infection. Reliable access to the range of medications available to suppress HIV infection under the EHB coverage, regardless of where HIV patients live will be critical to avoid a serious public health crisis.

Department of Health and Human Services HIV treatment recommendations are written and frequently updated in recognition of the complexity of HIV treatment and ongoing advances in preferred treatment regimens. Failure to uniformly provide access to the preferred antiretroviral treatment regimens will lead to poor viral suppression and the development of drug resistance. The consequences for HIV-infected individuals will be poorer health outcomes and higher health care expenditures. Recent studies also show that failure to maintain viral suppression will lead to increased transmission of HIV infection to others.

Drug coverage decision-making must be based on efficacy and effectiveness of treatment, including toxicity and tolerability, and not driven solely by cost. Protections for certain drug classes, including antiretroviral agents and the newer, more effective viral hepatitis medications, will be vital to ensure meaningful health coverage for HIV patients. The cost of treatment failure for people with HIV infection is high and places patients at risk for irreversible damage to their immune system that can have long-term consequences, including death.

We strongly urge you to ensure that patients with HIV have reliable access to the medications that will most effectively treat the illness by adopting protections like those in place under Medicare Part D. The Medicare Part D “classes of critical concern” policy that requires coverage of all of the drugs in the antiretroviral drug class in addition to five other drug classes has been critical to ensuring access to HIV treatment in addition to treatment for cancer, mental illnesses, epilepsy, autoimmune diseases and for transplant patients.

On behalf of our patients with HIV and the hundreds of thousands of individuals with HIV that we hope will enter the care system under the ACA reforms, please set a minimum national drug coverage standard that ensures people with HIV have access to the medication regimen necessary for effective management of HIV infection. We welcome the opportunity to discuss our concerns with you or your staff and may be reached through the HIVMA executive director Andrea Weddle at (703) 299-0915 or aweddle@hivma.org or the RWMPC convener Jenny Collier at (202) 543-0353 or jennycollierjd@yahoo.com.

Sincerely,



Judith A. Aberg, MD, FIDSA
Chair, HIV Medicine Association



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