

HIV Health Care Access Working Group

September 2011

The Honorable Senator Patty Murray, Chair
448 Russell Senate Office Building
Washington, DC 20510

The Honorable Representative Jeb Hensarling, Chair
129 Cannon House Office Building
Washington, DC 20515

Dear Senator Murray and Representative Hensarling:

We are writing on behalf of the HIV Health Care Access Working Group (HHCAGW) to share our views on the President's deficit reduction proposal's impact on people living with HIV/AIDS.

We applaud the President's balanced approach to deficit reduction that includes revenue increases to avoid disproportionate and harmful budget changes to programs that serve low-income and medically vulnerable populations, including those living with and at risk for HIV/AIDS. However, we have serious concerns about the President's proposal to reduce federal funding for the Medicaid program and to increase cost sharing for Medicare beneficiaries.

Reducing the federal Medicaid matching rate would shift costs to states and ultimately on to the shoulders of those who depend on the program as their lifeline, including more than 40% of people living with HIV/AIDS in the U.S. Simply shifting Medicaid costs without addressing the underlying costs of health care will only serve to reduce access to health care services for vulnerable populations who depend on Medicaid for medically necessary care—and, in the case of people with HIV disease, lifesaving care. It will also undermine the promise of the Affordable Care Act to expand access to care for millions of uninsured Americans.

The proposals to increase cost sharing for Medicare beneficiaries, including for Medi-gap polices, will disproportionately harm the more than 20% of people living with AIDS who are enrolled in Medicare—as well as others with chronic conditions—whose health depends on regular access to medical care and services. A majority of Medicare beneficiaries with AIDS qualify for coverage because they are disabled. They generally live on low incomes, and by virtue of qualifying for the program are sick and likely to require additional services, such as home health care. In the absence of a cap on out-of-pocket expenses for Medicare beneficiaries, increases in cost sharing for Medicare covered services will leave lifesaving care out of reach for many Medicare beneficiaries living with AIDS.

Proposals to dramatically cut the Prevention and Public Health Fund will similarly impede access to prevention services and slow any progress toward stemming the tide of new HIV infections. The Prevention and Public Health Fund is an important opportunity to support evidence-based initiatives that will increase HIV screening efforts and should be fully funded.

This is a critical moment in the fight to end the HIV epidemic. Scientific research findings unequivocally show that early access to effective HIV care and treatment improves health outcomes for people with HIV and significantly reduces HIV transmission. Cuts to Medicaid, Medicare and other healthcare programs that support HIV prevention, care and treatment will set us back in the battle against HIV disease and leave the vision of ending the domestic HIV epidemic out of reach. Contact the HHCAGW co-chairs Robert Greenwald (Treatment Access Expansion Project, rgreenwa@law.harvard.edu) or Andrea Weddle (HIV Medicine Association, aweddle@hivma.org), if we can be of assistance.

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

AIDS Action Baltimore | AIDS Alliance for Children, Youth & Families | AIDS Foundation of Chicago | The AIDS Institute | AIDS Project Los Angeles | AIDS United | American Academy of HIV Medicine | Broward House | Community Access National Network | Gay Men's Health Crisis | Georgia AIDS Network | Harlem United | Health

HIV Health Care Access Working Group
and Disability Advocates | HIV Medicine Association | HIVictorious, Inc. | HIV Prevention Justice Alliance |
Housing Works | Moveable Feast | National Alliance of State and Territorial AIDS Directors | National Association
of People With AIDS | National Minority AIDS Council | The National Working Positive Coalition | Project Inform |
San Francisco AIDS Foundation | South Carolina Campaign to End AIDS | Treatment Access Expansion Project |
Treatment Action Group | VillageCare