

HIV Health Care Access Working Group

November 14, 2011

Dear Senator Murray and Representative Hensarling:

As you finalize the deficit reduction proposal, the undersigned organizations strongly urge you to consider the long-lasting impact of the critical policy decisions that you are making on people with HIV/AIDS and other vulnerable populations.

Now is a pivotal moment in the HIV epidemic. As the Secretary of State highlighted in a recent speech— U.S.-led science has given us the tools to have an “AIDS-free generation” and has proven that HIV treatment not only saves lives but also significantly reduces the risk of HIV transmission. However, resources are necessary to transfer the tools to the frontlines of the epidemic where they are urgently needed. Deficit reduction must not be short-sighted and stop our remarkable progress in its tracks.

We strongly urge you to pursue an equitable approach by adhering to the deficit reduction principles endorsed by nearly 150 HIV-related organizations and submitted to the Committee in September:

- 1) Ensure a fair and balanced approach to deficit reduction that includes revenue increases.**
- 2) Protect vulnerable populations and maintain the federal commitment to the fight against HIV/AIDS through ongoing funding of essential prevention, care and treatment, research, housing and support services.**
- 3) Preserve the federal commitment to the Medicaid and Medicare programs.**
- 4) Do not jeopardize the health care reforms already underway.**

In particular, we are concerned by the magnitude of the cuts to the Medicaid and Medicare programs included in draft proposals. The Medicaid program provides health coverage to nearly 50 percent of people with HIV in care and state cuts to benefits and provider payments (including a proposal by one state to eliminate drug coverage) are already impacting them. Cost-shifting to states will do serious harm. Medicare provides access to care for at least 20 percent of people with HIV/AIDS in care who often are sicker and require more medical visits and prescription drugs to manage their HIV infection. Policies being considered, such as increased cost sharing without a catastrophic coverage limit, will leave lifesaving care and treatment out of reach for them and others with chronic conditions.

We cannot afford to retreat in our commitment to ending the HIV pandemic. In completing your important work, please evaluate the cost of your decisions in terms of the lives and health of individuals who rely on these vital programs and our nation’s overall public health and well-being. Please contact the HIV Health Care Access Working Group co-chairs, Robert Greenwald with the Treatment Access Expansion Project (rgreenwa@law.harvard.edu) or Andrea Weddle with the HIV Medicine Association (aweddle@idsociety.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 | Communities Advocating Emergency AIDS Relief (CAEAR) Coalition | Gay Men’s Health Crisis | Georgia AIDS Network | Harlem United | Health 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

cc: Members of the Joint Special Task Force on Deficit Reduction