AAHIVM
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Representative Roger Marshall

312 Cannon House Office Building

Washington DC 20510

March 8, 2017

Dear Representative Marshall,

On behalf of the Mountain Plains Chapter of The American Academy of HIV Medicine (AAHIVM), its members in Kansas, and the patients they serve, we write to express our concern about our patients' access to health care coverage and lifesaving care and treatment.

AAHIVM is a non-profit professional association of HIV clinicians and researchers who comprise the majority of providers treating patients with HIV in the U.S. today. Our members in the AAHIVM Mountain Plaines chapter treat a large portion of the HIV-infected patients in the state of Kansas.

Two decades ago the development of antiretroviral therapy transformed HIV/AIDS from a deadly condition to a manageable chronic condition for most. With reliable access to care and treatment that effectively suppresses the virus, patients can now be healthy and live near normal life expectancies, and when they are virally suppressed their risk of transmitting the virus drops to near zero. The key to this prevention and treatment success is consistent access to medical care and to these life-saving medications.

Prior to the passage of the Affordable Care Act (ACA), a majority of our patients were either denied health insurance coverage because of their condition or were unable to afford the extraordinary high cost of the coverage that was available to them. In most states, Medicaid coverage was available to patients only after they became sick and disabled by AIDS. The high cost of their medications was out of reach for many without coverage.

The ACA directly impacted the lives of these patients by ensuring that they were not denied coverage or charged higher premiums based on their health status. The law also set minimum health coverage standards, required coverage of many medications, and provided premium and cost sharing assistance. The law also modernized the Medicaid program by expanding coverage to families and childless adults up to 138% of the federal poverty level regardless of disability status. Because of these thing, HIV patients in Kansas have had unprecedented access to health coverage and to the care and treatment they need in recent years.

As medical professionals committed to our patients with HIV, we are deeply concerned with the efforts

in Congress to repeal the ACA without providing any sort of replacement system. Since the ACA was enacted, the Department of Health and Human Services estimates that the uninsured rate in Kansas has fallen by 35 percent, translating into 137,000 Kansans gaining coverage. In addition to residents who would otherwise be uninsured, millions more with employer, Medicaid, individual market, or Medicare coverage have also benefited from new protections as a result of the law. This represents a significant victory in the efforts to see patients have access to health care and treatment.

We urge you, to represent the needs to HIV patients in the state of Kansas, by ensuring that prior any changes to the ACA, a plan be in place that takes into account the medical needs of low income individuals with complex conditions, like HIV. Any changes to health coverage in the U.S. should prioritize avoidance of dangerous disruptions in health care coverage for our patients with HIV and millions of others. Meaningful health insurance coverage options must offer uninterrupted, affordable coverage for a range of necessary medical services, including prescription drugs, preventive services, laboratory testing, and substance use and mental health treatment.

We also ask that you maintain the federal commitment to the Medicaid program. An estimated 421,638 people in Kansas are covered by Medicaid or the Children's Health Insurance Program, including 298,723 children and 38,849 seniors and people with disabilities covered by both Medicaid and Medicare.

Maintaining the Medicaid program, in its current funding structure, is critical so that states can respond to fluctuations in the need for Medicaid coverage due to economic downturns. Block grants to fund Medicaid would result in a disproportionate cost-shift to the states, and ultimately in reductions in the program scope and benefits. The state of Kansas cannot afford to lose federal funding that it relies on for Medicaid, and people living with HIV in Kansas that rely on Medicaid cannot afford to lose coverage that ensures their access to necessary care and life-saving treatment.

We ask you please consider the needs of individuals with HIV as you consider proposals to alter the ACA. The lives of our patients, and our ability, as providers, to make significant headway against the HIV epidemic in the U.S. depend on it.

Sincerely,

Donna Elaine Sweet, MD, MACP, AAHIVS

Chapter Chair, Mountain Plains Chapter, AAHIVM

University of Kansas, School of Medicine

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