



Protect HIV Care: Oppose the AHCA

March 22, 2017

U.S. House of Representatives
Washington, DC 20515

Dear Representative:

The 100 undersigned organizations are writing to **strongly urge you to oppose the American Health Care Act (AHCA) on behalf of the 24 million Americans¹ estimated to lose coverage, including hundreds of thousands of individuals with HIV, if the bill is enacted.** We are national, state, and local organizations representing people living with HIV and vulnerable to HIV, public health and medical providers, HIV/AIDS service organizations, housing providers, and advocates from across the United States.

With bipartisan support, we made significant strides in responding to the HIV epidemic in the U.S. and abroad. We now have highly effective treatment that by suppressing the virus keeps individuals with HIV healthy and reduces their risk of transmitting HIV to near zero. However, effective treatment requires reliable access to expert medical care and services and continuous access to medications to treat HIV as well as common co-occurring conditions common such as hepatitis C, mental health and substance use disorders.

By fundamentally weakening the federal commitment to the Medicaid program and the health of low income Americans and undermining key elements in the ACA individual market reforms, the AHCA would strip many Americans with HIV of the opportunity to fully benefit from treatment. In doing so, the AHCA would jeopardize the health of hundreds of thousands of individuals living with HIV and threaten our nation's public health. We oppose the AHCA because it will:

- **Increase Health Disparities by Shifting Medicaid Costs to the States:** The per capita cap funding proposed for the Medicaid program is estimated to cut \$880 billion in federal funding from state Medicaid programs and result in 14 million losing Medicaid coverage by 2026. This drastic cut in funding for the program will result in a loss of coverage and services for the more than 42% of individuals with HIV in care who depend on Medicaid² and millions of other low-income individuals vulnerable to HIV whose access to healthcare and lives depend on this vital program. In addition, a per capita cap would leave states ill equipped to respond to changes such as the curative break-through treatments for hepatitis C, or natural disasters or public health crises, such as the 2015 HIV and hepatitis C outbreak affecting nearly 200 residents in Scott County, Indiana within a 12-month period.³

¹ Congressional Budget Office. Cost Estimate. American Health Care Act. March 13, 2017.

² Kaiser Family Foundation. Medicaid and HIV. October 14, 2016.

³ CROI 2017. *The Evolving Epidemiology of HIV Infection in Persons Who Inject Drugs: Indiana 2015*. John Brooks.

- **End the Medicaid Expansion:** Prior to the ACA, the majority of people with HIV did not qualify for Medicaid coverage, no matter how poor they were, until they became sick and disabled by AIDS. In the 31 states and the District of Columbia that expanded Medicaid coverage, the ACA ended this cruel irony by providing access to the healthcare and medications that help to prevent disability in people with HIV. The phase out of the expansion beginning in the year 2020 would leave no viable health coverage options for many low income individuals, especially those with pre-existing conditions and significant healthcare needs.
- **Make Healthcare Coverage and Services Unaffordable and Inaccessible:** To stay healthy, individuals with HIV need reliable and ongoing access to multiple medical providers and multiple medications. A study conducted by the Centers for Disease Control and Prevention estimated that approximately 40% of individuals with HIV live on incomes at or below the federal poverty level.⁴ The AHCA's refundable tax credits which would not be adjusted for income or geographic variation in premiums would put healthcare coverage out of reach for most people with HIV – especially for the increasing number of older Americans living with HIV who could be charged up to five times more than young adults for their coverage under the AHCA. Expanding the role of Health Savings Accounts would not help many people with HIV and others living on low-income who are living paycheck to paycheck and have little or no savings.
- **Allow Discrimination against Individuals with Pre-existing Conditions by Requiring Continuous Insurance Coverage:** Individuals with HIV and other Americans with serious conditions, such as cancer, mental illness and diabetes, are more likely to experience gaps in healthcare coverage due to changes in employment status related to periods of illness or intensive treatment that may leave them unable to work. The AHCA would allow insurers to penalize enrollees with gaps of coverage two or more months long by charging up to 30% higher premiums for a year. This will shut the door on healthcare coverage when people with HIV and many others need it the most.
- **Rely on State Support for Patient and State Stability Fund:** The Patient and State Stability fund that is intended to stabilize markets and address premium increases due to the disproportionate enrollment of individuals with more intensive health needs relies on state contributions and will not keep coverage affordable if states cannot afford to contribute to the fund or if states opt to use the funding for different purposes. For example, returning to state-high risk pools which largely failed people with HIV in the past due to their high out-of-pocket costs and restricted benefits is not a solution for responding to the coverage needs of people with HIV and others with higher cost chronic conditions.
- **Defund Planned Parenthood:** Planned Parenthood offers people of all genders essential sexual health services, including STD screening and treatment, HIV and hepatitis C testing and linkage to care services, and HIV preventative services, like HIV pre-exposure prophylaxis (PrEP) and condoms. Planned Parenthood clinics are the sole source for HIV and hepatitis C testing in some rural communities. This was the case in Scott County, Indiana where following the closure of the local Planned Parenthood clinic a serious HIV epidemic and public health crisis occurred in 2015.
- **Eliminate the Prevention & Public Health Fund:** 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. Abandoning this critical investment will set back public health and security.

⁴Blair, JM et al. Behavioral and Clinical Characteristics of Persons Receiving Medical Care for HIV Infection — Medical Monitoring Project, United States, 2009. MMWR. June 20, 2014 / 63(ss05);1-22.

We cannot afford to go back to the pre-ACA sick care system that treated disability and disease rather than preventing disease and disease progression. We hope we can count on you to oppose the American Health Care Act. Please do not let 24 million Americans, including hundreds of thousands living with HIV, down.

Respectfully submitted by the 100 undersigned organizations,

ALABAMA

AIDS Alabama
AIDS Alabama South
Southern AIDS Coalition

CALIFORNIA

AIDS Legal Referral Panel
APAIT - Special Service for Groups
APLA Health
HIV ACCESS
HIVE
Law Foundation of Silicon Valley
Los Angeles LGBT Center
Natural Wholistic Health & Wellness Research Center
PleasePrEPMe.org
Project Inform
Sacramento LGBT Community Center
San Francisco AIDS Foundation
San Francisco Department of Public Health

DISTRICT OF COLUMBIA (DC)

ADAP Advocacy Association (aaa+)
Advocates for Youth
AIDS Alliance for Women, Infants, Children, Youth & Families
AIDS United
American Academy of HIV Medicine
CAEAR Coalition
Community Access National Network (CANN)
DC Fights Back
Health GAP
HealthHIV
HIPS
Human Rights Campaign
National Alliance of State and Territorial AIDS Directors
National Black Justice Coalition
National Viral Hepatitis Roundtable
NMAC
Out2Enroll
Positive Women's Network - USA
Sexuality Information and Education Council of the U.S. (SIECUS)
UCHAPS

FLORIDA

Dab the AIDS Bear Project
The AIDS Institute

GEORGIA

AIDS Research Consortium of Atlanta

HAWAII

Hawaii Island HIV/AIDS Foundation

ILLINOIS

AIDS Foundation of Chicago
Center on Halsted
Chicago House and Social Service Agency
Heartland Health Outreach
HIV Prevention Justice Alliance
Howard Brown Health
Illinois Public Health Association
Lambda Legal
Legal Council for Health Justice
Michael Reese Research and Education Foundation
Open Door Clinic of Greater Elgin
Pediatric AIDS Chicago Prevention Initiative
Positive Health Solutions
Provident/Hektoen Care Program
Sinai Health Systems
TPAN

KENTUCKY

Matthew 25 AIDS Services

MARYLAND

AIDS Action Baltimore
Center For Black Equity-Baltimore
LIGHT Health & Wellness Comprehensive Services Inc
The Greater Baltimore Health Service PC.

MASSACHUSETTS

Community Research Initiative of New England
John Snow, Inc. (JSI)
Treatment Access Expansion Project

MICHIGAN

AL GAMEA
ARISE (Association of Refugees Immigrants and Survivors of human trafficking Engage)

MINNESOTA

Clare Housing
Hope House of St. Croix Valley
Rural AIDS Action Network

MISSOURI

Hep C Alliance
Saint Louis Effort for AIDS

NEW JERSEY

New Jersey Association on Correction

NEW YORK

ACRIA
Fair Pricing Coalition
Harm Reduction Coalition
Hispanic Health Network

Housing Works, Inc.
Latino Commission on AIDS
National Black Leadership Commission on AIDS, Inc.
Prevention Access Campaign
The Center for HIV Law and Policy
Treatment Action Group
VillageCare

NORTH CAROLINA

American Sexual Health Association
North Carolina AIDS Action Network
Southern HIV/AIDS Strategy Initiative

OHIO

Miami Valley Positives for Positives

OREGON

Cascade AIDS Project
Health Education Network
International Foundation for Alternative Research in
AIDS
OHSU/Partnership Project

PENNSYLVANIA

ASC at St. Luke's Hospital
Association of Nurses in AIDS Care
MANNA (Metropolitan Area Neighborhood Nutrition
Alliance)

TENNESSEE

Nashville Cares

TEXAS

National Black Women's HIV/AIDS Network, Inc.
Valley AIDS Council

VIRGINIA

HIV Medicine Association
Ryan White Medical Providers Coalition

WASHINGTON

Hepatitis Education Project