

## Save the Lives of People with HIV: Improve - Do Not Repeal - the ACA

May X, 2017

U.S. Senate  
Washington, DC 20510

Dear Senator:

The X undersigned organizations are writing with an urgent request for you to **reject the American Health Care Act (AHCA) on behalf of the 24 million Americans<sup>1</sup> 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.

The AHCA, or a modified version of it, would return America to a time when healthcare coverage was out of reach for too many people with HIV. The bill would cut billions of dollars from healthcare programs and offset billions of dollars through tax cuts, by retreating on the federal commitment to the Medicaid Program; phasing out of the Medicaid expansion; eroding key consumer protections that prevent discrimination against individuals with HIV; reducing premium assistance for lower income individuals; and ending cost sharing assistance. Together these changes would be devastating to many people with HIV who would be left without affordable healthcare coverage options and would reverse recent gains in reducing HIV incidence and improving outcomes.

We oppose the AHCA because it will:

- **Severely Weaken the Ability of the Medicaid Program to Respond to the Needs of People with HIV and Millions of Others who Count on It for Lifesaving Care.** Forty-two percent of individuals with HIV rely on the Medicaid program for access to healthcare. Either a per capita cap or block grant would leave states ill-equipped to respond to rising drug costs, curative break-through treatments for hepatitis C, 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.<sup>2</sup> The per capita cap or block grant would abandon the federal government's commitment to supporting healthcare access for our nation's low income children, adults, seniors and disabled.
- **Leave Millions Worse Off by Ending the Medicaid Expansion.** Prior to the Affordable Care Act, 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.
- **Make Healthcare Coverage and Services Unaffordable:** Premium assistance must take into account the cost of purchasing insurance in a community and needs to be adjusted for a family or individual's income. People with HIV and others living on low incomes are living paycheck to paycheck and have little or no savings. In addition, as the population living with HIV ages, consumers must be protected from age rating

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<sup>1</sup> Congressional Budget Office. Cost Estimate. American Health Care Act. March 13, 2017.

<sup>2</sup> CROI 2017. *The Evolving Epidemiology of HIV Infection in Persons Who Inject Drugs: Indiana 2015.* John Brooks.

that prices out insurance coverage for older Americans. Alternatives such as Health Savings Accounts will do little to make up for increased premium expenses and the elimination of cost sharing subsidies.

- **End Key Protections for People with HIV and 52 Million Americans with Pre-Existing Conditions:** The end of discrimination based on health status and other demographics was a game-changer for people with HIV who prior to the ACA were virtually locked out of the individual insurance market. Allowing states to waive community rating for health status and require continuous coverage will shut the door on healthcare coverage when people with HIV and many others need it the most.
- **Leave People with HIV and Millions of Others without Coverage that Will Meet Their Basic Medical Needs.** Allowing states to waive the Essential Health Benefits that ensures access to key service categories, including prescription drugs, mental health and substance use treatment and preventive services will result in people with HIV and others paying more for coverage that does not meet their basic medical needs.
- **Provide Inadequate Funding to Stabilize the Individual Insurance Market and Give States the Flexibility to Create High Risk Pools:** The Patient and State Stability fund that is intended to stabilize markets and keep costs down in states that waive community rating for health status is woefully underfunded and will be insufficient to ensure affordable premiums for individuals with chronic conditions. In addition, State High Risk Pools, one of the options available to the states with the funding, have largely failed people with HIV in the past due to their high out-of-pocket costs and restricted benefits. We strongly support stabilizing the individual market through reinsurance in communities, many in rural areas, where the number of potential enrollees has been insufficient to support a competitive environment but not as a substitute for re-introducing discriminatory practices to the individual insurance market.
- **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. Planned Parenthood clinics are the sole source for HIV and hepatitis C testing in many rural communities as was the case in Scott County, Indiana where following the closure of the local Planned Parenthood clinic the 2015 HIV outbreak occurred.
- **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.

We cannot afford to go back to the pre-ACA sick care system that focused on treating disability and disease rather than preventing it. Please work to improve and build upon rather than dismantle health care reforms that have benefited millions of Americans, including hundreds of thousands living with HIV.

Respectfully submitted by the XXX undersigned organizations,

[List in Formation]

AIDS Alabama	Community Access National Network (CANN)
AIDS Action Baltimore	Georgia AIDS Coalition
AIDS Alliance for Women, Infants, Children, Youth & Families	Harm Reduction Coalition
AIDS Foundation of Chicago	HealthHIV
AIDS Research Consortium of Atlanta	HIV Medicine Association
AIDS United	Legal Council for Health Justice
American Academy of HIV Medicine	Michigan Positive Action Coalition
APLA Health	Minnesota AIDS Project
AIDS Resource Center of Wisconsin	National Alliance of State and Territorial AIDS Directors

National Latino AIDS Action Network  
NMAC  
Project Inform  
Rocky Mountain CARES  
San Francisco AIDS Foundation  
SisterLove  
Southern AIDS Coalition  
Southern HIV/AIDS Strategy Initiative  
The AIDS Institute  
Treatment Access Expansion Project