January 3, 2017

U.S. Senate
Washington, DC 20510

Dear Senator:

We write as physicians, pharmacists, advanced practice nurses, physician assistants, nurses and other medical professionals working on the frontlines of the HIV epidemic in the United States who are concerned about our patients’ access to health care coverage and lifesaving care and treatment.

Two decades ago the development of antiretroviral therapy transformed HIV/AIDS from a deadly condition to a chronic condition for many. 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 healthy and 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 needed medications.

Prior to the Affordable Care Act, 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 available to them. In most states, Medicaid coverage was available to patients only after they became sick and disabled by AIDS.

The ACA leveled the health care playing field by barring plans from denying coverage or charging higher premiums based on health status, setting minimum health coverage standards, and providing premium and cost sharing assistance. Importantly, it modernized the Medicaid program by expanding coverage to families and childless adults up to 138% of the federal poverty level regardless of disability status. As medical professionals committed to our patients with HIV, we strongly urge that any changes to the ACA be based on the key principles below.

Do no harm. Prior to making changes to the ACA, a plan must be in place that takes into account the medical needs of low income individuals with complex conditions, like HIV, to avoid 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.

Sustain the federal commitment to the Medicaid program. Maintaining the current funding structure, including the federal entitlement, to the Medicaid program is critical so that states can respond to fluctuations in the demand for Medicaid coverage due to economic downturns, public health outbreaks such as the HIV and hepatitis C outbreaks in Scott County, Indiana and medical advances, such as the recent development of curative hepatitis C treatment.

Continue Medicaid expansion. In the 32 states (including the District of Columbia) that have expanded Medicaid, our poorest patients were offered access to comprehensive, affordable coverage with consumer protections tailored to their socioeconomic and medical needs. Withdrawing this coverage will threaten the health of millions of Americans and be a significant set back to our nation’s public health, including to our efforts to end AIDS.
Please consider the needs of individuals with HIV as you evaluate changes to the ACA. Their lives and our ability to make significant headway against the HIV epidemic in the U.S. depend on it.

Submitted by the undersigned more than 950 HIV medical professionals:

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This letter was organized by the HIV Medicine Association, American Academy of HIV Medicine, Association of Nurses in AIDS Care and the Ryan White Medical Providers Coalition. Please contact Andrea Weddle at aweddle@hivma.org with questions.
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