

Vote NO on the Motion to Proceed to Voting on the Better Care Reconciliation Act or the Obamacare Repeal Reconciliation Act

July 25, 2017

U.S. Senate
Washington, DC 20510

Dear Senator:

The undersigned 145 organizations are writing with an urgent request for you to **vote NO on the Motion to Proceed with voting on the Better Care Reconciliation Act of 2017 or any bill that repeals the Affordable Care and leaves millions of Americans uninsured, including tens of thousands of individuals with HIV.** 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 BCRA, 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 ensure access to essential services; 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 BCRA 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.¹ 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 Phasing Out 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:** While the BCRA maintains a similar premium assistance structure to the ACA, eligibility will be capped at a lower income level and the assistance will be pegged to a lower value plan leading to much higher deductibles and unaffordable out-of-pocket costs for many people with HIV. People with HIV and others living on low incomes are living paycheck to

¹CROI 2017. *The Evolving Epidemiology of HIV Infection in Persons Who Inject Drugs: Indiana 2015.* John Brooks.

paycheck and have little or no savings. In addition, as the population living with HIV ages, consumers must be protected from age rating 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.

- **Reopen the door to allowing insurers to deny coverage due to pre-existing conditions or charge higher premiums based on health status creating a two-tier non-group insurance market where the compliant plans will disproportionately cover individuals with greater medical needs leading to higher premiums in the compliant market.**² This provision will leave health coverage priced out of reach for those who need it the most, including many people with HIV.
- **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 145 undersigned organizations,

Alabama

AIDS Alabama
AIDS Alabama South, LLC
Collaborative Solutions
Medical Advocacy and Outreach
Southern AIDS Coalition
Thrive Alabama
Unity Wellness Center

Arizona

Southern Arizona AIDS Foundation

Arkansas

Jefferson Comprehensive Care System, Inc.

California

AIDS Legal Referral Panel of San Francisco
AIDS Services Foundation Orange County
APLA Health

²Kaiser Family Foundation. Uneven Playing Field: Applying Different Rules to Competing Health Plans. July 11, 2017.

California

Equality California
HIV ACCESS
Lambda Legal
Los Angeles LGBT Center
Project Angel Food
Project Inform
Sacramento LGBT Community Center
San Francisco AIDS Foundation

Colorado

Boulder Valley Women's Health Center
Rocky Mountain CARES

Connecticut

AIDS Project New Haven

District of Columbia (DC)/National

ADAP Advocacy Association (aaa+)
AIDS Alliance for Women, Infants, Children, Youth and Families
AIDS United
Allies for Independence
American Academy of HIV Medicine
Asian & Pacific Islander American Health Forum
CAEAR Coalition
Community Access National Network (CANN)
Food & Friends
GLMA: Health Professionals Advancing LGBT Equality
HealthHIV
Human Rights Campaign
National AIDS Housing Coalition
National Alliance of State and Territorial AIDS Directors
National Association of County and City Health Officials
National Association of Social Workers
National Center for Transgender Equality
National Coalition for LGBT Health
National Coalition of STD Directors
National LGBTQ Task Force Action Fund
NMAC
Out2Enroll
Positive Women's Network - USA
Sexuality Information and Education Council of the U.S. (SIECUS)
The AIDS Institute
The National Viral Hepatitis Roundtable
Urban Coalition for HIV/AIDS Prevention Services (UCHAPS)

Florida
CenterLink: The Community of LGBT Centers
Hope and Help Center of Central Florida, Inc.
Northeast Florida AIDS Network
The Poverello Center, Inc**Georgia**

AIDS Research Consortium of Atlanta
Georgia AIDS Coalition
Georgia Equality
HIV Dental Alliance

Positive IMPACT Health Centers
SisterLove

Illinois

AIDS Foundation Chicago
Chicago House and Social Service Agency
Chicago Women's AIDS Project
Children's Place Association
Legal Council for Health Justice
Open Door Center of IL
Open Door Clinic of Greater Elgin
Ruth M. Rothstein CORE Center
Test Positive Aware Network

Indiana

Meals on Wheels of Central Indiana

Kansas

Senior Services, Inc. of Wichita

Kentucky

Matthew 25 AIDS Services, Inc.

Louisiana

CrescentCare

Maine

Consumers for Affordable Health Care

Maryland

African American Health Alliance
AIDS Action Baltimore
Racial and Ethnic Health Disparities Coalition

Massachusetts

AIDS Action Committee of Massachusetts
Community Servings
The Fenway Institute
John Snow, Inc. (JSI)
Treatment Access Expansion Project

Michigan

AL GAMEA
CARES of Southwest Michigan
Health Emergency Lifeline Programs
HIV/AIDS Alliance of Michigan
Michigan Positive Action Coalition
African American AIDS Task Force

Minnesota

Clare Housing
Hope House of St Croix Valley
Minnesota AIDS Project
Rainbow Health Initiative
The Aliveness Project
Youth and AIDS Projects

Mississippi

Mississippi Center for Justice

Missouri

Saint Louis Effort for AIDS

Nevada

Northern Nevada HOPES
Southern Nevada Health District

New Jersey

Buddies of New Jersey, Inc.
New Jersey Association on Correction

This letter is sponsored by the Federal AIDS Policy Partnership's HIV Health Care Access Working Group. The HHCAWG co-chairs are Amy Killelea with the National Alliance of State and Territorial AIDS Directors (akillelea@NASTAD.org) and Andrea Weddle with the HIV Medicine Association (aweddle@hivma.org).

New York

ACRIA
 Amida Care
 Creations 4 Empowerment
 God's Love We Deliver
 Harm Reduction Coalition
 Hispanic Health Network
 Housing Works
 Latino Commission on AIDS
 National Latino AIDS Action Network
 NYTAG (New York Transgender Advocacy Group)
 Prevention Access Campaign
 Southern Tier AIDS Program
 Treatment Action Group
 VillageCare

North Carolina

NC AIDS Action Network
 Piedmont Health Services & Sickle Cell Agency
 Southern HIV/AIDS Strategy Initiative

Ohio

ADAP Educational Initiative
 Equitas Health
 Miami Valley Positives for Positives
 Silver Creek Strategies

Oklahoma

Tulsa CARES

Oregon

Cascade AIDS Project
 OHSU/Partnership Project

Pennsylvania

AIDS Resource Alliance
 Association of Nurses in AIDS Care
 GIRL U CAN DO IT, INC.
 MANNA (Metropolitan Area Neighborhood Nutrition Alliance)

Tennessee

(TAPWA) Tennessee Association Of People With AIDS
 CHOICES. Memphis Center for Reproductive Health
 Friends For Life
 Nashville CARES
 Street Works

Texas

AIDS Arms, Inc. d/b/a Prism Health North Texas
 Legacy Community Health
 National Black Women's HIV/AIDS Network
 Program for Wellness Restoration
 Resource Center
 Valley AIDS Council

Virginia

Blue Ridge Independent Living Center
 HIV Medicine Association
 Ryan White Medical Providers Coalition

Washington

Pierce County AIDS Foundation (PCAF)

West Virginia

CAMC Ryan White Part C HIV Program
 South Central Educational Development, Inc.

Wisconsin

AIDS Resource Center of Wisconsin