
Presidential Advisory Council on **HIV/AIDS**



August 30, 2017

The Honorable Thomas Price, MD
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Price:

For the past five months, there has been considerable debate about repealing or revising the Affordable Care Act and on other legislation and policies that would affect access to healthcare. The ACA, through its market protections, support for states to expand their Medicaid programs, and subsidies that enable lower income people to buy insurance, has significantly expanded insurance coverage for people with HIV, and there has rightly been discussion about the impact that ACA revision would have on their health and wellbeing. But the impact of such legislation on the number of new HIV infections has received less attention.

Changes to the ACA, either through legislation or policy, that decrease healthcare access would cause catastrophic damage to HIV prevention – an area in which the nation has achieved substantial progress in the past 7 years -- by (1) decreasing access to primary care, screening, and prevention services among people at risk for HIV and (2) reducing access to care and thus the ability to achieve viral suppression among Americans living with HIV. Such actions would increase the number of new HIV infections in the United States and exacerbate racial/ethnic disparities in the domestic epidemic.

Access to healthcare coverage, including a minimum package of prevention services, allows Americans to receive routine clinical screenings and, for people who receive an HIV diagnosis, effective HIV treatment. For example, HIV screening is recommended by the US Preventive Services Task Force (USPSTF) and is currently included without additional costs to patients as part of routine healthcare. Since the ACA was passed the proportion of Americans living with HIV who are unaware of their HIV infection status has decreased from about 1 in 5 to 1 in 7 Americans. Routine healthcare also provides access to screening for sexually transmitted infections (STIs) and required treatments; having an untreated STI increases one's risk of acquiring HIV. Health insurance also facilitates screening tests and provision of pre-exposure prophylaxis (PrEP), which can reduce the risk of acquiring HIV infection by 90% or more. Healthcare visits are also important opportunities for education about health risks, including sexual health risks. Removing access to these screening, treatment, educational and prevention services will increase the risks of HIV infection among Americans who lose coverage and will lead to new, preventable HIV infections.

Of equal importance, legislation that decreases healthcare coverage would undermine access to medical care for people living with HIV. Medical care provides antiretroviral therapy for people with HIV, which suppresses their HIV viral load to below detectable levels, and makes their risk of transmitting HIV to

others negligible. Therefore, effective antiretroviral therapy is a powerful prevention tool. Currently, 4 in 10 people with HIV receive Medicaid. Over 90% of new HIV infections come from people from living with HIV who are not in effective medical care. Reducing access to medical care for HIV infection will compromise viral suppression among Americans living with HIV, and will result in increased new HIV infections. In addition, loss of Medicaid and other ACA-supported coverage will shift costs of care for these patients to Ryan White, community health centers, and other federally funded programs.

The costs of new HIV infections are not borne only by the individuals who acquire HIV. The current estimated lifetime cost of caring for a person with HIV is about \$367,134. Changes that reduce access to healthcare would likely increase new HIV infections, and even modest increases in HIV transmissions will have substantial future costs in medical care and lost productivity. For example, if reduced access to prevention and treatment increased HIV transmission by 25% --comparable to the decreases in HIV transmission we have achieved in recent years -- it is estimated that an additional 10,000 new HIV infections would occur each year.

Finally, differential access to health insurance by race explains, to a significant extent, why Black Americans are so disproportionately impacted by HIV in the United States. An NIH-funded Emory University study evaluated 803 Atlanta men who have sex with men to determine what factors caused higher rates of new HIV infections among Black men. They determined that men without health insurance were more than twice as likely to acquire new HIV infections, and that lower access to health insurance by Black men could account for why Black men in the study were nearly 4 times more likely to acquire HIV. Thus, changes to current public or private insurance programs that reduce access to healthcare would promote the disparate impacts of HIV on communities of color in the United States.

There is no question that broad access to healthcare, including antiretroviral medications and preventive services, is required to reduce HIV incidence in the United States. Cutting back on that access will move us in the wrong direction and threaten the progress we have already made.

Therefore, in order to continue progress in reducing new HIV infections in this country, we recommend that you ensure consistent access to comprehensive healthcare coverage for all Americans, including people with HIV, through the Marketplaces and the Medicaid Program, by supporting actions to: 1) stabilize the non-group insurance market; 2) maintain and enforce Essential Health Benefits and non-discrimination protections, including for individuals who are lesbian, gay, bisexual or transgender; and (3) as states seek more flexibility in their Medicaid programs, ensure that their proposals do not create barriers to coverage, services and treatment, including antiretroviral medications, which are essential for people at risk for HIV infection and people with HIV.

Respectfully,



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Vice Chair, Presidential Advisory Council on HIV/AIDS

cc: Don Wright, MD, MPH, Acting Assistant Secretary for Health, U.S. Department of Health and Human Services