

## **RESOLUTION REGARDING TIMELY ACCESS TO LIFE-SAVING CARE AND TREATMENT**

The Patient Protection and Affordable Care Act of 2010 will greatly improve access to affordable, high quality health care for many people living with HIV and AIDS. Key reforms in the new law include elimination of the Medicaid disability requirement, which will provide access to Medicaid to individuals and families with income below 133% of the federal poverty level beginning in 2014. The Act also provides for counting ADAP contributions toward Medicare Part D's true out of pocket spending limit ("TrOOP") starting in 2011 and eliminating the Medicare Part D "donut hole" by 2020. In addition, the Act contains provisions that will increase access to private health insurance by eliminating pre-existing condition exclusions, ending the practice of charging higher premiums based on gender or health status, increasing affordability through subsidies for people with income up to 400% of the federal poverty level, and increasing portability.

However, many of these and other important reforms do not go into effect until 2014 or beyond. While health care reform will significantly improve access to care, people living with HIV and AIDS will likely continue to face challenges even after implementation. In the meantime, people living with HIV and AIDS confront significant barriers to access to care and treatment right now. For instance, current practices in the private insurance sector often preclude individuals from purchasing private health insurance. Medicaid remains largely out of reach other than to those disabled with AIDS. Medicare Part D co-payment obligations continue to limit access to drugs for many Part D beneficiaries. And, the increased demand for Ryan White Program services and ADAP benefits is contributing to growing wait lists, leaving many people unable to access care, treatment and essential support services.

Individual and public health goals demand that the federal government, in partnership with state governments, do all that it can to address the significant gaps in access to care and treatment that will exist until health care reform is fully implemented in 2014 and beyond. Uninsured, low-income people living with HIV and AIDS cannot wait until 2014 for access to Medicaid. Similarly, ADAP wait lists and cost containment measures, including restrictive income eligibility requirements and drug formularies, must be eliminated. The Centers for Medicare and Medicaid Services and Health Resources Services Administration must have the financial resources and programmatic tools necessary to adequately identify and meet existing and ongoing need for care and treatment.

WHEREAS people living with HIV in the United States experience multiple barriers to care and treatment leading to unnecessary and greater morbidity and mortality;

WHEREAS there is increasing evidence that earlier care and treatment helps improve HIV-related survival and prevent the spread of HIV infection;

WHEREAS the Patient Protection and Affordable Care Act of 2010 will greatly improve access to care and treatment for low-income uninsured people living with HIV and AIDS when the Medicaid expansion goes into effect in 2014;

WHEREAS from now until 2014 an increasing number of people living with HIV and AIDS will lack access to care, life saving medications and essential support services;

WHEREAS emergency and ongoing adequate federal Ryan White Program funding, including AIDS Drug Assistance Program (ADAP) funding, will eliminate growing waiting lists and other recently implemented access restrictions, and will allow states to provide life saving care, treatment and support services to people living with HIV; and

WHEREAS the Early Treatment for HIV Act, with its enhanced federal medical assistance percentage (FMAP), will support federal-state partnerships in efforts to extend Medicaid coverage to pre-disabled, low-income, uninsured people living with HIV --

BE IT RESOLVED that the President's Advisory Council on HIV/AIDS recommends that the President and the Secretary of Health and Human Services work closely with Congress to:

- 1. Provide adequate emergency federal ADAP funding in FY2010 (\$126,000,000) to eliminate wait lists, reverse cost containment measures, and meet anticipated increased demand for live-saving treatment in FY 2010.**
- 2. Provide adequate federal Ryan White Program funding in FY2011 and beyond to meet growing demand for Ryan White Program provided care, treatment and essential support services.**
- 3. Provide states with the ability to immediately expand access to Medicaid for people living with HIV and AIDS through the enactment of the Early Treatment for HIV Act.**