



THE AIDS INSTITUTE

January 10, 2017

Re: Vote “NO” on ACA Repeal Budget Resolution

Dear Senator:

The AIDS Institute, a national non-partisan, non-profit organization dedicated to supporting and protecting health care access for people living with HIV/AIDS, hepatitis, and other chronic and serious health conditions **urges you to vote “NO” on the Budget Resolution that would begin the process to repeal the Affordable Care Act (ACA) without a viable replacement.**

While the current law is not perfect and needs improvement, the ACA has provided health care coverage to more than 20 million Americans, including tens of thousands with HIV and hepatitis. In the past, many of them could not obtain private insurance because insurance companies were allowed to exclude people with pre-existing conditions. Now, people living with HIV and hepatitis can purchase coverage and access healthcare and lifesaving medications to keep them healthy and, in the case of hepatitis C, actually cure them.

The ACA has also expanded access to Medicaid for low-income people with HIV and hepatitis. Prior to the ACA, low-income, childless adults with HIV (which is not considered a disability) had to progress to AIDS to become eligible for Medicaid. Under the ACA, states are provided the option to expand their Medicaid program so that low-income individuals, no matter their health status, can receive both treatment and preventive care. Today, Medicaid is the largest source of insurance coverage for people with HIV, estimated to cover more than 40 percent of people with HIV who are in care. Low-income people with hepatitis are also able to access their healthcare through Medicaid, and thousands have already been cured of hepatitis C.

Under the ACA, important preventive services, including HIV and hepatitis B and C screening, along with hepatitis B vaccinations, are covered by most private insurance plans and state Medicaid programs at no cost to the beneficiary. Repealing the ACA and these important preventive services would prevent millions from receiving these preventive services and tests that are critical to linking people with HIV and hepatitis to care and treatment.

The ACA provides a number of critical patient protections that should not be repealed. These include: limits on annual out-of-pocket expenses, prohibiting lifetime caps on benefits, non-discrimination

provisions, cost-sharing reductions and tax credits for low-income individuals, and access to essential health benefits, including prescription drugs and mental health and substance use services. The ACA also reduced patient cost-sharing for Medicare Part D drugs by gradually closing the “donut hole” over time.

We realize in some markets the ACA is facing obstacles in its implementation. People with HIV and hepatitis are concerned with increased premiums, high deductibles and high patient cost-sharing for prescription drugs. However, in many markets, states are implementing the ACA in ways that make it work for all parties, including beneficiaries, insurers and providers. Instead of repealing the ACA, the focus should be on improving it to limit patient cost-sharing without compromising access to coverage.

We believe that if the Congress repeals the ACA without simultaneously replacing it with programs that ensure comprehensive health coverage for the same if not more individuals, the private insurance market will become unstable and people with HIV, hepatitis and others would lose access to the care and treatment that they depend on to remain healthy. People with HIV and hepatitis B, who depend on a daily drug regimen, cannot risk losing access to their health coverage, not even for a single day. As a matter of public health, we as a nation cannot take such a risk by rolling back access to treatment for everyone living with infectious diseases.

Beneficiaries can only determine if a replacement plan will be better than the ACA and their existing coverage if they are able to know what that coverage will be. To date, no viable alternative options have been proposed by the Congress that meets this standard.

The legislation that eventually led to the ACA took years to develop, and implementing regulations and guidelines have taken additional years and continue today. We in the HIV/AIDS and hepatitis communities, along with other patient groups, have worked diligently to ensure ACA beneficiaries have access to quality health care, including specialty providers and medications, at a price that beneficiaries can afford. **While improvements can be made, we cannot afford to go backwards by eliminating or destabilizing the healthcare that the ACA provides.**

Please vote “NO” on the Budget Resolution (S. Cong. Res. 3).

Thank you very much.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Carl Schmid', enclosed in a light blue rectangular box.

Carl Schmid
Deputy Executive Director