PUBLIC COMMENT
by
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before the
PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS
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Good morning. My name is Lindsey Dawson, Public Policy Associate at The AIDS Institute. Today we are focusing our comments on two troubling issues impacting drug access and thus health outcomes for people living with HIV.

First, through an analysis of all silver qualified health plans in the Florida state marketplace, we have found striking trends with respect to the drug pricing and tiering of HIV and hepatitis therapies. About half of issuers selling these products, place all HIV and sometimes all hepatitis drugs on the highest tiers of prescription drug formularies. Humana, CovertryOne, Cigna, and Aetna place these drugs on tiers requiring between a 30% and 50% co-insurance. This means that individuals could be faced with cost-sharing amounting to over a $1,000 per month for some therapies, including single tablet regimen drugs which for some are the best clinical option. Even with the out-of-pocket cap and cost-sharing protections in the law, this level of cost-sharing is unthinkable for many living with HIV.

This trend is not unique to Florida and is occurring across the country and across a range of issuers. It is noteworthy that not all issuers engage in this practice, suggesting that it is not a market norm or necessity to balance costs within a plan. Rather, this practice serves to deter those living with HIV and hepatitis from selecting plans from certain issuers and appears to amount to discriminatory benefit design. Given that the ACA prohibits against discriminatory benefit design and discrimination based on health status, this would be a gross violation of the law.

Further, many plans are using utilization management techniques, excessively requiring prior authorization for all HIV and/or hepatitis drugs. While the law allows for appropriate use of such tools, we believe requiring prior authorization for every HIV and/or hepatitis drug amounts to discrimination. Like the use of high co-insurance, extensive utilization management

prevents those living with HIV from accessing drugs needed to keep themselves and others healthy.

We urge the administration to issue to issue further guidance to implement the antidiscrimination protections in the ACA and to take action to enforce them. We are concerned that leaving enforcement to state insurance commissioners passes the buck on these critical protections enacted by federal law.

Secondly, we are deeply troubled by the recent proposed rule from CMS related to the Medicare Part-D six protected classes. Despite being an efficient program that has provided value and success to both beneficiaries and taxpayers, the proposal restricts access to medications in three classes of drugs currently protected as "classes of clinical concern," immunosuppressants, antidepressants, and antipsychotics.

In the long term, we are very worried that antiretrovirals could soon be the next class to lose protection. In the short term, each of these classes has significant impact on beneficiaries living with HIV today. We know about half of those with HIV have a comorbid mental health or substance use condition and that treating mental health issues is essential to controlling HIV. Further, as 25% of those with hepatitis C are co-infected with HIV, we are concerned about the proposal's attack on immunosuppressants which are essential for those facing liver transplants. We ask the PACHA weigh-in with the administration and urge CMS not to finalize this rule.

We greatly appreciate the steps the Obama Administration has taken to advance healthcare access for all Americans and the commitment it has demonstrated to the domestic HIV epidemic. However, with respect to these two issues, we fear much of this good could be undone unless action is taken to ensure essential drug access.

Thank you.

Attachment: Key HIV and Hepatitis Concerns with Florida's Silver Level Qualified Health Plans