



Reject the Graham Cassidy ACA Repeal Plan to Protect Access to Care for People with HIV

September 25, 2017

U.S. Senate
Washington, DC 20510

Dear Senator:

The **92 undersigned organizations strongly urge Congress to reject the Affordable Care Act (ACA) repeal plan put forward by Senators Lindsey Graham (R-SC), Bill Cassidy (R-LA), Dean Heller (R-NV), and Ron Johnson (R-WI)** (the Graham Cassidy Plan), which would reverse the ACA's critical health reforms and coverage gains and harm many people living with and vulnerable to HIV and millions of other Americans.

We are national, state, and local organizations representing people living with and vulnerable to HIV and those affected by HIV, public health and medical providers, HIV/AIDS service organizations, housing providers, and legal advocates from across the United States committed to increasing access to affordable and comprehensive health coverage for people living with HIV and all Americans.

We are deeply concerned that the Graham Cassidy Plan would undo the progress we have made since the passage of the ACA in improving access to healthcare coverage and effective treatment for people with HIV. Affordable and comprehensive healthcare coverage is important to support the continuous access to HIV care and treatment that is lifesaving for people with HIV and reduces risk of transmission to near zero. We are opposed to the Cassidy Graham Plan because it would seriously threaten access to continuous coverage for people with HIV by allowing states to develop state health plans without any assurances the programs will target lower income Americans and by slashing federal funding for the Medicaid program.

If enacted, the Graham Cassidy Plan would fundamentally retreat from the federal commitment to the Medicaid Program and destabilize the private health insurance marketplace. It would eliminate the Medicaid expansion and gut funding to the traditional Medicaid program by roughly \$299 billion by 2027. It would eliminate the premium and cost-sharing subsidies that make private health insurance affordable for millions of Americans. These changes would be devastating to many people living with HIV who would be left without affordable health care coverage options and would reverse recent gains in reducing HIV incidence and improving health outcomes.

We oppose the Graham-Cassidy Plan because it will:

- **Severely Weaken the Ability of the Medicaid Program to Respond to the Needs of People Living with HIV and Millions of Others who Count on It for Lifesaving Care.** The Medicaid Program is the largest source of coverage for people living with HIV with more than 40 percent of individuals with HIV in care counting on the Medicaid program for

access to health care. The Graham Cassidy Plan's capped spending approach 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

- **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 health care and medications that help to prevent disability in people living with HIV. The Graham Cassidy Plan would slash funding for states who have made significant investments in expanding Medicaid to over 12 million Americans and likely force them to cut off millions of individuals who gained coverage through the expansion.
- **Make Health Insurance Unaffordable for Millions of Americans.** The Graham Cassidy Plan would leave health insurance coverage unaffordable for millions of lower-income individuals and families by eliminating the premium tax credits and cost sharing subsidies. More than 8.7 million count on premium assistance to be able to purchase health care coverage through the Marketplaces, and at least 6 million receive cost-sharing help. People living with HIV and others living on low incomes are living paycheck to paycheck and have little or no savings. If the ACA's tax credits and subsidies are eliminated, many individuals and families will lose their health insurance.
- **Eliminate or Weaken Protections for People Living with Pre-Existing Conditions.** The Graham Cassidy Plan would allow states to waive the ACA's community rating rules critical to ending the pre-ACA discriminatory practices that locked many people living with HIV out of the private insurance market. Insurers would again be able to charge individuals exorbitantly higher premiums due to a pre-existing condition, such as an HIV diagnosis. States also could waive the Essential Health Benefits requirement allowing insurers not to cover services critical to people living with HIV, such as prescription drug benefits, substance use and mental health treatment, maternity care, and prevention services.

We cannot afford to go back to the pre-ACA sick care system that focused on treating disability and disease rather than preventing it. Stop efforts to repeal the ACA once and for all and focus on health reforms that will stabilize the individual market and improve access to healthcare coverage rather than take it away and increase healthcare costs.

Respectfully submitted by the 92 undersigned organizations:

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

National

Academy of Nutrition and Dietetics
ACRIA
ADAP Advocacy Association
Advocates for Youth
African American Health Alliance
AIDS Alliance for Women, Infants, Children,
Youth & Families
AIDS United
American Academy of HIV Medicine
API Wellness
Association of Nurses in AIDS Care
Communities Advocating Emergency AIDS
Relief (CAEAR)
Community Access National Network
(CANN)
Food is Medicine Coalition
Harm Reduction Coalition
HealthHIV
HIV Medicine Association
Human Rights Campaign
John Snow, Inc. (JSI)
Lambda Legal
Latino Commission on AIDS
National Alliance of State and Territorial
AIDS Directors
National Association of County and City
Health Officials
National Black Justice Coalition
National Coalition of STD Directors
National Council of Jewish Women
National Latino AIDS Action Network
National Working Positive Coalition
NMAC
NNAAPC
Out2Enroll
Positive Women's Network – USA
Prevention Access Campaign
Racial and Ethnic Health Disparities
Coalition
The AIDS Institute
Treatment Access Expansion Project
Treatment Action Group

Alabama

AIDS Alabama
Southern AIDS Coalition
Thrive Alabama

California

APLA Health
California LGBT Health and Human Services
Network
Ceres Community Project
Equality California
Hunger Action Los Angeles
Project Angel Food
Project Inform
San Francisco AIDS Foundation

Colorado

Colorado Organizations and Individuals
Responding to AIDS- CORA
Project Angel Heart
Rocky Mountain CARES

District of Columbia

DC Fights Back!

Florida

Latinos Salud
The Poverello Center, Inc.

Georgia

AIDS Research Consortium of Atlanta
Georgia AIDS Coalition
Georgia Equality
SisterLove
The Health Initiative

Illinois

AIDS Foundation of Chicago
Chicago Women's AIDS Project
Legal Council for Health Justice
Open Door Clinic of Greater Elgin
Public Health Institute of Metropolitan
Chicago
TPAN

Maryland

AIDS Action Baltimore
 Food & Friends
 Moveable Feast

Massachusetts

Community Research Initiative of New
 England
 Community Servings

Michigan

Michigan Positive Action Coalition

Minnesota

Clare Housing
 Minnesota AIDS Project
 Open Arms of MN

Missouri

Good Samaritan Project

New York

Amida Care
 Apicha Community Health center
 BOOM!Health
 Callen-Lorde Community Health Center
 Diaspora Community Services
 EAC Inc. Nutrition Education & Food
 Services
 God's Love We Deliver
 Harlem United
 Hispanic Health Network
 Housing Works
 New York Immigration Coalition
 VillageCare

North Carolina

NC AIDS Action Network
 Southern HIV/AIDS Strategy Initiative

Ohio

ADAP Educational Initiative

Oregon

Cascade AIDS Project

Pennsylvania

MANNA

Wisconsin

AIDS Resource Center of Wisconsin

Contact the HIV Health Care Access Working Group co-chairs Amy Killelea with the National Alliance of State and Territorial AIDS Directors (akillelea@NASTAD.org), Andrea Weddle with the HIV Medicine Association (aweddle@hivma.org) and Robert Greenwald with the Treatment Access Expansion Project (rgreenwa@law.harvard.edu) to further discuss issues related to health reform and people living with HIV.