

HIV Health Care Access Working Group

General Principles for Health Care Reform for People with HIV/AIDS

We call on our policymakers to enact national health care reform that secures full and continuous access to quality health care for all people living with HIV/AIDS.

- To protect the public health it is essential that all, including people living with HIV/AIDS, have access to health care when they need it. HIV/AIDS affects everyone, rich and poor, insured and uninsured, thus it is vital that access to care be a universal right.
- Providing complete and quality care to those who most need it will ensure that health care reform is effective for those who are less vulnerable.
- Between forty-two and fifty-nine percent of the 1 million people estimated to be living with HIV in the U.S. currently are not in care.
- At least one fifth of those living with HIV are uninsured and many more are underinsured. Providing comprehensive coverage for people living with HIV, independent of their ability to pay, is crucial and long overdue.
- All reform proposals must be designed with primary consideration to patient needs and participation and empower individuals and communities to exercise their right to health.

A viable health care reform proposal minimally must seek to:

Provide Access to High Quality and Comprehensive Health Care:

Ensure meaningful, timely and reliable access to qualified health care providers and comprehensive care. Support services are necessary to ensure that all people have this access.

Provide comprehensive benefits regardless of a person's ability to pay and without a financial cap. Benefits must include dental care, mental health parity, substance abuse treatment, and prescription drug coverage. Benefits must reflect the comprehensive level of care needed to protect and improve public and personal health, with preventive care and health education as primary objectives. Benefits must include routine HIV counseling, testing, and screening.

Expand and strengthen the bases created by public health programs, including Medicaid and Medicare. Services currently provided by the Ryan White programs that are not encompassed in a health care reform plan must continue, and must work seamlessly with each proposed new health care program.

Ensure high and consistent quality of care through enforceable standards and mechanisms to measure and maintain effective, high quality care, individual health outcomes, and to support good public health.

Facilitate a patient's choice of provider, continuity of care regardless of employment status and income, and portability of care benefits.

Provide fair payment to health care providers in order to ensure a broad spectrum of providers and specialties, including HIV specialists. This includes developing payment mechanisms that

are transparent, focused on public needs, reflect public health priorities, and discourage costly administration.

Guarantee Access to Affordable Health Care:

Guarantee affordable care with a level of beneficiary cost sharing that does not deter appropriate and timely care, particularly for low-income people. Care must never be denied because a person is unable to pay for it. Eliminate cost sharing for very low-income people.

Finance the health care system such that the costs are borne equitably, with higher income individuals and families bearing higher costs than low-income people. Health care financing must recognize that low-income people have little or no disposable income to pay for their health care costs.

Address Ongoing Health Disparities:

Eliminate inequities in access to quality care based on race, ethnicity, gender, gender identification, sexual orientation, actual or perceived disability, age, primary language, immigration status, and geography—state of residence and type of community (urban or rural.)

Provide culturally appropriate, patient-centered care with health care decisions made by patients and their health care providers. Care must include sufficient treatments and services to enable the patient to realize his/her human potential and contribute fully to his/her family and community.

Require Accountability and Encourage Innovation:

Require accountability to the individual and to the public. An individual's human right to health care must be enforceable and accessible. The proposal must provide mechanisms for expediting access to health care when emergencies occur. The public and private sectors must be publicly accountable for protecting and improving public health and meeting health needs.

Encourage innovation in models of health care delivery for various populations, including those living with HIV/AIDS, and facilitate rapid access to new treatments and improvements in health care. Improvements and changes in health care must reflect sound scientific principles. Health care systems must reflect an individual's ownership of her/his health information and her/his right to privacy of that information.

The HIV Health Care Access Working Group is a coalition of 84 national and community-based AIDS service organizations that represent HIV medical providers, advocates and people living with HIV/AIDS committed to ensuring that people living with HIV/AIDS have access to appropriate, cost-effective health care and drug treatment. For more information, contact the Working Group co-chairs Laura Hanen with the National Alliance of State and Territorial AIDS Directors at 202.434.8091 or Robert Greenwald with the Treatment Access Expansion Project at 617.390.2584.