

HIV-Related Talking Points on Health Care Reform

National healthcare reform will transform the fight against HIV/AIDS in the U.S., making long-term reductions in deaths and fewer infections possible.

- The HIV/AIDS epidemic in the U.S. can be controlled. Healthcare reform could rapidly accelerate efforts to finally get ahead of this costly and tragic epidemic that has claimed more than half a million Americans since 1981.
- Providing early and reliable access to meaningful health insurance is critical for people with HIV to remain healthy and to prevent further HIV transmissions.
- The persistent HIV/AIDS epidemic in the U.S.—characterized by unacceptable health disparities—dramatizes all that is wrong with our current patchwork system. Our current system fails to meet the needs of low-income people, those with chronic medical conditions, and people with co-occurring conditions such as hepatitis, diabetes, and HIV/AIDS.
- As the Obama Administration begins to develop a National HIV/AIDS Strategy, healthcare reform could completely alter the landscape and extend coverage and services to millions of low-income people who currently lack adequate coverage for optimal HIV medical care and/or preventative services.

The current patchwork system of HIV/AIDS programs and services leaves too many people behind.

- Of the estimated 1.1 million people in the U.S. living with HIV/AIDS, as many as 500,000 lack access to the healthcare services they need.
- The current patchwork of health programs and services is inefficient, inhumane, costly, and fails to achieve optimal outcomes for people living with and at risk for HIV/AIDS.
- Fewer than 1 in 5 (17%) people with HIV currently have private insurance coverage. Historically, private insurers have denied coverage to people with HIV or discouraged them from enrolling through practices such as charging more for HIV drugs or excluding HIV specialists from their networks. For example, the majority of private plans participating in Medicare Part D place HIV antiretrovirals on the highest cost-sharing tier.
- New HIV infections remain unacceptably high. In response to new findings, CDC increased its estimate of annual HIV infections by 40% last year from 40,000 to 56,000 people newly infected with HIV each year in the U.S.
- While medical breakthroughs have made HIV largely a manageable chronic condition for those with healthcare access, too many Americans don't know they are infected, lack access to quality medical care, or experience harmful delays in gaining access to medical care until their illness worsens and is more difficult and costly to treat.

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Healthcare reform provisions beneficial for people with HIV also benefit millions of other Americans living with or affected by other health conditions such as cancer, diabetes, and asthma.

- Every healthcare consumer stands to gain from a standardized benefits package that provides adequate benefits in case of catastrophic injury, illness, or other medical complications.
- A national public insurance option will offer people with chronic medical conditions a guarantee of affordable, quality healthcare regardless of where they live in the U.S. Significant geographic disparities exist under our current system. Who has access to coverage and the type of coverage they have varies greatly by state. A national, high-quality insurance plan will create incentives for private-sector insurers to offer a greater array of options at a lower price, thereby offering consumers greater value and choice at a lower cost.
- Ending the pre-existing condition exclusions and capping premium increases will help women of child-bearing age, people with diabetes or asthma, and those with mental health histories obtain affordable, high-quality health insurance.
- The health of individuals with chronic conditions, such as HIV, diabetes and asthma, depends on being able to access health care services on a regular basis and often requires taking multiple prescription drugs per month (many individuals with HIV require 6-8 medications at a given time). Including reasonable out-of-pocket caps on all insurance-related cost sharing, such as deductibles, co-payments and premiums, is critical to ensure that people with chronic conditions do not go without routine care because they cannot afford it.
- For hundreds of thousands of people with HIV, their biggest barrier in obtaining quality healthcare is poverty. By extending Medicaid to all low-income people, regardless of their family composition or disability, the government will help millions of people obtain needed health services and help slow rising medical costs, which are escalating because of the high rate of emergency care necessitated by people without coverage.
- The benefits package and cost protections offered by Medicaid were designed specifically to meet the unique needs of low-income individuals.
- Changes proposed to Medicare will make prescription drug coverage more affordable for seniors and disabled workers who rely on the program for their healthcare.

Healthcare reform architects have included provisions specifically in support of the fight against HIV/AIDS.

- The House bill would allow states to immediately extend Medicaid coverage to thousands of low-income people with HIV who currently cannot obtain Medicaid benefits because they are considered too healthy for assistance but too poor to purchase coverage on their own.
- The House bill would help states maximize the number of people who benefit from the AIDS Drug Assistance Program (ADAP) by strengthening coordination between ADAP and Medicare.
- The Prevention and Wellness provisions in the House bill would increase access to voluntary HIV testing and other preventative services.