

## **THE EARLY TREATMENT FOR HIV ACT** MEDICAID COVERAGE FOR PEOPLE LIVING WITH HIV Senate 847/House 3859

**The Early Treatment for HIV Act (ETHA)**, sponsored by Senator Gordon Smith (R-OR) and Hillary Clinton (D-NY), would allow states to provide Medicaid coverage to low-income people with HIV. In the Senate, the bill is called **S. 847**; in the House, Representatives Nancy Pelosi (D-CA) and Jim Leach (R-IA) introduced **H. R. 3859** with broad bipartisan support.

**ETHA** addresses a cruel irony in the current Medicaid system—that people must become disabled by AIDS before they can receive access to Medicaid provided care and treatment that could have prevented them from becoming so ill and disabled in the first place. Making matters worse, the disability requirements under Medicaid mean that many people with AIDS who receive care under Medicaid face the possibility of losing their healthcare coverage if their health improves and they return to the workforce.

Medicaid rules are contrary to common sense and sound public health: they deny low-income HIV-positive people without disabilities access to healthcare that could keep them healthy and working; they discourage people with AIDS from re-joining the workforce when they might be able to; and they withhold healthcare from people until they have developed expensive and disabling health crises.

### **SUPPORT THE EARLY TREATMENT FOR HIV ACT**

- ETHA would simplify the ability of state Medicaid programs to cover people with HIV.
- ETHA would help ensure that people with HIV will **not** have to progress unnecessarily to an advanced stage of AIDS before they have access to medical treatment.
- ETHA will remove some of the burden on safety net programs (like ADAP and Ryan White CARE Act programs) that are trying to meet the healthcare needs of a growing population of low-income people with HIV/AIDS, with a shrinking pool of money.
- Medicaid is an “entitlement” program: people receiving Medicaid are guaranteed coverage. Other programs (like CARE Act programs) are “discretionary”: their funding is not stable, and there are no guarantees to receive care.
- ETHA is modeled after the successful “Breast and Cervical Cancer Prevention and Treatment Act of 2000,” which allows states to provide early intervention access to Medicaid to women with breast and cervical cancer.

#### **Stay Informed:**

For more information about ETHA, please visit the website of the Treatment Access Expansion Project at [www.taepusa.org](http://www.taepusa.org).

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