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March 20, 2008

The Honorable John D. Dingell
U.S. House of Representatives
Rayburn House Office Building
Washington, DC 20510

Re: Support for the Protecting the Medicaid Safety Net Act of 2008 (H.R. 5613)

Dear Congressman Dingell:

I am writing on behalf of the HIV Medicine Association (HIVMA) to offer our strong support for H.R. 5613, the Protecting the Medicaid Safety Net Act of 2008, that would place a one-year moratorium on seven Administration-imposed Medicaid regulations that would make significant cuts to the program over the next five years.

HIVMA represents more than 3,600 clinicians and researchers devoted to the field of HIV medicine. Our members deliver HIV care in academic health centers and community-based clinics across the U.S. As the largest federal funder of HIV care, Medicaid plays an important role in helping them deliver quality HIV care to their patients.

We are deeply concerned about the impact that the regulations issued by the U.S. Department of Health and Human Services (HHS) would have on all Medicaid beneficiaries – including those with HIV/AIDS. We are alarmed that together the estimated federal savings from implementing these rules ranges from \$20 billion to as high as \$49 billion over five years. Reductions in Medicaid funding of this magnitude coupled with state-level cuts resulting from the recent economic downturn would be devastating to our patients that rely on the Medicaid program for access to life-saving treatment and services.

As you know, with expert HIV care and antiretroviral therapy our patients are able to experience remarkable improvements in health and quality of life. Our ability to manage their health care in the outpatient setting is not only beneficial to their health but averts costly hospitalizations. Denial or limitations placed on that access will result in increased cost over the long term and will set back our ability to manage HIV infection as a chronic illness.

A number of the regulations will directly affect our ability to delivery HIV care. Outpatient clinics in academic medical centers across the country provide medical homes to many people living with HIV/AIDS who would otherwise be unable to benefit from expert HIV care in their communities. The proposal to limit services covered by hospital outpatient clinics and to eliminate graduate medical education (GME) payments will erode the resource base needed by these clinics to care for these patients. The GME policy change also jeopardizes our ability to train the next generation of HIV medical providers and will disproportionately disrupt care for minorities that carry the burden of HIV disease in our country and who are more likely to rely on outpatient clinics for their care. Additionally, the restrictions on case management will limit access to a service that is critical to

Support for H.R. 5613

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helping our patients access the range of services that they need to successfully manage HIV disease. Furthermore, the rehab option provides access to evidence-based community mental health services that would be restricted by the proposed rehab rule. This is also a critical concern given the high level of co-morbid mental illness among our patients.

We feel strongly that the moratoria are necessary to allow adequate time to fully evaluate each regulation's impact on Medicaid beneficiaries. It is critical that we undertake that process before we implement sweeping changes to Medicaid – our country's healthcare safety net and lifeline for many people with HIV/AIDS.

We greatly appreciate your continued leadership in working to protect and strengthen the Medicaid program.

Sincerely,

A handwritten signature in black ink, appearing to read "Arlene Bardeguéz". The signature is fluid and cursive, with a prominent initial "A" and a long, sweeping underline.

Arlene Bardeguéz, MD, MPH
Chair, HIV Medicine Association