

July 25, 2007

The Honorable John Dingell
Chairman
House Ways and Means Committee
2125 Rayburn House Office Building
Washington, DC 20005

The Honorable Charlie Rangel
Chairman
House Energy and Commerce Committee
1102 Longworth House Office Building
Washington, DC 20005

The Honorable Frank Pallone
Chairman
Health Subcommittee
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20005

The Honorable Pete Stark
Chairman
Health Subcommittee
House Ways and Means Committee
1135 Longworth House Office Building
Washington, DC 20005

Chairmen Dingell, Rangel, Pallone and Stark:

On behalf of the Steering Committee of the HIV Medicaid/Medicare Working Group, which includes more than 160 organizations that provide HIV care, prevention and supportive services to persons living with HIV/AIDS, we are writing to express our strong support for the Children's Health and Medicare Protection (CHAMP) Act. This bill would significantly improve health care coverage for children, while also enhancing Medicare and Medicaid programs for many other populations, such as those with disabilities. We are particularly grateful for those changes that will improve access to lifesaving care and treatment for people living with HIV/AIDS across the U.S. We are also supportive of the many other provisions in the bill that improve the Medicare Part D drug and Medicaid programs for persons living with HIV/AIDS.

Given the difficult budgetary tradeoffs, we are pleased the bill provides the necessary offsets to fully fund the bill's provisions. We are also supportive of equalizing payments between Medicare Advantage plans and fee-for service Medicare. The majority of low-income Medicare beneficiaries with HIV/AIDS prefer the security and stability of the traditional Medicare program and the current overpayment for Medicare Advantage plans has unfairly increased their Part B premiums.

Provisions of particular importance to persons living with HIV/AIDS are the following:

Sec. 221. Including costs incurred by AIDS Drug Assistance Programs (ADAPs) and Indian Health Service in providing prescription drugs toward the annual out of pocket threshold under Part D. This policy change is one of the HIV community's highest priorities. ADAPs are state and federal discretionary funded programs of Ryan White that are the safety net under Medicare and Medicaid. ADAPs may wrap around Medicare Part D by helping people with HIV/AIDS cover deductibles, coinsurance and co-payments, but these costs have been barred from counting toward TrOOP. ADAPs' supplemental coverage is vital to beneficiaries who do not qualify for the low income subsidy and who face co-payments as high as \$200 or \$400 a month per prescription for their HIV drugs. This provision will ensure that Medicare beneficiaries are protected, while allowing ADAPs to maximize the reach of their limited funds. For every dollar that Medicare catastrophic coverage pays for, there is an increased ADAP dollar to provide life-saving HIV medications for other uninsured or underinsured people living with HIV/AIDS.

Sec. 225. Codification of special protections for six protected drug classifications, including HIV Antiretrovirals. Another of our highest priorities, we appreciate the strengthening of protections for Medicare beneficiaries with HIV/AIDS and other serious conditions by codifying the requirement that Medicare Part D plans cover “all or substantially all” drugs in the six classes of drugs that are critical to treating HIV/AIDS, mental health conditions, cancer, epilepsy, and autoimmune diseases. The current protections offered through CMS guidance are not guaranteed beyond the current year and are being ignored by drug plans with little censure. In a survey of HIV medical providers, 54% reported that they cared for Medicare beneficiaries with HIV/AIDS who had gone without antiretrovirals due to challenges with Part D coverage. Historically, private insurers nationwide have recognized the importance of providing uninterrupted and unrestricted coverage of antiretrovirals and the other drug classes by including nearly all of the drugs in these classes on their formularies.

Sec. 133. State option to expand or add coverage of certain pregnant women under CHIP. Expanding access to prenatal care for pregnant women is critical to eliminating nearly all perinatal transmission of HIV/AIDS in the U.S. While perinatally acquired AIDS cases have declined by 94 percent since 1992, access to prenatal care is the greatest barrier to reducing the number of cases even further.

Sec. 217. Cost-sharing protections for low-income subsidy-eligible individuals. People living with HIV/AIDS generally depend on access to 8 to 14 prescriptions a month to suppress HIV, manage treatment side effects and manage co-occurring conditions. Co-payments and other cost sharing, disproportionately burden people who are the sickest, the most in need of drugs and struggling to live on very low monthly incomes that range from \$600 to \$1,200.

Sec. 222. Permitting mid-year changes in enrollment for formulary changes that adversely impact an enrollee. Although plans are required to cover all or substantially all antiretrovirals, people living with HIV/AIDS take multiple medications in other classes, and this protection is needed if mid-year formulary changes threaten their access to these drugs.

Sec. 223. Removal of exclusion of benzodiazepines from required coverage under the Medicare prescription drug program. Benzodiazepines are typically low-cost medications commonly used by individuals with mental illness, which is a common co-occurring condition for persons living with HIV. This change will ensure that individuals can access these drugs under Part D on par with other medication classes.

In closing, we congratulate you on carefully balancing the needs of a variety of constituents in crafting this important legislation. We believe the CHAMP Act is a significant first step in making policy improvements that will allow persons with HIV/AIDS to fully benefit from the remarkable medical advances that transformed HIV disease from a fatal to a serious but treatable condition. We look forward to working with you to see the immediate enactment of this legislation and, in the future, other improvements in access to care for people with HIV/AIDS, including the Early Treatment for HIV Act. Please contact Laura Hanen with the National Alliance of State and Territorial AIDS Directors at (202) 434-8091 Robert Greenwald with the Treatment Access Expansion Project at (617) 390-2584 for additional information.

Sincerely,

AIDS Action, Washington, DC
AIDS Alliance, Washington, DC
AIDS Foundation of Chicago, Chicago, IL

The AIDS Institute, Washington, DC
American Academy of HIV Medicine, Washington, DC
Community HIV/AIDS Mobilization Project
Gay Men's Health Crisis, New York, NY
HIV Medicine Association, Alexandria, VA
Housing Works, New York, NY
Human Rights Campaign, Washington, DC
National Alliance of State and Territorial AIDS Directors, Washington, DC
National Association of People with AIDS, Silver Spring, MD
National Health Law Program, Los Angeles, CA
National Minority AIDS Council, Washington, DC
Project Inform, San Francisco, CA
San Francisco AIDS Foundation, San Francisco, CA
Title II Community AIDS National Network, Washington, DC
Treatment Access Expansion Project, Boston, MA

cc: Ranking Member Jim McCrery
Ranking Member Joe Barton
Ranking Member Dave Camp
Ranking Member Nathan Deal
House Ways and Means Committee
House Energy and Commerce Committee