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July 27, 2007

The Honorable John Dingell
Chairman
Energy and Commerce Committee
2125 Rayburn 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 Charlie Rangel
Chairman
House Energy and Commerce Committee
1102 Longworth 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

Dear Chairmen Dingell, Rangel, Stark and Pallone:

I am writing on behalf of the HIV Medicine Association (HIVMA) to offer our **strong support for the Children's Health and Medicare Protection (CHAMP) Act**, which would protect and expand access to health care services for children nationwide. A number of the SCHIP, Medicaid and Medicare provisions in the bill are important steps forward in improving access to lifesaving care and treatment for children, adolescents and adults living with HIV/AIDS in the U.S. HIVMA represents more than 3,600 HIV medical providers and many of our members practice on the frontlines of the HIV epidemic delivering critical care and treatment services in communities across the U.S.

We support many of the improvements included in the legislation but would like to highlight a few that are particularly important to our patients with HIV/AIDS. The provisions that will result in much needed improvements to the Medicare Part D program include:

Codification of special protections for six protected drug classifications, including HIV Antiretrovirals (Sec 225): It is critical that HIV clinicians have the flexibility to prescribe the HIV drug regimen most effective at suppressing HIV according to factors unique to the patient. Private insurers and Medicaid programs nationwide recognize this by 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.

Cost-sharing protections for low-income subsidy-eligible individuals (Sec 217): Our patients 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. Cost-sharing that appears nominal can serve as a real barrier for our low-income patients whose lives depend on routine and reliable access to multiple medical services and treatments, including multiple prescriptions per month.

Including costs incurred by AIDS Drug Assistance Programs and Indian Health Service in providing prescription drugs toward the annual out of pocket threshold under Part D (Sec 221): This provision will maximize the effectiveness of limited ADAP dollars. Under the current policy, many ADAPs are unable to provide critical supplemental coverage to our patients that face co-payments as high as \$200 or \$400 a month per prescription for their HIV drugs.

We also strongly support proposals to:

Allow states to expand Medicaid or SCHIP coverage to adolescents up to age 25 (Sec 131): Continuity of care is critical to successful HIV treatment and yet many of our most vulnerable adolescent patients face serious challenges maintaining access to lifesaving care as they transition to adulthood.

Allow states to expand SCHIP coverage to pregnant women (Sec 133): Prenatal care is the key to effectively eliminating perinatal transmission of HIV/AIDS in the U.S. Perinatal transmission has declined by 94 percent since 1992 but we have the tools to eliminate it entirely if we ensure that pregnant women across the country have access to prenatal care.

On behalf of our members and their patients, thank you for your leadership in improving access to lifesaving care and treatment for children, adolescents and adults living with HIV/AIDS in the U.S. We look forward to working with you to ensure passage of this critical legislation.

Sincerely,

A handwritten signature in black ink, reading "Daniel R. Kuritzkes" with a stylized flourish at the end.

Daniel R. Kuritzkes, MD
Chair, HIV Medicine Association

