

HIV Medicare and Medicaid Working Group

March 27, 2008

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

RE: Support for H.R. 5613, the "Protecting the Medicaid Safety Net Act of 2008"

Dear Congressman Dingell:

We are writing on behalf of the HIV Medicare and Medicaid Working Group (HMMWG) 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.

HMMWG is a coalition of 84 national and community-based AIDS services organizations that represent HIV medical providers, advocates, public health workers and people living with HIV/AIDS committed to ensuring that people living with HIV/AIDS have access to appropriate, cost-effective health care and drug treatment.

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. Medicaid is the largest federal payer of HIV care and is estimated to provide access to care for more than 44% of people living with HIV/AIDS in the U.S. The \$20 to \$49 billion in federal savings estimated to occur over five years as a result of implementing these regulations is alarming. Reductions of this size in federal support for the Medicaid program, particularly in light of state-level cuts that are occurring due to the economic downturn, would jeopardize access to lifesaving care for people living with HIV/AIDS across the country.

A number of the proposed policy changes would directly affect access to care for Medicaid beneficiaries with HIV/AIDS. Specifically, the restrictions on case management limit access to a critical benefit for people living with HIV/AIDS. Successful management of HIV disease requires coordination of a number of medical and non-medical interventions and studies document that case management improves health outcomes and saves money by facilitating access to these services. Additionally, 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 proposals to restrict services covered by hospital outpatient clinics and to eliminate graduate medical education payments will erode the resource base needed by these clinics to care for these patients and will disproportionately affect minority populations that rely more heavily on outpatient clinics for access to care. Further, the rehab option is a critical way that states provide evidence-based community mental health services which would be restricted by the proposed rehab rule. Given the high level of co-morbid mental illness among people living with HIV/AIDS, this is also a critical HIV community concern.

The proposed moratoria are critical to allowing adequate time to fully evaluate each regulation's impact on Medicaid beneficiaries. We feel strongly that this process must take place before changes of this magnitude are made to our country's health care safety-net and strongly support your effort to allow the opportunity for this to take place.

We greatly appreciate your continued leadership in working to protect and strengthen the Medicaid program. Please contact Laura Hanen, Director of Government Relations of the National Alliance of State and Territorial AIDS Directors at (202) 434-8091 or Robert Greenwald, Director of the Treatment Access Expansion Project at (617) 877-3223 with any questions.

Sincerely,

HIV Medicare and Medicaid Working Group Steering Committee

AIDS Action, Washington, DC

AIDS Alliance for Children, Youth and Families, Washington, DC

AIDS Foundation of Chicago, Chicago, IL

The AIDS Institute, Washington, DC

AIDS Project Los Angeles, CA

American Academy of HIV Medicine, Washington, DC

Community HIV/AIDS Mobilization Project, New York, NY

Gay Men's Health Crisis, New York, NY

Health & Disability Advocates, Chicago, IL

HIV Medicine Association, Arlington, VA

Housing Works, New York, NY

Indiana Minority Health Coalition, Indianapolis, IN

Lifelong AIDS Alliance, Seattle, WA

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

New York AIDS Coalition, New York, NY

Project Inform, San Francisco, CA

San Francisco AIDS Foundation, CA

Title II Community AIDS National Network, Washington, DC

Treatment Access Expansion Project, Boston, MA