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## **AIDS United Public Policy Committee Position Statement on the BCRA**

**Date:** June 27, 2017

The AIDS United Public Policy Committee (PPC) is the oldest continuing federal policy coalition working to end the HIV epidemic in the United States since 1984. It is the largest body of community based HIV prevention, treatment, research, education and service organizations and coalitions in the U.S. The PPC has been instrumental in creating and developing important programs including the Ryan White Program and the National HIV Strategy. Its national membership covers jurisdictions that include more than two-thirds of the population of people living with HIV and advocates for the millions of people living with or affected by HIV in the U.S. and the organizations that serve them.

### **AIDS United Position Statement:**

AIDS United and the undersigned members of the Public Policy Committee urge the Senate to vote no on the Better Care Reconciliation Act (BCRA). As detailed below, passage of the Act will result in a loss of access to health care of people living with HIV and will undermine the efforts to end AIDS in the United States.

### **AIDS United Position:**

The Better Care Reconciliation Act which was negotiated in secret and released with little time to review in the Senate as a discussion draft by Majority Leader Mitch McConnell cannot be fixed

It is unacceptable that the real goal of this legislation is to create tax cuts for wealthy individuals rather than to achieve any specific health goal. By removing nearly \$1 trillion, primarily from Medicaid, the BCRA will ultimately starve the states and eventually individuals of funds creating a loss of eligibility and benefits for all people including people living with HIV. Medicaid is the largest source of insurance coverage for people with HIV, estimated to cover more than 40% of people with HIV who are in care. The Senate bill will start to phase out the Medicaid expansion in 2021, eventually ending subsidies for the expansion entirely. The bill would additionally impose a per capita cap to federal funding for Medicaid to the states. It then ties the cap to unrealistic measures of inflation that will greatly lower the funding rates that states receive. The Senate bill actually goes further than the House bill in cutting the federal contribution to Medicaid by further tightening the cap in 2025. The states will be forced to cut services and end eligibility for many people, potentially including people living with HIV. This is the end of Medicaid as we have known it since its inception in 1965.

The Senate bill will also weaken the Affordable Care Act's individual markets by repealing the individual mandate. Many people living with HIV are able to purchase insurance through these markets, particularly with the assistance of the AIDS Drug Assistance Program (ADAP), a part of the Ryan White HIV/AIDS Program. Failure to maintain the mandate is likely to lead to a death spiral since healthy individuals will be less likely to buy coverage, ultimately leading to situations in which only people who have pre-existing conditions or are otherwise sick will sign up only to be faced with high-cost premiums.

Senators who favor the bill state that it maintains requirements that insurers must accept all applicants including those with pre-conditions such as HIV. At the same time, the Senate bill allows states to undercut essential health benefits and other important coverage by eliminating requirements that waivers must cover as many people or provide comparable coverage to previous plans. States would be allowed to get a waiver as long as it doesn't increase the deficit. In doing so, plans will either become too expensive or will not cover the necessary care for people with pre-conditions placing such coverage out of reach of people with HIV and many others who need it most.

Finally, the Senate bill will prohibit Planned Parenthood from receiving Medicaid funding for at least one year. Planned Parenthood is a major source of HIV testing and prevention throughout the United States. Such an action will directly undermine HIV and STD prevention efforts in the U.S. potentially resulting in a rise in new infections.

One result of the Senate Republican's misguided bill is that coverage for HIV care and treatment for low-income adults will shift back to the Ryan White Program and to the states. The Ryan White HIV/AIDS Program is not funded at a level that can keep up with this increased demand and states are unlikely to be able to make up the difference. This will result in people living with HIV returning to the bad old days of waiting lists for life-saving HIV drugs, along with medical visits and primary care. This will also undercut our efforts to end HIV in the U.S. since fewer people living with HIV will be in care or have the resources to achieve an undetectable viral status which is a key to prevention. In the U.S. this plan will make people living with HIV sicker and lead to many more infections. This plan simply cannot be fixed. . It will result in a loss of access to health care of people living with HIV and will undermine the efforts to end AIDS in the United States.

We urge the Republicans to stop the pretense of negotiating minor changes and to simply drop the plan. If there is a vote we urge all Senators to vote no on this shameful bill. AIDS United and the undersigned members of the Public Policy Committee urge the Senate to vote no on this bill and cease efforts that will hurt people living with HIV.

**About AIDS United:**

AIDS United's mission is to end the AIDS epidemic in the United States, through strategic grantmaking, capacity building, formative research and policy. AIDS United works to ensure access to life-saving HIV care and prevention services and to advance sound HIV related policy for U.S. populations and communities most impacted by the epidemic. To date, our strategic grantmaking initiatives have directly funded more than \$104 million to local communities, and have leveraged more than \$117 million in additional investments for programs that include, but are not limited to, HIV prevention, access to care, capacity building, harm reduction, and advocacy. AIDS United Position Statements are developed in conjunction with our Public Policy Committee that includes a broad array of 44 leading HIV prevention, care and advocacy organizations and coalitions, representing jurisdictions that account for more than two-thirds of the population of People Living with HIV from all regions of the country engaged in helping to end AIDS in America.

**PPC membership includes:**

AIDS Action Committee of Massachusetts (Boston), AIDS Alabama (Birmingham), AIDS Foundation of Chicago, APLA Health (Los Angeles), AIDS Resource Center of Wisconsin, Amida Care (New York City), Association of Nurses in AIDS Care (ANAC), BOOM!Health (New York City), Callen Lorde Community Health Center (New York City), Careteam Plus (Myrtle Beach), Cascade AIDS Project (Portland), Christie's Place (San Diego), Collaborative

Solutions (Birmingham), CrescentCare (New Orleans), Delaware HIV Consortium, Equitas Health (Columbus), GMHC (New York City), God's Love We Deliver (New York City), Harlem United (New York City), Harm Reduction Coalition (New York City), Housing Works (New York City), Howard Brown Health (Chicago), JRI Health (Boston), LA LGBT Center (Los Angeles), Latino Commission on AIDS (New York City), Los Angeles County Department of Public Health, Legacy Community Health Services, Inc. (Houston), Metro Wellness and Community Centers (Tampa), Minnesota AIDS Project, Nashville CARES, National Alliance for HIV Education and Workforce Development (NAHEWD), National Black Justice Coalition (Washington, DC), Positive Women's Network – USA, Prism Health North Texas (Dallas), Project Inform (San Francisco), Puerto Rico Community Network for Clinical Research on AIDS (PR CoNCRA) (San Juan), San Francisco AIDS Foundation, Southern HIV/AIDS Strategy Initiative (SASI), Southern AIDS Coalition, Thrive Alabama (Huntsville), Treatment Access Expansion Project (TAEP) (Boston), Urban Coalition for HIV/AIDS Prevention Services (UCHAPS), Whitman-Walker Health (Washington, DC), Women's Collective (Washington, DC)