

August 21, 2009

Dear Representative,

RE: Women Affected by HIV/AIDS Urgently Need Health Care Reform

We are a community of advocates who represent women infected and affected by HIV/AIDS, a population that was severely overlooked, undiagnosed and untreated for the first decade of the epidemic and whose unique treatment, research and prevention needs continue to be marginalized in favor of global assumptions about who these women are, how they are infected and how they are best treated. For health care reform to be successful, Congress must concretely and specifically address the needs of all women affected by HIV/AIDS.

Women in the U.S. are increasingly affected by HIV, with diagnoses of women tripling from 8% in 1985 to almost 30% in 2007. Black and Latina women are disproportionately affected by the epidemic, comprising 80% of new female AIDS diagnoses; similarly the proportion of young women infected with HIV is on the rise. Women affected by HIV disproportionately live in poverty, care for children and families, and lack access to quality health care that adequately meets their needs, and their HIV status serves to only further marginalize them, in their community, in the health care setting, and in the work force. Further, in regions like the U.S. South, where HIV/AIDS rates are on the rise and the number of uninsured individuals has skyrocketed, nearly two-thirds of women delayed or cancelled medical appointments due to high costs. A plan that tackles the conditions of women living with HIV is not only a matter of individual and public health, it is a critical issue of racial, gender and economic justice.

Health care reform is necessary to serve the needs of women and families affected by HIV. We urge you to move health care reform quickly, as outlined in the below recommendations. As health care reform moves through the legislative process, we ask you to consider the following as priorities in any health care reform package. Our input is based on our own experiences with the health care system, as well as those of our constituents and clients.

1. Prohibit health insurance exclusions and rating based on health status.

Currently insurance companies are allowed to charge higher premiums or refuse coverage related to pre-existing conditions, including HIV/AIDS. The prohibition against discrimination based on preexisting conditions in America's Affordable Health Choices Act 2009, is a tremendous show of progress on this front, and we look forward to working with Congress to ensure that this protection exists in the final base bill.

2. Eliminate health insurance ratings based on gender and age.

America's Affordable Health Choices Act 2009 has recognized the importance of this

issue and has rightly included the elimination of most health insurance ratings based on gender. However, we remain concerned about the affect ratings have on the aging population, particularly women. Any reform that truly prioritizes the affordability of and access to health care must eliminate age- and gender-based ratings. We recommend that Congress impose limits on the cost-sharing older Americans have to pay as a result of age ratings.

### 3. Improve Medicaid & Medicare Services for people living with and affected by HIV/AIDS.

Public health care programs like Medicaid and Medicare provide crucial support to people living with and affected by HIV/AIDS, but they do not go far enough. Prohibitive health care costs and rising HIV/AIDS rates go hand-in-hand. For that reason, any health care reform effort must build on important public health programs like Medicare and Medicaid in order to effectively address the HIV/AIDS epidemic. Specifically, the Medicaid program should be expanded to cover all individuals and families—regardless of categorical eligibility. While in concert with other members of the HIV/AIDS community we endorse a meaningful expansion of Medicaid to 200% FPL, we urge you to recede to the highest expansion passed through a chamber of Congress. America's Affordable Health Choices Act 2009 rightly includes Medicaid expansion. But if we are to address our nation's health care crisis in a meaningful way, Congress must go further.

### 4. Include a strong public health insurance option in the Health Insurance Exchange.

A public health insurance option would provide critical competition and choice for consumers purchasing health insurance in the Exchange. This option is especially important for people affected by HIV, who are disproportionately likely to lack private insurance. We applaud the inclusion of a public option in America's Affordable Health Choices Act 2009, and we are committed to working with Congress to ensure its inclusion in the final bill.

### 5. Protect women's access to comprehensive reproductive health care, and support HIV prevention efforts.

Although America's Affordable Health Choices Act 2009 recognizes the importance of affordable and preventive health care coverage for women, we hope that the final bill will cover the full range of sexual health care as it is an essential element of HIV prevention and care, and the epidemic in this country can't be successfully stemmed without it. Currently most private health care plans include such coverage. Attempts by lawmakers to restrict such coverage in a health exchange would result in discriminatory, harmful, and unprecedented restrictions on women's access to health care. For women living with HIV, who already must deal with judgment and coercion in their efforts to fully exercise their reproductive options, restrictions on reproductive health care impose additional hardships, for the woman and potentially for her family.

6. Extend and fully fund the Ryan White HIV/AIDS Treatment Modernization Act as a stand-alone bill as requested in the Ryan White community consensus document.

As you know, health care reform efforts do not eliminate the need for important public health funding programs that serve as a critical safety net. Going forward, expanding successful programs such as Ryan White is critical if we are going to solve our nation's health care crisis, especially for women affected by HIV/AIDS.

The Ryan White program is currently set to "sunset" on September 30, 2009. Congress must act immediately to extend and fully fund the Ryan White Program as a stand-alone bill as requested in the Ryan White community consensus document.

We hope that the above recommendations will help to guide Congress during the final development of a historic health care reform bill. The health care needs of people living with and affected by HIV represent a microcosm of both the weaknesses and successes of our health care system. By including the needs of women affected by HIV in the development of health care legislation, Congress will serve not only this community but all Americans in need of affordable, comprehensive, and high quality health care.

Sincerely,

African Services Committee -- New York, NY

AIDS Alabama -- AL

Alliance of AIDS Services - Carolina -- Raleigh, NC

Center for HIV Law & Policy -- New York, NY and National

Community HIV/AIDS Mobilization Project (CHAMP) -- New York, NY and National

Center for Health and Gender Equity (CHANGE) -- National

HIV Law Project -- New York, NY

International Community of Women Living with HIV (ICW) -- Washington, DC and  
Global

National AIDS Fund -- National

National Women and AIDS Collective (NWAC), a project of the Ms. Foundation --  
National

Sisterlove, Inc. -- Atlanta, GA

The U.S. Positive Women's Network (PWN) -- National

The Women's Collective -- Washington, DC

Women Organized to Respond to Life-threatening Disease (WORLD) -- Oakland, CA