

Holt Urges Speaker Pelosi to Address Needs of HIV and AIDS Patients in Health Reform

Washington, D.C. – Rep. Rush Holt (NJ-12) today wrote Speaker Pelosi regarding the concerns of HIV and AIDS patients in health care reform. Holt, joined by 21 members of Congress, advocates that the final House health care reform legislation help close the Medicare doughnut hole that has prevented many HIV/AIDS patients from accessing life-saving care. As Holt and others write, an estimated 100,000 Americans living with HIV/AIDS rely on Medicare for their medical treatment and prescription drugs – including anti-retroviral drugs, drugs used to treat side effects, and other health services to treat the issues people living with HIV/AIDS experience. The America’s Affordable Health Choices Act, as introduced in July, incorporates a provision similar to the Helping Fill the Medicare Rx Gap Act (H.R. 2777), legislation that Holt introduced earlier this year.

“Health insurance reform provides us an opportunity to ensure that patients with HIV and AIDS have the care they need. As we have written, too many patients are hit by the Medicare doughnut hole. We should fix this and ensure that more patients have access to life-saving medications,” Holt said.

Signers included Reps. Ileana Ros-Lehtinen (FL-18), Tammy Baldwin (WI-2), Donna Christensen (VI), Barney Frank (MA-4), Maurice Hinchey (NY-22), Jesse Jackson (IL-2), John Olver (MA-1), Mike Quigley (IL-5), Albio Sires (NJ-13), Maxine Waters (CA-35), Peter Welch (VT), Lloyd Doggett (TX-25), Hank Johnson (GA-4), Betty Sutton (OH-13), Vic Snyder (AR-2), Michael Capuano (MA-8), Robert Brady (PA-1), Donald Payne (NJ-10), David Loebsack (IA-2), Donna Edwards (MD-4), Martin Heinrich (NM-1).

The text of the bipartisan letter is below:

Dear Speaker Pelosi:

As Congress continues to debate health care reform, we encourage you to consider the health care needs of citizens struggling with HIV and AIDS. An estimated 100,000 Americans living with HIV/AIDS rely on Medicare for their medical treatment and prescription drugs – including anti-retroviral drugs, drugs used to treat side-effects, and other health services to treat the issues people living with HIV/AIDS experience. Medicare Part D, meant to address prescriptions specifically when introduced in 2006, was not conceived with this population in mind and has significant flaws relative to it, most especially the coverage gap, or “doughnut hole.” This gap is an impossible burden to these patients due to the nature of treating HIV/AIDS, which relies primarily on medications.

Anti-retroviral drugs rarely have generic equivalents and are extremely expensive. Because of these costs, HIV/AIDS patients may reach the doughnut hole within the first several months of the year. Once in the doughnut hole, these patients must bear their entire drug costs until they have spent an additional \$3,454 and then Part D once again will help them with their drug costs. According to the Kaiser Family Foundation, HIV/AIDS patients who rely on Medicare have lower household incomes, with 59 percent earning below \$10,000, which makes this coverage gap a difficult burden.

Many HIV/AIDS patients turn to state AIDS Drug Assistance Programs (ADAPs) for help purchasing their medications while in the coverage gap. Unfortunately, Medicare does not include ADAP assistance when calculating these patients’ out-of-pocket costs. As a result, patients cannot access their Medicare prescription drug coverage for the remainder of the year and must rely on the ADAP to afford their HIV prescriptions.

While America’s Affordable Health Choices Act would gradually eliminate the Medicare doughnut hole by 2023, these patients are struggling now. Fixing the way Medicare counts ADAP support would make an immediate difference in filling the doughnut hole for these patients and ensuring they have access to their life-saving medications. It also would treat HIV/AIDS patients the same way as those who receive help through State Pharmacy Assistance Programs. We are pleased that America’s Affordable Health Choices Act, as introduced, contains provisions that help HIV/AIDS patients receiving ADAP support and that the amended Senate Finance health reform legislation contains similar policies. We hope that these provisions to count drug purchases from ADAPs toward a Medicare beneficiary’s true out of pocket costs will remain as health reform moves through the legislative process.

We look forward to continuing to advance health care reform legislation that expands coverage, lowers costs, and improves health care quality.

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