

Health Care Reform Debate Needs Your Voice Now!



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Health care reform has taken the wind out of virtually every other conversation in Washington, D.C. It seems that Congress is not focused on anything else. The pace of movement on reform of the U.S. health care system is taking on breathtaking speed in the nation's capital. Already two Congressional committees with jurisdiction over this issue have issued draft bills, and another committee is scheduled to introduce a bill any day. Newspapers, political blogs and the airways are filled with articles and stories about various health care reform proposals and counter-proposals making their way through the capital's political process. It seems that everyone has an opinion on the issue and is busy advocating their position in Washington.

While most health care advocates are pleased that the White House and Congress have finally decided to address this very challenging and politically charged issue, questions arise as to how particular groups will be impacted. For HIV advocates, as well as for advocates of other disability communities or groups representing persons with expensive health care needs, careful attention must be paid to the "devils in the details" and the potential unintended consequences of reform. As we level the playing field and ensure everyone has access to health care, caution must be taken to make sure that there aren't "losers" in the process.

Process for Reform

On the Senate side, the Health, Education, Labor and Pensions (HELP) Committee, chaired by Edward Kennedy (D-MA), and the Finance Committee, chaired by Max Baucus (D-MT), have put forth separate reform proposals. In the House, the committees with jurisdiction over health reform have come together in an effort to present a unified approach. The Energy and Commerce Committee, chaired by Henry Waxman (D-CA), the Ways and Means Committee, chaired by Congressman Charlie Rangel (D-NY), and the Education and Labor Committee chaired by George Miller (D-CA) have issued what is known as the "tri-committee" proposal.

While other bills and proposals have been introduced to reform the nation's health care system, legislation with the greatest likelihood of passage will arise from the leadership of those committees. A range of other options have been introduced in Congress (such as single payer), and they all have various constituencies, but their likelihood of passage remains low - some would say impossible.

Major Components of Reform

According to Senate Finance Chairman Baucus "All options are on the table." Nonetheless, certain options have clearly risen to the top as the most likely to win approval. To date, the following provisions are being given the greatest consideration:

Enrollment:

Mandatory requirement for all citizens to enroll in an insurance plan. This would include the elimination of pre-existing conditions clauses in health plans and the elimination of insurance premiums that widely differ based on an individual's health status. There would also be subsidies for low- and moderate-income individuals.

Mandatory requirement for employers of a certain size to provide health insurance for their employees or face penalties.

Oversight:

The creation of state, regional or federal intermediary entities to monitor and certify insurance programs - similar to Massachusetts' Health Connector program.

Greater federal oversight for insurance plans (currently regulation is done on a state-by-state basis), including the establishment of a minimum benefits package.

Outcomes/Data:

Modernization of the health care system through electronic medical records (EMR).

Development of quality control measurements to help compare health outcomes, effectiveness and costs.

Focus on prevention efforts to control costs.

Other:

The creation of a government-run insurance plan that will compete with private industry plans.

Expansion of Medicaid to cover all low-income individuals, regardless of health status (and cover persons living with HIV).

It should be noted that while all the above points are being considered, they will not all necessarily be included in the final package approved by Congress. In addition, some elements (such as Medicaid expansion) are included in one bill, but not necessarily in another bill being drafted by another committee.

Two major points of disagreement in the discussion over health reform are cost (how do we pay for all this?), and whether to include a government-run plan that would compete for clients with private industry. Republicans and the insurance industry are fiercely opposed to a government-run health care plan, but many Democrats are just as adamant about creating such a plan. Public support, for now, seems to be strongly in favor of a government run plan being created that will compete with private plans. While there are some health advocates who feel strongly that the country should be moving to a single-payer system, the consensus from policymakers in Washington is that this option is not realistic at this time.

What do Persons Living with HIV/AIDS Need in Health Care Reform?

While not advocating for a particular proposal, many in the HIV community have come up with a set of general principles for health care that persons living with HIV/AIDS need. They are:

Increase access to health care by broadening Medicaid's eligibility requirements.

Ensure access to quality health care by establishing a mandatory minimum Medicaid benefits package.

Make health care more affordable by limiting Medicaid and Medicare cost-sharing.

Increase the federal Medicaid matching rate to states in economic crisis.

Help slow the HIV epidemic by implementing routine HIV screening.

Improve access to health care by eliminating the two-year Medicare waiting period for people with disabilities.

Protect vulnerable Medicare beneficiaries facing "donut hole" prescription drug coverage gaps.

Promote stability by investing in the clinical workforce.

Increase health care options by improving access to private health insurance and implementing a public insurance plan option.

Increase access by expanding the role of Ryan White community-based programs.

What's the likelihood of implementation?

This is not the first time that a President has attempted to push for health care reform. Franklin D. Roosevelt briefly considered including universal health coverage as part of the "New Deal" Social Security Act. Later, President Harry Truman attempted to create a single-payer health care system, only to see it thwarted by Congress. In 1971, Senator Kennedy pushed for a single-payer national health insurance plan, going around the country holding town halls on the issue. President Nixon countered with his own plan, but when the Watergate scandal broke, it overshadowed any momentum on reform efforts and the idea died. President Jimmy Carter campaigned on a promise to create a national health care plan but once elected focused on cost-containment issues. Lastly, many may recall the attempts by the Clinton Administration to create a universal health insurance system, which was rejected by Congress after the Health Insurance Association of America (HIAA) and the National Federation of Independent Businesses turned the public against their idea through a series of television commercials. [1]

Will reform actually happen? Unlike past conversations about reforming the country's fragmented and inequitable health care delivery system, this time it seems that virtually everyone has a proposal that

would make some changes to health care. During the Clinton Administration many groups were out front opposing changes and advocating for the status quo. This time many of those same groups have some up with proposals of their own. It is most likely that some convening, if incomplete, health care reform will be enacted this year.

Public opinion also appears to be strongly in favor of amending the nation's health care delivery system in order to ensure coverage for all Americans. A recent New York Times/CBS News poll released on June 20 found that "Americans overwhelmingly support substantial changes to the health care system and are strongly behind one of the most contentious proposals Congress is considering - a government-run insurance plan to compete with private insurers." [2]

What Can You Do?

Congress is on recess the week of July 4th and many are back home in their district offices. This is a great opportunity to continue urging them to support three vital provisions in any health care reform bill that would expand health care for low-income people living with HIV/AIDS:

Expanding Medicaid for all low-income people, including childless adults, by eliminating current requirements that tie Medicaid to disability status. This would give approximately 42% of all people living with HIV who are currently uninsured immediate access to health care through Medicaid.

Including Early Treatment for HIV Act (ETHA) language which gives states the option to expand Medicaid access to low-income people living with HIV whose incomes are above established Medicaid income eligibility rules. This will give states the option to expand coverage for people living with HIV/AIDS, reaching more than 75% who are currently uninsured.

Including a strong public plan option to help provide affordable access to comprehensive care for people HIV - nearly 30 percent of whom have no insurance. This would offer a national standard for coverage and greater dependability, consistency and security for people with HIV than private plans, which can charge higher prices and/or close, merge or change benefits at will.

While it looks like the House of Representatives' version of health care reform will contain all of these provisions, our work continues to be difficult in the Senate. A bill recently released by the Senate Finance Committee has no public option or ETHA language and a very weak Medicaid expansion proposal. We need to continue talking to our Senators about the need to make sure health care reform works for all, including low-income people with HIV. You can continue to make a difference by writing a short letter to both of your Senators this week!

During the week of July 4th, write two short letters to both of your U.S. Senators. Use the sample letter below and add a personal message about how meaningful health care reform is important to you or people you care about.

You can deliver the letter one of the following ways:

1. If you live close to your Senators' district office, hand deliver the letter. This would give an opportunity to say a few words to the Senators' staff about why this issue is so important. Most Senators have more than one district office, so check their website (www.senate.gov) to find the closest one to you.
2. Mail the letter to the Senators' district office. This office will make sure the letter is forward to the appropriate staff.
3. If you have access to a fax machine, you can fax your letter to the district office.

While we are hoping to generate many written letters to catch the attention of our Senators, if you don't have time to write a letter then please call both of your Senators in their district offices during the week of June 29th. You can use the phone script below.

How to find your Senators' district office information:

Go to www.congress.org. Enter your zip code in the upper right corner. Click on your Senator's name and then click "contact". You will find mailing addresses and phone/fax numbers.

Sample letter:

Dear Senator _____:

I live in (city/state) and I am writing to urge you to champion health care reform that meets the medical needs of every person in the United States regardless of age, location, and health status.

(Enter your personal story here. In a few sentences, write about why health care reform is important to you or people you care about).

For the fight against HIV/AIDS, nothing could be more important. The vast majority of the 1.1 million Americans living with HIV are low-income and uninsured. Adequate coverage is either too expensive or simply denied because of their pre-existing condition.

Hundreds of thousands of low-income workers with HIV are trapped in a health care Catch-22: considered too "wealthy" and healthy for Medicaid, but too poor to afford private coverage.

For the poorest and sickest Americans with HIV who qualify for government assistance, Medicaid and Medicare all too often present many obstacles and challenges. Many doctors won't accept Medicaid and essential services such as oral health, substance abuse and mental health treatment remain out of reach. Medicare beneficiaries must pay high out-of-pocket costs that can result in harmful treatment interruptions. Medicare is also enormously complicated and patients may find themselves on plans that do not cover the medications they need. People with HIV/AIDS need healthcare coverage they can count on and plans that will not attempt to dis-enroll them when they need assistance the most. They need reduced out-of-pocket costs and a simplified application process.

To meet the health care needs of people living with HIV, I strongly urge your support of the three following provisions in any health care reform legislation:

- ◆ Expand Medicaid for all low-income people, including childless adults, by eliminating current requirements that tie Medicaid to disability status. This would give approximately 42% of all people living with HIV who are currently uninsured immediate access to health care through Medicaid.
- ◆ Give states the option to extend Medicaid to a greater number of people living with HIV whose incomes are above established Medicaid eligibility rules (i.e. Early Treatment for HIV Act currently pending in Congress). This will give states the option to expand coverage for people living with HIV/AIDS, reaching more than 75% who are currently uninsured.
- ◆ Include a strong public plan option to help provide affordable access to comprehensive care for people HIV - nearly 30 percent of whom have no insurance. This would offer a national standard for coverage and greater dependability, consistency and security for people with HIV than private plans, which can charge higher prices and/or close, merge or change benefits at will.

Again, I urge you to support health care reform legislation that meets the comprehensive needs of people living with HIV/AIDS. Thank you for your consideration.

Sincerely,

Your name

Or you can call:

Sample phone script:

"My name is _____ and I live in (city/state). I am very concerned that health care reform will not meet the needs of people living with HIV/AIDS. Any final health care legislation must eliminate the disability requirement for Medicaid and ensure that all low-income people, including childless adults, have early access to care. It must also include language from the Early Treatment for HIV Act which expands access to Medicaid for people living with HIV. Finally, it must have a public plan option to best ensure affordable access to comprehensive care for people with HIV. All three provisions are crucial to ensure that people with HIV/AIDS have early access to care and treatment that keep them healthy and productive. I

urge Senator _____ to do everything in his/her power to fight for these important provisions."

Tell Us Your HIV and Health Care Story
Individual Stories Needed to Advocate for Federal Health Care Reform

The AIDS Foundation of Chicago (AFC) is working in collaboration with AIDS organizations across the country to collect individual health care stories from people living with HIV/AIDS. Personal anecdotes, like your own, will help us advocate with Congress and President Obama for the strongest health care provisions possible. Featuring such stories in the media can also help influence public opinion and strengthen demand for an affordable, high-quality, insurance options, including a much needed public plan. Your story can make the difference! Tell your story today!

For more information, contact AFC Policy Manager Jessica Terlikowski at jterlikowski@aidschicago.org.

You can access the survey at:

http://www.surveymonkey.com/s.aspx?sm=g6dUIvPpvrPvzqByiepx6g_3d_3d

The National Association of People with AIDS (NAPWA) is the oldest national AIDS organization, as well as the first network of people living with HIV/AIDS in the world. We believe in making a difference in the lives of our constituents. We do this by:

- ◆ providing information and resources;
- ◆ telling our collective stories in HIV from the past, present, and future;
- ◆ and being the trusted independent voice of people living with HIV.

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[1] Kaiser Family Foundation, "Focus on Health Reform: National Health Insurance- A Brief History of Reform Efforts in the United States", March 2009. <http://www.kff.org/healthreform/upload/7871.pdf>

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[2] "In Poll, Wide Support for Government-Run Health", *The New York Times*, June 20, 2009 <http://www.nytimes.com/2009/06/21/health/policy/21poll.html>

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