

PRESIDENTIAL

ADVISORY April 7, 1999

COUNCIL ON
HIV/AIDS The Honorable William Jefferson Clinton
The White House
Washington, D.C.

Dear Mr. President:

As your Advisory Council on HIV/AIDS, we continue to be concerned by the large number of low-income Americans in the earlier stages of HIV disease who are unable to receive antiviral therapy and medical care because of current Medicaid eligibility restrictions.

We appreciate the hard work of the Health Care Financing Administration, the Office of National AIDS Policy, the Office of the Vice President, the Office of Management and Budget and others in the Administration to try to find ways to extend Medicaid coverage to such individuals within the constraints of a balanced budget agreement.

To assist in that effort, later this month Congresswoman Nancy Pelosi, Congressman Richard Gephardt, Senator Robert Torricelli, and other Members of Congress are preparing to introduce the "Early Treatment for HIV Act of 1999" in both the House and the Senate. This legislation would give states the option of providing Medicaid benefits to this population with full federal participation.

Mr. President, your active support of the "Early Treatment for HIV Act of 1999" could be tremendously helpful in achieving your laudable goal of expanding early access to treatment for low-income, uninsured individuals living with HIV disease.

Medicaid is the largest provider of health coverage to people with AIDS in this country. However, Medicaid eligibility policy has not caught up to current HIV treatment guidelines issued by government health experts more than eighteen months ago. These Public Health Service Guidelines recommend early medical care, and in many cases, the use of antiviral therapy in the earlier stages of HIV infection, before development of symptoms. Yet because Medicaid does not define such individuals as "disabled", many low-income, HIV-infected individuals are currently unable to receive HIV-related drugs and health care through the program.

Research released at the 12th World AIDS Conference in Geneva provides additional evidence that early therapy for individuals infected with HIV

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saves lives and is cost effective. A University of California San Francisco study found that, "expansion of the U.S. Medicaid system to provide wider access to combination antiretroviral therapy would prevent thousands of deaths and AIDS diagnoses, leading to 8,000 more years of life for persons with HIV" during just the next five-years.

In addition to preventing costly inpatient costs associated with treating HIV-related opportunistic infections, Medicaid expansion would also likely lead to substantial savings in the Supplemental Security Income (SSI) program. Individuals receiving earlier therapy would more likely maintain their health; in many cases, continue working or return to work; and be less likely to require government disability benefits.

For both public health and fiscal reasons, passage of the "Early Treatment for HIV Act of 1999" makes good sense. Powerful new drugs have given many people with HIV infection renewed hope in fighting this disease. It is imperative that federal health care programs catch up with the newest standards set by our nation's health experts.

Thank you for your continuing attention to this important issue. We will appreciate your assistance with the passage of this legislation.

Sincerely,

(Originally signed by RHS on 4/7/99)

R. Scott Hitt, M.D.
Chair