



## **Statement on Proposed Modifications to the American Health Care Act**

April 27, 2017

The House of Representatives may vote as soon as Saturday, April 29, 2017, on the American Health Care Act as amended by the Meadows-MacArthur Amendment. The amendment is endorsed by the Freedom Caucus and makes the original AHCA worse for People Living with HIV/AIDS (PLWHA) by allowing states to:

- Opt out of community rating and discriminate based on pre-existing conditions.
- Opt out of the Essential Health Benefit Standard (EHB). The EHB requires the inclusion of pharmaceutical drugs, mental health benefits, substance-use treatments, emergency services, and maternity care as well as prohibiting lifetime or annual limits on care.
- Allow insurance companies to void essential benefits and protections for pre-existing conditions for clients, even in states that choose to keep them, by selling insurance from a state that has eliminated the provisions.

These concerns are in addition to the issues the CAEAR Coalition outlined in its March 2017 AHCA Statement. Those original concerns are reiterated below.

We urge you to call or e-mail your elected representative to express your concerns with the AHCA and the Meadows-MacArthur Amendment. If you need to know how to contact him or her, go to [www.house.gov/representatives](http://www.house.gov/representatives).

The AHCA is a violation of the promises of both the Congress and President Trump to provide a better plan with better, lower cost coverage. Specifically:

- The tax credits in the AHCA are far less generous than current subsidies for seniors and young adults, and even when the tax credits are refundable, significantly increase the out-of-pocket cost of premiums, deductibles, and co-pays, creating a set of additional barriers to using health care.
- Lapses in insurance coverage longer than 62 days for those with preexisting conditions would require a 30% increase in the premium charged by the insurance companies for the year after the lapse, which would create severe hardships on a population that already struggles to sustain a quality of life and maintain their health. If enacted, the Ryan White HIV/AIDS Program would once again become the primary source of HIV medical care and drug access for people living with HIV.
- The AHCA would eliminate the ability of states to expand their Medicaid programs in 2020 and raise the eligibility level to enter Medicaid from 133% of the federal poverty level to 138% of the federal poverty level, forcing the states to cover the individuals in the program who no longer meet the federal criteria with state funds, putting the poorest Americans at risk for lapses in care,

and making the emergency rooms of our public hospitals the primary care site for the poor, as they were before the ACA.

- The AHCA caps the federal contribution to Medicaid, dramatically shifting the cost of the program to states, giving them the flexibility to make the programs less responsive and less accessible. AHCA would roll back the number of people covered by Medicaid, re-establishing categorical eligibility instead of low income for Medicaid starting in 2020. People living with HIV, but not AIDS, would lose Medicaid eligibility, making an AIDS diagnosis the criteria for eligibility. This would undermine the work of public health communities across the U.S. to diagnose HIV early and keep people in care and healthy enough to avoid progression to AIDS.
- Use of the \$346 billion Medicare Trust Fund to pay for the AHCA is unconscionable since it will destabilize Medicare, a crucial health care resource for PLWHA today and increasingly in the future as PLWHA live longer lives as a result of advances in HIV treatment.
- The AHCA as currently drafted does not prevent insurers from establishing lifetime and annual caps on services for conditions, a practice that was eliminated in the ACA. For people living with HIV who rely on daily drug regimens, annual or lifetime caps made insurance useless to their ongoing care, forcing them to rely on the Ryan White HIV/AIDS Program to survive.
- The AHCA does not continue important requirements for free annual preventive health screenings that are essential for early detection and treatment of life threatening diseases. The removal of this ACA requirement will affect both the individual private health insurance marketplace plans and employer-based insurance, impacting all Americans.

### **CAEAR Coalition**

The Communities Advocating Emergency AIDS Relief (CAEAR) Coalition is a national membership organization which advocates for federal policy, legislation, regulations, and appropriations to meet the care, treatment, support and prevention needs of people living with HIV/AIDS and the organizations that serve them, focusing on health care reform and the evolving role of the Ryan White Program. CAEAR Coalition's proactive national leadership is focused on the Ryan White Program as a central part of the nation's response to HIV/AIDS. CAEAR Coalition's members include Ryan White Program Part A, Part B, and Part C consumers, grantees, and providers as well as the Part F AIDS Education and Training Centers. Learn more about the CAEAR Coalition at [www.caeear.org](http://www.caeear.org).