



Statement on the American Health Care Act

The CAEAR Coalition is deeply concerned with core elements of The American Health Care Act (AHCA), introduced on March 6, 2017, as a replacement for the Patient Protection and Affordable Care Act (ACA). As drafted today, it provides less coverage at greater out-of-pocket cost to the insured, and shifts federal benefits from those who need them most, including people living with HIV/AIDS (PLWHA), to high-income Americans.

The AHCA strips the guarantee of essential benefits and patient protections from health insurance, and forces consumers to “choose” insurance plans at higher costs for less health benefits. Most egregious is the removal of the long established, federal entitlement nature of the Medicaid program that currently guarantees low-income individuals have access to health care and pharmaceuticals, like the expensive HIV/AIDS drugs that people with HIV rely on to stay alive and non-infectious.

The bill as drafted 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.

We urge you to call or e-mail your elected representative to express your concerns with the AHCA. If you need to know how to contact him or her, go to www.house.gov/representatives.

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.