

HIV Medicaid/Medicare Working Group Action Alert

You Can Help Improve Treatment Access for People with HIV/AIDS With One Phone Call

What you can do:

Call your two U.S. Senators in their Washington, DC office. Ask to speak to the legislative aide who handles health care issues. Whether you speak to him/her live or leave a voicemail, say:

“My name is _____ and I live in (your state). The Senate is working on a Medicare reform bill and I would like a provision included that would allow AIDS Drug Assistance Program spending to count towards Medicare Part D “true out of pocket” costs. This would greatly help people with HIV/AIDS have better access to lifesaving treatment. It would also free up scarce Ryan White dollars to provide lifesaving treatment to uninsured people with HIV/AIDS. I urge Senator _____ to do everything in his/her power to make this important fix to the Medicare drug benefit.”

To reach your Senators, call the Capitol Switchboard toll-free at (800) 828-0498. Ask to be connected to your Senator’s office. If you don’t know who your Senators are, go to www.congress.org and enter your zip code in the upper left corner.

If you can’t make a phone call, please send an email to both of your Senators with the same message. Go to www.senate.gov to find their websites, where you will find out how to email them.

Background:

HIV/AIDS advocates around the country are working hard to convince Congress to pass a law that would close an important gap in treatment access for people with HIV/AIDS.

In 2008, many people who get their HIV drugs through the Medicare prescription drug benefit reach what is called the “donut hole” or coverage gap which can only be surpassed if they can afford a whopping \$4,500 required for them to reach catastrophic coverage.

They reach the donut hole after their total drug costs reach \$2,510. This happens for many people with HIV/AIDS within the first two months of their coverage. At that time, the individual must pay the full cost of their drugs or rely on another program, such as the AIDS Drug Assistance Program (ADAP). Once individuals have paid \$4,050 out of pocket for their drug costs (referred to as true out of pocket costs or TrOOP), their Medicare Part D coverage resumes.

Current law doesn't allow ADAP spending to count towards TrOOP. This means that when an ADAP helps a Medicare beneficiary pay for their drugs during the coverage gap, the client remains in the coverage gap for the remainder of the year. People with HIV/AIDS who should be able to get the full benefit of Medicare Part D are then forced to rely on the underfunded ADAP program, which in nearly all states also has a much more limited drug formulary. It also means that ADAPs around the country must spend money for these clients that could be used to expand access to other uninsured or underinsured individuals. **If ADAP were allowed to count as TrOOP, it would save about \$50 million per year.**

The U.S. Senate will soon debate Medicare reform legislation and can play a major role in fixing this problem by including the ADAP as TrOOP provision. The House of Representatives has already approved this provision. The Senate needs to hear that this is a priority for people with HIV/AIDS and a fix that is badly needed. Please take the time to make these two important calls!

For more information, contact Ryan Clary at rclary@projectinform.org.

The HIV Medicaid and Medicare Working Group (HMMWG) HMMWG is a coalition of nearly 100 national and community-based AIDS service organizations that represent HIV medical providers, advocates and people living with HIV/AIDS and provide critical HIV-related health care and support services. For more information, contact the HMMWG co-chairs Laura Hanen with the National Alliance of State and Territorial AIDS Directors at 202.434.8091 or Robert Greenwald with the Treatment Access Expansion Project at 617.390.2584.