

February 11, 2011

The HIV Health and Human Services Planning Council of New York (Planning Council) appreciates this opportunity to submit testimony to the Medicaid Redesign Team and to advocate for continuation of services to current and future Medicaid recipients living with HIV/AIDS.

The Planning Council is comprised of health care and services providers, governmental representatives, advocates, and consumers. All members are appointed by Mayor Bloomberg and have many years of collective experience managing the medical, social, and psychological challenges associated with HIV infection. Members are charged with setting priorities for emergency HIV/AIDS treatment and care services, including essential wraparound supportive services. Many New Yorkers living with HIV/AIDS who receive care through this funding stream are also Medicaid recipients.

We understand the need to improve the quality of services provided by Medicaid and to control costs through patient and system innovations. We want to ensure, however, that people living with HIV/AIDS (PLWHA) will continue to have access to the full spectrum of health care services that are crucial for managing this extremely complex chronic illness. In particular, we want to underscore the impact that changes in the Medicaid program can have on people living with HIV/AIDS:

- Any changes should not interrupt treatment and care. Breaks in the continuum of HIV care can lead to failures in treatment adherence and can result in poor health outcomes.
- Medicaid services listed as optional – medication, physical therapy, dental services (crowns and root canals), nutrition services, and eye care – are extremely important preventive measures and save New York State money by curtailing emergency room visits and the increased expenditures associated with delayed care. These services must continue to be available.
- If cuts to the Medicaid program are necessary, they should be targeted and should hold providers harmless.
- Preserving PLWHA access to medications is vital: removal of HIV medications from the Preferred Drug List could make it harder for PLWHAs to obtain the life-saving drugs that they need.

We recognize the challenges associated with the Medicaid Redesign Team's goal of achieving cost-savings while preserving care quality and coordination, and we want to underscore the importance of maintaining the spectrum of services for this vulnerable population. PLWHAs on Medicaid often have multiple medical conditions as well as histories of substance abuse and homelessness, and their ability to navigate the complex benefits system is

sometimes tenuous. Many PLWHAs belong to marginalized groups and are already subject to numerous health disparities. If their access to HIV care is interrupted, they may develop drug-resistant strains of the virus and additional co-morbidities.

We urge the Medicaid Redesign Team in the strongest possible terms to maintain access to the full spectrum of care for this fragile population. Failure to do so will cost the system far more in the long run.

For more information, please contact:

Matthew Lesieur, Community Co-Chair, at (212) 337-5601.