

Evaluation of the Early Treatment for HIV Act by Marsha Martin, Executive Director of AIDS Action

More than twenty years in to the HIV epidemic, many developments have changed the nature of how America treats those living with HIV/AIDS. These developments have changed a system that was originally begun to care for people dying from AIDS to one that supports people living with HIV. Few arguments can challenge the notion that America has advanced our capabilities of providing long-term care and treatment for people living with HIV. Notwithstanding, maintaining this capability is challenging at best. Many Americans living with HIV must rely on a patchwork system of programs and services that are expensive and require energy and time to access. Thus, this care remains elusive for many, especially those most disenfranchised: those of low-income. The ability to provide affordable long-term care and the solutions to these concerns must be brought to the forefront of U.S. domestic policy.

One of the most notable “American institutions” that provides health care for low-income individuals is Medicaid. Virtually synonymous with low-income, Medicaid has served as the backbone of health care for low-income Americans living with HIV for almost 40 years. Providing a basic set of services, including hospital, physician, nursing home, prescription drug and long-term care, Medicaid attempts to address shortfalls in health care access for many of America’s poor. Unfortunately, most low-income Americans living with HIV are not automatically eligible for Medicaid, and the program established to meet their healthcare needs remains out of reach.

Medicaid eligibility is contingent on two factors: being of low-income, and being a member of one of three defined groups: the elderly, disabled, and parents and children. Most low-income Americans living with HIV do not automatically belong to one of these groups, and thus are ineligible for Medicaid and the vital health care access it provides. Instead, these individuals must rely on other programs, including the Ryan White CARE Act, to access their health care or, even worse, they must go without health care.

Individuals living with HIV can eventually qualify for Medicaid but generally this only occurs after their health has reached the disability status, which most often follows an AIDS diagnosis. The requirement mandating that individuals become disabled by AIDS to receive Medicaid’s services leaves most low-income Americans with few treatment options. By the time they are eligible for Medicaid, low-income individuals living with HIV are too poor and too sick to see results from Medicaid benefits—the very benefits designed to keep them healthy.

The Early Treatment for HIV Act (ETHA) is one of the U.S. policy options which have been proposed to alleviate the difficulty of low-income Americans with HIV in accessing health care under Medicaid. Quite simply, ETHA will amend the Medicare Title of the Social Security Act to allow states the option of expanding Medicaid coverage to people who are living with HIV, but are not considered disabled. This

simple legislative action will enhance the ability to provide care to the thousands of Americans who currently rely on other programs including the Ryan White CARE Act.

Medicaid expansion under ETHA additionally offers a permanent and simple solution to providing health care access to the most disenfranchised Americans living with HIV. Providing a mechanism to extend health care coverage under Medicaid will free additional dollars in the Ryan White CARE Act programs, thus allowing even more Americans living with HIV to receive appropriate medical care and services.

ETHA is not however a panacea. America's health care system for people living with HIV relies on a number of federal and state, public and private systems of care. Expanding Medicaid is one solution among many to increase health care access to many Americans living with HIV/AIDS. AIDS Action supports the passage of ETHA only in concert with full funding of and access to other programs so that all Americans living with HIV/AIDS get the health care they need.