



October 31, 2012

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Secretary Sebelius:

The AIDS Healthcare Foundation is the largest provider of medical care to HIV/AIDS patients in the United States. We know firsthand the importance of making essential medical care accessible to more than 1.2 million Americans living with HIV/AIDS. It is not an overstatement to say that lives depend on access to quality care.

With this in mind, I am writing to request your leadership and support in ensuring that patients in this country who are dealing with serious and, in many cases, life-threatening illnesses continue to have access to the medications they need to protect their health, address their symptoms and prevent a worsening of their conditions.

My concern is focused on the soon-to-be-released Essential Health Benefit (EHB) regulations for medicines. As you well know, these regulations will affect the millions of citizens who receive health coverage, beginning in 2014, in the state-based and federal health insurance exchanges. A bulletin issued last December by the CMS Center for Consumer Information and Insurance Oversight indicated that the EHB rules may permit insurers to cover only one drug per therapeutic class. If this occurs, it would be a significant departure from existing federal policy and a devastating turn of events for individuals with the most threatening health conditions.

For many HIV/AIDS patients, a “one drug” EHB rule would literally cause significant pain and put their health and well-being at great risk. For these men and women, there is no such thing as a one-drug-fits-all approach to pharmaceutical care. A medication that helps prevent complications and ease symptoms for one person may have little to no beneficial effect for another. Some drugs cause harmful side effects in some patients and their physicians must substitute another medication option.

Additionally, it is quite common for many HIV/AIDS patients to require medication “cocktails” comprised of two or more prescription drugs. Allowing insurers to cover just one drug per therapeutic class would make this treatment financially impossible for most individuals and would tie the hands of physicians in prescribing the most effective therapies for their patients.

Current federal policy is defined by the approach utilized successfully in the Medicare Part D program. In Medicare Part D, access to “all or substantially all” medications in six therapeutic classes is protected. This policy has worked well and has protected the lives and health of millions of Americans with HIV/AIDS, cancer, heart disease, mental illness and other diseases.

We are well aware that there are critics of the Part D approach that allege the “all or substantially all” policy is a significant health care cost driver. Specifically, the Pharmaceutical Care Management Association (PCMA) has stated publicly that maintaining the six protected classes diminished price competition among drug manufacturers and increases prescription drug costs by over \$4 billion.

The PCMA arguments are not remotely true and are the kind of assertions one would expect from an organization seeking to enhance the financial bottom line of its member companies. In fact, the Center for Medicare and Medicaid Services has stated unequivocally that there will be no cost impact at all if broader drug access for patients is limited to these six protected therapeutic classes. And, the Congressional Budget Office has said that expenditures in the Medicare Part D program are more than 40 percent lower than the CBO’s initial 10-year projections for the program. This underscores that the “all or substantially all” policy is not exacerbating taxpayer costs.

Actually, one can make a compelling case that the opposite is true. By making essential medications available for patients and helping individuals maintain their good health and productive lifestyles, we are able to avoid the high costs associated with hospitalizations, rehospitalizations, emergency room services, acute care and skilled nursing care.

In short, we ask that you include the Part D approach of “all or substantially all” policy in the EHB rule for the patients whose lives depend upon access to quality healthcare and lifesaving medications. Thank you for your consideration.

Sincerely,



Michael Weinstein
President

cc: Senate Majority Leader Harry Reid
Speaker of the House John Boehner