October 15, 2013

The Honorable Emmitt Hangar, Chair
Medicaid Innovation and Reform Commission

Mr. Chairman:

I am Sue Rowland. Today I represent the Virginia Organizations Responding to AIDS, and I am humbly attempting to represent well over 2,000 Virginians living with HIV who would directly benefit from the expansion of Medicaid.

HIV is well recognized today to be a chronic disease, yet it is also communicable disease that can be prevented by simply minimizing the opportunity for the virus to move from one person to another.

What does the question of Medicaid expansion have to do with that? Because the treatment of HIV is also the prevention of HIV. The expansion of Medicaid in Virginia will afford hundreds of people living with HIV assured access to the doctors and medications that both treat and prevent the spread of this disease.

I will not repeat the facts and figures you will hear from others on how Virginia will benefit from taking advantage of the 100% federal funding provided by expansion. Rather please focus your attention on how treatment of HIV prevents transmission of that disease.

The CDC says that,

> "For many years, scientists believed that treating HIV-infected persons also significantly reduced their risk of transmitting the infection to sexual and drug-using partners who did not have the virus. The circumstantial evidence was substantial, but no one had conducted a randomized clinical trial— the gold standard for proving an intervention works. That changed in 2011 with the publication of findings from the HIV Prevention Trials Network (HPTN) 052 study, a

> randomized clinical trial designed in part to evaluate whether the early initiation of ART [antiretroviral treatment] can prevent the sexual transmission of HIV among heterosexual couples in which one partner is HIV-infected and the other is not. This landmark study validated that early HIV treatment has a profound prevention benefit: results showed that the risk of transmitting HIV to an uninfected partner was reduced by 96%.[4]

This research has led to the introduction of "Test and Treat" strategies in the U.S.

> "The ability of antiretroviral drugs to prevent secondary transmission of HIV from an infected person to an uninfected sexual or drug-using partner has led to several proposed "test-and-treat" strategies. Test-and-treat programs are based on the premise that the rate of new HIV infections will be maximally reduced by using aggressive methods to test and diagnose all people living with HIV infection, treat them with ART regardless of CD4 cell count or viral load at diagnosis, and link them to care."

Virginians who today are HIV positive and whose income falls between Virginia's current Medicaid eligibility limits and affordable insurance must rely on other federal and state-funded programs to provide access. Not that long ago in Virginia, a waiting list for the AIDS Drug Assistance Program led newly eligible people to rely on charity programs to provide payment for medicines.

As you consider the expansion of Medicaid eligibility within the context of reforms to improve the health outcomes of persons enrolled, please remember that some of the newly eligible people will also be people living with HIV. That insurance coverage is not only necessary for that person to find the doctors and medicines he or she needs to preserve their own health, but those medicines will help that person significantly reduce the risk that they might transfer the virus to someone else.

Most sincerely,

Sue Rowland
Executive Director