

June 27, 2017

RE: Fifty-Two Organizations Oppose the BCRA on Behalf of Older Adults Living with HIV

Dear Senator:

The undersigned organizations have grave concerns about the impact of the potential repeal of the Affordable Care Act (ACA) on older adults living with HIV, through its replacement, the Senate's Better Care Reconciliation Act of 2017 (BCRA) and the House of Representatives' American Health Care Act (AHCA). The CDC estimates that one in two people who are HIV positive in the United States are now over 50.<sup>i</sup> Older adults living with HIV are more likely than other older Americans to face health disparities and more likely to be poor. That's especially true for transgender elders and elders of color. The BCRA and AHCA would devastate their well-being. The BCRA and AHCA would curtail health care access to those in their 50s and 60s, weaken Medicare, and put Medicaid (which many Americans need for long term care) at risk. The end result would be millions of older Americans, including particularly vulnerable older adults living with HIV, with no health care at all.

#### **Health Disparities for Older Adults Living with HIV Will Increase**

Lesbian, gay, bisexual, and transgender (LGBT) older people already face pronounced health disparities in physical and mental health, including depression, high blood pressure, heart disease, cholesterol, diabetes, obesity, HIV/AIDS and more.<sup>ii</sup> Black and Latino people, LGBT people, and people living with HIV (PLWH) are disproportionately affected by health disparities and experience increased access barriers to health care. LGBT people and PLWH also experience widespread discrimination in health care, which can act as a barrier to seeking routine and emergency medical care.<sup>iii</sup> Those at the intersection of these communities, such as older adults living with HIV, face a host of health challenges. For example, compared to heterosexual individuals, LGB individuals report higher rates and earlier onset of disability,<sup>iv</sup> lesbian and bisexual women are less likely to receive preventive cancer screenings,<sup>v</sup> and gay and bisexual men represent two-thirds of new HIV infections in the United States, with Black and Latino men who have sex with men (MSM) experiencing the highest HIV burden among all sub-populations.<sup>vi</sup> Transgender and gender non-conforming people, especially transgender women of color, are disproportionately burdened by high rates of HIV and other STIs,<sup>vii</sup> high rates of victimization, and mental health issues including suicidality.<sup>viii</sup> LGBT people are also disproportionately affected by risk factors that contribute to poorer health outcomes, such as poverty,<sup>ix</sup> homelessness,<sup>x</sup> and substance abuse.<sup>xi</sup> All of these access issues are exacerbated for LGBT and PLWH of color, as members of racial and ethnic minority groups experience a myriad of health disparities at the patient, provider, and system level.<sup>xii</sup>

The BCRA and AHCA could make health insurance coverage unaffordable for many older PLWH, leaving many uninsured altogether and others facing unmanageably high premiums and out-of-

pocket costs. New barriers in access to health insurance coverage will only serve to exacerbate these health disparities.

### **Health Care Access for Older Adults Living with HIV Will Decline**

Older PLWH have much higher poverty rates and lower average household income than their non-positive counterparts. Yet, the BCRA and AHCA hurt those who can least afford it: low and moderate income people in their 50's and 60's – including hundreds of thousands of older PLWH. Both the BCRA and AHCA specifically lift restrictions on charging older people no more than three times what younger people pay, a change that would have a devastating impact on these individuals.

According to the Kaiser Family Foundation, a 60 year-old struggling to get by on \$20,000 a year receives \$18,470 under the ACA to help pay for health insurance, plus subsidies for co-pays and deductibles. Under the AHCA, she would receive only \$4,000 for health insurance and no support for co-pays and deductibles. Reports show that while the BCRA would marginally decrease the income eligibility floor for subsidies, the subsidies BCRA offers would still be lower than under the ACA.<sup>xiii</sup> As a result, under the proposed legislation, the cost of her health insurance could go up by as much as 25%. Likewise according to Vox, “for a 60-year-old at 300 percent of the poverty line, the maximum premium would go from \$3,442 a year to \$5,773, per Vox’s Sarah Kliff. And the plan would be less comprehensive, only being required to cover 58 percent of health costs, not 70 percent as under current law.”<sup>xiv</sup> This puts older people – and older PLWH – in an unacceptable situation where they would be forced to choose between health care and other necessities.

The BCRA and AHCA also put insurance coverage at risk for those living with HIV. In 2013, before key provisions to expand access to health insurance were implemented, just 17% of the estimated 1.2 million Americans living with HIV had private health insurance.<sup>xv</sup> The U.S. Centers for Disease Control and Prevention and the Kaiser Family Foundation estimate that the percentage of people living with HIV who lacked any kind of health insurance coverage was 22% in 2012. This proportion dropped to 15% in 2014 following implementation of key elements of health care reform. The percentage of PLWH on Medicaid increased from 36% in 2012 to 42% in 2014.<sup>xvi</sup> The ACA, and Medicaid expansion in particular, have been very important to covering the health care costs and needs of PLWH.

Furthermore, both the BCRA and AHCA would endanger Medicaid, which would also negatively impact access to health care for older adults with HIV. In fact, 35% of SAGE clients in New York City have annual pre-tax incomes below \$10,000 and rely on Medicaid to provide their medical care. An additional 35% subsist on annual pre-tax incomes of \$20,000 or less and qualify for coverage under Medicaid expansion or could utilize tax credits to purchase insurance on the Marketplace.

The ACA expanded coverage for LGBT people and PLWH by expanding eligibility criteria for Medicaid. States currently have the option to expand Medicaid eligibility so that individuals

earning up to 138% of the federal poverty level (FPL) qualify for Medicaid health insurance based on income alone.<sup>xvii</sup> The Center for American Progress found that in states expanding Medicaid, 386,500 uninsured low-income LGBT people would be able to qualify for coverage.<sup>xviii</sup>

Prior to 2014, and in states where Medicaid eligibility still has not been expanded, an individual must either be extremely poor with dependent children or be disabled to qualify for Medicaid. For PLWH, being disabled meant having an AIDS diagnosis. This severely limited access to Medicaid for poor LGBT people and PLWH who are not pregnant and do not have dependent children or a disability. This disproportionately affects Black Americans living with HIV, who are overrepresented in states where Medicaid eligibility was not expanded. This includes nearly all of the Southern states where the incidence of HIV continues to increase. In order to reduce the health disparities experienced by these populations, the expansion of Medicaid must be maintained, as well as adopted by the 19 states that have refused Medicaid expansion. It will be essential to maintain these provisions, which have successfully increased health insurance access for these vulnerable populations.

Since the ACA was passed in 2010, 20 million Americans have obtained health insurance coverage who were previously unable to obtain it due to preexisting conditions or because they could not afford it.<sup>xix</sup> This increase in coverage has significantly benefited groups that experienced lower rates of health insurance coverage, such as PLWH, Black and Latino people, and lesbian, gay and bisexual (LGB) people.<sup>xx</sup>

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Likewise, prior to implementation of the ACA, studies showed that 22% of Black adults and 33% of Latino adults were uninsured, compared with just 14% of White non-Hispanic adults.<sup>xxiii</sup> The Kaiser Family Foundation estimates that uninsurance rates declined among Latino nonelderly individuals from 30% in 2013 to 21% in 2015. Among Black individuals the uninsurance rate declined from 19% in 2013 to 11% in 2015. Among Asian American individuals the uninsurance rate was cut in half, from 14% to 7%, and among White non-Hispanic individuals the uninsurance rate declined from 12% in 2013 to 7% in 2015.<sup>xxiv</sup> Of the 20 million newly insured for whom we have racial ethnic data, 7.4 million were non-Hispanic White, 2.6 million were non-Hispanic Black, and 4.0 million were Hispanic.<sup>xxv</sup> On a per capita basis, Black and Latino people have disproportionately benefited from the increases in insurance coverage under the ACA.

Between late 2013 and early 2015, the percentage of LGB adults without health insurance decreased from 21.7% to 11.1%, which is a larger decrease than in the non-LGB adult population.<sup>xxvi</sup>

Because Black and Latino people, and gay and bisexual men, are disproportionately vulnerable to HIV infection, access to routine, preventive health care—including HIV and STI screening and pre-exposure prophylaxis for HIV prevention—is essential to reducing new infections and improving health outcomes for PLWH.

The ACA has implemented numerous, critical steps to reduce the health disparities experienced by these populations, and its impact on health outcomes and health care costs remains a work in progress. We know that the loss of health insurance that would take place under both the BCRA and ACHA would reverse these gains by severely limiting access to health insurance for an estimated 22 to 24 million Americans. For all of these reasons, we the fifty-two undersigned organizations oppose both the BCRA and AHCA.

## **Conclusion**

Because of higher rates of health disparities, un-insurance, poverty, and a greater reliance on programs like Medicaid and Medicare, the lives and well-being of older adults living with HIV hang in the balance should the BCRA and AHCA be enacted. We strongly urge you to reject the BCRA, which would have a devastating impact on the ability of people living with HIV to access health insurance and health care. Today we oppose the BCRA on behalf of older adults living with HIV. Should you have any questions, feel free to contact Aaron Tax at SAGE, at [atax@sageusa.org](mailto:atax@sageusa.org).

Sincerely,

A Better Balance  
ACRIA  
ADAP Advocacy Association (aaa+)  
African American Health Alliance  
AIDS Action Baltimore  
AIDS Action Committee of Massachusetts  
AIDS Alabama  
AIDS Foundation of Chicago  
AIDS Research Consortium of Atlanta  
AIDS United  
American Psychological Association  
American Sexual Health Association  
Amida Care

APLA Health  
Association of Nurses in AIDS Care  
Center for Elder Care & Advanced Illness  
Clare Housing  
Community Access National Network (CANN)  
Equality California  
Family Equality Council  
FORGE, Inc.  
GLMA: Health Professionals Advancing LGBT  
Equality  
Global Justice Institute  
HealthHIV  
Howard Brown Health  
Human Rights Campaign  
Latino Commission on AIDS  
Los Angeles LGBT Center  
Louisiana Latino Health Coalition  
Mazzoni Center  
Movement Advancement Project  
NASTAD  
National Association of Social Workers (NASW)  
National Black Justice Coalition  
National Center for Lesbian Rights  
National Center for Transgender Equality  
National Coalition for LGBT Health  
National LGBTQ Task Force Action Fund  
NMAC  
Out2Enroll  
Pride Action Tank  
Project Inform  
Racial and Ethnic Health Disparities Coalition  
SAGE (Advocacy and Services for LGBT Elders)  
San Francisco AIDS Foundation  
Southern AIDS Coalition  
The Fenway Institute  
Transcend Legal  
Treatment Action Group  
VillageCare  
Whitman-Walker Health  
Witness to Mass Incarceration

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<sup>i</sup> See <http://ageisnotacondom.org/EN/facts/>.

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- <sup>ii</sup> Fredriksen-Goldsen, K. I., Kim, H.-J., Emler, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C.P., Goldsen, J., Petry, H., Seattle: Institute for Multigenerational Health, *The Aging and Health Report: Disparities and Resilience Among Lesbian, Gay, Bisexual, and Transgender Older Adults* (2011), available at <http://www.age-pride.org/wordpress/wp-content/uploads/2011/05/Full-Report-FINAL-11-16-11.pdf>.
- <sup>iii</sup> Lambda Legal. *When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination against LGBT People and People with HIV*. New York: Lambda Legal. 2010.
- <sup>iv</sup> Fredriksen-Goldsen K, Kim H, Barkan S. "Disability Among Lesbian, Gay, and Bisexual Adults: Disparities in Prevalence and Risk." *American Journal of Public Health*. January 2012. 102 (1): e16 – e21.
- <sup>v</sup> Kerker BD, Mostashari F, Thorpe L. Health care access and utilization among women who have sex with women: Sexual behavior and identity. *J Urban Health*. 2006. 83(5):970-979.
- <sup>vi</sup> Centers for Disease Control and Prevention. "Half of black gay men and a quarter of Latino gay men projected to be diagnosed within their lifetime." Press release. February 23, 2016.
- <sup>vii</sup> Herbst JH, Jacobs ED, Finlayson TJ, et al. "Estimating HIV prevalence and risk behaviors of transgender persons in the United States: A systematic review." *AIDS Behav*. 2008. (12):1-17.
- <sup>viii</sup> Kenagy GP. "Transgender health: Findings from two needs assessment studies in Philadelphia." *Health Soc Work*. 2005. 30(1):19-26.
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- <sup>xii</sup> Wheeler SM, Bryant AS. March 2017. "Racial and Ethnic Disparities in Health and Health Care." *Obstet. Gynecol. Clin. North Am*. 2017 Mar; 44(1): 1-11.
- <sup>xiii</sup> [https://www.nytimes.com/2017/06/22/us/politics/senate-health-care-bill.html?hp&action=click&pgtype=Homepage&clickSource=story-heading&module=first-column-region&region=top-news&WT.nav=top-news&\\_r=0](https://www.nytimes.com/2017/06/22/us/politics/senate-health-care-bill.html?hp&action=click&pgtype=Homepage&clickSource=story-heading&module=first-column-region&region=top-news&WT.nav=top-news&_r=0)
- <sup>xiv</sup> <https://www.vox.com/2017/6/22/15855262/senate-health-bill-victims-hurts-medicare-poor>
- <sup>xv</sup> AIDS.gov. "The Affordable Care Act and HIV/AIDS." Available at: <http://www.aids.gov/federal-resources/policies/health-care-reform>. Accessed January 31, 2013.
- <sup>xvi</sup> CDC/KFF analysis of MMP, 2012 and 2014. Cited in Belluz J (2017, February 15). Why Obamacare repeal would be devastating to people with HIV. Vox. <http://www.vox.com/2017/2/8/14532310/obamacare-aca-repeal-hiv-aids> Accessed March 7, 2017.
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- <sup>xviii</sup> Baker K, Cray A, Gates G. "Infographic: How New Coverage Options Affect LGBT Communities." Center for American Progress. September 12, 2013. Available online at: <https://www.americanprogress.org/issues/lgbt/news/2013/09/12/74029/infographic-how-new-coverage-options-affect-lgbt-communities/>.
- <sup>xix</sup> United States Department of Health and Human Services. "20 million people have gained health insurance coverage because of the Affordable Care Act, new estimates show." March 3, 2016. Available online at: <https://www.hhs.gov/about/news/2016/03/03/20-million-people-have-gained-health-insurance-coverage-because-affordable-care-act-new-estimates>
- <sup>xx</sup> While the reports cited identify issues facing LGB adults, researchers estimate that the impact of the ACA on individuals who are transgender or gender non-conforming and living with HIV has also been dramatic.
- <sup>xxi</sup> AIDS.gov. "The Affordable Care Act and HIV/AIDS." Available at: <http://www.aids.gov/federal-resources/policies/health-care-reform>. Accessed January 31, 2013.

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<sup>xxii</sup> CDC/KFF analysis of MMP, 2012 and 2014. Cited in Belluz J (2017, February 15). Why Obamacare repeal would be devastating to people with HIV. Vox. <http://www.vox.com/2017/2/8/14532310/obamacare-aca-repeal-hiv-aids> Accessed March 7, 2017.

<sup>xxiii</sup> Hayes S, Rile P, Radley D, McCarthy D. *Closing the Gap: Past Performance of Health Insurance in Reducing Racial and Ethnic Disparities in Access to Care Could be an Indication of Future Results*. The Commonwealth Fund. March 2015. Available online at: [http://www.commonwealthfund.org/~media/files/publications/issue-brief/2015/mar/1805\\_hayes\\_closing\\_the\\_gap\\_reducing\\_access\\_disparities\\_ib\\_v2.pdf](http://www.commonwealthfund.org/~media/files/publications/issue-brief/2015/mar/1805_hayes_closing_the_gap_reducing_access_disparities_ib_v2.pdf)

<sup>xxiv</sup> Artiga S (2016, August 12). *Disparities in Health and Health Care: Five Key Questions and Answers*. Washington, DC: Kaiser Family Foundation. <http://kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/> Accessed March 7, 2017.

<sup>xxv</sup> U.S. Department of Health and Human Services. September 2015. "Health Insurance Coverage and the Affordable Care Act." Available online at: <https://aspe.hhs.gov/basic-report/health-insurance-coverage-and-affordable-care-act-september-2015>

<sup>xxvi</sup> Karpman M, Skopec L, Long S. "QuickTake: Uninsurance Rate Nearly Halved for Lesbian, Gay, and Bisexual Adults since Mid-2013." Health Reform Monitoring Survey. April 2015. Available online at: <http://hrms.urban.org/quicktakes/Uninsurance-Rate-Nearly-Halved-for-Lesbian-Gay-and-Bisexual-Adults-since-Mid-2013.html>