

# Medicaid Matters for People with HIV

**Medicaid, the public health insurance program that provides health care access to nearly 47 million Americans,** helps millions of low-income pregnant women, children, seniors, and adults with disabilities access essential medical care. Federal and state governments fund Medicaid, but each state runs its own program within minimum federal standards.

**Medicaid is the largest payer of HIV/AIDS clinical prevention, treatment, and care in the U.S.** The program covers approximately 40% of people with AIDS in care and provides a lifeline by ensuring access to essential medications, regular doctor visits, hospitalization and other services.

**Health care access helps individuals and communities stay healthy.** With early and reliable access to HIV care and treatment, people with HIV can live long and healthy lives. Research shows that effective HIV treatment reduces the likelihood of transmission by as much as 96%, helping to lower a community's viral load.

**Expanded Medicaid eligibility in 2014 will result in greater access to care for people living with HIV.** The *Affordable Care Act* eliminates the disability requirement for Medicaid eligibility in 2014, enabling nearly all individuals with income up to 133% of

the federal poverty level (approximately \$14,404 for an individual) to qualify for Medicaid. No longer will people with HIV have to become disabled with AIDS to access the care and treatment they need to stay healthy.

**Congressional proposals to restructure or scale back Medicaid put low-income individuals at risk.** Legislation such as the *Medicaid Maintenance of Effort Repeal Bill* and the *State Flexibility Act of 2011* would end the Medicaid eligibility and application protections under the Affordable Care Act. If these bills pass, states are likely to cut people off Medicaid and make it harder to apply or reapply.

**Congress must prioritize the lives of low-income Americans AND help states save scarce by upholding the federal commitment to Medicaid.**

**Proposals to “block grant” Medicaid will force many states to cut eligibility and services.** Federal funding for state Medicaid programs has always been tied to the number of state residents who are enrolled, how wealthy a state’s population is, and other factors. Under a block grant model, the federal government would only give states a set amount of money that would not be adjusted as need increases. That would mean greater costs for the states during recessions and high unemployment—when the number of people who need Medicaid increases. States that are unable to meet the increased costs and needs of the program will cut eligibility and essential services. Without the access to life-saving care and treatment that Medicaid provides, emergency room visits and avoidable hospitalizations will increase, further straining state budgets.

**Restricting health care access will not solve the nation’s fiscal crisis.** Congressional debates around the national deficit and the debt ceiling are resulting in legislative proposals to restrict health care access for millions of Americans, including people living with and at risk of HIV/AIDS. Proposals to cut Medicaid, undermine implementation of the *Affordable Care Act*, and weaken the nation’s health and social safety net and will not solve the nation’s fiscal crisis. Instead, such measures will result in increased health disparities, poor

health outcomes for low-income individuals, and higher health care costs.

**The HIV/AIDS community urges Congress to support and defend the Medicaid program.** Congress must ensure that deficit reduction measures do not harm the health of millions of low-income individuals, families, children, and people with disabilities, including HIV/AIDS, who rely on Medicaid. Congress must:

- **Support a balanced approach to federal deficit reduction** that protects vulnerable populations by not disproportionately cutting funding for health or social safety net programs or making any changes to Medicaid or Medicare that will harm beneficiaries or limit access to providers.
- **Protect the Maintenance of Effort requirement** so that states cannot make it harder to apply or recertify for Medicaid, drop people from Medicaid, or cut long-term care.
- **Oppose all proposals to make Medicaid a block grant** that would weaken states’ ability to meet the needs of their most vulnerable residents.

This factsheet was developed by the HIV Health Care Access Working Group. Please contact Dorothee Alsentzer, Treatment Access Expansion Project ([dalsentzer@law.harvard.edu](mailto:dalsentzer@law.harvard.edu)) and Jessica Terlikowski, AIDS United ([jterlikowski@aidsunited.org](mailto:jterlikowski@aidsunited.org)) with questions.