



May 22, 2023

The Honorable Charles Schumer
U.S. Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Kevin McCarthy
U.S. House of Representatives
2468 Rayburn House Office Building
Washington, DC 20515

The Honorable Mitch McConnell
U.S. Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Hakeem Jeffries
U.S. House of Representatives
2433 Rayburn House Office Building
Washington, DC 20515

Dear Congressional Leaders:

We are writing on behalf of the HIV Health Care Access Working Group (HHCAGW), a coalition of national and community-based organizations representing health centers, medical providers, public health professionals, advocates, and people living with HIV.

We write to urge Congress to reject proposals to add a work requirement as a condition of eligibility for adults in Medicaid. Medicaid is the most important source of health coverage and life-saving care for people living with HIV, providing coverage for more than 40% of people living with HIV and contributing 45% of all federal funding for HIV.¹ Medicaid is also a critical source of coverage for people at risk for HIV, providing access to HIV prevention and testing.

Taking Medicaid coverage away from people who do not meet new work-reporting requirements would undermine our national strategy to end the HIV epidemic. With access to regular antiretroviral treatment and care, HIV is not only a manageable health condition, but also impossible to transmit to others.² Moreover, Medicaid coverage is proven to increase access to HIV prevention, thereby reducing transmissions and furthering public health goals.³ Since Medicaid is a crucial source of access to HIV prevention, care and treatment, maintaining and expanding access to Medicaid must be at the center of the federal government's ambitious plan to end the HIV epidemic by 2030.⁴

¹ Lindsay Dawson, Jennifer Kates, et al., [Medicaid and People with HIV](#), March 27, 2023.

² Cohen, MS., et al. [Antiretroviral Therapy for the Prevention of HIV-1 Transmission](#). N Engl J Med 2016; 375:830-839. September 1, 2016.

³ A. Hollingsworth, S. Raman, D. Sacks, and K.Wen, "Panel Paper: Does Providing Insurance Coverage Reduce the Spread of Infectious Disease? The Impact of Medicaid Expansions on HIV Diagnoses," Association for public Policy Analysis and Management 41st Annual Fall Research Conference, November 9, 2019, available at <https://appam.confex.com/appam/2019/webprogram/Paper31657.html>.

⁴ About Ending the HIV Epidemic, Centers for Disease Control and Prevention, available at <https://www.cdc.gov/endinghiv/about.html>.

Instituting mandatory work requirements for any Medicaid population—even healthy adults in the Medicaid expansion group—would jeopardize these public health efforts. Although many Medicaid beneficiaries living with HIV are already working or would likely qualify for an exemption, these individuals would still be vulnerable to interruptions in their coverage due to difficulty meeting administrative burdens associated with work requirements.⁵ For people living with HIV, even temporary losses of coverage can be life-threatening, as HIV requires continuous access to treatment to achieve viral suppression and live a healthy life. And for the smaller population of Medicaid beneficiaries with HIV who may be able to work but are not yet working—possibly due to stigma and discrimination or the need to spend more time seeking medical care—continuous access to Medicaid coverage supports them to work by enabling them to remain healthy.

People living with HIV are already at risk of losing Medicaid as states grapple with the mammoth task of recertifying eligibility for millions of current enrollees in the wake of the pandemic. Adding new layers of administrative complexity at the same time would compound that risk, resulting in confusion and increasing the number of people who lose coverage not because they are ineligible for Medicaid, but because they got lost in red tape.

We urge Congress to reject any proposal establishing a work requirement for Medicaid. If you have any questions, please feel free to reach out to HHCAWG Co-Chairs Rachel Klein, The AIDS Institute at rklein@tmail.org or Elizabeth Kaplan, Center for Health Law and Policy Innovation at ekaplan@law.harvard.edu.

Sincerely,

AHF
AIDS Alabama
AIDS Alliance for Women, Infants, Children,
Youth & Families
AIDS Foundation Chicago
AIDS United
Aliveness Project
American Academy of HIV Medicine
Alliance Community Healthcare, Inc.
APLA Health
Center for Health Law and Policy Innovation
Center for Housing and Health
Community Access National Network -
CANN
Community Research Initiative, Inc. (CRI)
Equality California

Georgia Equality
HealthHIV
HIV+Hepatitis Policy Institute
HIV Dental Alliance
HIV Medicine Association
iHealth
International Association of Providers of
AIDS Care
NASTAD
National Coalition of STD Directors
Positive Women's Network-USA
Pride Action Tank
San Francisco AIDS Foundation
The AIDS Institute
U=U plus
Vivent Health

⁵ Lindsay Dawson and Jennifer Kates, [Medicaid Work Requirements and People with HIV](#), February 3, 2020.