House Dems: Proposed Medicaid Cuts Inconsistent With HIV Proposal

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House Democrats repeatedly asked how the Trump administration would meet its goals of eradicating new HIV transmissions by 2030 if the proposed budget would cut $1.3 trillion from the Medicaid program. Despite HHS Deputy Secretary Eric Hargan’s defense of the cuts at a House Budget Committee hearing on Tuesday (March 26), a patient advocate group says block grants would cause HIV patients to lose access to coverage.

In his opening statement, Hargan touted a $291 million proposal in the president’s fiscal 2020 budget as “new money to use effective treatment and prevention tools we have today to end the HIV epidemic in America by 2030.” The budget proposal followed a pledge made by President Donald Trump during his State of the Union Address in February to eliminate the HIV epidemic in the U.S. within 10 years, which was applauded by patient advocates.

Reps. Steven Horsford (D-NV), Pramila Jayapal (D-WA), and Sheila Jackson Lee (D-TX) all questioned how the president’s goal can be achieved when there are proposed cuts to Medicaid. The Trump administration’s proposed fiscal 2020 budget also calls for cutting $1.5 trillion from Medicaid by repealing Medicaid expansion, shifting Medicaid into a state per-capita cap or block grant program, and tightening eligibility restrictions.

“Medicaid is the single largest source of coverage for all Americans with HIV and this plan looks to cut the program,” Horsford said, adding, “without Medicaid coverage 89,000 people living in Nevada will likely go without any care.” He said Medicaid block grants would limit his state’s ability to respond to HIV and asked Hargan how the budget plans on addressing that.

Hargan said the budget gives funding to community health centers as well as the Ryan White HIV/AIDS program, and expands access to PrEP, a drug that lowers the risk of HIV transmissions. The Health Resources and Services Administration’s Ryan White HIV/AIDS program provides grants for HIV primary care to treat low-income people with the disease.

The budget requests $5.6 billion for community health centers in fiscal 2020 and 2021. It also requests $2.4 billion for the Ryan White HIV/AIDS program, which is $70 million more than in fiscal 2019, as well as $50 million for expanded PrEP services, outreach and care coordination.

Hargan repeatedly touted the proposed $291 billion to combat HIV transmission when asked similar questions by Jackson Lee and Jayapal. He also said the proposed block grants would “allow there to be more flexibility for states in Medicaid and allow [states] to focus on more vulnerable populations.”

Both Jackson Lee and Jayapal said uniform Medicaid work requirements, which the budget proposes to make mandatory nationwide, would also strip people of their coverage.

At a House Appropriations health subcommittee hearing on the HHS budget on March 13, Chair Rosa DeLauro (D-CT) said she was encouraged by the administration’s HIV initiative but expressed concern that cutting Medicaid would be counterproductive.

At the same hearing, Rep. Barbara Lee (D-CA) questioned HHS Secretary Alex Azar on how HHS would lower HIV transmissions alongside the proposed Medicaid cuts.

HHS Secretary Alex Azar also defended the block grant program and touted the Ryan White HIV/AIDS program and community health centers. Azar continuously defended the proposed block grants in House and Senate committee hearings on the budget.

Jeremiah Johnson, HIV project director with the Treatment Action Group (TAG), told Inside Health Policy the Trump administration’s plan to reduce HIV transmissions focuses around timely access to testing and treatment, which he says centers around a patient’s ability to pay for care. That ability, he said, would be jeopardized by Medicaid cuts. He also said funding Medicaid through block grants would force states to cut coverage, making it more difficult for people to access services. He added imposing mandatory work requirements would likely cause those with HIV to lose coverage as “people living with HIV in particular tend to be more marginalized and tend to be more vulnerable to these attempts to kick poor, marginalized people off of Medicaid programs.”

Johnson said he hopes when lawmakers finalize the fiscal 2020 budget, they will provide more clarity on how community health centers and expanded access to PrEP could play a role in HHS’ plans. “We’re hoping that however that’s rolled out it’s done in coordination with centers that receive Ryan White funding. It requires a certain level of cultural competence and understanding of communities,” he said.

Andrea Weddle, executive director of the HIV Medicine Association (HIVMA), said her organization has concerns about potential Medicaid block grants, telling IHP it’s important the federal government keeps its role and “sets a bar for a minimum standard for the Medicaid program.” Weddle said the Medicaid program is critical for patients with HIV, particularly in Medicaid expansion states where more people with HIV are eligible for coverage.

She added HIVMA is encouraged by proposals to increase funding for the Ryan White program. -- Chelsea Cirrizzo(ccirrizzo@iwnews.com)