



June 12, 2018

U.S. House of Representatives  
Washington, DC

Re: HIV Community Support for the Medicaid Program and for Increasing Funding to Eliminate Infectious Diseases Associated with the Opioid Epidemic

Dear Representative:

On behalf of the HIV Health Care Access Working Group and the undersigned organizations, we appreciate Congress' attention to responding to the opioid epidemic, including addressing the growing infectious diseases consequences of the significant increase in injection drug use. Key components of the urgently needed comprehensive response to this public health emergency include strengthening public health infrastructure including substance use disorder and infectious diseases prevention, and sustaining a robust federally supported Medicaid Program.

The Kaiser Family Foundation estimates that in 2016 nearly 40% of people with opioid use disorder relied on Medicaid coverage for access to healthcare and that individuals with opioid use disorder who are on Medicaid are more likely to receive treatment than those with private insurance or who are uninsured.<sup>1</sup> We strongly support new investments in public health and leveraging the Medicaid program to respond to the opioid crisis; however, enhancements and improvements to public health and to the Medicaid Program cannot come at the expense of other parts of Medicaid or Medicare or other safety-net programs.

The opioid crisis has exposed the extraordinary costs of poor healthcare access due to a lack of healthcare coverage, limited healthcare provider capacity and weakened public health infrastructure. Efforts to end the opioid crisis will not be successful if other parts of the healthcare system and safety-net programs are compromised leaving low income individuals, children and older Americans vulnerable to illness and disability.

While a number of bills under consideration would strengthen the opioid response, we highlight below bills that would help to reduce the serious and costly infectious diseases impacts of the opioid epidemic. We strongly urge you to support their passage.

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<sup>1</sup> Kaiser Family Foundation. Medicaid's Role in Addressing the Opioid Epidemic. Feb 2018. Online at <https://www.kff.org/infographic/medicaids-role-in-addressing-opioid-epidemic/>.

## **Strengthen Public Health: H.R. 5353, Eliminating Opioid Related Infectious Diseases Act of 2018**

In addition to significantly expanding access to the continuum of substance use prevention and treatment services including community-based services and supports, an effective response to the opioid epidemic must strengthen public health infrastructure and capacity to track, prevent and treat infectious diseases. By authorizing \$40 million in new funding for the Centers for Disease Control and Prevention (CDC) to enhance surveillance, prevention, testing and training for infectious diseases related to the opioid epidemic, HR 5353 would help to address the alarming increases in infectious diseases among people who inject drugs, including HIV, hepatitis C (HCV), hepatitis B (HBV), infective endocarditis and other serious infections.

According to the CDC, the number of new cases of HCV increased 350% between 2010 and 2016, mainly due to the increase in injection drug use. The sharpest increases in new HCV cases were among 18- to 29-year olds with a staggering 400% rise over a ten-year period.<sup>2</sup> The opioid crisis also reversed a steady decline in the number of new HBV cases, causing a 20% increase in 2015. While we made progress in reducing the number of new HIV infections acquired through injection drug use, this trend too is reversing with increases in HIV cases attributed to injection drug use as evidenced by reports from northern Kentucky and Ohio<sup>3 4</sup> and an investigation of an HIV outbreak in Massachusetts.<sup>5</sup>

**We strongly urge you to support passage of H.R. 5353 and support a minimum of \$40 million and up to \$100 million in new annual funding for its implementation to sufficiently support expanded infectious diseases surveillance, prevention, testing and provider training.**

## **Improve Healthcare Access: Medicaid and CHIP Provisions**

### **H.R. 4005, Medicaid Reentry Act; H.R. 1925, At-Risk Youth Medicaid Protection Act of 2017**

It is vital to improve access to Medicaid coverage during the transition out of a public institution and into the community when justice-involved individuals are at greatest risk for relapse and overdose. With less fragmented care, justice-involved individuals with communicable diseases including HIV, viral hepatitis and sexually transmitted diseases (STDs), can be identified and treated. H.R. 4005 as amended would convene a stakeholder group to identify best practices for facilitating transitions from public institutions to the community and educate states on

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<sup>2</sup> Jon E. Zibbell et al. "Increases in Acute Hepatitis C Virus Infection Related to a Growing Opioid Epidemic and Associated Injection Drug Use, United States, 2004 to 2014", *American Journal of Public Health* 108, no. 2 (February 1, 2018): pp. 175-181.

<sup>3</sup> WCPO. Nearly half of Northern Kentucky HIV infections in 2017 came from injection drug use. Jan 9, 2018.

<sup>4</sup> Ohio Department of Health. Summary of HIV Infection Among Injection Drug Users in Ohio – August 2017.

<sup>5</sup> Massachusetts Department of Health. CDC joins Department of Public Health in investigating HIV cluster among people who inject drugs. Press Release: April 5, 2018. <https://www.mass.gov/news/cdc-joins-department-of-public-health-in-investigating-hiv-cluster-among-people-who-inject>.

strategies for supporting successful transitions under Medicaid. These activities are an important first step, but we hope that the initial proposal to allow for Medicaid coverage to begin 30 days before release without a waiver will still be considered. Simplifying the process for providing Medicaid coverage prior to release will allow earlier access to community-based health care providers who can initiate treatment for addiction as well as communicable conditions, such as HIV, viral hepatitis, and STDs, reducing the risk of overdose death, lapses in access to HIV medications, and the spread of infectious diseases. H.R. 1925 would ensure that justice-involved youth maintain their Medicaid eligibility and do not need to re-apply for coverage upon release reducing the barriers youth will face to accessing substance use, mental health, preventive and healthcare services for this population at high risk for drug overdose and in need of prevention and treatment for HIV, HCV and STDs upon release.

#### **H.R. 5810, Medicaid Health Home Act**

Individuals with substance use disorder need expanded access to comprehensive, multi-disciplinary care like that provided by the highly successful Ryan White HIV/AIDS Program. H.R. 5810 would help to encourage states to adopt the Medicaid Health Home benefit for individuals with substance use disorder that supports the comprehensive, coordinated care needed to meet the complex healthcare needs of people with substance use disorder. Extending the period for enhanced federal matching funds by two quarters would provide additional support to states implementing this benefit. States that have implemented the health home benefit for individuals with substance use disorders, HIV, and other chronic conditions have found that health homes improve health outcomes. Studies have shown that such programs save money by supporting the integration of medical care, behavioral health, and social services and supports. As amended, the bill also would ensure Medicaid coverage of all Medication Assisted Treatment approved by the U.S. Food and Drug Administration.

#### **H.R. 3192, the Children's Health Insurance Program (CHIP) Mental Health Parity Act**

H.R. 3192 would strengthen CHIP coverage by ensuring access to mental health and substance use treatment for the nearly 9 million children and adolescents covered by CHIP. Young adults (between 18 and 25) are at greater risk for abusing drugs, and youth between the ages of 13 and 24 account for a growing proportion of all new HIV diagnoses in the U.S. Access to comprehensive behavioral health care for children and adolescents is critical to prevent and treat substance use disorder and to reduce the risk of HIV transmission among youth.

We urge Congress to take quick action to significantly strengthen the federal response to the opioid crisis while also recognizing the importance of sustaining and improving the underlying healthcare, public health and safety-net programs critical to preventing future public health crises. Please contact Andrea Weddle at [aweddle@hivma.org](mailto:aweddle@hivma.org) with the HIV Medicine Association, Amy Killelea with the National Alliance of State and Territorial AIDS Directors at [akillelea@nastad.org](mailto:akillelea@nastad.org) or Robert Greenwald at [rgreenwa@law.harvard.edu](mailto:rgreenwa@law.harvard.edu) with the Center for Health Law and Policy Innovation if we can be of assistance.

Submitted on behalf of the undersigned organizations,

ADAP Advocacy Association | ADAP Educational Initiative | AIDS Alabama | AIDS Action Baltimore | AIDS Alliance for Women, Infants, Children, Youth & Families | AIDS Foundation of Chicago | AIDS Research Consortium of Atlanta | AIDS United | American Academy of HIV Medicine | APLA Health | AIDS Resource Center of Wisconsin | Bailey House, Inc. | Community Access National Network (CANN) | Georgia AIDS Coalition | Harm Reduction Coalition | HealthHIV | HIV Medicine Association | Housing Works | Legal Council for Health Justice | Michigan Positive Action Coalition | Minnesota AIDS Project | National Alliance of State and Territorial AIDS Directors | National Latino AIDS Action Network | NMAC | Positive Women's Network – USA | Project Inform | Rocky Mountain CARES | Ryan White Medical Providers Coalition | San Francisco AIDS Foundation | SisterLove | Southern AIDS Coalition | Southern HIV/AIDS Strategy Initiative | The AIDS Institute | Treatment Access Expansion Project | Thrive Alabama