



ADAP Advocacy Association

aaa+

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ADAP Advocacy Association Alarmed Over Possible Discriminatory Treatment of Patients Living with HIV/AIDS in Marketplace Exchanges; patients in Louisiana and North Dakota already being impacted

WASHINGTON, D.C. (February 20, 2014) – The [ADAP Advocacy Association](http://www.adapadvocacyassociation.org), also known as **aaa+**®, today urged the Centers for Medicare and Medicaid Services (CMS) to issue a mandate to insurance companies to dictate that they accept third party payments from Ryan White CARE Act grantees for Marketplace Exchange insurance plans. **aaa+**® believes this to be a crucial step in ensuring equal access to healthcare for HIV/AIDS patients in Louisiana and North Dakota whose Marketplace Exchange insurance companies are currently rejecting Ryan White funds to cover premiums for people living with HIV/AIDS.

Tasha Bradley, spokeswoman for CMS released a statement on February 7, 2014, declaring, “Ryan White grantees may use funds to pay for premiums on behalf of eligible enrollees in Marketplace plans, when it is cost-effective for the Ryan White program.” This is congruent with the U.S. Department of Health and Human Services’ [HIV/AIDS Bureau Policy Clarification Notice #13-05](#) which was revised on September 13, 2013. Despite these directives, BCBS Louisiana and Vantage Health Plan have, in the past said they will not retract these new policies unless it is mandated by the CMS.

Brandon Macsata, CEO of the ADAP Advocacy Association, believes that this current policy enacted by these insurance companies are intentionally aimed at discriminating against people living with HIV/AIDS, stating, “The policies of Blue Cross and Blue Shield, as well as other insurance companies in Louisiana, are a blatant attempt to side step the Affordable Care Act mandate that people may not be denied insurance coverage based on a pre-existing condition. This is a way for insurance companies to avoid paying for expensive clients with chronic conditions. We believe that CMS has a responsibility to uphold the U.S. Department of Health and Human Services’ HIV/AIDS Bureau Policy Clarification Notice #13-05.”

aaa+® contends that these practices are discriminatory in nature, are an attempt to avoid adverse selection, and represent an effort by insurance companies to side step providing healthcare to patients with chronic, pre-existing conditions. This leaves some of the most vulnerable citizens without access to healthcare, a fundamental aspect the Affordable Care Act aims to avoid.

“This is an opportunity for the CMS to assist in safeguarding against these discriminatory practices that so far have been aimed only at patients living with HIV/AIDS,” summarized **William Arnold**, President & CEO of the [Community Access National Network](#) and **aaa+**® Board Co-Chair. “A mandate from CMS would ensure that a precedent is not set for other states and insurance companies to follow, a situation that would likely leave thousands of HIV/AIDS patients without the healthcare they need. The risk of potential damage from treatment interruption to the health of patients living with HIV/AIDS, and the public health from denying coverage to patients with few or no other options is clearly both discriminatory and very bad healthcare policy.”

To learn more about the ADAP Advocacy Association or its concern over the possible discriminatory practices, please contact Brandon M. Macsata at info@adapadvocacyassociation.org.

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