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Leg[islative] Review - 3/99 - Pelosi Medicaid Bill

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March 16, 1999 - **Report to Full Council from Services Committee**

106TH CONGRESS
1ST SESSION

# H. R. _____

IN THE HOUSE OF REPRESENTATIVES

Ms. PELOSI introduced the following bill; which was referred to the Committee on _____

# A BILL

To amend title XIX of the Social Security Act to permit States the option to provide medicaid coverage for low-income individuals infected with HIV.

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the "Early Treatment for HIV Act of 1999".

**SEC. 2. OPTIONAL MEDICAID COVERAGE OF LOW-INCOME HIV-INFECTED INDIVIDUALS.**

(a) IN GENERAL.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended—

(1) in subsection (a)(10)(A)(ii)—

(A) by striking "or" at the end of subclause (XIII);

(B) by adding "or" at the end of subclause (XIV); and

(C) by adding at the end the following new subclause:

"(XV) who are described in subsection (aa) (relating to HIV-infected individuals);"; and

(2) by adding at the end the following new subsection:

"(aa) HIV-infected individuals described in this subsection are individuals not described in subsection (a)(10)(A)(i)—

"(1) who have HIV infection;

"(2) whose income (as determined under the State plan under this title with respect to disabled individuals) does not exceed the maximum amount of income a disabled individual described in subsection (a)(10)(A)(i) may have and obtain medical assistance under the plan; and

"(3) whose resources (as determined under the State plan under this title with respect to disabled individuals) do not exceed the maximum amount of

resources a disabled individual described in subsection (a)(10)(A)(i) may have and obtain medical assistance under the plan.".

(b) CONFORMING AMENDMENTS.—Section 1905(a) of such Act (42 U.S.C. 1396d(a)) is amended, in the matter before paragraph (1)—

(1) by striking "or" at the end of clause (x),

(2) by adding "or" at the end of clause (xi), and

(3) by inserting after clause (xii) the following new clause:

"(xii) individuals described in section 1902(aa);".

(c) EXEMPTION FROM FUNDING LIMITATION FOR TERRITORIES.—Section 1108(g) of such Act (42 U.S.C. 1308(g)) is amended by adding at the end the following new paragraph:

"(3) DISREGARDING MEDICAL ASSISTANCE FOR OPTIONAL LOW-INCOME HIV-INFECTED INDIVIDUALS.—The limitations under subsection (f) and the previous provisions of this subsection shall not apply to amounts expended for medical assistance for individuals described in section 1902(aa) who are only eligible for such assistance on the basis of section 1902(a)(10)(A)(ii)(XV).".

(d) EFFECTIVE DATE.—The amendments made by subsections (a) and (b) shall apply to calendar quarters beginning on or after the date of the enactment of this Act, without regard to whether or not final regulations to carry out such amendments have been promulgated by such date.

**Points on Medicaid Expansion**

- **Medicaid is the largest provider of health coverage to people with AIDS in the country.** But Medicaid eligibility policy has not caught up to the treatment guidelines issued by government health experts.

- These guidelines, issued by HHS last year, recommend the use of antiviral therapy ***early*** **in the course of HIV infection**, before development of symptoms.

- Yet because Medicaid does not define individuals with early infection as disabled, many low income individuals are **unable to receive HIV-related drugs and health care through the program.**

- Research released at the 12th World AIDS Conference in Geneva provides additional evidence that **early therapy for individuals infected with HIV saves lives and is cost effective.**

- **Vice President Gore pledged to address this issue over a year ago.** Based on the research from Geneva suggesting the likely cost neutrality of Medicaid expansion, it is time for HHS to act.

- The Geneva studies are detailed in the letter to Secretary Shalala. **One study is from UCSF.** It found that, "expansion of the US Medicaid system to provide wider access to combination antiretroviral therapy would prevent thousands of deaths and AIDS diagnoses, leading to [illegible] more years of life for persons with HIV disease over five years." 8,000

- Medicaid expansion would also likely lead to **substantial savings in the Supplemental Security Income program** because individuals receiving earlier therapy would more likely maintain their health, and be less likely to require government disability benefits.

- **ADAP and Ryan White** do provide drugs and primary health care and services to people with HIV, but these programs are strained and many people are falling through the cracks. Fifteen states have waiting lines for ADAP services.

- Powerful new drugs have given people with HIV renewed hope in fighting

this disease. It is imperative that our government health care programs catch up with the recommendations of government health care experts.