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PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

September 23, 1998

MEMORANDUM FOR SANDRA THURMAN, DIRECTOR AND TODD SUMMERS, DEPUTY DIRECTOR

FROM: Daniel C. Montoya, Executive Director

RE: Letter to the President Addressing FY 99 Continuing Resolution or Omnibus Appropriations Agreement

---

Attached is a letter to the President from the Presidential Advisory Council on HIV/AIDS dated September 23, 1998. The letter addresses the Council's concern over the FY 99 Continuing Resolution or Omnibus Appropriations Agreement.

Please transmit this letter to the President.

Thank You.

736 Jackson Place, NW
Washington, D.C. 20503
Telephone: (202) 456-2437
Facsimile: (202) 456-2438

TAS COPY

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

September 23, 1998

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

As you begin negotiations with Congressional leaders on a FY 1999 Continuing Resolution or omnibus appropriations agreement, the members of your Advisory Council on HIV/AIDS urge your strong support for the highest possible funding levels for HIV prevention, care and treatment, housing, research, substance abuse treatment and international. Your continued support for these essential programs is critical to the nation's comprehensive response to HIV/AIDS. Specifically, we request your support for the following:

A $6.8 million increase in funding for HIV prevention efforts at the Centers for Disease Control and Prevention (CDC), as recommended by the Senate. Although far below the community's request, this expansion would nonetheless be an important contribution towards your stated goal of reducing the number of new infections until there are no new infections;

A $275 million increase in funding for substance abuse treatment services funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) block grant, as proposed by the House. Access to drug treatment services is critical to efforts to reduce the incidence of HIV among injection drug users and their partners, particularly given your Administration's decision to continue the ban on the use of federal funds for needle exchange;

An overall $231 million increase in funding for the Ryan White CARE Act, including, at a minimum, the following increases: $35.4 million for Title I, $27 million for Title II base services, $150 million for the AIDS Drug Assistance Program (ADAP), $15 million for Title III, $3.2 million for Title IV, and $784,000 for the AIDS Education Training Centers. Together, the five titles of the CARE Act represent a comprehensive system of care, which is increasingly important in the new treatment environment;

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A $21 million increase in funding for the Housing Opportunities for People with AIDS program (HOPWA), as proposed by the Senate. Housing services stabilize the lives of people living with HIV/AIDS, thereby facilitating access and adherence to new HIV treatments. We also urge your opposition to the Hilleary amendment, which proposes to shift this $21 million increase to veterans long term care facilities, as well as the Riggs Amendment, which would deny San Francisco access to federal funding from the U.S. Department of Housing and Urban Development (HUD) due to the city's local domestic partner ordinance;

A 15% increase in funding for HIV research at the National Institutes of Health, which corresponds to the Senate's proposed $2.0 billion increase in overall research funding. In the area of HIV research, the Council reiterates its strong support for research on microbicides and a vaccine, in particular.

A $4 million increase for global AIDS programs, as proposed by the House, in order to address the alarming increase in HIV infections worldwide. We also urge you to ensure that any funding increases for global HIV/AIDS issues include an overall increase in the Development Assistance Account, including the section for Child Survival and Infectious Diseases, and that this new funding not come at the expense of other health and development programs.

Finally, should the Congress propose further restrictions on the use of federal funds for needle exchange, we urge you to oppose restrictive language in order to maintain maximum flexibility in the future. In particular, we urge your continued and vociferous opposition to recent efforts to usurp the District of Colombia's ability to use federal, local or private funds for needle exchange.

Each of the federal programs identified above is critical to the nation's comprehensive approach to preventing new HIV infections and caring for those living with HIV/AIDS. We urge you to prioritize increased funding for these programs during upcoming negotiations on FY 1999 appropriations.

Thank you for your consideration of our request.

Sincerely,

R. Scott Hitt, M.D.
Chair

Presidential Advisory Council on HIV and AIDS

Stephen N. Abel, DDS
Mr. Terje Anderson
Ms. Regina Aragon
Ms. Judith Billings
Mr. Charles Blackwell
Mr. Nicholas Bollman
Mr. Tonio Burgos
Jerry Cade, MD
Lynne M. Cooper, D. Min.
Rabbi Joseph Edelheit
Mr. Robert Fogel
Ms. Debra Fraser-Howze
Ms. Kathleen Gerus
Ms. Phyllis Greenberger
Nilsa Gutierrez, MD
Mr. Bob Hattoy
Mr. B. Thomas Henderson
R. Scott Hitt, MD, Chair
Michael Isbell, JD
Mr. Ronald Johnson
Mr. Jeremy Landau
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Michael Rankin, MD
Mr. H. Alexander Robinson
Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

cc: The Honorable Albert Gore, Jr., Vice President
The Honorable Madeline Albright, Secretary of State
The Honorable Andrew Cuomo, Secretary of Housing and Urban Development
The Honorable Alexis M. Herman, Secretary of Labor
The Honorable Jacob J. Lew, Director, Office of Management and Budget
The Honorable Donna Shalala, Secretary of Health and Human Services
The Honorable Togo West, Secretary of Veterans Affairs
Sandra L. Thurman, Director of White House Office of National AIDS Policy

Meeting: Secretary Donna Shalala

Attendees: **PACHA:** R. Scott Hitt (Chair), Tom Henderson, Helen Miramontes, Benjamin Schatz (Chair - Discrimination), Regina Aragon, Phyllis Greenberger, Mike Isbell (Co-Chair - Prevention), Stephen Abel, Sean Sasser, Daniel C. Montoya (Executive Director)
ONAP: Sandra L. Thurman, Director

Overview: Deprioritization of AIDS in FY 98/Prioritization of AIDS in FY 99
AIDS Drug Assistance Program
Collaboration/Cooperation/Sufficient resources for HHS & ONAP AIDS Offices
Prisons
Keystone Process and Commitment by HHS
Council Vacancies

Issues:

AIDS cases down 6% —

- Content Restrictions

Presenter: Mike Isbell New regs have been around for 4 years (1993)

The Secretary should immediately lift existing restrictions on the content of federally funded HIV materials, requiring only that materials be scientifically accurate and appropriate for the targeted audience.

- significant risk standard
- exposure prone procedures (cannot define)

- Health care worker guidelines 1991 — — patient notification

Presenter: Benjamin Schatz

The CDC should immediately review its scientifically discredited guidelines on Healthcare Workers infected with HIV/AIDS replacing them with recommendations based on the present body of science.

- Needle Exchange

Presenter: Regina Aragon

The Secretary should exercise her needle exchange waiver authority immediately while simultaneously taking a more visible and forceful stand against Congressional efforts to eliminate this authority as of October 1, 1997.

- Medicaid Expansion

Presenter: Tom Henderson

In April, the Vice-President announced a long sought initiative to expand Medicaid coverage to HIV+ individuals and thus facilitate early intervention therapies. The initiative is seriously threatened by failure to consider long-term cost savings which could offset the additional short term costs.

- AIDS Vaccine Initiative

Presenter: Helen Miramontes

During the past two years the Council has consistently made recommendations on vaccine development that emphasizes a comprehensive approach that includes multiple federal agencies, the private sector, and the international community. A broad comprehensive approach is essential if the Presidents mandate to have an AIDS vaccine within a decade is to be achieved.

Call — want time to call the Secretary
re res prisons

B. Thomas Henderson
Presidential Advisory Council on HIV/AIDS
4106 Bradwood Road
Austin, Texas 78722
(512) 463-9989 Office
(512) 473-2829 Fax

FAX TRANSMISSION

DATE: 1/8 97

TO: Daniel Montoya 202/632.1096

FROM: Tom Henderson

REMARKS:

This transmittal consists of ____ pages.

B. Thomas Henderson

Texas General Land Office

Fax: (512) 473-2829

The Presidential Advisory Council for HIV/AIDS first met in July 1995. PACHA has made many recommendations but the Clinton Administration has not acted on the "politically charged aspects of prevention and discrimination where greater courage and leadership are required." (1996 PACHA report)

In its December 1997 report PACHA noted, "Progress in the federal response to AIDS has stalled in recent months, contributing to a sense of diminished priority for AIDS issues during the President's second term."

1) Do you, as an individual and member of PACHA believe:
It is ever appropriate for Presidential advisers to resign on principle in protest over disagreements of policy or inaction?

✓ Yes _____ No

2) PACHA has been calling for the Administration to lift the ban on federal funding of needle exchange programs practically since its inception. The Council recently joined with scores of community organizations in urging the Administration to certify by January 27 that these programs meet the Congressional criteria for funding and immediately move forward on regulations for implementation of that policy.

Will you resign if the Administration fails to do so?

_____ Yes _____ No That depends on why they would fail to do so by that date.

3) On April 1 Secretary Shalala regains her authority to actually fund needle exchange programs. Will you resign if the Administration has not acted by that date?

_____ Yes _____ No I do not believe that any specific date is a magic date if identifiable progress is being made.

POZ

4) Is there any action or failure to act by the Administration that could cause you to resign?
✓ Yes ____ No

If yes, would that be: (see attached answer #3)

a) Failure to implement expansion of Medicaid for early access to HIV treatments?
____ Yes ✓ No

b) Failure to lift content restrictions of federally-funded AIDS prevention/education?
____ Yes ✓ No

Please complete the following statements with answers of no more than 100 words each. Make sure to put your name on any attached sheets.

1) I believe the Council has been effective because...

2) I believe the Council should increase its pressure on the Administration to adopt needed policies by....

3) I will know the Council is no longer effective when...

Please return your response by January 23.
FAX: (212) 675-8505, or mail:
Bob Lederer
c/o *POZ* Magazine, PO Box 1279, New York, NY 10013-1279

Thanks again for your cooperation.

Thank you for your interest.

POZ MAGAZINE OLD CHELSEA STATION POST OFFICE BOX 1279 NEW YORK, NEW YORK 10113-1279
SHIPPING ADDRESS: 349 WEST 12TH STREET NEW YORK, NEW YORK 10014 212.242.2163 FAX 212.675 8505

1) I believe the Council has been effective because it exerts continuing political pressure on the President, the Executive Office of the President and others within the Executive Branch to address AIDS issues. Any President and any Administration face a constant barrage of issues which demand and compete for attention. The "urgency" of those issues is most often determined not by their relative importance in the grand scheme of things but by their conspicuousness at any given moment. That conspicuousness is determined by the media, Congress, interest groups and advisors, in addition to the personal and/or political predilections of the President himself.

This President chose to put in place a formal Advisory Council to ensure that AIDS issues have a constant, recognized, internal advocacy group to keep those issues in the forefront of policy discussions. Absent that, AIDS issues, like many other worthwhile concerns, can easily be overshadowed despite a President's or his immediate advisors' best intentions. Our job is to be "official" AIDS advocates and agitators. Unlike those of us who face each day of our lives with AIDS as a consuming presence, the President and his Administration must be constantly reminded of AIDS' urgency by other means. PACHA is one of those means.

2) I believe the Council should increase its pressure on the Administration to adopt needed policies by 1) identifying, articulating, prioritizing and vigorously advocating those policies and the rationale for their adoption, 2) assisting in building public, media and Congressional support for such policies, 3) identifying, isolating and overcoming barriers to adoption of compassionate, effective policy options and 4) constantly keeping those issues before the President personally, each of his senior advisors and other Administration officials who can aid in their adoption and implementation.

3) I will know the Council is no longer effective when we make recommendations or issue reports and those recommendations or reports result in no significant movement within the Administration toward the goal of ending the epidemic by preventing new infections and finding a cure for those of us already infected. In my opinion, no single action or lack thereof is the trigger, but rather the overall pattern of actions, both good and bad.

In a democracy, no single individual, even the President of the United States, can unilaterally decide important questions of public policy. It is up to each of us individually and to this Council as a whole to advocate loudly and vigorously for policies we believe are necessary to achieve that goal. If we resign, who will fill the resulting void? Other than inflating our own egos, creating a false sense of martyrdom or gratuitously kicking the President in the shins, what would such a move accomplish? In the words of John F. Kennedy, " we do this work not because it is easy but *because* it is hard."

B. Thomas Henderson
Member, Presidential Advisory Council on HIV/AIDS
Austin, Texas

January 8, 1998

Post-it® Fax Note 7671	Date	# of pages ▶
To B. T. Henderson	From	
Co./Dept.	Co.	
Phone #	Phone #	
Fax # 512-473-2829	Fax #	

January 7, 1998

Dear PACHA Member,

POZ Magazine is asking you, as a member of the Presidential Advisory Council on HIV/AIDS, to complete the attached survey. Your response will be included in an article on the Council and its role in helping to shape national policy on HIV/AIDS.

It is part of our efforts to better inform the HIV community on both federal AIDS policies and the Council's activities.

Please complete your survey and return it no later than January 23 in order to be included in the article. Return information is at the end of the survey.

Thanks for your assistance,

Bob Lederer
POZ Magazine
Senior Editor

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THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR ERSKINE BOWLES

From: Sandra L. Thurman
Director, Office of National AIDS Policy
(202) 632-1090

Date: December 12, 1997

Re: **Meeting with Dr. Scott Hitt, Chairman**
President's Advisory Council on HIV/AIDS

Next Wednesday, you will be meeting with me and Dr. Scott Hitt, Chairman of the President's Advisory Council on HIV/AIDS. Dr. Hitt is a prominent, openly gay physician from Los Angeles with significant experience in the clinical management of HIV and AIDS, as well as local, state and national politics. He was an early supporter of the President in 1992.

This past Sunday, the Council released its Progress Report on the Administration's response to the epidemic (copy attached). While significant accomplishments with respect to funding and policy issues are recognized, the report is quite critical of the President and the Secretary of HHS. The Council's principal concerns are:

- a perceived de-prioritization of AIDS
- inaction on allowing Federal funding for local needle exchange programs
- mixed signals on Medicaid expansion.

Some background on these issues and our current policy positions:

Prioritization of AIDS

This concern relates primarily to the funding of discretionary AIDS programs. It became a particularly hot issue when the balanced budget agreement was completed and no AIDS programs were listed under the "protected" classification. Advocates interpreted this as a de-prioritization of AIDS, which had in previous years enjoyed classification as a budget priority.

This perception was exacerbated by requests in the President's FY98 budget (see attached table) that the community considered inadequate, particularly for the AIDS Drug Assistance Program for which the Administration sought no increase. Substantial increases were ultimately obtained, but Republican appropriators championed these increases.

As has been the case in previous years, HHS has asked for only minimal increases in its AIDS programs for FY99. In its first passback, OMB sought only level funding. While this is a time-honored exercise, several community members have gotten wind of the passback numbers and are quite upset that the Administration isn't pushing for adequate increases.

I have been working with OMB on a Presidential Initiative that would offer additional funding for the AIDS Drug Assistance Program, other parts of the Ryan White CARE Act, and the CDC's HIV prevention programs (representing a 6% increase overall).

Needle Exchange

This issue has become central to the AIDS community and, rightly or wrongly, it has become symbolic of the Administration's leadership on AIDS. AIDS advocates have long sought to give local communities the option to use Federal funds for needle exchange programs. Given that as many as 50% of new HIV infections are directly or indirectly related to injection drug use, those on the front lines are increasingly interested in having the flexibility to employ all strategies they deem appropriate.

During the FY98 Appropriations process, conservative Republicans made a vigorous attempt to rescind the current authority of the Secretary of HHS to remove the restriction on the use of Federal funding for needle exchange programs.[1] Congress, however, with strong support from the Administration, maintained the authority but imposed a six month moratorium on the use of Federal funds for needle exchange programs as a compromise. Many in the community believe that this leaves the door open for the Secretary to make a determination that Federal funds may be used prior to the expiration of the moratorium, and to allow the actual expenditure by states and local communities, at their discretion, as soon as the moratorium expires (3/31/97). The President's Advisory Council is strongly recommending in a letter to the President (copy attached) that he instruct the Secretary to act prior to the return of Congress on January 27, 1998.

Medicaid Expansion

This past April, the Vice President announced a request that HCFA study the possibility of a demonstration program that would expand Medicaid coverage to people with HIV. This was in response to recently released guidelines from the NIH that recommend treatment earlier in the course of illness. Unfortunately, we are in a "catch 22." Currently, many impoverished people have no access to treatment until they progress to full-blown AIDS, at which point they qualify for Medicaid--which pays for the treatment that may have forestalled the onset of AIDS.

The AIDS Drug AIDS Drug Assistance Program (part of the Ryan White CARE Act) helps, but because this is a limited discretionary program, there are many states that have cut off new applications, limited their covered formularies, or simply capped available benefits far below the annual cost of these treatments (+/- $15K/yr).

HCFA has completed its preliminary analysis, and has determined that expanding Medicaid would not be budget neutral. Last week, a spokesman for HHS told the press that the Medicaid expansion initiative was not feasible without making clear that we were still committed to working on a

---

[1]To act, the Secretary must determine that needle exchange programs (a) decrease HIV infection among participants and (b) do not increase the use of illegal drugs. Her report to Congress this past spring was determinative on the first test and less clear on the second.

solution. This press leak was very untimely, appearing in the *Washington Post* and the *New York Times* while the President's Advisory Council on HIV/AIDS was meeting here in Washington. Subsequent press coverage was quite intense, and was then fueled by the release of the Council's report. While I believe that we were able to sustain a tenable position with the public, it does place considerable pressure on us to maintain discussions on a long-term solution to the health care needs of people with HIV/AIDS and on a short-term response in the FY99 budget.

This is a very important issue to the AIDS advocacy community. They are perhaps appropriately concerned that continued reliance on discretionary programs like Ryan White for primary health care and treatments is a short term solution that leaves them vulnerable, and they are seeking more long term, systematic entitlement reform. While we will need to respond in FY99 with additional funds for care and treatment, that will not address their long term goal of modernizing Medicaid/Medicare coverage.

The Council's report expressed concern over "mixed signals" from the Administration. They had drafted language that was far more harsh but we are able to allay their concerns temporarily by arranging for a call from the HCFA Administrator, who clarified that the press article was not accurate and that HCFA would continue to work with the community to find a solution.

Likely Requests from Dr. Hitt

I believe that Dr. Hitt will ask for several things from you:

- a commitment to get the President to the next Council meeting in March;
- a commitment to pass the Council's report to the President; and
- a commitment to respond to their recommendations, particularly those relating to needle exchange and Medicaid expansion.

My recommendation is that you respond as follows:

POTUS attendance at next Council meeting:	*you will support the request, but it will be dependent on scheduling*
Transmittal of Council Report to President:	*this Administration takes the Council's recommendations very seriously and will respond appropriately*
Needle exchange and Medicaid expansion:	*I have already instructed senior members of the Administration, led by Sandy Thurman and Bruce Reed, to address these issues and provide recommendations for action. The Vice President's office will also be working with us, particularly on ways to cover the cost of the new treatments.*

Please let me know if you need any additional information.

Discretionary AIDS Programs at HHS

PROGRAM	FY97 Enacted	FY98 POTUS Budget	FY98 Enacted
HRSA			
Ryan White CARE Act			
Emergency Relief	449,943	454,943	464,800
Block Grants	249,954	264,954	257,500
AIDS Drug Assistance Program	167,000	167,000	285,500
Early Intervention	69,568	84,568	76,300
Women, Children, Youth	36,000	40,000	41,000
Special Projects			
AIDS Educ. & Training Centers	16,287	17,287	17,300
Dental Reimbursement	7,500	7,500	7,800
Subtotal	**$996,252**	**$1,036,252**	**$1,150,200**
CDC - HIV Prevention	616,790	634,266	634,300
SAMHSA - Substance Abuse Earmark	55,122	52,920	55,122
NIH - AIDS Research	1,501,000	1,541,000	1,607,000
Subtotal	**$2,172,912**	**$2,228,186**	**$2,296,422**
TOTAL	**$3,169,164**	**$3,264,438**	**$3,446,622**
		+ 3%	+ 9%

COR

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

August 19, 1998

MEMORANDUM FOR SANDRA THURMAN, DIRECTOR AND TODD SUMMERS, DEPUTY DIRECTOR

FROM: Daniel C. Montoya, Executive Director

RE: Letter to the President Addressing HIV/AIDS Issues in Racial and Ethnic Populations

---

Attached is a letter to the President from the Presidential Advisory Council on HIV/AIDS dated August 19, 1998. The letter addresses three issues: the National State of Emergency in AIDS and Public Health, the Black and Hispanic Congressional Caucuses and also a meeting with key community leaders to address HIV/AIDS in racial ethnic populations.
Please transmit this letter to the President.

Thank You.

736 Jackson Place, NW
Washington, D.C. 20503
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Facsimile: (202) 456-2438

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

August 19, 1998

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

On behalf of the Presidential Advisory Council on HIV/AIDS (Council), we urge you to address three very important health-related requests. The first is a call for a "National State of Emergency in AIDS and Public Health"; the second is a meeting with the Black and Hispanic Congressional Caucuses; and finally a meeting with key community leaders to address HIV/AIDS in racial ethnic populations.

During our June Council meeting, we unanimously voted to support the call by the Congressional Black Caucus for the declaration of a "National State of Emergency in AIDS and Public Health" in communities of African descent. Given the impact of HIV and AIDS in all communities of color, we have expanded our call to include all racial and ethnic populations. When compounded with the long term existing health problems of these communities, fueled by epidemic proportions of substance abuse, sexually transmitted disease and other chronic and fatal health conditions, we urge you to support this declaration of a "state of emergency" as allowed under current federal law to address a disease that is devastating entire communities.

As part of this call, we request that you convene a meeting with the Black and Hispanic Congressional Caucuses to discuss the "state of emergency," and host a White House meeting with key leaders from communities of color to specifically address HIV/AIDS in these communities.

Your goal to "reduce new infections until there are none by the year 2000," is laudable. However, we believe it can only be accomplished through serious, new measures being taken within Black and Latino communities which have been plunged into a public health crisis fueled by HIV/AIDS. We must go beyond the traditional legislative remedies and move forward with you mission to end racial and ethnic disparities in health. Your leadership in bringing nationally recognized coalitions together to specifically address this issue is needed.

Sincerely,

R. Scott Hitt, MD
Chair

736 Jackson Place, NW
Washington, D.C. 20503
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Presidential Advisory Council on HIV and AIDS

Stephen N. Abel, DDS
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Mr. Nicholas Bollman
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Jerry Cade, MD
Lynne M. Cooper, D. Min.
Rabbi Joseph Edelheit
Mr. Robert Fogel
Ms. Debra Fraser-Howze, Co-Chair, Subcommittee on Racial and Ethnic Populations
Ms. Kathleen Gerus
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Michael Rankin, MD
Mr. H. Alexander Robinson
Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

cc: Members, Congressional Black Caucus
Members, Congressional Hispanic Caucus

C014

PRESIDENTIAL
ADVISORY
COUNCIL ON
HIV/AIDS

August 19, 1998

MEMORANDUM FOR SANDRA THURMAN, DIRECTOR AND TODD SUMMERS, DEPUTY DIRECTOR

FROM: Daniel C. Montoya, Executive Director DCM

RE: Letter to the President Addressing HIV/AIDS and Medicaid

Attached is a letter to the President from the Presidential Advisory Council on HIV/AIDS discussing the need for earlier Medicaid services to those with HIV/AIDS dated August 19, 1998.
Please transmit this letter to the President.

Thank You.

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Washington, D.C. 20503
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Facsimile: (202) 456-2438

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

August 19, 1998

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

On August 3, 1998, Congressmen Richard Gephardt and Congresswoman Nancy Pelosi along with 66 of their colleagues sent a letter to Health and Human Services Secretary Donna Shalala "urging her to expand Medicaid to low-income people who are HIV-positive but have not yet developed symptoms of HIV disease." New research released at the 12th World AIDS Conference in Geneva this past June provides strong evidence that early treatment of HIV infection is both medically beneficial and cost effective.

Over the past year, there has been deep concern over the Administration's lack of progress in allowing more low-income Americans with HIV access to new AIDS drug therapies. On April 10, 1997, Vice President Gore asked the Health Care Financing Administration to study the feasibility of expanding Medicaid to provide earlier Medicaid coverage for HIV-infected people. As recent as December 9, 1997, Vice President Gore stated that he was "extremely disappointed" that this could not be done, while stressing that "this Administration understands the urgency of finding innovative ways to ensure that all people with HIV benefit from the promise of new and effective treatments." Your Advisory Council has recommended such expansion since December 1996, and has supported the Administration's efforts to date to make this important medical treatment available to those who can least afford it.

We urge you to support Congress's efforts by directing the Secretary of Health and Human Services to expand Medicaid eligibility for life saving therapies for people with HIV disease. We know that this is the right thing to do.

Sincerely,

R. Scott Hitt, M.D.
Chair

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Presidential Advisory Council on HIV and AIDS

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Mr. Richard W. Stafford
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Rep. Charles Quincy Troupe
Bruce Weniger, MD

cc: The Honorable Nancy Pelosi
The Honorable Richard Gephardt