



February 22, 2022

The Honorable Nancy Pelosi  
Speaker of the House  
United States House of Representatives

The Honorable Chuck Schumer  
Senate Majority Leader  
United States Senate

The Honorable Kevin McCarthy  
House Minority Leader  
United States House of Representatives

The Honorable Mitch McConnell  
Senate Minority Leader  
United States Senate

### **Re: Closing the Medicaid Coverage Gap**

Dear Congressional Leaders:

We are writing on behalf of the Partnership to End the HIV, STD, and Hepatitis Epidemics, comprising five of the nation's leading organizations focused on bolstering HIV, sexually transmitted diseases (STD), and hepatitis prevention and care programs nationwide.

Closing the health insurance coverage gap that persists in the 12 states that have not adopted the Medicaid expansion under the Affordable Care Act (ACA) will have an outside impact on our nation's ability to end the epidemics. Absent Medicaid expansion, southern states (where 95 percent of uninsured individuals now live) have become the epicenter of the HIV epidemic: In 2019, more than half of all new HIV diagnoses were in the south.<sup>1</sup> Southern states are also disproportionately impacted by other sexually transmitted diseases; the four states with the largest percentage of adults in the coverage gap (Texas, Florida, Georgia, and North Carolina) all experience high levels of STIs.<sup>2</sup>

According to national estimates, over two million low-income individuals living in these states are both denied access to Medicaid and ineligible for subsidies to purchase private insurance on the ACA Marketplace.<sup>3</sup> This leaves them without access to the care and treatment that would help them remain healthy and stave off disease progression and disability. Filling the coverage gap will expand access to critical screening, prevention, and treatment options for people living with, and at risk for HIV, STD, and viral hepatitis to help end the epidemics. Indeed, connecting

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<sup>1</sup> Deeper Look: HIV in the South, available at: <https://aidsvu.org/resources/deeper-look-south/>

<sup>2</sup> <https://www.cdc.gov/std/statistics/2019/default.htm>

<sup>3</sup> Rachel Garfield, Kendal Orgera, and Anthony Damico, Kaiser Family Foundation, The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid (2021), available at <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>.

more people to health insurance is a core strategy identified by the National HIV, viral hepatitis, and STD Strategies.<sup>4</sup>

Our nation's public health system – including Ryan White and state and locally funded STD clinics – is chronically underfunded and overstretched. Closing the coverage gap does not supplant the need to invest and strengthen public health services. However, it will help Ryan White and STD clinics deploy limited resources more efficiently and meet the growing need and increasing costs of providing care if they can focus on providing specialized services to target populations instead of providing care that should be covered by comprehensive health insurance.

Closing the health insurance coverage gap is a necessary, life-saving policy solution for low-income individuals who were intended by Congress to have been covered under the Medicaid expansion. It would ensure access to health insurance coverage for the 20% of all people living with HIV who are uninsured in non-expansion states.<sup>5</sup> In states that have filled the gap, increased access to HIV prevention, and screening and treatment for HIV, viral hepatitis, and STDs, has reduced transmissions and furthered public health goals.<sup>6</sup>

Closing the health insurance coverage gap presents an enormous opportunity to address racial disparities in health care that are exacerbated in non-expansion states. People of color, who disproportionately live in the south, bear the greatest burden of the HIV, STD, and viral hepatitis epidemics:

- In 2019, 75% of people diagnosed with HIV were people of color.<sup>7</sup> African Americans are at greatest risk for HIV, accounting for 42% of all people living with HIV in the U.S. and 44% of new HIV diagnoses in 2019.<sup>8</sup>

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<sup>4</sup> U.S. Department of Health and Human Services. 2020. Sexually Transmitted Infections National Strategic Plan for the United States: 2021–2025, <https://www.hhs.gov/sites/default/files/STI-National-Strategic-Plan-2021-2025.pdf>; U.S. Department of Health and Human Services. 2020. Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025).: <http://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf>; The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. <https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/NHAS-2022-2025.pdf>

<sup>5</sup> Lindsey Dawson, Jennifer Kates, Kaiser Family Foundation, Insurance Coverage and Viral Suppression Among People with HIV, available at <https://www.kff.org/hivaids/issue-brief/insurance-coverage-and-viral-suppression-among-people-with-hiv-2018/>.

<sup>6</sup> A. Hollingsworth, S. Raman, D. Sacks, and K. Wen, “Panel Paper: Does Providing Insurance Coverage Reduce the Spread of Infectious Disease? The Impact of Medicaid Expansions on HIV Diagnoses,” Association for Public Policy Analysis and Management 41<sup>st</sup> Annual Fall Research Conference, November 9, 2019, available at <https://appam.confex.com/appam/2019/webprogram/Paper31657.html>; U.S. Department of Health and Human Services. 2020. “Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025)”, Washington, DC. available at: <http://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf>

<sup>7</sup> New HIV Diagnoses in the US and Dependent Areas by Race/Ethnicity, 2019, Centers for Disease Control and Prevention, available at: <https://www.cdc.gov/hiv/basics/statistics.html>

<sup>8</sup> HIV Basics: Overview: Data & Trends: U.S. Statistics, Centers for Disease Control and Prevention, available at: <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>.

- In 2019, the rate of reported primary and secondary syphilis cases among Blacks was 4.7 times the rate among Whites and the rate of reported cases of congenital syphilis among Blacks was 4.8 times the rate among Whites.<sup>9</sup>
- And African Americans are also at greater risk from hepatitis, with the most recent data showing that they are more than 3 times more likely to die from hepatitis B and almost twice as likely to die from hepatitis C than Whites.<sup>10</sup> Among people aged 20 years or older, non-Hispanic African Americans were more likely to have chronic hepatitis C than all other race/ethnicities.<sup>11</sup>

Expanding Medicaid is one important step toward correcting these stark racial and ethnic disparities, as 60% of individuals in the coverage gap are people of color.<sup>12</sup>

Simply put, individuals in the health insurance coverage gap cannot afford to wait for states to opt into the ACA’s Medicaid expansion. The quality of life and very survival of those in the coverage gap are at risk now. **Congress should act swiftly to close the gap and help make the promise of ending the epidemics a reality.**

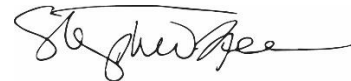
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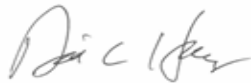
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<sup>9</sup> Sexually Transmitted Disease Surveillance, 2019, Centers for Disease Control and Prevention, available at: <https://www.cdc.gov/std/statistics/2019/tables/35b.htm>; <https://www.cdc.gov/std/statistics/2019/tables/42.htm>

<sup>10</sup> U.S. Department of Health and Human Services. 2020. “Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination (2021–2025)” pg 33, Washington, DC. available at: <http://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf>

<sup>11</sup> Denniston MM, Jiles RB, Drobenius J, et al. Chronic hepatitis C virus infection in the US, National Health and Nutrition Examination Survey 2003 to 2010. *Ann Intern Med.* 2014;160:293-300. <https://doi.org/10.7326/M13-1133>

<sup>12</sup> Gideon Lukens, Breanna Sharer, Closing Medicaid Coverage Gap Would Help Diverse Group and Narrow Racial Disparities (June 2021), available at <https://www.cbpp.org/research/health/closing-medicaid-coverage-gap-would-help-diverse-group-and-narrow-racial>