AMERICAN MEDICAL ASSOCIATION
MEDICAL STUDENT SECTION

Resolution 34
(A-11)

Introduced by: Anand Reddi, University of Colorado School of Medicine

Subject: Averting Antiretroviral Treatment Rationing in the United States – Strengthening the AIDS Drug Assistance Program

Referred to: MSS Reference Committee (Brandi Ring, Chair)

Whereas, The AIDS Drug Assistance Program (ADAP) provides funding for low-income people living with HIV in the United States, who do not qualify for private insurance or Medicaid, to receive antiretroviral treatment;[1] and

Whereas, The United States Congress allocates ADAP funds through the Ryan White Program to be administered by state governments towards HIV treatment; and

Whereas, As of May 5, 2011, 7,873 individuals in 11 states, are experiencing "treatment rationing" since their state ADAPs have suspended initiating new patients on antiretroviral therapy or capped patient enrollment due to lack of federal funding despite the existence of uncommitted funds allocated to the Department of Health and Human Services;[2] and

Whereas, Specifically, Arkansas (63 people), Florida (3,745 people), Georgia (1,478 people), Idaho (11 people), Louisiana (650 people), Montana (26 people), North Carolina (216 people), Ohio (378 people), South Carolina (649 people), Virginia (653 people), and Wyoming (4 people) have suspended new patient enrollment and created a waiting list towards HIV treatment initiation;[2] and

Whereas, A study in *The Lancet* demonstrated that provision of antiretroviral therapy halved the rate of new infections.[3] This data suggests that the provision of antiretroviral treatment can lead to prevention of new infections; and

Whereas, Initiating antiretroviral therapy earlier prevents the emergence of costlier opportunistic infections and leads to better treatment outcomes and fewer antiretroviral associated toxicities;[4, 5] and

Whereas, Policies that de-emphasize ADAP threaten to undermine, rather than support, our nation's public health and primary care systems. Additionally, ADAP programs have directly and indirectly supported the care and treatment of other milieu specific diseases, bringing about broad benefits to the primary healthcare systems of recipient states beyond just HIV/AIDS; therefore be it

RESOLVED, That our AMA-MSS ask the AMA to lobby the United States Congress to fully fund the AIDS Drug Assistance Program and make this a public health priority for 2011; and be it further

RESOLVED, That this resolution is immediately forwarded to the AMA House of Delegates at A-11 given the significant public health crisis emerging.

Fiscal note: TBD

References:

1. Henry J. Kaiser Family Foundation, (2011) "AIDS Drug Assistance Programs (ADAPs)," Available at http:// *www.kff.org/hivaids/upload/1584_10.pdf*
2. ADAP Advocacy Association, (2011) "ADAPs with Waiting Lists" Available at http://www.adapadvocacyassociation.org/
3. Donnell, D. et al. Heterosexual HIV-1 transmission after initiation of antiretroviral therapy: a prospective cohort analysis. *Lancet* 375, 2092-2098 (2010).
4. Reddi, A. & Leeper, S.C. AIDS funds: benefits. *Science* 330, 175-6; author reply 177-8 (2010).
5. Leeper, S.C. & Reddi, A. United States global health policy: HIV/AIDS, maternal and child health, and The President's Emergency Plan for AIDS Relief (PEPFAR). *AIDS* 24, 2145-2149 (2010).

Relevant AMA and MSS Policy:

20.005MSS Drug Availability
AMA-MSS will ask the AMA, as set forth in its objective of contributing to the betterment of the public health, to: (1) use its resources in cooperation with other health care organizations and agencies to facilitate the distribution of information on drug therapy availability for AIDS; and (2) encourage the FDA to continue to expedite the evaluation of available drugs used in the treatment of AIDS (AMA Res 177, A 88, Adopted as Amended [20.980]) (Reaffirmed: MSS Rep F, I-98) (Reaffirmed: MSS Rep E, I-03) (Reaffirmed: MSS Rep E, I-08)

H-20.907 Financing Care for HIV/AIDS Patients
Our AMA: (1) Believes that current private insurance and existing public programs, coupled with a significant expansion of state risk pools, provide the best approach to assuring adequate access to health expense coverage for HIV-infected persons and persons with AIDS. However, as the disease patterns and costs become more defined, it may be necessary to reevaluate this conclusion. Continued study of this issue is imperative; (2) Supports the development of a clinical staging system based on severity of HIV disease as a replacement for the AIDS diagnosis as a basis for determining health, disability, and other benefits; (3) Supports increased funding for reimbursement and other incentives by public and private payers to encourage (a) expanded availability for therapies and interventions widely accepted by physicians as medically appropriate for the prevention and control of HIV disease and (b) for alternatives to in-patient care of persons with HIV disease, including intermediate care facilities, skilled nursing facilities, home care, residential hospice, home hospice, and other support systems; (4) Supports government funding of all medical services that are deemed appropriate by both the patient and physician for pregnant seropositive women lacking other sources of funding; (5) Supports broad improvements in and expansion of the Medicaid program as a means of providing increased coverage and financial protection for low-income AIDS patients; (6) Supports, and favors considering introduction of, legislation to modify the Medicaid program to provide for a yearly dollar increase in the federal share of payments made by states for care of all patients in proportion to the amount of increase in costs incurred by each state program for care of HIV-positive individuals and patients with AIDS over the preceding year; (7) Encourages the appropriate state medical societies to seek establishment in their jurisdictions of programs to pay the private insurance premiums from state and federal funds for needy persons with HIV and AIDS; and strongly supports full appropriation of the amounts authorized under the Ryan White CARE Act of 2000; (8) Supports consideration of an award recognition program for physicians who donate a portion of their professional time to testing and counseling HIV-infected patients who could not otherwise afford these services. (CSA Rep. 4, A-03)

H-20.896 Support of a National HIV/AIDS Strategy
Our AMA supports the creation of a National HIV/AIDS strategy, and will work with the White House Office of National AIDS Policy, the Coalition for a National HIV/AIDS Strategy, and other relevant bodies to develop a National HIV/AIDS strategy. (Sub Res. 425, A-09)

H-20.922 HIV/AIDS as a Global Public Health Priority
In view of the urgent need to curtail the transmission of HIV infection in every segment of the population, our AMA: (1) Strongly urges, as a public health priority, that federal agencies (in cooperation with medical and public health associations and state governments) develop and implement effective programs and strategies for the prevention and control of the HIV/AIDS epidemic; (2) Supports adequate public and private funding for all aspects of the HIV/AIDS epidemic, including research, education, and patient care for the full spectrum of the disease. Public and private sector prevention and care efforts should be proportionate to the best available statistics on HIV incidence and prevalence rates; (3) Will join national and international campaigns for the prevention of HIV disease

and care of persons with this disease; (4) Encourages cooperative efforts between state and local health agencies, with involvement of state and local medical societies, in the planning and delivery of state and community efforts directed at HIV testing, counseling, prevention, and care; (5) Encourages community-centered HIV/AIDS prevention planning and programs as essential complements to less targeted media communication efforts; (6) In coordination with appropriate medical specialty societies, supports addressing the special issues of heterosexual HIV infection, the role of intravenous drugs and HIV infection in women, and initiatives to prevent the spread of HIV infection through prostitutes; (7) Supports working with concerned groups to establish appropriate and uniform policies for neonates, school children, and pregnant adolescents with HIV/AIDS and AIDS-related conditions; and (8) Supports increased availability of anti-retroviral drugs and drugs to prevent active tuberculosis infection to countries where HIV/AIDS is pandemic. (CSA Rep. 4, A-03; Reaffirmed: Res. 725, I-03; Reaffirmed: Res. 907, I-08)