

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 210
(I-11)

Introduced by: Medical Student Section

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

Referred to: Reference Committee B
(Liana Puscas, MD, Chair)

- 1 Whereas, Our AMA supports state and federal funding for needy persons diagnosed with
2 HIV/AIDS and supports the full appropriation of funding amounts authorized under the Ryan
3 White CARE Act of 2000 (AMA Policy H-20.907); and
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5 Whereas, The AIDS Drug Assistance Program (ADAP) provides funding for drug treatment
6 programs for low-income people living with HIV in the United States; and
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8 Whereas, Congress allocates ADAP funds through the Ryan White Program to be administered
9 by state governments towards HIV treatment; and
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11 Whereas, Due to insufficient funding, many states have started to cap the total participation in
12 the program and create waiting lists for otherwise qualified recipients; and
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14 Whereas, Over 8,800 Americans in 13 states are on waiting lists for ADAP Programs, unable to
15 receive life sustaining treatment; therefore be it
16
17 RESOLVED, That our American Medical Association lobby the United States Congress to
18 expand funding to ensure coverage for all current and future qualified individuals for the AIDS
19 Drug Assistance Program. (Directive to Take Action)

Fiscal note: Minimal - less than \$1,000.

Received: 9/8/11

RELEVANT AMA POLICY

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)