

## ASSOCIATION OF NURSES IN AIDS CARE

### POSITION STATEMENT

#### Early Treatment for HIV Act (ETHA)

Adopted by ANAC Board of Directors, January 2008

#### **Position:**

*It is the position of the Association of Nurses in AIDS Care that:*

- *Legislators support and pass ETHA*
- *Funds for ETHA are not taken away from other existing programs*
- *ETHA can not replace the Ryan White HIV/AIDS Treatment Modernization Act*
- *Provisions be made that ensures all states will partake in ETHA*

#### **Statement of Concern:**

Current Medicaid eligibility requires persons must become disabled by AIDS to receive Medicaid benefits. The guidelines for HIV treatment recommend early access to medical care and treatment with antiretroviral medications; however, these services are expensive. As HIV disease progresses, disease complications increase as well as the expense of the treatment (AIDS Action, 2007). In many areas of the United States, there is limited access to comprehensive health care and waiting lists for medications that improve health. A study by Pricewaterhouse Coopers, the Treatment Access Expansion Project, was conducted to assess the effects of health care with ETHA. The study found that ETHA slows progression of disease, increases life expectancy, and is cost effective. The study also showed that over 10 years, ETHA would decrease the death rate of persons with HIV infection on Medicaid by 50% and there would be 35,000 more individuals with a CD4 count around 500. All these benefits would occur with a savings of at least \$31.7 million (NAPWA, 2007).

ETHA can eliminate barriers for low income, uninsured persons with HIV to access healthcare services and life-saving medications. These services through ETHA would act as an early intervention program that encourages people with HIV to seek healthcare, which can delay disease progression. These benefits taken together, will improve quality of life and create saving on cost of treatment (AIDS Action, 2003).

#### **Background**

ETHA is proposed legislation that will provide an option for states to expand Medicaid coverage to persons living with HIV disease. Medicaid is an important source of medical care for persons with HIV providing care for an estimated 40% of persons with AIDS and 90% of children with AIDS (AIDS Action, 2003). ETHA will provide resources to support early intervention treatment and healthcare for persons living with HIV. The bill has been introduced for several years with increasing support each congressional session.

ETHA is modeled after the Breast and Cervical Cancer Prevention Treatment (BCCPT) Act of 2000. The BCCPT act of 2000 amended title XIX of the Social Security Act that gives states the option to expand Medicaid provisions to women who were found to have breast or cervical cancer through early intervention programs (AIDS Action, 2003). These medical provisions are aimed at preserving health and preventing high-cost medical interventions. In addition, like BCCPT, to encourage states to participate ETHA includes an enhanced federal match of

65% to 83% (NAPWA, 2007). Overall, ETHA is cost-effective, improves the health of persons with HIV, and reduces HIV-related deaths.

### **References**

AIDS Action (March 2003). *Policy Facts: Early Treatment for HIV Act*. Obtained from [www.aidsaction.org/communications/publications/ETHA\\_facts.pdf](http://www.aidsaction.org/communications/publications/ETHA_facts.pdf)

AIDS Action (2007). AIDS action supports early treatment for HIV act (ETHA), life-saving legislation for people living with HIV. *Medical News Today*. Obtained from <http://www.medicalnewstoday.com/articles/78667.php>