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March 5, 2021

The Honorable Representative Tina Liebling and Members of the Health Finance Policy Committee

75 Rev Dr. Martin Luther King Jr Boulevard
St. Paul MN 55155

Re: Support for HF1904 - Protecting HIV Medication Treatment and Access in MN Medicaid Program

Dear House Health Finance and Policy Committee,

As clinics and community-based service organizations representing HIV medical providers, public health professionals, advocates, and people living with HIV, we are determined to fight to end HIV. Essential to achieving this goal is ensuring access to critical HIV medications. We are writing you today to express our deep concern that the MN Department of Human Services Medical Assistance Formulary Committee proposed changes to the HIV drug class on October 1 that would put in place unnecessary barriers to HIV medications that Minnesota's most vulnerable depend on for their health.

We oppose changes to the HIV class, including applying a non-preferred drug list because it would jeopardize access to effective treatment for Medicaid and AIDS Drug Assistance Program beneficiaries living with HIV and other serious, complex chronic conditions that require timely and uninterrupted access to drug therapies. We urge you to suspend any effort to adopt such changes and pass HF1904 to prevent these changes in the future.

About one-half of all people living with HIV in Minnesota get their health insurance coverage through Medicaid or the AIDS Drug Assistance Program. People living with HIV who have Medicaid coverage, by virtue of qualifying for the program, are low income and have significant existing barriers to care. Because of this, it is imperative to ensure Medicaid beneficiaries maintain access to the HIV medications recommended in the *US Department of Health and Human Services Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV (DHHS HIV Treatment Guidelines)* and by their medical providers. At a time when we are working together so vigorously to fight health disparities, access to vital HIV medications should not be made more difficult for those populations most deeply affected by this epidemic.

Ending the Epidemic: Thanks to the leadership of Governor Tim Walz, the Department of Health and Human Services, and the Department of Health, on May 29, 2019, Minnesota launched an ambitious plan called END HIV MN. As Commissioner of Health Jan Malcom said on that day:

"HIV has impacted individuals, families, and communities in our state for far too long, and it's exciting to know that an end is within our grasp. There have been tremendous developments in HIV prevention and treatment that make it possible to stop the spread of this disease. END HIV MN will guide our efforts and resources to make the most of these new advancements."

The goal of END HIV MN is to end the HIV epidemic through enhanced strategies to retain people living with HIV in care and on effective treatments. With uninterrupted access to the appropriate



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antiretroviral medications and additional healthcare and support services, people living with HIV can achieve and sustain undetectable levels of the virus or “viral suppression,” allowing them to stay healthy, not transmit HIV to others. This is called “Undetectable = Untransmittable.” With access to HIV medications through state and federal programs, we can end the HIV epidemic by 2025 in Minnesota.

Formulary Recommendations: Effective drug therapies have saved millions of lives affected by HIV and prolonged millions more. The advent of antiretroviral medications in the late ‘90s turned HIV from near-certain death to a more manageable disease - if patients have access to quality care and medications. We know that not all medications are the same, and each person reacts differently to a particular medication. **Treatment for HIV has evolved rapidly, and the DHHS HIV Treatment Guidelines are widely recognized by the medical community as setting the current standard for HIV treatment. With these guidelines, doctors and patients together make careful treatment decisions about which therapies are most appropriate on a case-by-case basis.** More recent treatment options, including fixed-dose combinations, have improved long-term safety profiles, lowering the risk of long-term side effects for individuals on lifelong treatment. Some individuals may develop side effects to a particular drug. At the same time, another person may need specific therapy to avoid a harmful interaction with a drug being taken for another health condition. HIV medications require a very high adherence level to be effective, and fixed-dose treatments are integral in reducing pill burden and supporting optimal adherence. Drug resistance can occur in people living with HIV, particularly those who are treatment-experienced, and they must have the ability to switch to another drug without interruption.

Adherence to HIV antiretroviral therapy is essential to accomplishing Minnesota’s END HIV MN plan. Any barriers in the form of preferred drug lists, step-therapies, or prior authorizations will only move us backward in ensuring the most vulnerable in our state have access to these life-saving medications. **We strongly oppose any changes to the Medicaid HIV class that will exclude certain drugs, require step-therapies or prior authorization. We urge you to support patients who need these medications by allowing their treatment decisions to remain between them and their doctors.**

Respectfully submitted by the undersigned:

Gwen Velez, Executive Director, **African American AIDS Task Force**

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Bill Tiedemann, Executive Director, **Hope House**

Sharon Day, Executive Director, **Indigenous Peoples Task Force**

Jeremy Hanson Willis, CEO, **JustUs Health**

Sarah Rybicki, Director, **Midwest AIDS Training + Education Center (MATEC)**

Monica Meyer, Executive Director, **OutFront MN**

Mary McCarthy, Executive Director, **Rural AIDS Action Network**



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