

Vermont CARES Testimony to House Committee on Health Care
February 6, 2020
Reflections on Changes to HIV Medication Preferred Drug List

I am pleased to speak with you this afternoon about our current understanding of a proposed change to statute affecting prescription drugs, particularly those needed for managing HIV. I am the executive director of Vermont CARES, the state's largest and longest-serving HIV/AIDS organization, offering case management, medical transportation, housing, and other essential supports to nearly 200 Vermonters with the virus each year, alongside an array of HIV prevention and harm reduction programs.

I wanted to share our perspective on a proposal to shift certain Medicaid-supported HIV medications to preferred or non-preferred status. As I understand it, current statute disallows this. Vermont CARES, and other HIV organizations and medical professionals serving our state, have been asked for feedback about what impact such a shift could have on the lower-income Vermonters with HIV we serve.

In speaking with representatives from the Division of Vermont Health Access (DVHA), we are seeing a great deal of thought has gone into this proposal, with patient care and prescriber access as guiding considerations. In transitioning certain medications to a non-preferred status, it appears very few of our neighbors are expected to be affected, and those who might be should not see a change in the medications they are able to access. DVHA has reached out to our community of advocates both to explain how they've planned to address those impacts, and to ask for further guidance about next steps to ensure any current Vermonters with HIV are "grandfathered" into this new system. We are told current Vermonters with HIV would not experience a change in their regimens.

We understand, from very clear and considerate outreach to date, that leading HIV providers have been consulted, that a plan exists for ensuring consistent medication access, and that future Vermonters with HIV should not experience significant barriers to vital health care. It appears we are all working toward shared goals of urgent access to appropriate and necessary prescriptions. For any Vermonters who might slip between the proverbial cracks, we've learned of multiple redundancies to offer clear care and communication, with limited administrative burden and a clear understanding of the burden that multiple HIV medications may have on those who need them.

Discussions with DVHA colleagues are ongoing, and we will continue to learn more, but the information we've learned so far indicates this transition should not be an undue burden on those we are all jointly serving, and for that reason, we stand today in support of this proposal. All Vermonters should be proud of the progress we've made as a state toward HIV health outcomes, and I thank you for the opportunity to discuss this with you.

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