

**Comments of Donna Galluzzo, Executive Director, Frannie Peabody Center,  
Regarding: DHHS Submission of Proposed Changes to the MaineCare 1115 Waiver to CMS  
Attn: CMS (Centers for Medicare and Medicaid Services)**

My name is Donna Galluzzo, my testimony is submitted on behalf of the Frannie Peabody Center, Maine's oldest and largest HIV/AIDS service organization. For over thirty years, we have provided direct services for more than 1,000 people living with HIV/AIDS. As the Executive Director, I am writing to provide comment on the DHHS submission of changes to the MaineCare Section 1115 Waiver. I would like to thank CMS for considering our thoughtful comments as we work together in the fight against HIV/AIDS in Maine (and nationally).

We believe that it is not only our responsibility but also an ethical obligation for us to advocate for our clients, those at risk of becoming HIV+, and those families and caregivers who support Mainers living with HIV/AIDS.

We'd like to address some of the specific proposals that we feel would place undue burdens on service organizations like ours, and the clients we serve including long-term survivors, refugees, immigrants, asylum seekers, and those struggling with addiction (including injection drug use).

Approximately 157 people, or 42% of our client base, are currently enrolled in the 1115 HIV Waiver. These proposed changes will impact each of our clients in a different way. PLWHA (People Living With HIV/AIDS) experience significant social stigma and many struggle to maintain access to life-saving care. Decreased coverage and collection of copays could further complicate an already complex system and would likely drive clients away from accessing care for fear of incurring expenses that they cannot afford. This could cause increased community viral load which is ultimately a public health concern. This is why we are strongly against any amount of copay for use of the Emergency Department (ED).

Proposed limits on retroactive eligibility is another waiver change that would have a significant impact on our organization and the client population we serve. Current CDC guidelines recommend that people start ARV treatment at time of diagnosis. At the time of diagnosis, PLWHA are not yet enrolled in the HIV waiver because they must first show proof of HIV status to be enrolled. By eliminating retroactive coverage, pharmacies will not be able to back-bill Medicaid for the life-saving medications that clients require – noting that Medicaid application takes up to 45 days to be approved. Case management agencies will then not be reimbursed for the time it takes to connect a client to necessary medical care prior to Medicaid approval (during which time clients are having lab work, confirmatory testing, and other necessary procedures).

By example, in 2016, we had 12 new clients enroll in services that accessed the HIV waiver. Our agency performs an average of 30 units of work per client over the first 90 days of case management services. Had we not been able to access retroactive coverage, the agency would have lost almost \$8,000 worth of billable services over those clients' first 90 days of service. This is an average of \$645 per client.

We strongly urge CMS to reconsider the proposed changes to this 1115 waiver. For far too long, those at risk and living with HIV have had to fight for their right to dignity, acceptance, understanding and, especially, quality health care. This waiver application threatens the rights that our community has fought so hard to gain. If the system is broken it will not be through blame, penalty, shame or division that we find a better way. It will be through compassion and understanding, caring and shared knowledge that we will seek to, strive to, and endeavor to do better.