

October 12, 2021

My name is [REDACTED]. I want to share my views on several topics with the HIV Medication Access Workgroup at this Public Town Hall Conversation. Thanks to Manny Santiago and Tracey Carlos of the Washington LGBTQ Commission for facilitating and convening these important conversations.

I have been living with AIDS since 1981. I have served and led HIV policy bodies, including as founding co-chair of the County's HIV Planning Council, and I have held leadership positions, including a stint in the aughts as policy and communications director for the National Association of People with AIDS in Washington, D.C and as a leader in ACT UP/Seattle, focused on its advocacy communications and media portfolio.

My testimony here is decidedly not intended to serve as a broad analysis of all the matters at hand. Rather, I have two points and one question for your consideration:

1. The effort by HCA to even consider fail first and prior authorization for Apple Health participants while not requiring any such thing for HCA's other insureds, Washington's public and school employees, is craven. And the optics are far worse. Who thinks it's good public policy to give some HCA-covered folks worse than others? Who thinks that our legislators, governor, and the public will react well to learning that HCA is promulgating serious treatment access disparities based on income and access to power? Without the luxury of union representation as state employees enjoy, Apple Health folks and their allies like me will have little choice but to work with local and national media while educating legislators about the stakes of the measures under consideration.
2. The HCA schemes will hurt patients and make life more difficult for their providers:
  - a. The research is clear that the HCA cost-control schemes under discussion will harm people with HIV. You have received considerable testimony from esteemed and well-experienced HIV providers and researchers who confirm this. Sure, you have also received testimony from local public health officers whose conclusions support HCA's assertion that the schemes under consideration will cause no appreciable harm to PLHAs. Sorry, but I believe the national leaders and their evidence. And it passes understanding why the HCA would fail to be persuaded by experts in research and provision of clinical services for the wide range of HIV communities, some of whom are famously difficult to approach and to retain in care.
  - b. Interposition by the State between provider and patient is unwelcome and counterproductive. My treatment decisions are made after discussion with my providers, and it is my providers on whom I rely. I cannot imagine how disconcerting and off-putting it must be for a new PLHA and their provider having to deal with public health authorities saying "no" at a time when the patient, newly dealing with the fact that their life has changed in significant and durable ways, needs to hear "yes," and promptly. This is the time the patient needs most to trust their provider, to establish a good and continuing working relationship and, frankly, to better protect the patient from being lost to follow-up or to experience delay in treatment debut.
3. Are we all clear about HCA's scope of concern; is it reducing the cost of treatment for PLHAs, or is it also about the cost of treatment for PrEP patients? With fewer than a quarter of those recommended to receive PrEP getting it, there's the real possibility, I hope, that PrEP take-up soars, which has real cost implications for HCA and payers. I'm not suggesting the focus on PLHAs is pretext for dealing with big PrEP cost increases to come, in both numbers of patients and treatment recommendations for legend drugs rather than generics. But I propose there be more transparency and explanation about the scope of concern here, explicitly addressing the interplay of these proposals for both PLHAs and PrEP patients if scope includes Apple's PrEP population.

Thank you to staff and everyone here for all of your work on these important matters, and for consideration of my remarks.