

Chairman Brinkman, Vice Chairman Antani, Ranking Member Boggs, and members of the House Insurance Committee, thank you for the opportunity to address you today in support of House Bill 390. My name is Jose Rodriguez and I am the Director of Community Relations at Equitas Health. I am also a patient.

Equitas Health is a nonprofit, community-based health care organization serving tens of thousands of individuals across Ohio through a diverse set of services, including primary health and specialty care; behavioral health; dental; HIV/STI prevention, testing, and treatment; housing; pharmacy; case management; and advocacy. We are the largest Ryan White grant recipient in Ohio, and a Federally Qualified Health Center (FQHC) with clinical sites in Columbus, Dayton, and soon Cincinnati. Our mission is to be the gateway to good health for those at risk of or affected by HIV/AIDS, for the LGBTQ+ community, and for those seeking a welcoming health care home.

House Bill 390 seeks to codify provisions of the Affordable Care Act (“ACA”) that offer significant protections to Equitas Health patients. Specifically, HB 390 would codify in Ohio statute the following patient protections included in the ACA:

- Limitations on premium charges;
- The ban on annual and lifetime limits on the value of essential health benefits;
- The ban on preexisting condition exclusions;
- The requirement for health plans to offer certain essential health benefits;
- Cost sharing limitations on preventive services and out of pocket costs incurred by the insured;
- The requirement that a health plan provide benefits that are actuarially equivalent to 60% of the full actuarial value of the benefits provided.

HB 390 would also definitively repeal statutory provisions that permit high risk pools by certain health insurers.

Equitas Health currently serves approximately 5,000 patients living with HIV. Many of these patients also have other chronic diseases, and our HIV-negative patients likewise suffer from chronic diseases like diabetes, COPD, obesity, and hypertension. For these patients, the ACA has quite simply provided a lifeline of care. Not only can HIV-positive patients and patients with other chronic diseases receive high quality *specialty* care, like infectious disease and cardiology, they can receive life sustaining *primary* care. For our HIV-positive patients who get and stay on antiretrovirals, the life expectancy is similar to that of those HIV negative. Thus a continuum of care – from primary to specialty care to pharmacy – is imperative.

Let me tell you why these provisions are important to people living with or at risk of HIV.

- Under HB 390, no Ohioan can be denied coverage because of a pre-existing health condition, like HIV or other chronic conditions like asthma or cancer. Insurers also can no longer impose lifetime caps on insurance benefits. Without these protections, many people living with HIV or other chronic health conditions experience obstacles in getting and keeping health insurance, were dropped from coverage, or avoided seeking coverage for fear of being denied.
- Under the ACA, most health insurance plans must cover certain recommended preventive services, including HIV testing for everyone age 15 to 65 and for people of other ages at increased risk, without additional cost-sharing, such as copays or deductibles. Because one in eight people living with HIV is unaware of their infection, improving access to HIV testing will help more people learn their status so they can be connected to care and treatment. Additionally, HB 390 requires health insurance plans to cover and not impose any cost-sharing requirements on evidence-based services that have a rating of “A” or “B” in the current recommendations of the U.S. Preventive Services Task Force. Pre-Exposure Prophylaxis (PrEP) is a one-pill-a-day regimen that, when taken by a HIV-negative person, prevents the sexual transmission of HIV. PrEP has been given an “A” grade by the USPSTF. Thus HB 390 will continue to allow access to PrEP, a key component of President Trump’s plan to reduce new transmissions of HIV by 90% by 2030.

- HB 390 establishes a minimum set of “essential health benefits” that must be covered under health plans offered in the individual and small group markets, both inside and outside of the Health Insurance Marketplace. These include many services that are important for people living with or at risk of HIV, including prescription drugs, inpatient care, lab tests, and behavioral health care.
- HB 390 imposes annual ceilings on out-of-pocket costs. The ability to predict and afford health care costs is of the utmost importance to our patients. This certainty of cost, as well as the ceiling it imposes, makes accessing health care a reality for some patients who have never been able to afford.

And now let me tell you why HB 390 is important to me. Access to competent, quality care is not only critical to public health, but to all individuals in the communities that you represent and to all of us here today. I was diagnosed with cancer in 2011, and underwent surgery and treatment. I was one of the lucky ones, and have lived cancer free now for eight years, and with careful monitoring hope to live a long and productive life. Consider that 1 in every 2 of us will develop cancer in our lifetime. So the provisions on this house bill will impact my (really-our) ability to achieve and maintain good health.

It is not an overstatement to say that in the very real event that the protections afforded by the ACA are curtailed, HB 390 will save our patients’ lives. Without the protections afforded by the ACA and HB 390, many of our patients would not have access to health care services, nor would they be able to afford health care.