HIV+HEP
POLICY INSTITUTE

May 7, 2026

Ms. Emily Ricci
Deputy Commissioner of Medicaid & Health Care Policy
Alaska Department of Health and Social Services
3601 C Street, Suite 814
Anchorage, AK 99503

RE: Medicaid Community Engagement and People with HIV

Submitted via email

Dear Ms. Ricci:

The **HIV+Hepatitis Policy Institute** is a leading national HIV and hepatitis policy advocacy organization promoting quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions.

We write to urge the Alaska Medicaid program to include an explicit exemption for all people living with HIV from the community engagement required under HR 1.

People with HIV are living with a lifelong **serious and complex medical condition** and have **special medical needs**: they cannot stay healthy without *continuous* access to their lifesaving HIV treatment. Any gap in treatment risks serious health consequences, including failure of viral suppression and the risk of onward transmission. Longer treatment gaps are potentially disabling, allowing progression to AIDS, after which life expectancy is limited.

People with serious and complex medical conditions or special medical needs are statutorily exempt from the community engagement requirement. Federal implementation guidance due by June is expected to provide further detail on how states may implement this exemption. While we are seeking a federal exemption, under the law, states are allowed to define which populations qualify for the exemption. **We urge Alaska Medicaid to explicitly state that HIV is a serious and complex medical condition and that all people living with HIV (both symptomatic and asymptomatic) have special medical needs and fall under this exemption.**

This interpretation is consistent with long-standing federal precedents. For decades, Congress and United States DHHS have considered HIV (both symptomatic and asymptomatic) as a

serious, life-threatening, and potentially disabling condition.[1]

All people with HIV should be exempted from the community engagement automatically, without having to navigate cumbersome new bureaucratic procedures to document their status with each Medicaid recertification.

Under statute, states are directed to maximize *ex parte* verification of eligibility in relation to the community engagement requirements. Automatic exemption through use of data already available to the Medicaid program minimizes the burden on the enrollee. It also reduces the administrative burden on the state and on healthcare providers. Additionally, since HIV is a lifetime condition that will not change over time, this assessment should only be carried out once.

The state of Nebraska, which this month became the first in the nation to implement the new community engagement requirements, has announced it will exempt people with HIV and viral hepatitis by using specific diagnostic codes for HIV and viral hepatitis. Nebraska listed a single code, B20, which will trigger an exemption for people living with HIV, however we suggest that other codes, including Z21, which denotes asymptomatic HIV infection status, should also be used.[2]

States should also use pharmacy claims data to identify people with HIV. Additionally, Medicaid programs should rely on data shared by state health departments to facilitate identification of exempt individuals and support continuity of care.

New Medicaid enrollees lack existing claims and diagnostic code data. Therefore, people with HIV should be able to self-attest or use a provider attestation of HIV status. But this must be optional. We also emphasize the importance of community and provider outreach to ensure that patients and their care teams all understand how the exemption process works.

Approximately forty percent of people living with HIV nationwide are enrolled in Medicaid, making Alaska's implementation of the new community engagement requirements of the highest importance to people living with HIV, their clinical care teams, and communities. Alaska must implement the law in a humane and clinically sound manner.

We encourage Alaska Medicaid to engage people living with HIV and their clinicians to better understand the impact of these policies. We are ready to assist in any way. Should you have questions or comments, please feel free to contact me at cschmid@hivhep.org or Kevin Herwig at kherwig@hivhep.org. Thank you very much.

[1] For example, 28 CFR 35.108(b)(2) or 78 FR 42233

[2] Other frequently used codes include B97.35 (ICD10 code for HIV type 2 as the cause of diseases classified elsewhere) and V08 (ICD9 code for asymptomatic HIV infection).

Sincerely,

Carl E. Schmid II
Executive Director