



Health Care Reform Bill

March 23, 2010 By [Larry Bryant](#)

The signing of the Health Care Reform Bill by President Obama this past weekend suggests that through all of the maddening rhetoric from both sides of the aisle as well as the throat-searing rallies for and against (not sure how a stuffed monkey with an Obama face cut out hanging from a noose on Constitution Avenue translates into a message against healthcare reform, but that's another conversation), that we are headed vaguely in the right direction with making quality healthcare available for the 40 million Americans without.

Three of the changes enacted in this signed bill include:

- Establishing tough patient protections
- Guaranteed health insurance options, extending coverage to 32 million currently uninsured
- Reducing cost of care, therefore reducing the federal deficit

So as these changes are immense and maybe even historic, let's not confuse "improved access" or "extended access" with universal access - where anyone, anywhere can receive quality care and services no matter where they are, who they are, and income level. Once the dust and confetti settles, unless and until we can say and print that we have achieved a state of Universal Access to quality healthcare and supportive service, we may have won the battle, but certainly not the war.

As HIV & AIDS advocates, this stage in the healthcare access reform signifies an excellent time to develop specific language and expectations that guide the evolution of the Ryan White Care Act and its impending re-authorization. Theoretically, the new healthcare bill ensures that more individuals living with HIV & AIDS and their families will enjoy better HIV and related care while allowing the RWCA dollars and services to more focused. We should develop this language now while the energy and opportunities exist (including the current creation of a national HIV & AIDS strategy) instead of waiting until the 11th, or 12th hour as we have done in at least the last two re-authorizations.

Just as important, we can't let 'improved' access distract us from improved HIV prevention and education that ultimately reduce new infections. In places across the country, there are rapidly increasing numbers of new infections (including the Nation's Capitol, my home, where the numbers have increased to - and after a year, still sit at - CDC stated epidemic levels). Without an renewed and committed emphasis on prevention and education, we look less at many of the societal causes at the root of this preventable epidemic: poverty, addiction, homophobia, sexual violence, etc.

So, while I am optimistic about what is ahead of us, we must know that much more awaits and many more battles are yet to be won.

<http://beta.docker.poz.com/blog/the-signing-of-the-h>