



**OFFICE OF THE MAYOR**

**CITY OF CHICAGO**

**August 22, 2005**

**RICHARD M. DALEY**  
MAYOR

The Honorable Michael Enzi  
Chairman  
Senate Committee on Health, Education,  
Labor and Pensions  
835 Hart Senate Office Building  
Washington, D.C. 20510

Dear Chairman Enzi:

As Mayor of the City of Chicago, I write to urge you to consider the serious impact some principles in the Ryan White Reauthorization Act will have on the existing HIV and AIDS care infrastructure throughout the country, particularly in large urban areas like Chicago.

The proposed new formula for distributing CARE Act funding to the states would deduct the AIDS cases diagnosed in an Eligible Metropolitan Area (EMA) from the total cases reported in the state. For Illinois, removing the AIDS cases reported in the Chicago EMA from Illinois' total would reduce the State's number of AIDS cases by 87 percent. The subsequent reductions in CARE Act funding to Illinois would potentially disrupt care for thousands of people living with HIV and AIDS in both urban and rural regions of the state. A graduated hold harmless provision must be implemented to avert the negative consequences of any significant shifts in funding.

Another significant concern relates to using the Severity of Need for Core Services Index (SNCSI) as determined by the Secretary of Health and Human Services to determine funding allocations for states and EMAs. The SNCSI would be based on HIV incidence data, poverty levels and availability of other local, state, federal and private resources.

When planning for HIV service delivery in the Chicago EMA, we take into account all persons currently living with HIV and AIDS, or prevalence data. Basing the index on incidence data, which is only the number of people diagnosed most recently with AIDS, will not accurately reflect the total number of people in need of care services. The use of other available HIV resources as a factor in the SNCSI will reward states and jurisdictions with minimal local contributions and serve as a disincentive to provide local funding for HIV care.

Aug-23-05 11:27am From-

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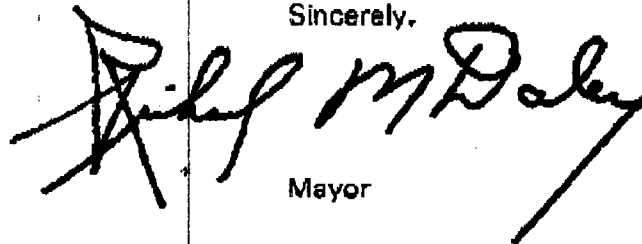
My last area of concern is with the principle that eliminates or substantially reduces the authority of local HIV services planning councils to determine how Ryan White resources are prioritized and allocated. The partnership between the Chicago Department of Public Health and the Title I Planning Council provides consumer input, local control, and collaborative decision-making.

Requiring that at least 75 percent of all Title I and II funds be used for "core medical services" takes away local control and flexibility. It serves as a disincentive for grantees to make resource-based funding allocation decisions and can even discourage states or jurisdictions from appropriating local funding for core medical services. The CARE Act should continue to value and support planning councils with dedicated funding to ensure that local HIV care delivery systems continue to be responsive to consumer, stakeholder and public health needs.

The CARE Act has dramatically improved the quality of life for individuals and families living with HIV and AIDS, reduced costly inpatient and emergency room care, and increased access to care for low-income, underserved populations. The proposed Ryan White Reauthorization Act could erase the gains we have made and destabilize current HIV and AIDS care and service infrastructure in the Chicago EMA.

Thank you for your kind consideration of this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Daley", written in a cursive style. The signature is positioned above the printed name "Mayor".

Mayor