

# AIDS Foundation OF CHICAGO

## **Ryan White CARE Act Reauthorization 2005**

### **Key Points for Illinois Advocates**

#### **Background:**

- The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is the most important funding source for HIV/AIDS care, treatment and essential services for low-income and uninsured people in the United States.
- Illinois received over \$70 million in CARE Act funding in 2004.
- The CARE Act is a health care “safety net” designed to fill in the gaps created by public healthcare systems such as Medicaid, Medicare and the Veterans Administration.
- The CARE Act was first created by Congress in 1990 and was reauthorized in 1996 and again in 2000.
- There is a history of strong bipartisan support for this legislation in both chambers of Congress and from the White House.
- The current authorization expired on September 30, 2005.
- Learn more at AFC’s CARE Act Action Center - [http://www.aidschicago.org/advocacy/care\\_act.php](http://www.aidschicago.org/advocacy/care_act.php)

## **Key Points for Illinois Advocates**

### **Reauthorization Should Ensure The CARE Act Is...**

- 1. BIPARTISAN and BICAMERAL.** The CARE Act should be reauthorized in a bipartisan way, reflecting the needs of both chambers of Congress and the HIV/AIDS community. The community wants a bill that we all can stand behind. Access to lifesaving healthcare and essential social services is not partisan.
- 2. COMPREHENSIVE.** The CARE Act must expand access to healthcare and essential social services – such as case management, housing, transportation, legal assistance, substance abuse treatment, and food/nutrition - in order to improve and lengthen the lives of people with HIV/AIDS. Comprehensive healthcare means all the needs of people living with HIV/AIDS are met.
- 3. ACCESSIBLE.** The CARE Act should provide healthcare and essential social services to all people living with HIV/AIDS who need them, whether they live in the north, south, east or west, in suburbs, in rural areas, or large metropolitan areas. Geography should not determine access to healthcare and essential social services.
- 4. ADEQUATELY FUNDED.** The CARE Act must be adequately funded to keep pace with the epidemic and the increasing costs of healthcare in the United States. More and more people are living with HIV/AIDS now than ever before and the demand for healthcare across the country is growing. It is unacceptable, and deadly, to have waiting lists for medications or care services.
- 5. LOCALLY CONTROLLED.** The CARE Act must retain local community planning to ensure the most responsive, cost-effective use of resources for healthcare and essential social services in suburban, rural and urban areas around the country. Local planning is essential.
- 6. CARE-FOCUSED.** The CARE Act must remain care-focused and continue to concentrate on providing HIV/AIDS healthcare and essential social services to people across the country, in small towns, in the suburbs, and in large cities. The care focus must not be diluted.
- 7. FAIR.** As Illinois moves to a name-based reporting system, the CARE Act should ensure that our state does not lose vital funds during the transition from code-based reporting.
- 8. GOOD PUBLIC HEALTH.** A strong CARE Act is good public health, and will help slow the spread of HIV. Over a million Americans are living with HIV/AIDS.