

Ryan White CARE Act Reauthorization Principles

"Because HIV/AIDS brings suffering and fear into so many lives, I ask you to reauthorize the Ryan White Act to encourage prevention, and provide care and treatment to the victims of that disease. And as we update this important law, we must focus our efforts on fellow citizens with the highest rates of new cases, African-American men and women."

-President George W. Bush, State of the Union Address, February 2, 2005

Background: Extending And Improving The Lives Of Those Living With HIV/AIDS

In his State of the Union Address, President Bush called for the reauthorization of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act based on the principles of focusing Federal resources on life-extending care; ensuring flexibility by targeting resources to address areas of greatest need; and achieving results.

The President has made fighting the spread of HIV/AIDS a top priority of his Administration, and he will continue to work with Congress to support effective prevention and compassionate care and treatment. The President's FY06 budget request provides a total of \$2.1 billion for Ryan White activities to address the health needs of Americans living with HIV/AIDS.

The Ryan White CARE Act is a comprehensive approach to providing medical care, antiretroviral treatments, and counseling and testing for those in greatest need of HIV/AIDS assistance. The legislation must be reauthorized every five years, and the next reauthorization is set for September 2005.

Principles For Reauthorization: Greater Flexibility To Serve Those Most In Need

Much has changed in the epidemiology and medical management of HIV/AIDS since the Ryan White CARE Act was enacted in 1990. While it used to be that those diagnosed with the disease had little hope, patients today are living longer and healthier lives.

In order to make the legislation more responsive going forward, especially for African-American and other minority communities who disproportionately suffer from the disease, the Administration is proposing the following principles for reauthorization:

➤ **Serve The Neediest First**

- ✓ **Establish Objective Indicators To Determine Severity Of Need For Funding Core Medical Services.**
Those in greatest need of HIV/AIDS assistance, including African-American and low-income individuals, have the fewest resources available to meet them. There are also significant differences in access to HIV care throughout the country. Recognizing the circumstances that contribute to different care needs is an important part of assisting those hardest to reach. To address the needs of these populations, the Secretary of Health and Human Services (HHS) would develop a "severity of need" for core services index (SNCSI). This index would be based upon objective criteria and be focused on core services. It would take into account not only HIV incidence, but levels of poverty, availability of other resources including local, state, and federal programs and support, and private resources. This SNCSI would determine formula allocations among states and eligible metropolitan areas. When combined with a requirement of maintenance of effort on the part of state and local governments, the SNCSI would address the differences in HIV/AIDS care.

➤ **Focus on Life-Saving and Life-Extending Services**

- ✓ **Establish A Set Of Core Medical Services.** It is essential to identify the basic, primary medical care and medication needs of individuals with HIV/AIDS.
- ✓ **Require That 75 Percent Of Ryan White Funds In Titles I-IV Be Used For Core Medical Services So That Federal Funds Are First Used To Support Life-Saving Services For The Most Impoverished Americans.** A person living with HIV/AIDS receives benefits from a range of services. Some of these are clearly life prolonging and essential to maintaining physical and mental health; others are not. Services that are essential (core services) should be prioritized for Federal funding.
- ✓ **Maintain A Federal List Of AIDS Drug Assistance Plan (ADAP) Core Medications.** The HHS Secretary will develop and maintain a list of core ADAP drugs based upon those included in the *U.S. Department of Health and Human Service's Public Health Service HIV/AIDS Clinical Practice Guidelines for use of HIV/AIDS Drugs*, drugs needed for the treatment and prophylaxis of opportunistic diseases and drugs needed to manage symptoms associated with HIV infection. These medications should be prioritized for Federal funding.

➤ **Increase Prevention Efforts**

- ✓ **Require States To Implement Routine Voluntary HIV Testing In Public Facilities And Work With Private Healthcare Providers To That Same End.** With an estimated 250,000 HIV-positive individuals unaware of their HIV-positive status, testing is a key element in prevention efforts. States will be encouraged, upon receipt of their Ryan White allocations, to adopt various important HIV prevention strategies, such as routine opt out HIV testing, contact tracing, and the recommendations of the CDC Advancing HIV Prevention Initiative.

➤ **Increase Accountability**

- ✓ **Maintain The Current Statutory Requirement That All States Submit HIV Data By The Start Of Fiscal Year 2007.** Having a full picture of the scope of HIV is critical to successful care and treatment programs that prevent people from advancing to AIDS; because newer infections are increasingly likely to take place among minorities, this provision will better target funds to heavily impacted communities and aid in getting people into care sooner.
- ✓ **Hold Grantees Accountable For Reporting On System And Client-Level Data And Progress.** Accurate counts of those served and those receiving core services will help better serve those in need, as well as enable caregivers to define performance measures and evaluate progress.
- ✓ **Maximize Investments Through Stronger And More Specific Payer-Of-Last-Resort Provisions And Require Grantees To Seek Alternative Payment Sources Before Using Ryan White Funds.** The Ryan White program is to be used as a last resort for only HIV-positive individuals who are not able to access medical care through other means. To ensure that this is the case, other payers of care need to be exhausted before turning to Ryan White funds. HHS would conduct regular audits to ensure RWCA funds are used as the payer of last resort. Federal and state investments would be directed to fill gaps in the existing health care system rather than duplicate existing public or private activities.
- ✓ **Require State And Local Care Delivery Coordination.** A coordinated effort between the states, cities, and other care providers is essential to effective, comprehensive care and prevention services. HHS would consult with state AIDS officials on discretionary grants and would provide to state AIDS officials all

information necessary for states to coordinate HIV care and treatment with other Federally funded projects to maximize efficiency and effectiveness of AIDS services.

- ✓ **Eliminate The Double Counting Of HIV/AIDS Cases Between Major Metropolitan Areas And The States.** Currently, in major metropolitan cities, AIDS cases are counted once as part of a city count and a second time in the overall state count. Therefore, HIV/AIDS cases in major metropolitan cities are counted twice. In an effort to ensure that every AIDS case is counted equally and to make sure that Federal funds are distributed fairly to those most in need of assistance, we must eliminate this double counting.
- ✓ **Eliminate Current Provisions That Entitle Cities To Be “Held Harmless” In Funding Reductions.** Today, because of the way the existing formulae count the number of AIDS cases (by including cases spanning the last 10 years), metropolitan areas with newer epidemics receive disproportionately less than those with more longstanding problems. In order to more accurately reflect the current status of the epidemic, we must eliminate provisions that entitle cities to be “held harmless” in funding reductions.

➤ **Increase Flexibility**

- ✓ **Allow The Secretary Of HHS To Redistribute Unallocated Balances Based On Need As Determined By Severity Of Need Measures.** To maximize all Ryan White funding, unspent funds from Titles I and II would revert to the Secretary of HHS for discretionary reprogramming to state ADAP programs with the greatest need.
- ✓ **Allow Planning Councils To Serve As Voluntary And Advisory Bodies To Mayors.** State and local officials need maximum flexibility to respond to the epidemic and to direct funding to those in greatest need. Planning councils would be structured at the discretion of the mayor; could not have conflicts of interest; and would no longer be required to set priorities for spending.