

February 17, 2006

United States Senate

WASHINGTON, DC 20510

Mike Enzi, Chairman
Edward M. Kennedy, Ranking Member
Health, Education, Labor and Pensions Committee
United States Senate
Washington, DC 20510

Dear Chairman Enzi and Senator Kennedy;

As your committee considers reauthorization of the Ryan White CARE Act, we write to ask your consideration of three provisions of particular importance to the state of Illinois.

First, we ask that reauthorization consider the needs of those states, including Illinois, which are transitioning from code-based reporting to names-based reporting. The Illinois Department of Public Health began implementing names-based reporting in January of this year. Even with this change, our state may lose millions of CARE Act dollars if names-based reporting data is used to determine CARE Act funding distributions because our names-based database will not be complete. Because of this, we ask for time to bring our state HIV data set to maturity. Specifically, we ask that states undergoing the transition from code- to names-based reporting be allowed to phase in their programs without funding penalties, or that current hold-harmless provisions are retained until HIV surveillance is sufficiently mature and complete across the country.

Second, we strongly support the current planning structure that ensures community-based stakeholders have a meaningful role in the planning and budget process in CARE Act jurisdictions. In Illinois, the Ryan White CARE Act has fostered a strong, well-coordinated organizational structure that includes patients, public health workers, local government and advocates. Despite this diversity of perspectives, the current community planning requirements have led to a remarkably unified agenda to enhance services and support for people living with HIV/AIDS. Please reject calls to eliminate or make optional community-planning requirements in reauthorization legislation.

Finally, we ask you to preserve existing Title I eligible metropolitan area (EMA) calculations. Nationally, Title I EMA states have 87 percent of all living AIDS cases. The Chicago EMA, home to 36,000 people with HIV/AIDS, serves approximately 85 percent of all known AIDS cases in Illinois. The Administration has proposed formula changes that would reduce resources to American cities and states hardest-hit by HIV/AIDS in order to expand funding to rural states experiencing increasing numbers of HIV/AIDS cases. Elimination of the "80/20" Provision in Title II would not "serve the neediest first" but would harm those in great need. Under this proposal, Illinois could lose a minimum of \$4 million and would face serious challenges providing care to Chicago

residents with HIV/AIDS. There are other promising ideas to consider in order to more adequately assist CARE Act beneficiaries in rural areas, while still addressing the needs of those in EMAs. For example, creation of a new Title II supplemental could provide formula awards for states with 50 percent or more of their cases outside of Title I, or for states without a Title I. The need to address this epidemic is growing in so many of our communities, both rural and urban; our distribution of funds should reflect that reality.

We understand the challenge presented to you by this reauthorization and we thank you for your consideration. Please feel free to contact Dora Hughes in Senator Obama's office at 4 -2854 or Dena Morris in Senator Durbin's office at 4-8466 for more information.

A handwritten signature in black ink that reads "Dick Durbin". The signature is fluid and cursive, with the first and last names clearly legible.

Richard J. Durbin

Sincerely,

A handwritten signature in blue ink that reads "Barack Obama". The signature is fluid and cursive, with the first and last names clearly legible.

Barack Obama