

United States Senate

WASHINGTON, DC 20510

July 30, 2009

The Honorable Edward M. Kennedy
Chairman
Senate Health, Education,
Labor, and Pensions Committee
317 Russell Senate Building
Washington, D.C. 20510

The Honorable Michael B. Enzi
Ranking Member
Senate Health, Education
Labor, and Pension Committee
379A Russell Senate Building
Washington, D.C. 20510

Dear Chairman Kennedy and Senator Enzi:

On behalf of the estimated 44,000 Illinoisans living with HIV/AIDS, we write to urge you to prioritize deliberations in the Health, Education, Labor and Pensions Committee to enact a three-year extension of the Ryan White HIV/AIDS Treatment Modernization Act no later than September 30, 2009, when the program is scheduled to sunset by law.

The Ryan White Treatment Modernization Act expands domestic access to life-saving medical, treatment, and supportive services for people living with HIV disease. Unlike past reauthorizations, Congress inserted a sunset provision into the Act in 2006 that requires Congressional action by September 30, 2009 to avoid termination of this critically important legislation. The Health Resources and Services Administration estimates that 500,000 low-income, uninsured and underinsured people living with HIV are served annually in the U.S. by Ryan White programs. For their own welfare and in the interest of public health, these individuals must be guaranteed uninterrupted access to HIV-related medical, supportive services, and pharmaceutical access.

Illinois communities receive more than \$75 million in federal Ryan White assistance to sustain an array of essential HIV-related medical and support services benefiting more than an estimated 10,000 Illinoisans with HIV/AIDS. Ryan White has been instrumental in developing a responsive network of safety-net services helping low-income uninsured and underinsured individuals in our state's rural and urban areas.

More than 250 AIDS organizations in the U.S. support a three-year extension of the 2006 Act with minimal changes, including the following:

- **Extend the use of code-based data for at least three more years or when data systems are mature, as certified by the CDC, updating all dates in legislation as appropriate.** This provision is especially important for states such as Illinois, Massachusetts, and California that switched to name-based HIV case reporting in 2005 or later. In states like ours, additional time is needed to ensure HIV name-based

surveillance datasets are complete and accurate before Ryan White formula funding awards are based solely on these data.

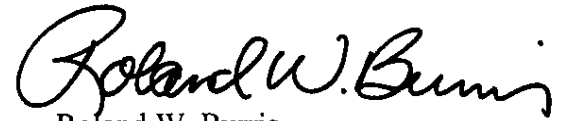
- **Eliminate the penalty charged against unobligated Part A and Part B funds.** Restricting supplemental funding to jurisdictions that fall out of compliance with the unobligated requirement is too steep a penalty and has the potential of disrupting continuity of care for tens of thousands of ill clients.
- **Maintain all Part A Transitional Grant Areas (TGA) funded in FY 2008 through the three-year extension.** Current TGA communities should be afforded additional time to fully realize client-level data collection and analysis to gain a better understand of the needs and available services in jurisdictions with emerging HIV/AIDS epidemics. Once reliable HIV case data becomes nationally available, jurisdictions' eligibility under Part A should be determined by living HIV and AIDS data.
- **Allow the provision of food pursuant to a doctor's prescription as a core medical service.** The definition of "medical nutrition therapy" should be expanded to include the provision of food as a part of a therapeutic nutrition plan developed for an assessed client by a registered dietitian.
- **Alter the definition of medical transportation and allow it as a core medical service.** Medical transportation has been narrowly defined to mean transportation solely to and from Ryan-White-funded medical-related services. This interpretation fails to accommodate areas that do not have strong public transportation infrastructure or that are comprised of large rural areas.
- **Revise rebate restrictions on AIDS Drug Assistance Programs.** HRSA has instructed Illinois and other state AIDS Drug Assistance Programs that purchase via a pharmacy network (and then request rebates from pharmaceutical companies to obtain the 340B program drug prices), to spend rebate dollars first before using their federal ADAP grant award. With new carryover rules and penalties, this can lead some states losing future ADAP funding should they have more than two percent of their federal ADAP grant unobligated. Regardless of how rebate income is classified, the Ryan White program requires rebates to be put back into Part B program with preference given to ADAP services.
- **Update authorization level in the extension bill to read: "For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 and 2012."**

We recognize that your committees face high priority issues in the months ahead. That being said, the Ryan White HIV/AIDS Treatment Modernization Act of 2006 is one of the most bipartisan, successful, and critically important pieces of federal legislation enacted to serve people living with HIV/AIDS. We urge your strong and vocal support for the three year extension of this important legislation.

Sincerely,

A handwritten signature in black ink, appearing to read "Dick Durbin". The signature is fluid and cursive, with the first name "Dick" and last name "Durbin" clearly distinguishable.

Richard J. Durbin
United States Senator

A handwritten signature in black ink, appearing to read "Roland W. Burris". The signature is cursive and somewhat stylized, with the first name "Roland" and last name "Burris" being the most prominent parts.

Roland W. Burris
United States Senator