

Ryan White Comprehensive AIDS Resources Emergency (CARE) Act

CARE Act Key to America's Response to AIDS

The Ryan White CARE Act, the largest discretionary investment in the care of people with HIV/AIDS in the U.S., funds primary health care and support services for people with HIV/AIDS who lack health insurance and financial resources for their care. Each year, CARE Act programs reach more than 500,000 individuals with or at risk for HIV in all 50 states, the District of Columbia, Puerto Rico, and the U.S. territories. Congress first enacted the CARE Act in 1990 and, based on the CARE Act's strong record of delivering care to those in need, reauthorized the Act in 1996 and again in 2000.

Tremendous Unmet Need Remains

- An estimated 850,000-950,000 people are living with HIV disease in the U.S. Of those, the CDC estimates that 180,000-240,000 do not know they are infected, and 300,000 of those with HIV who do know their status are not receiving regular HIV-related care.
- The Centers for Disease Control and Prevention (CDC) has introduced a new HIV prevention initiative, *Advancing HIV Prevention*, designed to increase the number of HIV-positive people who are aware of their status and link them with appropriate medical care and treatment. This focus will increase the reliance on already thinly stretched Ryan White-funded care and treatment programs.
- On average, people living with HIV/AIDS are poorer than the general population, and those using services funded by the CARE Act are poorer still. For these individuals, the CARE Act is the payer of last resort—they are uninsured or have inadequate insurance and cannot cover the costs of HIV/AIDS care on their own, and no other source of payment, public or private, is available.

Funding Must Keep Up with Growth in Epidemic

For FY 2004, the Ryan White CARE Act needs a total appropriation of \$2.45 billion in order to respond to growth of the epidemic and the increasing costs of new HIV therapies and diagnostic testing.

Title I \$702.0 m (+\$86.98 m)

Title II: Care \$ 387.03 m (+\$50 m)

Title II: ADAP \$965.87 m (+\$217 m)

Title III: \$224.5 m (+\$27.3 m)

Title IV: \$101 m (+\$27.89 m)

Part F: AETCs \$46 m (+10.66 m)

Part F: Dental Reimbursement \$ 19 m (+\$ 5.67 m)

Source: CDC, HIV/AIDS Surveillance Report, 2002, Vol 14.

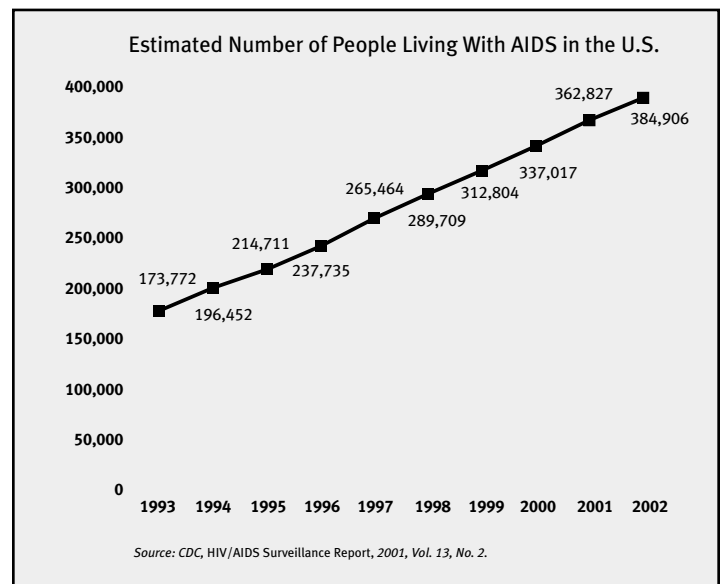
The CARE Act Works

CARE Act-funded services have:

- reduced AIDS mortality by 70 percent;
- curbed mother-to-child transmission of HIV by 85 percent;
- reduced HIV-related hospital admissions 30 percent nationally and up to 75 percent in some locales; and
- saved money by keeping people healthier so that they can stay out of the hospital and remain in the workforce longer.

Additional Benefits of CARE Act Funded Services

Linking people living with HIV/AIDS to appropriate care and treatment services, including access to antiretrovirals has many positive benefits. The benefits of treatment include:



- Extending lifespan and improving quality of life;
- Keeping people healthier, thereby reducing hospital stays and saving money;
- Promoting health so that people can stay in the workforce;
- Reduction in the incidence of transmission – studies have shown highly active antiretroviral treatment (HAART) have direct prevention benefits; and
- Saving money by treating HIV early: effective HIV treatment is expensive and requires extensive medical monitoring. The annual cost of medical care, including highly active antiretroviral therapy (HAART), for a person with early-stage HIV disease is \$15,404 per year, compared with \$30,261 per year for those with late-stage AIDS.

individuals with HIV infection and to help prevent high-risk behaviors that lead to infection. Also provides support to dental schools, postdoctoral dental education programs, and dental hygiene programs for non-reimbursed care.

- *Special Projects of National Significance (SPNS)* Supports the development of innovative HIV/AIDS service delivery models that have potential for replication in other areas.

CARE Act Programs Designed to Reach All Affected Communities

In FY 2004, the CARE Act is providing just over \$2 billion in care and treatment services through the following programs:

- *Title I (HIV Emergency Relief Grants to Cities)*
Provides funding for health care and support services to the 51 U.S. eligible metropolitan areas (EMAs) hardest hit by HIV/AIDS.
- *Title II (HIV Care Grants to States and States AIDS Drug Assistance Programs)*
Assists states and territories in improving the quality, availability, and organization of health care and support services for individuals and families with HIV disease, and provides access to pharmaceuticals through the AIDS Drug Assistance Program (ADAP).
- *Title III (AIDS Health Care Service Grants to Clinics)*
Provides support directly to community-based providers for early intervention and primary care services for people living with HIV/AIDS.
- *Title IV (Services for Children, Youth Women and Families)* Enhances access to comprehensive care and research of potential clinical benefit for children, youth, women, and their families with or at risk for HIV.
- *Part F: HIV/AIDS Education and Training Centers and Dental Reimbursement Program*
Supports training for health care providers to identify, counsel, diagnose, treat, and manage

New Funds Will Address Key Needs

Funding increases in the CARE Act are needed to:

- provide medical care and support services for the increasing caseload, due to new infections and people with HIV living longer
- respond to the care and treatment needs of individuals testing positive for HIV through CDC's enhanced testing focus
- address the increasing complexity and cost of delivering quality HIV medical care and diagnostic testing;
- meet new CARE Act requirements to reach out and serve people living with HIV/AIDS entering care;
- expand access to underserved areas;
- expand access to specialty medical care for patients with side effects directly related to HIV treatments;
- provide local community-based organizations serving underserved and isolated communities of color with increased infrastructure support and expanded service capacity;
- address the disparity in outcomes, access, and utilization of care and treatment by people of color living with HIV/AIDS;
- identify and link persons of color and people residing in rural areas with HIV to care;
- enhance the coordination, continuity and provision of care and treatment services for the incarcerated;
- help cover the increased costs of medications; and
- offer HIV prevention counseling and testing to thousands of individuals in communities at highest risk for HIV.