Ryan White HIV/AIDS Treatment Modernization Act

New... but improved?

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[with huge thanks to Bill McColl, AIDS Action]
Today’s talk will cover...

Brief overview/history

Current structure

Major changes in reauthorization

Implementation issues
Overview

- The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was first enacted by Congress in 1990.
- The CARE Act is required to be reauthorized, a process of reviewing and amending the law, usually every 5 years. The most recent reauthorization was for 3 years.
- The next scheduled reauthorization must take place by September 30, 2009.
Overview

- The CARE Act is the largest source of federal funding solely devoted to the provision of medical and support services for people living with HIV/AIDS and their families.
Overview

- April, 1990 - Ryan White dies
- August, 1990 - Ryan White CARE Act Authorize
- May, 1996 - Ryan White CARE Act Reauthorized
- October, 2000 - Ryan White CARE Act Reauthorized
- Sep, 2005 - Ryan White CARE Act Authorization Expired
- Dec 2006 - Ryan White CARE Act Reauthorized
Overview

- Congress must appropriate funding to the CARE Act each year as part of the Labor, Health and Human Services, and Education appropriations bill.

- In Fiscal Year (FY) 2007, Congress provided more than $2.1 billion dollars to the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) for distribution to CARE Act programs.
Current Structure – [goodbye titles]

- **Title I (Part A)** 22 Eligible Metropolitan Areas (EMAs) and 34 Transitional Grant Areas (TGAs) in US and PR. Title I funds core medical services and support services.
- **Title II (Part B)** 50 States, the District of Columbia and US territories for core medical services and supportive services. Funds AIDS Drug Assistance Program (ADAP) - provision of HIV meds in all states & territories.
- **Title III (Part C)** medical services to community based health centers
- **Title IV (Part D)** for women, children and families
- **Part F** – AIDS Education and Training Centers, dental SPNS
Major changes

- Three Year Reauthorization: Sunset Will Occur Sep. 30, 2006
- Title Structure Maintained: Title I is now divided into 2 subparts
- Minority AIDS Initiative: Codified as part of the CARE Act
- Title I Eligibility: EMAs – 2000 AIDS cases during most recent 5 year period. TGAs – 1000 – 1,999 AIDS cases during most recent 5 year period. (Hold Harmless eliminated)
- Title I and II Funding Distribution: Funding to be based on living HIV (and AIDS) cases except code based states (4 year transition plan)
Major changes

- Severity of Need Index: HRSA is authorized to create a Severity of Need Index which must be submitted to Congress for approval.

- Core Medical Services:
  - Applies only to Title I, II and III (not Title IV).
  - 75% of funds must go to core medical services.
  - 25% may go to support services.
  - Requirements can be waived.

So, what are they?
Major changes

Core Medical Services are:

1. outpatient and ambulatory health services;
2. medications;
3. pharmaceutical assistance;
4. oral health care;
5. early intervention services;
6. health insurance premium and cost sharing assistance for low-income individuals;
7. home health care;
8. medical nutrition therapy;
9. hospice services;
10. home and community based health services;
11. mental health services;
12. substance abuse outpatient care; and
13. medical case management, including treatment adherence services
Medical Nutrition Therapy

...is provided by a licensed registered dietitian outside of a primary care visit and includes the provision of nutritional supplements. Medical nutritional therapy provided by someone other than a licensed/registered dietitian should be recorded under pyschosocial support services.
Major changes

Support Services are:
1. Case management, non-medical;
2. Child care services;
3. Emergency financial;
4. Food bank, home delivered meals;
5. Health ed, risk reduction;
6. Legal services;
7. Linguistics

8. Medical transportation;
9. Outreach services;
10. Psychosocial support services;
11. Referral for health care, supportive;
12. Rehabilitation;
13. Respite care;
14. Treatment adherence counseling
Food bank/home-delivered meals

...must include the provision of actual food or meals. It does not include $ to purchase food or meals. The provision of essential household supplies such as hygiene items and cleaning supplies should be included in this item. Incl. vouchers to purchase food.
Ongoing issues

- Lack of Transparency at HRSA in release of Grant Awards
- Current Concerns ($5 million missing from ECs, where did the Title II full increase go?)
- Minority AIDS Initiative
Implementation

Timeline
- Title I formula awards – March 1 (TGA – Apr 17)
- Title II Base awards – April 5
- ADAP formula – April 1
- ADAP Supplemental – Aug 1
- Title I Supplemental awards - April 30
- State Supplemental – TBD
- ADAP Supplemental – June 1

Issues
- Early diagnosis grants program
- Core medical services (including waivers)
- Nutrition issues
  - food./nutrition in report language in the bill, but is HRSA paying attention?
- MAI
- TGAs
- Puerto Rico
What to do?

- ADVOCATE
  - Food and nutrition advocates need to be involved in planning process, local and national
  - Food providers need to provide medical outcomes – research and data
  - Engage in the 2008 election process
    - New President
    - New Congress
Thank you

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