

SEP 3, 2013

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PROVIDED BY  
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September 3, 2013

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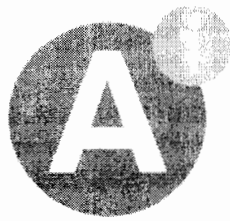
RE: Statement on the Reauthorization of the Ryan White HIV/AIDS Program

The Communities Advocating Emergency AIDS Relief (CAEAR) Coalition is a national membership organization which advocates for federal policy, legislation, regulations, and appropriations to meet the care, treatment, support and prevention needs of people living with HIV/AIDS and the organizations that serve them, focusing on health care reform and the evolving role of the Ryan White Program. CAEAR Coalition's proactive national leadership is focused on the Ryan White Program as a central part of the nation's response to HIV/AIDS. CAEAR Coalition's members include Ryan White Program Part A, Part B, and Part C consumers, grantees, and providers, as well as the Part F AIDS Education and Training Centers.

Since its original passage in 1991, the Ryan White HIV/AIDS Program has provided life-saving and life-enhancing medical, pharmaceutical, and essential care services to hundreds of thousands of individuals living with HIV/AIDS. Medical treatment and biomedical research have made tremendous advances since original passage. Over time, the Ryan White HIV/AIDS Program has been reviewed by Congress and community stakeholders and modified, through reauthorization, to address the new challenges facing state and local public health systems and community-based health care providers in order to respond appropriately to the HIV/AIDS epidemic of today.

The establishment and implementation of the Affordable Care Act (ACA) potentially will provide many people living with HIV/AIDS with the guaranteed coverage, through public and private insurance, of comprehensive medical and essential services that sustain and improve their health. CAEAR Coalition fully embraces the extension of comprehensive, guaranteed insurance coverage through the ACA. That being said, we know there will be important services left uncovered by insurance plans and jurisdictions that choose to implement the ACA in ways that will have differential impact on consumer access to comprehensive care. The 2012 Supreme Court decision, which affirmed the constitutionality of the ACA, also gave states flexibility on how and whether to expand their Medicaid programs. CAEAR Coalition knows that this significant variability among the states will impact support of expanded medical, pharmaceutical, and essential care services accessible to people living with HIV/AIDS.

The national HIV/AIDS advocacy community believes that a thorough review of the impact of ACA implementation on consumer access to high-quality, comprehensive HIV/AIDS health care access is essential before the Ryan White HIV/AIDS Program is reviewed by Congress for reauthorization. Thoughtful analysis will allow policy makers and key stakeholders to understand the types of services that the Ryan White Program will need to continue to provide and the related costs of sustaining



# THE AIDS INSTITUTE

September 3, 2013

Mr. Michael Emanuel Rajner, BSW  
Email: [merajner@gmail.com](mailto:merajner@gmail.com)

**Re: Comments on City of Ft. Lauderdale Proposed Resolution  
on Reauthorization of the Ryan White Care Act**

Dear Michael:

The AIDS Institute (TAI) is a private national nonprofit organization, based in Tampa, Florida, at the University of South Florida, Division of Infectious Disease & International Medicine. Since 1985, TAI has been the only Florida statewide organization providing leadership in HIV/AIDS public policy, research, advocacy, and education that seeks to reduce the number of new HIV infections and bring people who are HIV positive into lifesaving care and treatment.

**The AIDS Institute is in strong opposition to the City of Fort Lauderdale's draft resolution in support of reauthorizing, at this time, the Ryan White Care Act.** We, along with the Federal AIDS Policy Partnership's (FAPP) Ryan White Working Group, the Obama Administration, and many Congressional champions of the Ryan White Program in both the U.S. House of Representatives and U.S. Senate, do not support reauthorization at this time. It is our belief, and theirs, that it would be irresponsible to reauthorize the Ryan White Program (RWP) ahead of understanding how health reform implementation unfolds and impacts people living with HIV. Opening up the RWP to reauthorization at this time of great political discord in Washington, D.C., when many members of congress are looking at ways to cut federal programs could threaten the very existence of the RWP's future.

Importantly, the RWP does not contain a sunset provision. This allows it to continue to be funded through the regular federal appropriations process. Included in President Obama's FY13 budget request was the following:

*Please note that the Ryan White Program is authorized through September 30, 2013. However, the program will continue to operate. The 2009 reauthorization or the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87, October 30, 2009) does not include an explicit sunset clause. In the absence of a sunset clause, the program will continue to operate without a Congressional reauthorization.*

We are pleased that the President's budget included funding that continues the RWP in FY14. Additionally, the U.S. Senate Committee on Appropriations has also approved continued funding for the RWP in FY14. To date, the U.S. House Committee on Appropriations has not publically released its FY14 bill, but we understand they, too, would continue funding for the RWP in FY14.

<http://www.housingworks.org/advocate/detail/making-capitol-hill-visits-to-discuss-ryan-white/>

## AIDS Issues Update Blog

### HITTING CAPITOL HILL TO PROTECT THE RYAN WHITE CARE ACT

Posted by Tim Murphy , August 14, 2013

Starting this week, members of the [Ryan White Working Group](#), which is a part of the [Federal AIDS Policy Partnership](#), are visiting key staffers in the offices of House and Senate Democrats and Republicans. The reason? To discuss the future of the [Ryan White CARE Act](#), the largest provider of services for people with HIV/AIDS. (The CARE Act may be best known for ADAP, which provides HIV treatment, medication and insurance coverage assistance to people with no other means of coverage.) The current version of the CARE Act technically expires September 30 but thankfully includes no "sunset" provision. That means it'll go on providing funding and services as is until Congress can properly reconsider it.

That's good news, according to Bill McColl, political director of [AIDS United](#), one of the groups with advocates doing visits. (Others include the [Ryan White Medical Providers Coalition](#), the [National Alliance of State and Territorial AIDS Directors](#) and [The AIDS Institute](#).) The [Affordable Care Act](#), otherwise known as "ObamaCare," kicks in January 1, meaning that Ryan White recipients in many states will be able to get health coverage either through expanded Medicaid programs or through coverage plans available on new state-by-state health care exchanges. No one quite knows how those new options will mesh with Ryan White/ADAP, which is why McColl says the Ryan White Working Group is urging congresspeople to simply leave Ryan White alone for the moment to see how everything comes together.

Says McColl: "We want to make sure that Ryan White recipients get into the new options appropriately and that they continue to have access to Ryan White benefits like case management, transportation to and from doctor visits, translation and legal services, food, nutrition and access to emergency housing. They may also need continued Ryan White coverage of deductible and copays on their health plans. We don't want to be putting up new barriers to treatment, especially now that we know scientifically that [good HIV treatment also means good HIV prevention](#)."

Another reason to leave Ryan White alone right now, says McColl, is that in a congressional climate of radical sequestration (across-the-board budget cuts), this is no time for Republicans to be eyeing Ryan White for reductions. Already, the program, funded at \$2.3 billion, has lost nearly \$150 million. Just last week, Janet Weinberg, COO at [GMHC](#), had [a column](#) on HuffingtonPost about how the cuts have meant less staffing, nutritious meals, legal counseling and HIV testing at her agency.

Fortunately, says McColl, Democratic and Republican offices the working group has visited—he declined to name the offices, saying the meetings were private—seem to be in agreement that Ryan White/ADAP serve an essential purpose. McColl said that, currently, there were no actual HIV-positive Ryan White recipients among the working group to tell Hill staffers directly how the program has benefited their lives. However, according to Christine Campbell, Housing Works' vice president for national advocacy and organizing, working group members "were armed with some powerful stories from people living with AIDS about the impact of Ryan White in their lives."

McColl urged that advocates and people living with HIV/AIDS in individual states, especially in the South, organize such visits to their reps on Capitol Hill. (AIDS United provides [this toolkit](#) to help plan such visits. They're crucial, he stresses. "We're out there right now telling Congress that we finally have the ability to reverse infection rates, and Ryan White is part of that. Now is not the time to stop funding on it. We need to make it stronger."

Also included in the President's budget was a request to carry out two studies, one on the examination of "coverage completion" services provided by non-Ryan White payer sources; and the other on an assessment of the impact of full ACA implementation on the Ryan White Program. We believe that ACA implementation will take some time and Congress should await the results of these studies before it moves forward with any reauthorization.

We appreciate that in the future changes will be needed to make the RWP more responsive to the epidemic of today and to work alongside the changes brought by the health care law. However, we believe that changing the RWP now would be highly disruptive to the more than 500,000 Ryan White clients as well as to the integrity, expertise and successful national infrastructure of the RWP itself. Now is not the time to open up the law and put at risk a landmark piece of legislation that plays a critical role in addressing a communicable disease.

In the near future, we believe policy alternatives should be developed as to the RWP's future following a thorough analysis of implementation of health reform. Until then, we must protect the Ryan White Program, its clients, and stress the importance of continued funding during this difficult federal budget environment.

Thank you for this opportunity to comment on the resolution.

Sincerely,



Michael Ruppel  
Executive Director  
[mruppel@theaidsinstitute.org](mailto:mruppel@theaidsinstitute.org)

comprehensive care. Until we know that information, CAEAR Coalition believes it would be premature and short sighted to seek reauthorization or to propose significant adjustments to the program. Full implementation of the ACA begins in January 2014.

It should be noted that the Ryan White Program does NOT contain a sunset provision, allowing for it to continue to be funded through the regular federal appropriations process.

CAEAR Coalition strongly believes the Ryan White Program will remain an essential federal program to ensure that people living with HIV/AIDS are able to receive essential health care services that may remain unavailable through insurance and for those individuals who remain uninsured after full implementation.

CAEAR Coalition looks forward to working with its community partners to support the reauthorization of the Ryan White Program at the appropriate time.