

1 **The HIV/AIDS Community and Next Steps for The Ryan White CARE Act**

President's Advisory Council on HIV/AIDS

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2 **AGENDA**

Ryan White CARE Act - Community Activities

Background and Process

Division of Issues

Consensus Document

Next Steps

3 **Background and Process**

Ryan White Working Group

Original Working Group of the Federal AIDS Policy Partnership (FAPP) (2003)

Coalition of national, local and community-based service providers and HIV/AIDS organizations

HIV/AIDS service and medical providers

public health advocates

people living with HIV/AIDS

Consensus/Sign-on Process

4 **Background and Process**

Ryan White HIV/AIDS Treatment Modernization Act

Sunset (Repeal) – September 30, 2009

Reauthorization process difficult
Late Political and Community Compromise
Multiple Position Statements
Lack of Community Process
Implementation issues
Switch to HIV/AIDS data
Late Grants for Minority AIDS Initiative
Housing

5 **Background and Process**
Community Process Begins

Full Face to Face Meeting Convened – Sept. 10, 2008
Implementation issues – case by case
Sorted issues into “baskets”
Agreement to Develop Sign-On Consensus Document
Operating under extension for three years
Agreement to Revisit after elections
Subgroups on Hold Harmless, Core Services, Etc.
Additional Meetings Through December

6 **Division of Issues**

Implementation Fixes Needed before Extension
Legislative or “Technical” Fixes
Regulatory Fixes
Issues to Address in Extension
Issues for Full Reauthorization (2012)
Issues addressed through other processes
1st 100 Days
National AIDS Strategy
Health Care Reform

7 **Consensus Document**
Ryan White CARE Act - Community Activities

Final document six specific extension requests and four “technical fixes”

Initial release on March 10

Technical fixes previously released

Currently 150 organizations have signed on

Unprecedented level of Support

8 **Consensus Document**
Extension for 3 Years

Incomplete changes from the current reauthorization:

funding distribution formulas changed from estimated living AIDS cases to actual living HIV and AIDS cases

Client Level Data system

Testing of Severity of Need index

Ensure continuity during health care reform

Impact of health care reform and creation of National AIDS Strategy on the CARE Act as a gap filler

9 **Consensus Document**
Authorization levels

Current authorization - 3.7 percent increase for Parts A, B, C and 0 percent increases for Parts D and F

Proposal: Set authorization at “Such Sums as Necessary” for each fiscal years 2010 through 2012

10 **Consensus Document**
Protection for states with maturing HIV data

All states now collect name-based HIV data.

States with maturing systems allowed to submit HIV data to HRSA but incur a five percent penalty.

Recommended: States continue to have the option of submitting name-based data to HRSA until their state's name-based reporting system is deemed accurate and reliable by the HHS Secretary.

11 **Consensus Document**

Extension of TGA eligibility

Two tiers of Part A jurisdictions

Eligible Metropolitan Areas (EMAs)

Transitional Grant Areas (TGAs).

six current TGAs are in jeopardy of losing eligibility in FY 2010.

Proposal: TGAs retain status and continue to receive Ryan White funding.

References to FY 2006 should change to FY 2009 and FY 2007 should change to FY 2010.

12 **Consensus Document**

Extension of Hold Harmless Provisions

Current "hold harmless" applied to the Part A Eligible Metropolitan Area (EMA) to eligible cities and Part B formula grants to states.

funding for grants in FY 2007 95% of funding for FY 2006

funding for FY 2008 and FY 2009 at 100% of FY 2007.

Community concerns

formulas continue to fluctuate as new name-based HIV reporting systems mature

Potential for destabilization

13 **Consensus Document**

Extension of Hold Harmless Provisions Cont.

Proposal: hold harmless provisions for Parts A and B should be restarted by simply adjusting the dates on current legislation

formula grants FY 2010 at 95% of FY 2009 funding

Grants for FY 2011 and FY 2012 at 100% of FY 2010

Minority View:

FY 2010 at 95% of FY 2009 funding.

FY 2011 and FY 2012 funding to "better match the number of HIV/AIDS cases in each jurisdiction without destabilizing existing systems of care."

TGAs receive hold harmless measures

four agencies signed on

14 **Consensus Document**

Allow the Provision of Food Pursuant to a Doctor's Prescription as a Core Medical Service

Medical Nutrition Therapy (MNT) is an allowable core service but does not include the use of food.

Proposal: amend item (H) to state " Medical Nutrition Therapy, and food and nutrition services when provided pursuant to such therapy as advised by a physician"

Minority Viewpoint:

This is a substantive change beyond the scope of technical fixes

Three organizations support the minority view

15 **Consensus Document**

Alter the Definition of Medical Transportation and Allow it as a Core Medical Service

"medical transportation" classified as a support service and narrowly defined

Proposal: :

Remove "medical" from "medical transportation" in support services

Include "medical transportation" in core medical services.

Minority Viewpoint:

This is a substantive change beyond the scope of technical fixes

Three organizations support the minority view

16 **Consensus Document**

ADAP rebate dollars

Rebate model ADAPs have been instructed to spend rebate dollars before using their federal ADAP grant award leading to potential loss of funding

Proposal: rebate funds associated with ADAP should be made exempt from "program income" rules

17 **Consensus Document**

Unobligated funds

Part A and B grantees ineligible for supplemental awards if more than two percent of their award is unobligated after grant year

Community concern:undue burden on grantees (hiring freezes, spending caps, etc.)

Proposal:

strike or suspend "Corresponding Reduction in Future Grant" section

change the exception from 2 percent to 5 percent.

Minority View:

expand unobligated balances up to 5 percent

striking jurisdictions ineligibility for future supplemental funding)

18 **Consensus Document**

Part D medical expenses

Part D grantees instructed by HRSA to include medical expenses in their program budget despite exemption from core medical services set aside

Proposal: add language to ensure funds are not required to be used for primary medical care when other payers are available for such care.

19 **Consensus Document**

Client Level Data and SONI

Development of both Client Level Data (CLD) and Severity of Need Index (SONI) allowed but without implementation

CLD began testing on January 1, 2009 running parallel with the current HRSA data systems

SONI developed, but not tested

Proposal: Maintain current system and allow ongoing testing (SPNS)

20 **Next Steps**

Ryan White CARE Act Extension

Meetings with Administration Officials

Meetings with Members of Congress and Staff

Ongoing effort to maintain community support

21 **Ryan White Working Group Co-Chairs**

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