

## POLICY RECOMMENDATIONS FOR REAUTHORIZATION OF THE RYAN WHITE CARE ACT

### *Summary of Recommendations*

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**Emergency Designation**      **Recommendation #1:** Continue to fund the Ryan White CARE Act as an AIDS Emergency Relief Act.

**Title I Resource Allocation**      **Recommendation #2a:** Base Title I formula allocations on the number of persons reported to be living with AIDS adjusted for reporting delays within an Eligible Metropolitan Area (EMA), instead of the current “ten-year weighted AIDS case band.” Require the Centers for Disease Control and Prevention (CDC) to develop a national HIV/AIDS case data set from name- and non-name-based reporting systems and inclusive of all reported living HIV cases and, starting in FY 2007, base Title I formula awards on the number of persons reported to be living with HIV and AIDS adjusted for reporting delays. Maintain the protection-period provision for Title 1 formula allocations, applying percentages of 96, 92, 88, 84, and 79 over the course of five consecutive years of need beginning in the first year the protection period applies.

**Recommendation #2b:** Change the Title I EMA eligibility criteria from 2000 AIDS cases over the past five years to 1,500 estimated living AIDS cases adjusted for reporting delays. Starting in FY 2007, base EMA eligibility on living HIV and AIDS cases adjusted for reporting delays at a threshold determined to be equivalent to the 1,500 living AIDS case threshold.

Changing the EMA threshold will result in two to four new Title I jurisdictions previously funded through the top tier of the Title II Emerging Communities program. Accordingly, eliminate the top tier and transfer its \$5 million allocation to the Title I appropriated line item. Provide additional new funding for Title I to minimize potential funding reductions to continuing EMAs and support the addition of the new EMAs.

**Recommendation #2c:** Revise Title I EMA boundaries to be consistent with the most recent Metropolitan Statistical Area (MSA) or Metropolitan District (MD) boundaries, using whichever one most closely approximates the boundary of the existing EMA.

**Recommendation #2d:** Establish, by the end of FY 2006, objective, comparable, measurable and weighted indices to determine severity of HIV need for use in determining Title I supplemental allocations.

**Unduplicated Service Data**      **Recommendation #3:** Make it a goal of the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau to develop a national, unduplicated, client-level data system.

<b>Core Services</b>	<p><b>Recommendation #4a:</b> Continue support of jurisdictional level flexibility and accountability to determine the appropriate mix of HIV health care and supportive services, taking into account the local assessment of unmet and continuing needs and the availability of other resources.</p> <p><b>Recommendation #4b:</b> Maintain the current list of allowable services as described in the Ryan White CARE Act.</p> <p><b>Recommendation #4c:</b> Do not include a mandated set of Title I services, percentage set-asides for specific services, or limitations on the amount of funding that can be allocated at the jurisdictional level for an eligible service.</p>
<b>Title I HIV Health Services Planning Council</b>	<p><b>Recommendation #5:</b> Maintain the requirement that at least 33 percent of planning council members be persons living with HIV/AIDS and consumers of Title I services. Allow non-aligned consumers to retain their status for the remainder of the year if they become aligned to a funded entity by employment or board affiliation. Require planning councils to report annually on the demographic status of their memberships and ensure compliance with HRSA HIV/AIDS Bureau guidance.</p>
<b>Improving Accountability for Evaluation and Technical Assistance Funds at HRSA</b>	<p><b>Recommendation #6:</b> Require the HRSA HIV/AIDS Bureau to provide an annual report on the uses of the two percent evaluation tap and one percent technical assistance tap.</p>
<b>Title III Consumer Input</b>	<p><b>Recommendation #7:</b> Require Title III grantees to demonstrate that they have a mechanism for documented consumer input by documenting the process, the recommendations provided, and the outcomes of these recommendations.</p>
<b>Enhancing Federal Coordination</b>	<p><b>Recommendation #8a:</b> Provide a mechanism to rapidly resolve conflicting practices between federal agencies or departments coordinating with the HRSA HIV/AIDS Bureau.</p> <p><b>Recommendation #8b:</b> Require HRSA HIV/AIDS Bureau and Centers for Medicare &amp; Medicaid Services (CMS) leadership to assess the coordination of Ryan White CARE Act programs and state Medicaid programs.</p> <p><b>Recommendation #8c:</b> Do not penalize a Title EMA in its grant if its HIV health services planning council has been unable to fulfill its obligation to include the State Medicaid Agency and the agency administering the program under part B, but has shown documented due diligence in its attempt to fulfill this obligation.</p> <p><b>Recommendation #8d:</b> Maintain existing parameters for Early Intervention Services and other collaborations outlined in the Ryan White CARE Act.</p>

**Recommendation #8e:** Expand existing language to direct biennial consultation between the Departments of Health and Human Services and Veterans Affairs. Encourage Title I HIV health services planning councils to include representation from the local VA facilities in their membership and maintain VA facilities' eligibility for Ryan White CARE Act funds.

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**AIDS Education and Training Centers**

**Recommendation #9:** Reauthorize and continue funding the AIDS Education and Training Centers.

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**Oral Health Services**

**Recommendation #10a:** Reauthorize the HIV/AIDS Dental Reimbursement Program and the Community-Based Dental Partnership Program as separately funded programs.

**Recommendation #10b:** Maintain current eligibility criteria for grantees in the HIV/AIDS Dental Reimbursement Program.

**Recommendation #10c:** Maintain the retrospective reimbursement system in the HIV/AIDS Dental Reimbursement Program with a requirement that providers document that clients served are living with HIV disease.

**Recommendation #10d:** If additional funding is appropriated, additional accredited dental schools should be encouraged to apply for community-based partnership grants, while communities that lack an accredited dental school should be eligible to apply for these grants independently.

**Recommendation #10e:** Permit HIV/AIDS Dental Reimbursement Program grantees to utilize Ryan White CARE Act funds to participate in Ryan White CARE Act grantee meetings.

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**Price of Pharmaceuticals**

**Recommendation #11:** Direct the Secretary of Health and Human Services to ensure that Ryan White CARE Act programs receive the lowest price available to the federal government for pharmaceutical products, unless otherwise negotiated at a lower rate.

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**Infrastructure and Capacity Expansion Program**

**Recommendation #12:** Expand Part F to include the “Infrastructure and Capacity Expansion Program” to be funded through a new appropriation line item with such sums as may be necessary. This program should be used expressly to provide resources to help organizations and jurisdictions serving medically underserved minority, rural, and urban communities build the infrastructure and capacity they need to improve HIV/AIDS care in underserved communities.

The following recommendations do not require legislative changes to the Ryan White CARE Act, but do require administrative action or Congressional action in other areas.

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**Title III**

**Recommendation #13a:** Establish a formal plan to ensure that HIV/AIDS care is identified as a core component of health care services to be provided by 330 Clinics and other Federally Qualified Health Centers. Establish greater collaboration between the HRSA HIV/AIDS Bureau and the Bureau of Primary Health Care to reduce barriers that prevent community-based HIV service providers from successfully competing to become 330 Clinics and Federally Qualified Health Centers.

**Recommendation #13b:** Instruct the HRSA HIV/AIDS Bureau to be flexible in their initial agency capacity assessment to determine which capacity building grant category an agency is best suited to apply for based on their developmental stage.

**Recommendation #13c:** Make widely known the availability of technical assistance from Title III programs and HRSA in the development of unique, effective service delivery models.

**Recommendation #13d:** Strengthen the HIV care infrastructure of Title III programs by directly funding existing and new Title III projects in rural and medically underserved areas, and those in smaller communities.

**Recommendation #13e:** Direct HRSA to work collaboratively with the CDC to implement CDC's Advancing HIV Prevention Initiative.

**Recommendation #13f:** Support continued use of Minority AIDS Initiative (MAI) resources to expand the number of planning and capacity building grants, as well as early intervention services grants, targeted to culturally competent organizations with a history of serving minority communities.

**Recommendation #13g:** Establish a process to inform Title III grantees when organizations within their respective states are awarded planning and capacity building grants.

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**Minority AIDS Initiative**

**Recommendation #14:** Preserve the MAI to address the development, implementation and provision of high quality care to underserved populations. Maintain the existing MAI structure, increase appropriations to the MAI, and maintain MAI allocations through existing Ryan White CARE Act Titles. Do not use MAI funds to supplant other HIV/AIDS resources at the local level.

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**Federal Coordination**

**Recommendation #15:** Encourage direct collaboration between local care and prevention planning bodies and require care planning bodies to work with their local prevention counterpart to conduct a joint assessment of the merits and challenges of collaboration and establish a plan for future coordination.