

Principles for Ryan White CARE Act Reauthorization

- The Ryan White CARE Act works, and it must be reauthorized.
- People living with HIV, especially consumers of CARE Act services, must be a central part of the reauthorization process and provide continued input into CARE Act planning.
- The existing CARE Act title structure must be maintained to provide the ability to target policies and resources to diverse populations impacted by the AIDS epidemic.
- The CARE Act must address current, evolving and ongoing emergency needs of people living with HIV and AIDS and the organizations that serve them.
 - Many people with HIV/AIDS are living longer.
 - Many people living with HIV/AIDS need access to more treatment and medical support services.
- Community planning, coordination with health care systems and local decision-making are central to the success of CARE Act programs.
- A comprehensive range of services should be supported; including HIV testing, prevention counseling, treatment and supportive services, which must be available in sufficient quantities, appropriate to local need.
- CARE Act funding and program guidance must continue to take into consideration that HIV/AIDS is a life threatening infectious disease that is an ongoing public health emergency.
- The CARE Act must commit to:
 - Strengthen and reenergize the Planning Councils and Consortia
 - Address geographic variability and stabilize necessary and effective systems of care
 - Reinvest in maintenance and expansion of service capacity, targeted education and training of health care providers (AETCs), including continuing medical education and systems improvement projects.
- The AIDS Drug Assistance Program must remain an essential component of the CARE Act.