

# **Ryan White CARE Act Reauthorization**

AIDS Foundation of Chicago

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[www.aidschicago.org](http://www.aidschicago.org)



# What is the CARE Act?

- Largest source of discretionary federal funds for HIV/AIDS care
- First created by Congress in 1990; reauthorized in 1996 and 2000
- Funding determined by Congress annually
- \$2.05 billion in FY05 (current year)

# How is the CARE Act Currently Structured?

- Title I — Grants to 51 hard-hit cities (30%)
- Title II— Grants to states and territories
  - *BASE*: Array of HIV services (16%)
  - *ADAP*: Medication assistance (38%)
- Title III—Grants to clinics (10%)
- Title IV: Women and family services ( 3%)
- AETCs: Medical provider training ( 2%)
- Dental: Grants for dental service ( 1%)



# What is *authorization*?

- Congress can create federal programs by passing “authorization” legislation
- The “authorization” defines the scope of the program and its key components
- Authorizations are time-limited, typically five years
- While authorizations can recommend funding, allocations are made separately through an annual process known as “appropriations”

# Reauthorization 2005

- The current authorization expires September 30, 2005
- Senator Coburn (R-OK) held a hearing in June on CARE Act funding
- Numerous national and regional groups have developed position papers
- The Bush administration unveiled its recommendations on July 27, 2005.

**The New York Times**  
nytimes.com

“It doesn't take a degree in public administration to know that the government should not be in the business of punishing the places that try hardest. That's what the Bush administration is planning to do when it comes to money to fight AIDS.”

Editorial, August 18, 2005

## ***Bush Plan:***

# **Dramatic Shift in Resources**

- **Pits Urban against Rural:** Cuts significant funds from states with one or more cities with Title I to expand services elsewhere, effectively shifting disparities to the inner cities
- **Disrupts Continuity of Care:** Eliminates a provision, known as hold-harmless, which caps the amount of money a jurisdiction may lose as a result of emerging trends
- **Cuts Essential Services:** Shifts funding away from essential services (such as housing, case management, mental health, transportation, and substance abuse treatment) to increase dollars for medical care

## ***Bush Plan:***

# **Dramatic Shift in Resources**

- **Creates Disincentives:** Penalizes states that invest in ADAP, Medicaid, and prevention
- **Effectively Requires Name-based Reporting:** States like Illinois with non-name-based reporting lose funding
- **Diverts Scarce Funding to Prevention:** Requires states to make testing routine, despite state laws about informed consent and counseling
- **Weakens Community Oversight:** Makes community planning optional and gives mayors broad autonomy on geographic distribution of Title I grants, which are supposed to cover suburban and rural areas surrounding Title I cities

## *Bush Plan:*

# Dramatic Shift in Resources

- **Creates additional and costly administrative requirements:** Onerous new administrative requirements will involve mountains of new paperwork, diverting scarce funding away from direct services. Jurisdictions will also disrupt care if required to return any funds not fully expended in the project year.
- **ADAP drug list:** While potentially helpful as a remedy for notoriously poor ADAP formularies, states should receive incentives to offer access to more than just minimum-list medications.
- **No new funds:** The proposal merely shuffles how current levels of CARE Act funds are distributed, which will shift needs to new regions and service categories but make no real advances in meeting the needs of all people with HIV/AIDS in the U.S.


# What this Means for Illinois?

- If enacted as proposed, Illinois stands to lose **MILLIONS** for HIV/AIDS services—the decrease could be as high as 25%!
- Services would be cut for people with HIV *statewide*. The impact would likely be most severe for suburban and rural clients where HIV specialty services are remote.
- Non-medical services disappear as do scores of AIDS Service Organizations.
- Illinois might be forced to scale back ADAP and/or start a waiting list.

## Proposal Betrays Lack of Understanding about Domestic HIV/AIDS

- According to recent studies, more than 200,000 people with HIV in the U.S. cannot access the HIV meds they need
- Another 300,000+ lack consistent access to medical care
- Essential services—like housing, case management, legal, transportation—are cost-effective and help poor and sick people access care
- AIDS in America is not over. Services are NOT adequately funded by any means.

# Take Action

- Write a letter IMMEDIATELY! Send it to Senators Durbin, Obama, House Speaker Denny Hastert and your own member of Congress
- Write the governor, mayor, and other elected officials
- Set up congressional district visits 
- Organize provider letters

# Next Steps in the Process

- The Senate HELP Committee (chaired by Senator Enzi of Wyoming) will likely hold hearings in Sept. and release draft legislation
- The House could draft separate legislation. The Health Subcommittee of Energy & Commerce has jurisdiction over reauthorization

# Influential IL Members

- Senators Durbin & Obama
- Suburban members, especially:
  - Denny Hastert (Aurora)
  - Mark Kirk (Deerfield)
  - Judy Biggert (Willowbrook)
  - Jerry Weller (Joliet)
- Health Subcommittee Members:
  - John Shimkus (Collinsville)
  - Bobby Rush (Chicago)

# Key Talking Points

- The White House proposal shifts disparities to populous states without making any real progress against HIV/AIDS in the whole country.
- The CARE Act must be made stronger! It is unacceptable to have long ADAP waiting lists and hundreds of thousands of people without care in the U.S.
- HIV care must be comprehensive and readily available.
- A strong CARE Act is good public health, and will help slow the spread of HIV.
- Local planning is essential.

# Learn More

- **Join AFC's Statewide Advocacy Network:**  
[www.aidschicago.org/advocacy/join\\_network.php](http://www.aidschicago.org/advocacy/join_network.php)
- **Visit the CARE Act Action Center:**  
[aidschicago.org/advocacy/care\\_act.php](http://aidschicago.org/advocacy/care_act.php)
- **Join local C2EA efforts on Friday, Sept. 30 and Saturday, Oct. 1 to speakout:**  
[aidschicago.org/advocacy/news.php](http://aidschicago.org/advocacy/news.php)