



Ryan White Legislative Group

Overview of Key Recommended Legislative Changes to the Ryan White CARE Act

PART A: TITLE I

■EMA Eligibility Criteria

SEC. 2601 ESTABLISHMENT OF PROGRAM GRANTS (a) ELIGIBLE AREAS Change EMA eligibility to 1,500 estimated living AIDS cases adjusted for reporting delays and starting in FY 2010 base eligibility on living cases of HIV disease adjusted for reporting delays at a threshold equivalent to the 1,500 living AIDS case threshold.

■EMA Boundaries

SEC. 2601(c) REQUIREMENTS REGARDING POPULATION (2) GEOGRAPHIC BOUNDARIES Revise EMA boundaries to be consistent with the most recent OMB geographic boundaries.

■Consumer Involvement

SEC. 2601(e) CONSUMER RECOMMENDATIONS AND GRIEVANCES Require documented procedures for soliciting and responding to consumer recommendations and for filing of grievances.

■Planning Council Membership

SEC. 2602 ADMINISTRATION AND PLANNING COUNCIL (b) HIV HEALTH SERVICES PLANNING COUNCIL (2) REPRESENTATION (C) ANNUAL REPORT Require planning councils to submit annual reports on the demographic status of their membership and their compliance with membership requirements.

■Funding Formula

SEC. 2603 TYPE AND DISTRIBUTION OF GRANTS (a) GRANTS BASED ON RELATIVE NEED OF AREA (3) AMOUNT OF GRANT (C) NUMBER OF CASES Change basis of formula funding from weighted ten-year case band to living AIDS cases adjusted for reporting delays (FY 2007, 2008, and 2009) and living cases of HIV disease adjusted for reporting delays thereafter.

■National HIV Data

SEC. 2603(a)(3)(D) CERTIFICATION OF SECRETARY REGARDING DATA ON HIV CASES Require the Secretary of Health and Human Services to certify a national HIV data set by September 30, 2009 for use in determining EMA eligibility and funding formulas.

■Protection Period

SEC. 2603(a)(4) INCREASES IN GRANT (A) IN GENERAL Maintain the protection-period provision for 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.

■Determining Need in Supplemental Grants

SEC. 2603(b) SUPPLEMENTAL GRANTS (1) IN GENERAL (B) and (2) AMOUNT OF GRANT (B) SEVERE NEED Require the Secretary to develop objective, comparable, measurable, and weighted indices to determine severity of HIV need for use in determining supplemental grant awards.

■Core Medical Services

SEC. 2604 USE OF AMOUNTS (b) PRIMARY PURPOSES (1) IN GENERAL (E) Require EMAs to document annually the systems they have in place to meet the basic, core medical needs.

▪**WICY Data and Waivers**

SEC. 2604 (b)(4) PRIORITY FOR WOMEN INFANTS AND CHILDREN Require use of HIV data for this section once the data set is certified for an eligible area. Limit waivers to one year and require EMAs, to the best efforts possible, to consult with Title IV projects and other relevant parties as part of the waiver application process.

▪**Federal Coordination**

SEC. 2606 FEDERAL COORDINATION AND TECHNICAL ASSISTANCE (a) FEDERAL COORDINATION Require HRSA to enter into cooperative agreements with other federal programs, including the Centers for Medicare and Medicaid Services, to improve the coordination and efficiency of HIV-related health care services.

PART B: TITLE II

▪**WICY Data and Waivers**

SEC. 2611 GRANTS (b) PRIORITY FOR WOMEN, INFANTS AND CHILDREN Require use of HIV data for this section once the data set is certified for a state. Limit waivers to one year and require states, to the best efforts possible, to consult with Title IV projects and other relevant parties as part of the waiver application process.

▪**Consumer Involvement**

SEC. 2611 (c) CONSUMER RECOMMENDATIONS Require documented procedures for soliciting and responding to consumer recommendations and for filing of grievances.

▪**Open Meetings**

SEC. 2613 GRANTS TO ESTABLISH HIV CARE CONSORTIA (b) ASSURANCES (1) REQUIREMENT Require appropriate public notice of consortia meetings, which must be open to the public with minutes available within 14 days.

▪**Drug Costs**

SEC. 2616 PROVISION OF TREATMENTS (d) DUTIES OF THE SECRETARY Ensure that the price for a therapeutic does not exceed the lowest price available to any federal government entity in the United States.

▪**Funding Formula**

SEC. 2618 DISTRIBUTION OF FUNDS (a) AMOUNT OF GRANT TO STATE (2) DETERMINATION (D) Base formula funding on living AIDS case adjusted for reporting delays (FY 2007, 2008 and 2009) and living cases of HIV disease adjusted for reporting delays thereafter.

▪**National HIV Data**

SEC. 2618(a)(2)(E) CERTIFICATION OF SECRETARY REGARDING DATA ON HIV CASES Require the Secretary to certify a national HIV data set by September 30, 2009 for use in determining funding formulas and emerging community eligibility.

▪**Protection Period**

SEC. 2618(a)(2)(H) LIMITATION Maintain the protection-period provision applying percentages of 98.5, 97, 95.5, 94, and 92.5 over the course of five consecutive years of need.

▪**Emerging Community Eligibility**

SEC. 2620 SUPPLEMENTAL GRANTS (d) DEFINITION OF EMERGING COMMUNITY Change the eligibility criteria to 500-1,499 living AIDS cases adjusted for reporting delays until FY2010 when eligibility would be based on living HIV cases adjusted for reporting delays at a threshold equal to the 500-1,499 living AIDS cases threshold.

▪**Emerging Community Funding**

SEC. 2620 (e) FUNDING (1) IN GENERAL (A) and (B) Lower the funding ceiling for this program to \$5 million to reflect the smaller number of eligible communities.

SEC. 2620 (e) (5) CONTINUED STATUS AS EMERGING COMMUNITY Assure continued emerging community funding over the life of the authorization for all communities funded through the program in FY 2006.

SEC. 2620 (e) (6) USE OF FUNDS Provide emerging community funding to those communities that qualify for Title I EMAs for one year, until their Title I funds become available.

▪ **Non-EMA Grants to States**

SEC. 2632 ADDITIONAL GRANTS TO STATES Create a new competitively based grant program to support HIV/AIDS services in areas of severe need outside of metropolitan areas, authorized at \$80 million per fiscal year.

PART C: TITLE III

▪ **Consumer Involvement**

SEC. 2651 ESTABLISHMENT OF PROGRAM (d) CONSUMER RECOMMENDATIONS AND GRIEVANCES Require documented procedures for soliciting and responding to consumer recommendations and for filing of grievances.

PART D: TITLE IV

▪ **Services for Youth**

SEC. 2671 GRANTS FOR COORDINATED SERVICES AND ACCESS TO RESEARCH FOR WOMEN, INFANTS, CHILDREN, AND YOUTH (a) GENERAL (3) Defines “youth with HIV” and authorizes health care and other supportive services designed to recruit and retain youth in care.

▪ **Consumer Involvement**

SEC. 2671 (b) CONSUMER RECOMMENDATIONS AND GRIEVANCES Require documented procedures for soliciting and responding to consumer recommendations and for filing of grievances.

▪ **Vaccine Research**

SEC. 2671 (c) PROVISIONS REGARDING PARTICIPATION IN RESEARCH (1) IN GENERAL (C) Require applicants to show linkages to HIV vaccine research.

▪ **Family-centered Care**

SEC. 2671 (d) ADDITIONAL SERVICES FOR PATIENTS AND FAMILIES Require the applicant to provide coordinated, family-centered care.

▪ **Effectiveness of Strategies to Prevent Mother-to-Child Transmission**

SEC. 2671 (I) DEMONSTRATION GRANTS Authorize demonstration grants to assess the effectiveness of two strategies to reduce mother-to-child transmission of HIV.

▪ **Domestic Research on Pediatric Populations**

SEC. 2673 RESEARCH, EVALUATION, AND ASSESSMENT PROGRAM (d) COMMITMENT TO ADDITIONAL RESEARCH Require domestic research in specific areas related to pediatric populations with HIV disease.

PART D: GENERAL PROVISIONS

SEC. 2679. UNDUPLICATED SERVICE DATA Following enactment of the Ryan White CARE Act Amendments of 2006, the Health Resources and Services Administration HIV/AIDS Bureau shall make every effort to develop a national, unduplicated, client-level data system for all programs funded under the Ryan White CARE Act.

PART F

▪ **Consumer Involvement**

SUBPART I -SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE SEC. 2691 SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE (b) GRANTS (4) Require documented procedures for soliciting and responding to consumer recommendations and for filing of grievances.

▪ **Capacity Building in Minority and Rural Communities**

SUBPART III – CAPACITY BUILDING Establish new planning and development grants to small minority community-based organizations and to rural community-based organizations to assist in expanding their capacity to provide HIV-related health services in low-income communities and in underserved rural and minority populations. Grants to a funded organization could not exceed \$250,000 per year and would be limited to four years. Funded organizations could have an annual budget up to \$2 million. The program would be authorized at \$100 million per fiscal year.

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