COMMUNITIES ADVOCATING EMERGENCY AIDS RELIEF

CAEAR COALITION

The Ryan White CARE Act was first enacted in 1990 and has been reauthorized four times—first in 1996 and again in 2000, 2006, and 2009. The Act is divided into parts, each designed to address a specific component or aspect of the HIV/AIDS epidemic. The federal agency responsible for implementing and managing Ryan White CARE Act programs is the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA) in the Department of Health and Human Services (HHS). Since its enactment, the Ryan White HIV/AIDS program has created exemplary models of community-based care for people living with HIV/AIDS that have kept thousands of individuals alive and thriving. While much progress has been made, the HIV/AIDS crisis remains a national health care emergency.

As the Affordable Care Act (ACA) integrates and coordinates HIV care and access to treatment across healthcare systems, the Ryan White program, in small towns and large cities, in territories and states alike, continues to fill gaps between comprehensive HIV care and the more limited services covered by public and private insurance. It is the largest federal program focused exclusively on HIV care and treatment and remains an essential resource providing critical health services for people living with HIV/AIDS.

The Ryan White program was funded at $2.32 billion in FY2016 – a $4 million increase from FY2015. The CAEAR Coalition is thankful Congress and the Administration came together last year and reversed some of the damaging sequester cuts. Now, as we look to FY2017 spending measures, the CAEAR Coalition asks Congress to continue and grow these investments.

Specifically, the CAEAR Coalition urges Congress to fund the Ryan White HIV/AIDS Program at a total of $2.465 billion in FY2017, an increase of $141.8 million over FY2016, distributed in the following manner:

☐ Part A: $686.7 million **(+$30.8m)**	☐ Part B (Care): $437 million **(+$22.3m)**
☐ Part B (ADAP): $943.3 million **(+$43.0m)**	☐ Part C: $225.1 million **(+$20.0m)**
☐ Part D: $85 million **(+$9.9m)**	☐ Part F/AETC: $35.5 million **(+$1.9m)**
☐ Part F/Dental: $18 million **(+$4.9m)**	☐ Part F/SPNS: $34 million **(+$9.0m)**

Need for HIV/AIDS Care and Treatment Continues to Grow

- The Centers for Disease Control and Prevention (CDC) has significantly increased efforts to expand HIV testing in hard-hit communities across the country. Unfortunately, the number of new HIV infections annually in the U.S. remains unacceptably high. The CDC estimates 43,000-46,000 new infections have occurred annually over the past five years.[1] Currently the CDC estimates that there are 1.2 million people living with HIV in the United States, with 1 in 8 unaware that they are HIV positive.[2] We also know that the newly infected are increasingly people of color, with very low incomes, and are living in underserved areas of the U.S.

[1] Centers for Disease Control and Prevention, *HIV Surveillance Report*, 2014; vol. 26. www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf.
[2] Centers for Disease Control and Prevention (CDC). Today's HIV/AIDS Epidemic, July 2015, Available at: www.cdc.gov/nchhstp/newsroom/docs/factsheets/todaysepidemic-508.pdf.

- The CDC estimates that 17,000 people diagnosed with HIV still die each year in the U.S., and more than 670,000 people have died since the start of the epidemic.[3] The Health and Human Resources Treatment Guidelines document the importance of early HIV/AIDS treatment both to the health and wellness of people already living with HIV, but also to reduce significantly the ability of infected individuals to infect others — which, if broadly implemented, could be the catalyst to propel the United States to the goal of getting to zero new HIV infections and the end of the HIV epidemic.

Ryan White HIV/AIDS Programs Addresses Unmet Need

- The Ryan White HIV/AIDS Program continues to play a critical role in addressing coverage gaps and affordability of health care for people living with HIV. It also ensures access to care and treatment for those who remain uninsured. Ryan White is the largest source of federal funding exclusively dedicated to HIV-related treatment, care and support services, serving 536,000 people living with HIV each year.[4]

- Individuals living with HIV who are in care and on treatment have a much higher chance of viral suppression and, therefore, reduces the opportunity to transmit the HIV virus. In fact, over 81% (an increase of over 17% since 2010) of Ryan White clients have achieved viral suppression compared to just 30% of all HIV-positive individuals nationwide.

- The ACA is providing new access both to Medicaid and private health insurance for people with HIV in states that have fully implemented the law. Ryan White enhances the affordability of marketplace insurance plans and provides essential services unavailable through health insurance, but essential to people with life-threatening diseases, such as medical transportation, drug adherence support, and treatment and care coordination.

Part A: Grants to Cities and Communities

- Ryan White Part A provides funds for medical and support services in urban areas with high numbers of people living with HIV, as well as mid-sized cities that have emerging needs for assistance with their HIV-infected populations. The boundaries of the areas are based on the Metropolitan Statistical Areas of the U.S. Census Bureau and may range in size from a single city or county to multiple counties and cross state boundaries.[5]

- More than 70% of all people living with HIV/AIDS in the U.S. reside in one of 52 Part A communities. Part A serves an estimated 300,000 people living with HIV/AIDS per year.

- $655.6 million in 2016 will partially address the current unmet need for medical care and some support services for uninsured and underinsured people living with HIV/AIDS in these hard-hit communities. In FY2017, CAEAR Coalition urges Congress to increase Part A funding by $30.8 million.

- As more Ryan White Part A services are integrated into the ACA, the CAEAR Coalition will continue to assess the service mix essential to high-quality, comprehensive HIV care. The new systems of care developed by ACA must ensure that they have the capacity to address complex

[3] Centers for Disease Control and Prevention, *HIV Surveillance Report*, 2014; vol. 26. www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf.
[4] Health Resources and Services Administration, HIV/AIDS Bureau. About the Ryan White HIV/AIDS Program. N.D. http://hab.hrsa.gov/aboutheab/abouthprogram.html.
[5] *The Ryan White HIV/AIDS Program Overview and Impact of the Affordable Care Act*, Congressional Research Service, November 24, 2015, page 3. www.crs.gov R44282

HIV care for aging populations as well as the unique health care needs of young people with no history of preventive healthcare access.

Part B: Grants to States

- Ryan White Part B provides grants to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and five jurisdictions in the Pacific. Grant funds may be used for drug treatments, home and community-based health care, and support services or health insurance coverage for low-income persons.[6]

- $414.7 million in *Part B: Care* and $900.3 million in *Part B: ADAP* funding in FY2016 resulted in level funding for these two critical programs. In FY2017, CAEAR Coalition urges Congress to increase *Part B: Care* funding by $22.3 million and *Part B: ADAP* funding by $43.0 million.

- The AIDS Drug Assistance Programs (ADAPs), also funded by Part B, provide treatment access for thousands of people living with HIV who are ineligible for ACA services. ADAPs are essential tools to support affordability of HIV treatments for individuals with private health insurance who struggle with unaffordable co-insurance and co-pay requirements.

- In 2012, about 60% of HIV-positive people in care in the United States received their medications through state ADAPs.[7]

- Since January of 2014, ADAPs have supported insurance enrollment for nearly 68,000 clients through the implementation of the ACA, with 47,697 (70%) transitioning into Qualified health Plans (QHPs) and the remainder transitioning to expanded Medicaid.[8]

- The ACA shifts the majority of treatment costs to insurance payers, but for people with HIV, treatment access through ACA implementation is still frequently dependent on ADAPs resources to mitigate the extremely high out-of-pocket costs of anti-retroviral drugs. ADAP, in the era of ACA, is an essential component of Ryan White that guarantees treatment access for both low-income insured and uninsured individuals.

Part C: Grants to Community Health Centers and Clinics

- Over 247,000 persons living with HIV/AIDS receive medical care in Ryan White Part C-funded community health centers and clinics each year.

- $205.1 million in FY2016 allows Part C clinics to provide outpatient medical care to the 30,000+ people expected to enter care at those sites next year. CAEAR Coalition believes that an increase of $20.0 million in FY2017 is necessary to address the growing demand on Part C programs.

- CAEAR Coalition is actively engaged with HRSA regarding its proposal to integrate Part D programs into Part C, bringing both Part D resources and a modest increase to accommodate new programs. Client-service quality, provided in a culturally competent environment with appropriate staffing, must be the primary consideration and a guarantee of any consolidation. The CAEAR Coalition will continue to engage with HRSA as this proposal moves through the process.

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[6] *The Ryan White HIV/AIDS Program Overview and Impact of the Affordable Care Act*, Congressional Research Service, November 24, 2015, page 6. www.crs.gov R44282

[7] HRSA, FY2016 Justification of Estimates for Appropriations Committees, p. 282, http://www.hrsa.gov/about/budget/budgetjustification2016.pdf

[8] ADAP Supports Expanded Access to Care, NASTAD, July 2015. https://www.nastad.org/blog/aids-drug-assistance-program-supports-68000-people-living-hiv-gaining-aca-coverage

Part F: Grants to AIDS Education and Training Centers

- $33.6 million in FY2016 for AIDS Education and Training Centers (AETCs) continues to support the training of healthcare providers to care for growing patient caseloads and address the growing complexities of treating those with co-morbidities and drug side effects. To address the growth of Part F: AETC programs, CAEAR Coalition requests $1.9 million in additional dollars in FY2017.

Funding Requests

As CAEAR Coalition's partners at the National Alliance of State and Territorial AIDS Directors noted, "The Ryan White program continues to provide vital enabling services that are either not covered or not fully covered by QHPs and Medicaid. The program also continues as a vital safety net for the remaining uninsured, including those who fall into the "Medicaid gap" as well as individuals categorically ineligible for federal programs."

CAEAR Coalition joins its partners at the AIDS Budget and Appropriations Coalition in thanking Congress for its strong bipartisan support for domestic HIV/AIDS programs across the federal government. With adequate funding in FY2017, the Ryan White Program will continue to aid the nation in its fight against HIV/AIDS and ensure that everyone has access to the proper prevention, care, and treatment options they need.

About CAEAR
The Communities Advocating Emergency AIDS Relief (CAEAR) Coalition is a national membership organization which advocates for federal policy, legislation, regulations, and appropriations to meet the care, treatment, support and prevention needs of people living with HIV/AIDS and the organizations that serve them, focusing on health care reform and the evolving role of the Ryan White Program. For more information, please visit www.caear.org.