



NEWS RELEASE

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Comprehensive Analysis of Ryan White CARE Act Funding Patterns Shows Broad Funding Equity Across the U.S.

Southern States Funded at Levels Equal to Vast Majority of the Nation

A new analysis of all Ryan White CARE Act funding to states/territories finds that all four regions of the United States are within \$350 of the national CARE Act funding rate of \$4,745 per person living with AIDS and the three states with the most CARE Act Title I eligible metropolitan areas are below the national funding rate. (See attached fact sheet.) The analysis is based on data from the Kaiser Family Foundation's statehealthfacts.org website.

“For too long, there has been a misperception fueled by incomplete data that states receiving Title I funds are unfairly advantaged in CARE Act funding and that the South is far below other regions in its funding per person living with AIDS,” said Patricia Bass, Chair of the CAEAR Coalition, which prepared the analysis. “In fact, these data show that there is remarkable consistency across the country. We must recommit to working together to increase the resources available to all regions of the country rather than attempting to create divisions with the use of misleading information, which has too often been the case during the debate over CARE Act reauthorization.”

CAEAR Coalition's calculations are based on the total amount of FY2004 CARE Act funds that each state, territory or region received divided by the number of people living with AIDS in that state, territory or region at the end of 2004. Some prior analyses of the CARE Act have focused only on Title I and/or Title II of the CARE Act, but states and territories receive funding to provide services to uninsured and underinsured people living HIV/AIDS through multiple Titles and components.

“An accurate analysis of CARE Act funding per person living with AIDS must take into account all Titles and components of the CARE Act, rather than a selective analysis of certain aspects of the program,” said Robert Cordero, CAEAR Coalition board member. “In the last reauthorization, CAEAR Coalition supported a provision that prioritizes CARE Act Title III funding to providers in rural and underserved communities and we are seeing the positive impact of that provision in this analysis.”

Alabama is one example where Title III and Title IV funds have a substantial impact on the state's CARE Act funding rate. Alabama does not receive Title I funds, but its CARE Act funding rate per person living with AIDS is \$5,778, more than \$1,000 over the national funding rate and higher than 21 of the 24 states/territories that are home to a Title I eligible metropolitan area (EMA).

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“The lack of significant state, local, and private support in some jurisdictions exacerbates the need for greater federal support in communities across the country,” said Ernest Hopkins, CAEAR Coalition board member. “Proposals to redirect federal resources to make up for inadequate state or local responses would intensify existing problems and create disincentives for those state and localities that have done their share to support HIV/AIDS programs in their communities.”

In an effort to get additional federal resources to states with more geographically dispersed HIV/AIDS epidemics, CAEAR Coalition supports a new provision in CARE Act Title II that would provide \$70 million in funding to states that do not have a Title I EMA or have at least 50% of their cases outside of their Title I EMA(s).

CAEAR Coalition is a national grassroots organization advocating on behalf of people living with HIV/AIDS who rely on Title I, Title III and the Title II AIDS Drug Assistance Program (ADAP) of the Ryan White CARE Act for primary health care and support services. The CARE Act is the nation's largest discretionary program for people living with HIV/AIDS and supports direct service programs in medically underserved communities in urban and rural communities across the U.S. For more information, please visit, www.caeear.org/coalition.