

CHAIRMAN FRANK PALLONE, JR.

HEALTH SUBCOMMITTEE HEARING

“The Ryan White Care Act Amendments of 2009

Discussion Draft”

OPENING STATEMENT

September 9, 2009

Good morning. Today the Subcommittee is meeting to review the “Ryan White Care Act Amendments of 2009 Discussion Draft.” This draft has been circulated by Chairman Waxman and myself and is based in large part on the community consensus document that was put together by a large number of AIDS groups from all across the nation. Though we will be using this discussion draft as the basis for our hearing today, it is very much a draft and I am interested in having conversations with the Minority, as well as with the Senate, in an effort to come up with a strong piece of legislation that can be passed by both chambers and be signed into law by the President.

The Ryan White Care Act was named after a young boy who contracted the AIDS virus from a blood transfusion and sadly lost his life to this horrible disease. Since his death in 1990, we as a nation have made great strides in preventing and treating HIV/AIDS, in large part due to the Ryan White program. Once a guaranteed death sentence, an HIV or AIDS diagnosis today means a complicated and expensive mix of drugs and therapies that can allow individuals to live longer and more prolific lives. And for many, new knowledge of the disease has allowed for better and more targeted prevention programs that have slowed the spread of HIV/AIDS.

In spite of these advancements however, there are nearly 40,000 new HIV/AIDS infections reported each year and according to the CDC, approximately 1.1 million Americans are currently living with the disease. Since the beginning of this epidemic, an estimated 580,000 Americans with AIDS have died.

It is more crucial than ever, given the high numbers of Americans suffering from this disease, that we have the Ryan White program. Accounting for roughly 19% of all federal funds that are used on HIV/AIDS care, the program provides treatment and support services to individuals and families living with the AIDS virus and serves over half a million low-income Americans. This program is, without a doubt, extremely vital in our battle against this horrible epidemic.

In 2006, Congress reauthorized the Ryan White program and included a sunset provision that will eliminate the program entirely on October 1 of this year. I am fairly certain that I am speaking for everyone in this room today when I say we do not want that to happen. This is why Chairman Waxman and I have released the draft legislation we are examining today.

The discussion draft before us is based on the community consensus document and would make a few minor improvements

to the Ryan White program. It eliminates the sunset provision so that we will never face a last minute scramble to sustain vital services to our communities. In addition, it would extend the current program for three years and provide more flexibility for the appropriators to adequately fund the Ryan White program to best serve the evolving needs of patients, families, and communities.

The discussion draft extends the exemption period for States that are still reporting their HIV cases under a code-based system. It will allow those states to get their names-based systems fully up-and-running and to ensure that their data is accurate and useful. In that same vein, it would also ensure that no Transitional Grant Area (TGA) would lose their status for the duration of this extension. It would continue the hold harmless provisions that were established during the 2006 reauthorization, which protects grantees from large decreases in funding so that we don't disrupt the provision of care to patients.

We have also included a few more technical tweaks to the current Ryan White program, all of which guarantee that patients continue to be able to access these life-saving and life-sustaining treatments and services.

As I mentioned before, the Ryan White Care Act is scheduled to sunset on September 30, 2009, so we must act now to ensure that the patients continue receiving the excellent care that this program provides. I sincerely hope that we will be able to work in a productive, bi-partisan, bi-cameral fashion to create a bill that will benefit over a million citizens fighting this horrific disease in the United States. I would like to thank the AIDS community for their hard work in coming together on their consensus document. For all of us who were here for the last reauthorization, we know how difficult that must have been and we greatly appreciate the work you have done.

I now recognize my colleague from Georgia, Mr. Deal, for five minutes for his opening statement.