

## Positions on Proposed Fixes for Ryan White Program Legislation

Issue	Community Consensus	House Draft	Administration/HRSA	Senate Draft
<b>Extension Period</b>	Extend for a minimum of three years.	Authorizes appropriations for three years.	Recommends four-year reauthorization; would support three years.	Authorizes appropriations for four years
<b>Sunset Provision</b>		Eliminates sunset provision.	Supports elimination of sunset.	Eliminates sunset provision. Provision to eliminate sunset shall take effect as if enacted on Sept 30, even if passed after Sept. 30; and revives and amends all provisions of the law as in effect on Sept. 30.
<b>Authorized Appropriations</b>	Change all appropriations to “such sums necessary”.	Authorizes “such sums as are necessary” for FY2010–2012.	Supports “such sums” but willing to work with committee on authorized amounts.	Authorizes a 5% increase for all parts for four years. (See attachment for amounts.)
<b>Exemption Period for Names-based Reporting</b>	Recommends that states continue to have the option of submitting data to HRSA until state’s name-based system is deemed accurate and reliable.	Maintains current provisions for states and jurisdictions with maturing names-based systems to report code-based data to HRSA.	Supports maintaining current provisions for states and jurisdictions with maturing names-based systems to report code-based data to HRSA.	Maintains current provisions for states and jurisdictions with maturing names-based systems to report code-based data to HRSA for three fiscal years. In the third year, the case penalty for states reporting cases to HRSA will increase from 5% to 6%.  Switches to living, names-based cases of HIV/AIDS in FY 2013.

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<p><b>Adjustment for Some States that Switched to Names-based reporting in 2007</b></p>				<p>Increases by 3% the number of living HIV/AIDS cases in states that used names-based reporting in 2007 and saw a decrease in total funding of 30% or more from 2006-2007. Applies to Part A and Part B awards.</p>
<p><b>Phasing out of Incidence TGAs</b></p>	<p>Extend TGA status for all TGAs through the full extension.</p>	<p>Extends TGA status for all TGAs through 2012.</p>	<p>Supports extending Part A status for all TGAs through 2012.</p>	<p>For TGAs that no longer qualify for Part A funding, transfers their Part A funding plus an initial \$500,000 to Part B pool for distribution. A portion of the TGA's previous Part A grant amount goes to its state's Part B allocation for three fiscal years: 75% in year one, 50% in year two, 25% in year three.</p> <p>This provision goes into effect in FY2011, which is the first year any of the existing TGAs will lose their Part A status due to their living AIDS caseload. Provides a safety net for jurisdictions near the threshold for losing status by allowing those with at least 1400 living AIDS cases for three years to remain TGAs so long as they also obligate at least 95% of their grant awards.</p>

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<b>Distinctions in Part A Jurisdictions</b>			Proposes elimination of EMA and TGA distinction, making all Part A jurisdictions EMAs, with EMAs equaling 1,000 AIDS cases during the past five years.	
<b>Hold Harmless</b>	Restart the Part A and Part B formula hold harmless in FY 2010 at 95% of FY 2009 formula awards (including stop-loss amounts) and 100% for the next two years.	Restarts the formula hold harmless in FY 2010 at 95% of FY 2009 awards and 100% for the next two years.	Supports hold harmless (hearing q/a).	Restarts the formula hold harmless in FY 2010 at 95% of FY 2009 formula awards, and then 100% of the FY 2010 awards in FY 2011 and 2012. In 2013, resets the hold harmless at 92.5% of 2012 award.
<b>Factors for Determining Part A Supplemental Awards</b>				One-third of the Part A supplemental criteria will be judged on the city's ability to identify new positives and refer them to care.
<b>Part B Planning Requirements</b>				States will need to incorporate information regarding their approach to testing individuals and linking those found to be HIV positive to care in their existing state plan.

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<b>Provision of Food as a Core Medical Service</b>	Allow MNT and food and nutrition provided as advised by a physician to count as a core medical service in Part A and Part B.		Clarifying in administrative language.	
<b>Medical Transportation as a Core Medical Service</b>	Add medical transportation to core medical services and allow transportation as a support service.		Clarifying some community concerns administrative language.	
<b>ADAP Rebate Dollars</b>	Do not consider ADAP rebate income as program income and should be allowed to accrue after a grant year has ended and spent after federal funds are expended.	Clarifies that ADAP rebate funds may not be required to be obligated by end of the year if it would result in a penalty for unobligated funding. Requires Part B grantees to report activities for which rebates are used and certify that funds will go to Part B program with preference give to ADAP services.		If the expenditure of ADAP rebate funds would trigger a penalty or a higher penalty than would otherwise have been applied, the state may request that their unobligated balance be reduced by the amount of funds in the proposed expenditure. Unobligated amounts returned should be spent for the ADAP program or Part B supplemental awards.

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<b>Unobligated Funds</b>	<p>Change penalty threshold from 2% to 5%.</p> <p>Suspend penalties for having more than 5% unobligated: allow grantees access to subsequent years supplemental funding and eliminate reductions in future grant awards.</p>	<p>Changes penalty threshold from 2% to 5% for penalty that makes grantees ineligible for supplemental grants in the following fiscal year funding.</p> <p>Eliminates corresponding reduction in future grant award.</p> <p>Retains requirement that unobligated funds are returned absent waiver.</p>	<p>Supports changing penalty threshold from 2% to 5% for penalty that makes grantees ineligible for supplemental grants in the following fiscal year. Supports elimination of penalty that decreases subsequent grant award. Suggests offsetting future year awards for unobligated balances rather than cancelling the unobligated amount.</p>	<p>Maintains penalties for unobligated awards but changes thresholds from 2% to 5%. The penalty that reduces the formula award by the amount of unobligated funds has been altered, with new language stating that the jurisdiction's formula award will be reduced only by the amount of unobligated funds that a jurisdiction was not allowed to carryover. In many cases, this should make the penalty obsolete.</p>
<b>Part D Expense Reporting Requirements</b>	<p>Remove any requirements that funds be used to pay for primary medical care when other payers are available for such care.</p>	<p>Removes any requirements that funds be used to pay for primary medical care when other payers are available for such care.</p>		<p>Removes any requirements that funds be used to pay for primary medical care when other payers are available for such care.</p>
<b>SONI Implementation/ Client-level data</b>	<p>Continue use of existing formula and supplemental mechanisms. Provide SPNS grants to support implementation of CLD system; make funds available to each Part in the same percentage as each Part's contribution to the SPNS budget.</p>	<p>Prohibits use of client-level data and SONI to adjust Part A or Part B awards.</p>		

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<b>National HIV/AIDS Testing Goal</b>				Requires HHS to set goal of 5million tests per year through federal programs along with reporting and review requirements.
<b>Notification of Possible Exposure to Infectious Diseases</b>				Provides requirements related to notification of emergency workers if they may have been exposed to potentially life-threatening infectious diseases, including airborne diseases, in responding to emergencies.

## Senate Draft Legislation Authorizing Amounts

	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
<b>Part A</b>	649,500,000	681,975,000	716,074,000	751,877,000	789,471,000
<b>Part B</b>	1,285,200,000	1,349,460,000	1,416,933,000	1,487,780,000	1,562,169,000
<b>Part C</b>	235,100,000	246,855,000	259,198,000	272,158,000	285,766,000
<b>Part D</b>		75,390,000	79,160,000	83,117,000	87,273,000
<b>Part F/AETC</b>		36,535,000	38,257,000	40,170,000	42,178,000
<b>Part F/ Dental</b>		13,650,000	14,333,000	15,049,000	15,802,000
<b>MAI</b>	139,100,000	146,055,000	153,358,000	161,026,000	169,077,000