



AIDS in America

Recommendations for the First 100 Days of Office of the 44th President of the United States**ACCESS TO CARE:**

IN 2004, THE INSTITUTE OF MEDICINE ESTIMATED THAT MORE THAN 50 PERCENT OF PEOPLE LIVING WITH HIV IN THE U.S. DID NOT HAVE RELIABLE ACCESS TO THE CARE THAT THEY NEEDED TO STAY ALIVE. WITH MORE THAN TWO-THIRDS OF PEOPLE WITH HIV/AIDS RELYING ON FEDERAL PROGRAMS FOR ACCESS TO CARE, WE MUST DO BETTER AT ENSURING THAT THESE PROGRAMS AND THEIR POLICIES SUPPORT EARLY AND RELIABLE ACCESS TO THE RANGE OF SERVICES AND MEDICAL PROVIDERS THAT PEOPLE WITH HIV NEED TO STAY HEALTHY. WE URGE YOU TO TAKE THE FOLLOWING STEPS TO IMPROVE ACCESS TO CARE THROUGH THE FEDERAL PROGRAMS THAT ARE CRITICAL TO PEOPLE WITH HIV/AIDS.

Health Care Reform

Launch a universal health care reform initiative in the first 100 days of office.

Ensure that HIV medical providers, social service providers, advocates, public health programs and people living with HIV play a key role in the development of a plan to reform the U.S. health care financing and delivery system.

Call for the services currently provided by the Ryan White programs that may not be encompassed in a health care reform plan, such as housing, to continue and for seamless integration of Ryan White-funded services with the broader health care system.

Ryan White Program

Call for Congress to pass a simple three-year extension of the Ryan White HIV/AIDS Treatment Modernization Act to allow adequate time to implement and evaluate the significant policy and program changes included in the 2006 reauthorization. This critical program will sunset in fiscal year 2010 if no action is taken.

Call for the HRSA HIV/AIDS Bureau (HAB) to:

- Restore local and state decision making on the funding of transitional housing services for people with HIV/AIDS by retracting the cumulative 24 month lifetime cap on Ryan White Parts A and B coverage of transitional housing established by HRSA's HIV/AIDS Bureau.
- Conduct a rapid assessment of the state of HIV care and treatment in jurisdictions known to be experiencing administrative difficulties that are contributing to poor outcomes for people with HIV/AIDS -- e.g., Puerto Rico and New Orleans -- within 90 days of taking office and develop a comprehensive corrective action plan that could include immediate direct federal intervention if necessary to ensure access to the U.S. standard of HIV care and treatment to low income people with HIV/AIDS through Ryan White-funded services and other federally-supported programs, such as Medicaid.
- Revise the AIDS Drug Assistance Program (ADAP) guidance regarding pharmaceutical rebates such that the rebates are not treated as program income and discontinue the requirement that the rebates must be spent prior to their federal grant award.



- Direct HRSA to explore medically prescribed food and nutrition services as a core medical service and to evaluate whether clients for whom a nutritional plan is developed through medical nutrition therapy have access to the food outlined in the plan.
- Develop a waiver process that provides flexibility to grantees with unobligated funds of more than 2 percent of their grant award remaining at the end of the fiscal year to carry-over the funds due to factors such as large funding increases and shortened time frames for spending grant dollars.
- Release the HIV/AIDS data used to make Ryan White formula allocations and the Part A supplemental scores so that jurisdictions can better predict and prepare for funding shifts.
- Issue guidance affirming the ability of Ryan White Part D grantees to provide the continuum of services necessary to support optimal health and to retain children, youth and families in care through collaboration with other payers to ensure that Ryan White remains the payer of last resort for all services, including outpatient ambulatory care and primary medical care.

Funding Ryan White HIV/AIDS Programs

The Ryan White Program provides life extending healthcare, drug treatment and support services to 531,000 low-income, uninsured and underinsured individuals and families affected by HIV/AIDS each year.

- Increase overall funding for the **Ryan White Program** by \$100 million in FY2009 and \$614.49 million in FY2010 for a total of at least **\$2.78 billion**.
- Increase funding for **Part A**, which provides care and support to 56 metropolitan areas, by \$42.9 million in FY2009 and by \$213 million in FY2010 for a total of at least **\$840 million**.
- Increase funding for the **Part B Base**, which provides healthcare to people in all states and territories by \$14.5 million in FY2009 and by \$95 million in FY2010 for a total of at least **\$482 million**.
- Increase funding for the **AIDS Drug Assistance Program (ADAP)**, which provides lifesaving drug treatment, by \$28.3 million in FY2009 and by \$134.6 million in FY2010 for a total of at least **\$943.5 million**.
- Increase funding for **Part C**, which supports healthcare at 363 directly funded clinics, by \$6.2 million in FY2009 and by \$100.5 million in FY2010 for a total of at least **\$299 million**.
- Increase funding for **Part D**, which provides services to women, children, youth and families, by \$6.3 million in FY2009 and by \$48.8 million in FY2010 for a total of at least **\$122.5 million**.
- Increase funding for the **AIDS Education and Training Centers**, which train health care providers who care for people with HIV/AIDS, by \$0.6 million in FY2009 and by \$15.9 million in FY2010 for a total of at least **\$50 million**.
- Increase funding for the **Dental Reimbursement Program**, which provides access to dental care for people living with HIV/AIDS, by \$1.1 million in FY2009 and by \$6 million in FY2010 for a total of at least **\$19 million**.