

September 9, 2005

The Honorable Michael O. Leavitt
Secretary of the Department of Health and Human Services
200 Independence Avenue, SW, Suite 615F
Washington, DC 20201

Dear Secretary Leavitt:

On July 27, 2005, U.S. Health and Human Services (HHS) released “Principles for Reauthorization of the Ryan White CARE Act.” In his State of the Union speech in 2005, President George W. Bush stated that stemming the spread of HIV/AIDS was a top priority of his Administration, and that the Ryan White CARE Act was essential to the fight against AIDS here at home. As New Yorkers and fellow Americans, we agree that the CARE Act must be improved and modernized so we can bring compassionate care and treatment to all Americans living with HIV/AIDS. And we will work closely with the Administration and Congress to reauthorize this vital legislation which expires on September 30th.

A diverse coalition of people living with AIDS and HIV and AIDS service organizations from throughout the state of New York supports reauthorization of the Ryan White CARE Act in a manner that equitably addresses the domestic AIDS epidemic while strengthening the comprehensive system of care for all uninsured and underinsured Americans living with HIV/AIDS. It is important to point out the potential impact that some of these principles would have on the over 100,000 HIV positive New Yorkers, many of whom depend on life-saving and life-extending CARE Act services.

Establish Objective Indicators to Determine Severity of Need for Funding Core Medical Services

We support establishing a fair and objective formula to ensure equitable distribution of funds. However, the federal government risks creating a disincentive for localities and states to dedicate their own resources in the fight against HIV/AIDS if this local investment is to be deducted from Ryan White allocations to these same jurisdictions. In addition, the proposed principle considers incidence, not prevalence, in determining the severity of need for core services index (SNCSI). Prevalence is the accurate indicator for the need for HIV/AIDS services. Furthermore, the articulated formula to calculate the index will penalize those areas with decreasing incidence, which is a sign of successful prevention efforts. Moreover, this principle suggests that CARE Act funding provisions, particularly related to Title I and Title II formula awards, are responsible for differences in access to HIV care among states. Such variances are largely attributable to differences in the resources that each jurisdiction provides for the care of persons with HIV/AIDS. The CARE Act is not the mechanism for equalizing these differences. Finally, the principle identifies poverty and HIV/AIDS cases as indicators of need but overlooks important indicators such as substance abuse, mental illness, and homelessness and co-morbidities such as hepatitis and tuberculosis.

Establish a Set of National Core “Medical” Services

In addition to primary care and prescription medications, we strongly support the inclusion of locally-defined services that facilitate access to medical care, maintenance of care and adherence to treatment, including outpatient and ambulatory support services, case management, housing, mental health and substance use treatment, which are included in the current act, in any set of core services. Americans living

with HIV/AIDS depend on a wide range of services to help them regain and maintain their health, and restricting access to a narrow range of interventions may put their health and well-being at risk.

Require That 75 Percent of Ryan White Funds in Titles I-IV Be Used for Core “Medical” Services

We oppose any percentage set aside that dictates the funding of medical services defined at the federal level. Localities must have the flexibility to define their own set of “core services” in order to address the specific impact of the AIDS epidemic in different communities around the nation. As with the establishment of a set of core services, a rigid allocation of these services based on a pre-determined formula assumes that one-size-fits-all in each jurisdiction receiving federal funding.

Eliminate the “Double Counting” of HIV/AIDS Cases between Major Metropolitan Areas and the States

We support funding mechanisms that would create more equitable distribution of CARE Act funds, but strongly oppose cuts that are administered in a destabilizing manner to any area of the country. In addition, we must note that this principle suggests that fair and equitable distribution of CARE Act funds can be achieved by examining only Title I and Title II formula awards, thus disregarding the roles of other titles, including Title III, Title IV, and Part F, in the apportionment of CARE Act funds. This provision will result in devastating cuts to many hard-hit states and territories. Further, adoption of this principle will not lead to every AIDS case being counted equally and will not achieve fair distribution of CARE Act funds.

Eliminate Current Provisions That Entitle Cities to Be “Held Harmless” In Funding Reductions

Again, we support funding mechanisms that would create more equitable distribution of CARE Act funds but oppose the destabilization and drastic yearly shifts in funding that a complete elimination of the current protection period provision would create in the highest incidence areas of the country. If implemented, funding reductions must be gradual.

Allow Planning Councils to Serve As Voluntary and Advisory Bodies to Mayors

We oppose the elimination of the planning council’s roles and responsibilities to set service priorities and allocate resources. The Ryan White CARE Act has always required that Title I planning councils include people living with HIV/AIDS as part of the planning process to provide essential input to develop service plans that best address the needs of the community.

Maintain a Federal List of AIDS Drug Assistance Program (ADAP) Core Medications

We support a list of comprehensive core ADAP drugs based upon those included in the U.S. Department of Health and Human Service’s Public Health Service HIV/AIDS Clinical Practice Guidelines as a minimum AIDS drug formulary. Such a list should not create an artificial AIDS drug formulary ceiling at the exclusion of other life-saving drugs and psychotropic medications.

We urge your Administration and Congress to respond to our concerns in the reauthorized CARE Act, by appropriating adequate funds to address the domestic AIDS crisis. Continued flat funding of the CARE Act along with the implementation of some of the HHS principles will have a disastrous impact on HIV+ men, women and children across the country. In order to increase access to the care, treatment and supportive services needs of people living with HIV/AIDS, the undersigned organizations support an increase in

funding for the Ryan White CARE Act for fiscal year 2006 that is adequate to fully meet the growing need. We oppose CARE Act reauthorization principles that would jeopardize the health and well-being of low income people living with AIDS and HIV in New York State and throughout the country.

Sincerely,

Governmental Partners:

City of Mount Vernon HOPWA
Erie County Department of Health
Erie County Medical Center Corporation
Essex County Public Health Department
New York City Commissioner of
Correction and Probation
New York City Department of Health and
Mental Hygiene
New York City Department of Health/
Office of AIDS Policy Coordination
New York City Department of Homeless Services
New York City Health & Hospitals Corporation
New York City HIV Prevention Planning Group
(NYC PPG)
NYSD
New York State Department of Health—
AIDS Institute
OAPEDOHHM
Putnam County Health Department
Senator Tom Duane
Sullivan County Public Health Services
Westchester County Department of
Community Mental Health
Westchester County Department of Health
Westchester County Department of Planning

Community Partners:

Act for Children
Actors Fund
Adolescent AIDS Program
African Services Committee
AFTRA New York Local
American Indian Community House
AIDS Alliance of Western NY
AIDS Center of Queens County

AIDS Community Research Initiative of America
(ACRIA)
AIDS Community Services of Western New York
AIDS Network of Western New York, Inc
AIDS Program, New York-Presbyterian
Hospital/Columbia
AIDS Related Community Services
ARTC
Asian and Pacific Islander Coalition on HIV/AIDS
Assessment & Referral MHRA
Bailey House, Inc.
Barrier Free Living
Bedford Stuyvesant/Crown Heights HIV Care Network
Bestcare INC
Body Positive
Bridge Fund of Westchester
Bridge Inc.
Bronx AIDS Services
Bronx HIV CARE Network c/o Montefiore
Medical Center
Bronx Lesbian and Gay Health Resource Consortium
Brooklyn AIDS Task Force
Brooklyn Justice Counsel
Brooklyn Legal Services
Buffalo Prenatal Community Action for Prenatal Care
CAI
CAMBA Legal Services, Inc
CANDLE-Com Awareness, Network for a
Drug-free Life & Environment
Care for the Homeless
CARES, Inc.
Caribbean Women's Health Association, Inc.
Cathedral Community Cares
Center for Community Alternatives
Center for Public Health Education
Central Harlem HIV CARE Network

Central New York HIV CARE Network
 CHOICE of New Rochelle, NY
 Christian Motivation Ministries
 Church Avenue Merchants Block Association, Inc.
 (CAMBA)
 Citiwide Harm Reduction
 CNR/Beth Abraham Health Services
 Coalition for the Hungry and Homeless of Westchester
 Community Health Action of Staten Island
 Community Healthcare Network
 Community Resource Exchange
 Conscious Contact of New York, Inc.
 Council of Community Services of New York State, Inc.
 Council on AIDS in Rockland
 East Harlem Care Network
 ECQ Group, Inc.
 ENY Treatment and Diagnostic Treatment Center
 East New York/Brownsville Care Network
 Exponents
 Families and Children's Association
 Family Planning Advocates of New York State
 Family Services of Westchester, Inc
 Family Services Network of New York, Inc
 Federation of Protestant Welfare Agencies
 Fessenden House
 Forging Ahead for Community Empowerment
 and Support (FACES)
 FROST'D
 Gay and Lesbian Youth Services of WNY
 Gay City News
 Gay Men's Health Crisis
 God's Love We Deliver
 Grace Church Community Center, Inc.
 Greater Hudson Valley Family Health Center
 Greater New York Hospital Association
 Greenwich House
 Greyston Foundation
 Greyston Services, Inc.
 Guidance Center
 Haitian Centers Council
 Harlem Legal Services
 Harlem United
 Harm Reduction Coalition
 Health and Education Alternatives for
 Teens Program (HEAT Program)
 Health People: Community Preventive Health Institute
 Helping Hands Unlimited
 Hispanic AIDS Forum
 HIV CARE Network of Northeastern New York
 HIV Law Project
 HIV Women's Collaborative
 Housing Works, Inc.
 Hudson Planning Group
 Hudson River Health Care, Inc.
 Interfaith Medical Center
 Jeffrey R. Natt & Associates
 Kings County Hospital Center
 Latino Organization for Liver Awareness—LOLA
 Legal Action Center
 Legal Services of Hudson Valley
 Legal Services Staff Association
 Lesbian & Gay Community Services Center, Inc.
 Lesbian, Gay, Bisexual & Transgender Community
 Center of the Lower Hudson Valley
 LI Lesbian Cancer Initiative
 Liberty Research Group
 LIMAC
 Living Together of the Lower Hudson Valley Region
 Long Island Gay & Lesbian Youth
 Long Island Home
 Lord's Pantry, Inc.
 Lower East Side Harm Reduction Center
 Lower Hudson Network
 Mailman School of Public Health
 Men of Color Health Awareness Project
 Metropolitan Community Church NY
 Medical Health Research Association
 Momentum Project
 Mount Vernon HOPWA-HIV/AIDS
 Mt. Vernon Neighborhood Health Center
 Mt. Vernon Youth Bureau
 Nassau Healthcare Corp. Community Health
 Center/ Freeport Community Health Center
 Nassau University Medical Center

National Association of Social Workers, NYC Chapter	Roswell Park Cancer Institute, RSC4
National Black Leadership Caucus on AIDS	Ryan-Chelsea/Clinton Community Health Center
National Stonewall Democrats	Ryan-NENA Community Health Center
New York Presbyterian System Select Health	Safe Space
New York State Association of County Health Officials	Sharing Community, Inc.
North Central Bronx Hospital	SSDC-League Health Fund
North General Hospital	South Brooklyn Legal Services
Nyack Hospital	Stonewall Democrats of NYC
NYC Council on Adoptable AIDS Orphans	SUNY Downstate Medical Center
Open Door Family Medical Centers, Inc	TOUCH-Together Our Unity Can Heal, Inc.
Osborne Association	TSLI/HHB, Inc
Partnership for the Homeless	Unity House
Planned Parenthood of Nassau County, Inc	Urban League of Westchester County
Planned Parenthood of NYC	Village Care of New York
Project Street Beat	Visiting Nurses Services of New York—AIDS Services
Primary Care Center at Interfaith Medical Center	Voices of Women of Color
Project Hospitality	WE CARE HIV Dental Program Columbia
Promesa, Inc, and Casa Promesa Residential	University Dental School
Health Care Facility	Westchester Hispanic Coalition
Queens HIV CARE Network	White Plains Hospital
Queens Legal Services	William F. Ryan Community Health Center

cc:

Senator Mike Enzi, Chairman
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