



THE AIDS INSTITUTE

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## THE AIDS INSTITUTE RELEASES

### “THE NEXT WAVE IN AIDS CARE: REAUTHORIZATION OF THE RYAN WHITE CARE ACT 2005-2010”

Washington, DC - The AIDS Institute (TAI) has announced the release of its recommendations for this year's Congressional reauthorization of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, the nation's only dedicated source of medical care for hundreds of thousands of low-income, uninsured or underinsured Americans living with HIV/AIDS.

Titled *The Next Wave in AIDS Care: Reauthorization of the Ryan White CARE Act 2005-2010*, the document provides the agency's views on how HIV/AIDS care and treatment can best be administered in the US to meet the mounting needs of those suffering from HIV/AIDS and to protect the public health of our communities from 2005-2010. “The AIDS Institute's recommendations will hopefully stimulate discussion about the epidemic and related healthcare, as well as serve as a guide to both the Congress and Administration as they undertake reauthorization of the CARE Act this year,” notes TAI Board President Marilyn Merida (Tampa, FL). The current CARE Act, funded at slightly more than \$2 billion, is set to expire on September 30, 2005.

As detailed in its paper, The AIDS Institute supports the recommendations of the Institute of Medicine's (IOM) report *Public Financing and Delivery of Care, Securing the Legacy of Ryan White* and believes it should “serve as the philosophical basis for the work of advocates and government officials alike; ensuring continuous and equitable access to high quality healthcare from the point of diagnosis of HIV infection for all people in need of public assistance regardless of where they live.”

Explains Dr. Gene Copello, executive director of The AIDS Institute, “Reauthorization provides the Administration and the Congress the opportunity to not only ensure that the successful aspects of the CARE Act remain, but also affords them an opportunity to improve the nation's ability to better meet the increased demands of a changing epidemic.”

Some of recommendations made in The AIDS Institute's paper include:

- Establish a minimum set of standard core services, including medical care and life-saving medications, that is available to all persons eligible for CARE Act services regardless of where they live
- Include mental health, substance abuse and case management services, among others, as priority services in order to enhance the success of treatment
- Expand funding for the CARE Act for HIV/AIDS healthcare services to satisfy substantial unmet needs
- Move towards the use of HIV data, rather than AIDS data, as the basis for funding distributions
- Provide flexibility to the Secretary of HHS for distribution of emergency resources for areas in greatest need
- Ensure that CARE Act medications are purchased at the lowest possible price, consistent across all jurisdictions
- Reduce funding for community planning while continuing to guarantee community participation in the provision of services
- Gain efficiencies through greater cooperation among CARE Act programs and other federal programs, as well as increased competition
- Enhance return to work programs for people with chronic diseases to be able to earn a living without fear of losing their medical benefits
- Provide greater resources to poor, rural areas

“AIDS continues to change and challenge us on many levels,” states TAI Board Member Deloris Dockrey (Newark, NJ). “The new face of AIDS is increasingly poor and affecting minorities and people without access to adequate healthcare.” She continues, “Our healthcare financing structure can't meet the demand currently being placed on it, add another 40,000 new HIV infections annually, plus rising medical costs, federal and state Medicaid cutbacks and the fact that persons living with HIV/AIDS are living longer - it's easy to see why the CARE Act must adapt to meet this new epidemic.”

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Such changes in the epidemic, along with the current structure of the CARE Act, have created a patchwork system of care based on where a client may live. This disparity in programs and services can be exemplified within the CARE Act's AIDS Drug Assistance Program (ADAP) where eligibility ranges from 125 percent of the federal poverty level or lower in North Carolina to 500 percent or higher in states such as Delaware, Maryland, Massachusetts, New Jersey and Ohio.

"We find disparities in care unacceptable and support a program offering coverage and benefits to all low-income people living with AIDS no matter where they reside," says Copello.

Currently, more than 500,000 children, women and men receive services through the Ryan White CARE Act. The law was named after teen AIDS advocate Ryan White, who died shortly before Congress enacted the legislation bearing his name in 1990.

Designed to provide funding for community based HIV/AIDS care and treatment to help offset the burden being placed on the public health system, the CARE Act was reauthorized in 1996 and again in 2000. As the payer of last resort, the CARE Act was created to fill gaps in coverage that exist for uninsured, underinsured or persons on Medicare and Medicaid whose benefits may not be sufficient.

According to TAI Board Member Peter Ralin (Denver, CO), "The CARE Act was designed to ensure that uninsured and underinsured persons living with HIV/AIDS have access to a comprehensive array of treatment and support services beginning with their HIV diagnosis. Community input by persons living with and those providing services for people with HIV/AIDS is critical to its continued success." He adds, "The future of the CARE Act is in the hands of our elected congressional officials who will make the decision as to whether it will be reauthorized and what its structure and provisions will be."

"The Ryan White CARE Act has always enjoyed wide bi-partisan support in Washington because everyone understands the need to provide care and treatment to our nation's poor who suffer from AIDS," concludes Carl Schmid, TAI's director of Federal Affairs. "We look forward to working with the Administration and the Congress as they reauthorize the CARE Act and, hopefully, expand its reach; as they address the fact that over 300,000 people in the US are living with HIV/AIDS and do not have continuous access to life-saving care and treatment. This is unacceptable and must be addressed."

The AIDS Institute's complete paper *The Next Wave in AIDS Care: Reauthorization of the Ryan White CARE Act 2005-2010*, including TAI's recommendations for reauthorization, can be found at:

[http://theaidsinstitute.org/asp/ai\\_currentIssues.asp?ms=5&ss=48](http://theaidsinstitute.org/asp/ai_currentIssues.asp?ms=5&ss=48)

For more information and to become involved in AIDS advocacy work, please contact **The AIDS Institute** at: (813) 974-2598, or by email at: [Info@theaidsinstitute.org](mailto:Info@theaidsinstitute.org)

*The AIDS Institute is a nonprofit agency that promotes action for social change through public policy research, advocacy and community education. For more information, call (813) 974-2598 or visit on the web at [www.theaidsinstitute.org](http://www.theaidsinstitute.org)*

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