The AIDS Institute:
Funding the Ryan White HIV/AIDS Program-Today and Beyond

Ryan White All Grantees Meeting
Washington, DC
November 28, 2012
Presenters

• Carl Schmid, Deputy Executive Director
• Bridget Verrette, Policy Associate
• Lindsey Dawson, Policy Associate
Outline

- The Current Budget Environment
- Budget
- Appropriations
- The Impact of Sequestration
- Health Reform Implementation
The Current Budget Environment
Total Spending In FY 2012 = $3.717 Trillion
(Outlays In billions of Dollars)

Mandatory Spending
- Medicaid $255
- Medicare $478
- Social Security $773
- Other Mandatory $670

Discretionary Spending
- Non-Defense Discretionary $610
- Defense $709
- Interest $223

Source: http://www.whitehouse.gov
September 4, 2012
US Debt hits $16 trillion
U.S. Borrowing Almost 40 Cents of Every Dollar It Spends

Source: http://budget.senate.gov/democratic/index.cfm/chartlibrary
Budget Control Act of 2011

Congress Passed August 2011

Agreed to Cut Deficit by $2.4 trillion over 10 years

- Discretionary spending caps of $917 billion in savings over 10 years
- PLUS: a joint bipartisan super committee created to identify an additional $1.2 trillion in cuts
- Super Committee failed to reach an agreement
- Sequestration will occur on January 2, 2013, unless the Congress and President agree on an alternative
The Fiscal Cliff

End of 2012/Beginning of 2013:

• Sequestration begins
• Bush tax cuts expire
• Social Security payroll tax cuts expire
• Expiration of federal unemployment benefits
• Medicare payment rates for physician services will be reduced ("doc fix")
• Debt ceiling to be reached

The Congressional Budget Office estimates this would cut GDP by four percent in 2013, causing a recession
The Current Environment

Split Government

• Highly partisan
• Few compromises
• Government gridlock

Post-Election

• Major decisions being delayed
• Deferring to lame-duck
  • Short or long term decisions
  • Much depends on election results
The FY 2013 Budget
FY2013 Budget

President

- Released February 2012
- $1.047 trillion in spending
  - In accordance with Budget Control Act
- Raises individual taxes for top tier, lowers corporate
- Structure of Medicaid unchanged

House Republicans

- Released by Paul Ryan March 2012
- $1.028 trillion in spending
- Lowers individual and corporate taxes
- Turns Medicaid into block-grant, makes cuts
FY2013 Budget

Senate Democrats
- In accordance with Budget Control Act numbers
- $1.047 trillion in spending (matches President)
- Decided through “deeming” resolution March 2012

No final budget agreed to by Congress
- House and Senate proceeded with different budget caps
  - Influences appropriation levels

Ryan White All Grantees 2012
## Spending Allocations

<table>
<thead>
<tr>
<th>Subcommittee Allocations</th>
<th>House</th>
<th>Senate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defense</td>
<td>$519.2 b</td>
<td>$511.2 b</td>
</tr>
<tr>
<td>Labor, HHS</td>
<td>$150.0 b</td>
<td>$157.7 b</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$1.028 trillion</strong></td>
<td><strong>$1.047 trillion</strong></td>
</tr>
</tbody>
</table>

~$8 billion difference between Defense and Labor, HHS
Ryan White HIV/AIDS Program Appropriations History (In Millions)

Total FY12 funding of $2.392 billion
Ryan White Program Appropriations History 1991-2012

Source: HRSA HIV/AIDS Bureau; The AIDS Institute
<table>
<thead>
<tr>
<th>(In Millions)</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A</td>
<td>+$15.0</td>
<td>(-$0.4)</td>
<td>(-$6.4)</td>
</tr>
<tr>
<td>Part B: Base</td>
<td>+$10.0</td>
<td>(-$0.8)</td>
<td>+ $4.2</td>
</tr>
<tr>
<td>Part B: ADAP</td>
<td>+$43.0*</td>
<td>+$27.0</td>
<td>+$48.3*</td>
</tr>
<tr>
<td>Part C</td>
<td>+$4.5</td>
<td>(-$0.8)</td>
<td>+$9.5*</td>
</tr>
<tr>
<td>Part D</td>
<td>+$0.74</td>
<td>(-$0.3)</td>
<td>(-$0.1)</td>
</tr>
<tr>
<td>Part F: AETCs</td>
<td>+$0.42</td>
<td>(-$0.1)</td>
<td>(-$0.1)</td>
</tr>
<tr>
<td>Part F: Dental</td>
<td>+$0.17</td>
<td>(-$0.1)</td>
<td>+$0.0</td>
</tr>
<tr>
<td>Total</td>
<td>+$73.8</td>
<td>+$24.5</td>
<td>+$55.4</td>
</tr>
</tbody>
</table>

* Includes emergency funding: $25 m to ADAP in FY10, $35 m to ADAP and $10 m to Part C in FY12. An additional $5 m for Part C went to Community Health Centers.
### Ryan White Program FY13

<table>
<thead>
<tr>
<th>Budget Source</th>
<th>Amount</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>President’s Budget</td>
<td>$2.472 billion</td>
<td>$+$80 million</td>
</tr>
<tr>
<td>Senate</td>
<td>$2.422 billion</td>
<td>$+$30 million</td>
</tr>
<tr>
<td>House</td>
<td>$2.345 billion</td>
<td>$-$47 million</td>
</tr>
</tbody>
</table>

- $114 million cuts to non-ADAP programs

*Ryan White All Grantees 2012*
Part A Funding Not Keeping Pace With Need

Source: CAEAR Coalition

Ryan White All Grantees 2012
Funding has decreased since 2010

FY13:
- President: flat funding
- Senate: -$5.2 m
  - Confusion over interpretation of TGA funding
- House: Unknown – no committee report
Historical Growth of Part B Base

(In Millions)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>$296</td>
</tr>
<tr>
<td>2001</td>
<td>$322</td>
</tr>
<tr>
<td>2002</td>
<td>$338</td>
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<tr>
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<td>2005</td>
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<td>2006</td>
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<td>2007</td>
<td>$406</td>
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<td>2008</td>
<td>$401</td>
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<tr>
<td>2009</td>
<td>$409</td>
</tr>
<tr>
<td>2010</td>
<td>$419</td>
</tr>
<tr>
<td>2011</td>
<td>$418</td>
</tr>
<tr>
<td>2012</td>
<td>$422</td>
</tr>
</tbody>
</table>

Source: NASTAD

Ryan White All Grantees 2012
FY13:

- President: +$0.1 m
- Senate: +$5.3 m
  - Confusion over interpretation of TGA funding
- House: Unknown
An additional $25 million was provided in August of FY2010 and is included in the FY2010 total.

An additional $35 million was provided in December of FY2012 and is included in the FY2012 total.

Notes: An additional $25 million was provided in August of FY2010 and is included in the FY2010 total.
An additional $35 million was provided in December of FY2012 and is included in the FY2012 total.
Ryan White Part B: ADAP

FY13:

• President: +$67 million
  • Incorporates $35 million World AIDS Day funding
  • Total increase: $102 million

• House: +$67 million
  • Incorporates $35 million World AIDS Day funding
  • Total increase: $102 million

• Senate: +$30 million
  • Incorporates $35 million World AIDS Day funding
  • Total increase: $65 million
2001 to 2009: Part C Patients Increased by 62%, While Funding Only Increased by 8.6%

Source: HIVMA
Ryan White Part C

FY13:

- President: $235.6 million (+$20.5 million)
  - Incorporates $15 million World AIDS Day funding
- Senate: flat
  - Incorporates $10 of the $15 million World AIDS Day funding
- House: Unknown
Ryan White Part D and Part F Funding: 2007-2012
(In Millions)

Funding

--- | --- | --- | --- | --- | ---
Part D: $72 | $74 | $77 | $73 | $77 | $77
Part F: AETCs: $35 | $34 | $34 | $37 | $35 | $35
Part F: Dental: $13 | $13 | $13 | $9 | $14 | $14

Ryan White All Grantees 2012
Ryan White Part D and Part F

FY13: Part D
- President: -$7.6 m
  - A 10% cut
- Senate: flat
  - Rejects President’s proposed cut
- House: Unknown

FY13: AETCs, Dental, and SPNS
- President: flat
- Senate: flat
- House: Unknown
The Impact of Partisan Government

No budget agreement
- Labor HHS and all other funding bills stalled
  - House floor passed 6 appropriations bills
  - Senate voted on none
- Fiscal Year began October 1st

As a result, Congress passed a 6 month Continuing Resolution
- Through March 27, 2013
- At BCA level of $1.047 T
- 0.612% increase in funding levels across the board
  - President submits spending plan
A 0.612% increase in funding levels across the board

<table>
<thead>
<tr>
<th>Ryan White Program</th>
<th>CR funding</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A</td>
<td>$675.41 m</td>
<td>+$4.11 m</td>
</tr>
<tr>
<td>Part B: Base</td>
<td>$424.76 m</td>
<td>+$2.56 m</td>
</tr>
<tr>
<td>ADAP</td>
<td>$939.0 m</td>
<td>+$5.71 m</td>
</tr>
<tr>
<td>Part C</td>
<td>$216.42 m</td>
<td>+$1.32 m</td>
</tr>
<tr>
<td>Part D</td>
<td>$77.67 m</td>
<td>+$0.47 m</td>
</tr>
<tr>
<td>Part F: AETCs</td>
<td>$34.71 m</td>
<td>+$0.21 m</td>
</tr>
<tr>
<td>Part F: Dental</td>
<td>$13.58 m</td>
<td>+$0.08 m</td>
</tr>
<tr>
<td>Part F: SPNS</td>
<td>$25.15 m</td>
<td>+$0.15 m</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$2.41 b</strong></td>
<td><strong>+$14.61 m</strong></td>
</tr>
</tbody>
</table>
The Impact of Partisan Government

FY13 final spending bills can be addressed:

• In current lame-duck
• By new Congress and next President
  • Continue CR through the entire year
  • Omnibus or individual bills
HIV/AIDS Programs & the Budget

• Despite significant overall budget cuts, Ryan White has been mostly spared, some parts have received increases
• Domestic HIV programs have been a priority for Obama Administration
• Republican support for some HIV programs continues
• How long will this last?
The Impact of Sequestration on the Ryan White Program
Sequestration

Equal cuts between defense and non-defense through FY 2021

- Medicare cuts capped at 2%
- Medicaid, Social Security, other low-income entitlement programs exempt
- In FY 13, proportional, across-the-board cuts of 8.2% to non-defense discretionary (NDD) programs
- FY 2014-2021 spending caps in accordance with BCA
## Impact of Sequestration

First year: 8.2% cut to non-defense discretionary programs*

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>LOSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part A</td>
<td>-$55.0 m</td>
</tr>
<tr>
<td>Part B: Base</td>
<td>-$34.6 m</td>
</tr>
<tr>
<td>ADAP</td>
<td>-$76.5 m</td>
</tr>
<tr>
<td>Part C</td>
<td>-$17.6 m</td>
</tr>
<tr>
<td>Part D</td>
<td>-$6.3 m</td>
</tr>
<tr>
<td>Part F: AETCs</td>
<td>-$2.8 m</td>
</tr>
<tr>
<td>Part F: Dental</td>
<td>-$1.1 m</td>
</tr>
<tr>
<td>Part F: SPNS</td>
<td>-$2.1 m</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>-$196 million</strong></td>
</tr>
</tbody>
</table>

* For illustrative purposes only. Assume cuts taken from FY 2012 levels.
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THANK YOU

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Funding the Ryan White HIV/AIDS Program: Today and Beyond

The Impact of Health Reform

Lindsey Dawson, Public Policy Associate
2012 Ryan White HIV/AIDS Grantee Meeting
Washington, DC
November 28, 2012
Outline

• Role of Ryan White in ensuring care and treatment for people with HIV
• Where are we today?
  • Reauthorization
• What coverage can we expect from health care reform?
• What gaps will exist?
  • Gaps in coverage and variability by state and plan
  • Those without coverage
  • Support services
  • Cost sharing
• What can we learn from example?
  • MA
Number And Percentage Of HIV-infected Persons Engaged and Unengaged In Selected Stages Of HIV Care — United States

Today and Beyond: Reauthorization

  - Expires September 30, 2013
  - Does not sunset, program can continue to be funded

- Discussions and studies taking place about how to proceed
  - HRSA and ASPE Mathematica studies
Today and Beyond: Reauthorization

Three paths forward:
• Do Nothing, allow the program continue as is
  • Funding can be appropriated
    • But questions remain
      • How would it be determined?
      • At what level?

• Reform Ryan White with full reauthorization
  • Difficulty of many unknowns
    • Jeopardize program
    • Community consensus can be more difficult
  • Could be more difficult to get through congress
Today and Beyond: Reauthorization

- Minor adjustments to the program
  - Keep the core of the program as is and make small changes
  - Allow time to consider the impact of health care reform
  - Community appears to be advocating for this third option
  - Will still need to consider funding
Impact of Health Reform

• Health reform will have a dramatic impact on access to care and coverage
  • Questions remain on how it will impact funding
    • Do we need $2.4B? $933m for ADAP? Funding needs for other parts.
  • Many people currently served by Ryan White are covered by other payers including Medicaid and private insurance
    • Funding needs will continue, we know that even those covered by other payers today rely on Ryan White services
Insurance Coverage Among Ryan White Patients (2010)†◊

- No Insurance: 225,584 (30%)
- Other Public: 68,256 (9%)
- Other Insurance: 19,159 (3%)
- Medicare: 109,087 (14%)
- Medicaid: 244,591 (32%)
- Private Insurance: 97,486 (13%)

*54,007 are unknown/unreported. This number is not included in the percentage totals above.
†Response categories are not mutually exclusive.
◊Percentages may not add to 100 due to rounding.

Health Reform: Private Insurance

- Critical new protections and subsidies mean that PLWH will have greater and more affordable access
  - Primarily those over 138% FPL and over 100% FPL in states that do not expand their Medicaid programs
  - No lifetime limits, no-bans on preexisting conditions, nondiscrimination language
  - Mental health parity and 10 required categories of essential health benefits
    - But there are still significant costs and unknowns about how robust coverage will be and RW must be adequately funded to cover these gaps

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Health Reform: Medicaid

- Medicaid will continue to provide health coverage to many people with HIV
- SCOTUS decision effectively allows states to choose whether or not to expand their Medicaid programs to include those up to 138% FPL
  - Doing away with categorical eligibility
  - A great number of Ryan White clients will be eligible
- Hope to see a phasing in of acceptance as with Medicaid and CHIP in the past
Household Income of Ryan White Clients (by Federal Poverty Level) (2010)

- 67.2% Equal to or below FPL
- 21.2% 101-200% FPL
- 11.6% >200% FPL

* Missing/unknown values (20%) excluded.

Source: 2010 RW Services Report - Preliminary Data from presentation: L. Cheever. IDWeek.
After Election 2012:Where the States Stand
What are the States Saying about ACA Medicaid Expansion?

Note: Based on literature review as of 11/19/12. All policies subject to change without notice.

Learn more about the Medicaid expansion at advisory.com/MedicaidMap

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Essential Health Benefits

- Individual and small group plans and expanded Medicaid plans will be subject to the Essential Health benefits
  - 10 categories of services (incl. ambulatory, prescription drug, and preventative services)
    - Secretary defined by allowing states to benchmark on existing plans
    - Within a state Medicaid and Private Insurance benchmarks can differ
    - Will largely determine the coverage floor in a state
    - Variability will continue by: state, benchmark selected and in exchanges by state mandates, plan chosen
Health Reform: Is it enough?

- Health Reform is unlikely to meet the care and treatment needs of people living with HIV on its own.
- Not everyone will be covered (up to 30m people):
  - Lost to care, fall-out of care- possibly during churning between programs, undocumented and ineligible immigrants, and those who never access care.
- Full and seamless implementation will take time:
  - All systems will not be up and ready Jan. 1, 2014.
  - There are bound to be unexpected problems.
  - Current systems must remain until people can be carefully transitioned.
- Don’t want to jeopardize the good job Ryan White is doing.
Service Gaps

• Ryan White will continue to be needed to provide wrap around services and fill in less generous plans—critical to preserve the health of PLWH
  • Oral care
  • Nutrition Services
  • Legal Services
  • Supportive Housing
  • Transportation
  • Filling in medical services and drug benefits for less adequate plans (esp. considering drug benefit limitations in the EHB)
Other future roles for Ryan White

- Case Management
  - Address adherence
  - Possible role as navigators/patient assisters
- Prevention with positives
- Continued HIV testing efforts
- Cost sharing assistance, affordability will remain a concern
  - While people maybe able to access healthcare systems as a result of reform, accessing care itself may remain out of reach
    - Premiums can still be adjusted: age, geography, smoking
    - Funding to assist with Premiums, co-payments, and coinsurance will be key
Household Income of Ryan White Clients (by Federal Poverty Level) (2010)

- Equal to or below FPL: 67.2%
- 101-200% FPL: 21.2%
- >200% FPL: 11.6%

*Missing/unknown values (20%) excluded.

Source: 2010 RW Services Report- Preliminary Data from presentation: L. Cheever, IDWeek.
# Premium Tax Credits and Cost-Sharing Protections Under the Affordable Care Act

<table>
<thead>
<tr>
<th>Federal poverty level</th>
<th>Income</th>
<th>Premium contribution as a share of income</th>
<th>Out-of-pocket limits</th>
<th>Actuarial value: silver plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;133%</td>
<td>S: &lt;$14,484 F: &lt;$29,726</td>
<td>2% (or Medicaid)</td>
<td></td>
<td>94%</td>
</tr>
<tr>
<td>133%–149%</td>
<td>S: $14,484 – &lt;$16,335 F: $29,726 – &lt;$33,525</td>
<td>3.0%–4.0%</td>
<td>S: $1,983 F: $3,967</td>
<td>94%</td>
</tr>
<tr>
<td>150%–199%</td>
<td>S: $16,335 – &lt;$21,780 F: $33,525 – &lt;$44,700</td>
<td>4.0%–6.3%</td>
<td></td>
<td>87%</td>
</tr>
<tr>
<td>200%–249%</td>
<td>S: $21,780 – &lt;$27,225 F: $44,700 – &lt;$55,875</td>
<td>6.3%–8.05%</td>
<td>S: $2,975 F: $5,950</td>
<td>73%</td>
</tr>
<tr>
<td>250%–299%</td>
<td>S: $27,225 – &lt;$32,670 F: $55,875 – &lt;$67,050</td>
<td>8.05%–9.5%</td>
<td></td>
<td>70%</td>
</tr>
<tr>
<td>300%–399%</td>
<td>S: $32,670 – &lt;$43,560 F: $67,050 – &lt;$89,400</td>
<td>9.5%</td>
<td>S: $3,967 F: $7,933</td>
<td>70%</td>
</tr>
<tr>
<td>400%+</td>
<td>S: $43,560+ F: $89,400+</td>
<td>—</td>
<td>S: $5,950 F: $11,900</td>
<td>—</td>
</tr>
</tbody>
</table>

Four levels of cost-sharing: 1st tier (Bronze) actuarial value: 60% 2nd tier (Silver) actuarial value: 70% 3rd tier (Gold) actuarial value: 80% 4th tier (Platinum) actuarial value: 90%

Catastrophic policy with essential benefits package available to young adults and people whose premiums are 8%+ of income

Notes: Actuarial values are the average percent of medical costs covered by a health plan. Premium and cost-sharing credits are for the silver plan.

The Massachusetts Example

- MA provides a case study for health reform having gone through a state wide reform and expanded its Medicaid program
  - 98% of state residents now have some form of insurance
- The state continues to use Ryan White dollars
  - Helping substantially with cost-sharing
- Since health reform, the proportion of ADAP funds used to cover the full cost of drugs has decreased while the share used to cover premiums and cost-sharing has increased
- At the same time PLWH are experiencing better health outcomes compared to the nation at large

## Massachusetts ADAP Expenditures by Category

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Full Pay</th>
<th>Co-Pay</th>
<th>Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY03</td>
<td>$7,961,862.84</td>
<td>$963,205.88</td>
<td>$1,778,272.33</td>
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<tr>
<td>FY04</td>
<td>$11,174,879.98</td>
<td>$1,553,758.50</td>
<td>$3,159,200.01</td>
</tr>
<tr>
<td>FY05</td>
<td>$9,756,201.76</td>
<td>$1,839,807.23</td>
<td>$6,112,132.85</td>
</tr>
<tr>
<td>FY06</td>
<td>$4,634,683.35</td>
<td>$1,893,206.26</td>
<td>$7,015,306.89</td>
</tr>
<tr>
<td>FY07</td>
<td>$4,147,713.84</td>
<td>$2,071,118.94</td>
<td>$8,366,273.11</td>
</tr>
<tr>
<td>FY08</td>
<td>$4,184,279.93</td>
<td>$2,083,431.58</td>
<td>$9,323,821.42</td>
</tr>
<tr>
<td>FY09</td>
<td>$4,695,780.40</td>
<td>$2,567,789.28</td>
<td>$8,835,835.67</td>
</tr>
<tr>
<td>FY10</td>
<td>$4,635,751.00</td>
<td>$2,930,016.65</td>
<td>$9,320,425.00</td>
</tr>
<tr>
<td>FY11</td>
<td>$4,467,727.48</td>
<td>$3,175,917.00</td>
<td>$10,990,818.00</td>
</tr>
</tbody>
</table>

Source: Massachusetts Department of Public Health
Linkage to Care CDC vs. MA

- Of those aware of status, linked to Care (CDC): 80%
- Of those aware of status, retained in Care (CDC): 45%
- Seen provider in Last 6 months (MA): 95%
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* MA population includes 5% NH residents

ART Use CDC vs. MA

- Of those aware of status, prescribed ART (CDC): 40%
- Taking Medication (MA): 91%

* MA population includes 5% NH residents
(1) CDC defines suppression as ≤200 copies/mL
(2) Self-reported
Concluding Thoughts

• MA makes a strong case for continued funding
  • Demonstrates that continued Ryan White services and financial assistance along with health reform can impact HIV health outcomes
    • Help to meet the care and treatment goals of the National HIV AIDS Strategy
  • Much is to be determined, though we know more as a result of the election
  • Not yet possible to determine future funding needs
  • We know caring for people with HIV early on is cost-effective
Concluding Thoughts

- Health reform will change the landscape regarding access to healthcare yet:
  - Many new people will enter healthcare systems will need wrap around services and cost-sharing assistance
  - There will be variability among payers, plans and states
  - It remains critical to preserve the expertise of the Ryan White system of care
  - We cannot threaten the wellbeing of those in proven systems of care by uprooting them until we truly understand how implementation plays out and assess gaps (in services and among people)
Concluding Thoughts

• Only after full implementation, and the dust settles, can we consider alternate futures for the program
  • And properly assess possible changes to funding needs

• In the mean time we must be vigilant in protecting Ryan White funding, especially against the challenging budgetary climate
Resources


• The Advisory Board Company Medicaid Map http://www.advisory.com/Daily-Briefing/2012/07/18/The-Advisory-Board-Medicaid-map

• Massachusetts Department of Public Health: http://www.mass.gov/eohhs/gov/departments/dph/


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THANK YOU

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