Suggestions for Ryan White Reauthorization from Florida HIV/AIDS Advocacy Network (FHAAN)

Extend current legislation for at least three years

The health care insurance reforms brought about by the Patient Protection and Affordable Care Act (PPACA) will not be fully implemented until the 4th quarter of 2014.

New Ryan White legislation should essentially extend the current act and regulations – with minor revisions, suggested below – for three to five years beyond its current sunset date. An extension of at least three years will allow for all of the implications and interactions between PPACA and Ryan White law to be fully understood. So, too, Florida grantees and the larger provider community will need time to adapt to the new law.

Allocation flexibility and funding formula

PPACA allows the states certain options that will determine their participation in both Medicaid expansion and health insurance exchanges. Varying levels of participation from state to state will put pressures on Ryan White programs that are difficult to accurately predict. Ostensibly, Ryan White funds will remain funds of last resort.

New Ryan White legislation should allow grantees of Parts A, B and C the flexibility they will need to adapt available services that complement their state’s participation in Medicaid expansion and health insurance exchanges. The restriction that grantees cannot spend more than 25% on non-medical services should be relaxed commensurate with documented need based on a particular state’s participation in Medicaid expansion and health insurance exchanges.

Also, the legislation should be revised so that funding formulas do not inadvertently penalize people living with HIV and AIDS because they happen to live in a state that opts out of Medicaid expansion or does not establish a state-run health insurance exchange.

Access to Local Providers

Ryan White care and treatment services have always been rooted in local communities in Florida. Services delivered by local Florida-based providers add a “high touch” component to care and treatment, and improves patient adherence and treatment success in immeasurably valuable ways.

New Ryan White legislation should preserve access to local providers for people living with HIV and AIDS.

Access to Local Pharmacists

Private, face-to-face consultations with pharmacists are essential components of successful management of HIV regimes, opportunistic infection prophylaxis and treatment of accompanying
conditions. FHAAN members believe that the personal and private relationship that a patient builds with her or his local pharmacist is vital to treatment adherence and success.

New Ryan White legislation should give grantees more flexibility in how they procure pharmacy services. HRSA regulations and grants should preserve patient access to local pharmacists and prohibit or restrict grantees, or their contractors, from mandating utilization of mail-order pharmacy services.

**HIV/AIDS Insurance Continuation**

Currently, the pharmacy benefit delivered by the Preexisting Condition Insurance Plans (PCIP’s) offered by the federal government require patients to use a mail-order pharmacy service.

New Ryan White legislation, and subsequent HRSA regulations, should allow Part B grantees flexibility to shore up insurance continuation programs to support Ryan White clients for whom mandatory mail-order pharmacy services are inappropriate, or unacceptable to the patient.

**HIV Drug Formularies**

The Florida treatment advocacy community has diligently worked for over a decade to ensure that Floridians living with HIV and AIDS have open access to all approved HIV medications. FHAAN members believe that continued treatment adherence and successful viral suppression are vital components of program effectiveness. Further, we assert that health care professionals must have the freedom to prescribe from all available HIV medications in order to provide personalized medicine and a drug regimen that works best for each patient.

New Ryan White legislation and subsequent HRSA regulations should preserve access to the complete HIV drug formulary and prohibit grantees or their contractors from altering HIV drug formularies to cut costs.

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