March 1, 2015

Mary Wakefield, Ph.D., R.N.
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Re: Distribution of Ryan White HIV/AIDS Program Part B Supplemental Funding

Dear Dr. Wakefield:

The undersigned organizations representing….. are writing to ask you to ensure that Ryan White HIV/AIDS Program Part B Supplemental funding is awarded to those states most in need of funding to improve the continuum of care for people living with HIV. While most funding under the Ryan White Program is distributed based on HIV and AIDS cases, Supplemental Part B funding is distributed based on “demonstrated need” as defined by the law. (Section 2620(b))

Due to the fact that funding to support hold-harmless is no longer needed and subtracted from the Part B Supplemental account, the overall total for Part B Supplemental funding has nearly tripled, from $15.4 million in 2013 to $44.6 million in 2014. While this amounts to less than 2 percent of all Ryan White Program funding, it presents an opportunity to increase the impact of Part B Supplemental in states that demonstrate the greatest needs.

We are asking HRSA to undertake an immediate review of how these funds have been distributed in the past, and to consider measures that will improve the process for the future in order to benefit clients in states with the most need. Such a review of the application and grant evaluation process is critical at this time. While the landscape for health coverage is rapidly changing, it appears that any legislative changes to the Ryan White Program will not be enacted in the near future. HRSA, however, can respond through its authority to direct Part B Supplemental funding based on need.

It is clear that some states are doing better than others at ensuring their residents with HIV are brought into care and treatment leading to viral suppression. Some states, for instance, are able to draw on robust state Medicaid programs. Many have opted to take advantage of Medicaid expansion under the Affordable Care Act, offsetting Ryan White expenditures and allowing the Program to offer more comprehensive care and completion services. We wish all states were opting to expand Medicaid. However, the reality is that many are not to the detriment of their residents, particularly those with HIV.

According to the Ryan White Care Act, information used to demonstrate need includes the following:

1. The current prevalence of HIV/AIDS;
2. The unmet need for HIV-related services as determined by section 2617(b) of the PHS Act;
3. An increasing need for HIV/AIDS-related services based on increases in the number of living cases of HIV/AIDS;
4. Increases in the number of living cases of HIV/AIDS within new or emerging subpopulations;
5. Relevant factors related to the cost and complexity of delivering health care to individuals with HIV/AIDS in the eligible area;
6. The impact of co-morbid factors, including co-occurring conditions such as high rates of sexually transmitted infections (STIs), Hepatitis, Tuberculosis, substance use, severe mental illness, and other co-morbid factors;
7. The prevalence of homelessness;
8. The prevalence of individuals who were released from federal, state or local prisons during the preceding three years, and had HIV/AIDS on the date of their release;
9. Relevant factors that limit access to health care including geographic variation, adequacy of health insurance coverage and language barriers; and
10. Impact of a decline in the amount of Ryan White HIV/AIDS Program Part B funding received on services available to all individuals with HIV/AIDS identified and eligible for RWHAP services.

HRSA determines internally how the awards are granted, based on its interpretation of the criteria above, as well as weights assigned to various parts of the application.

Now is the time to take a new look at the criteria and how they are applied in light of changing circumstances. As part of this review, HRSA should examine why some states in need did not apply in the past.

We continue to believe in the critical importance of the Ryan White HIV/AIDS Program in providing lifesaving care, treatment and coverage completion services to low-income uninsured and underinsured people living with HIV. There are very few parts of the Program where the funding is not distributed based on case counts. We believe HRSA should evaluate how the supplemental funding has been awarded in the past, and make the necessary adjustments to ensure these funds are given to states where the need is greatest in order to improve health outcomes.

Thank you very much.

Sincerely,

[list in formation]

The AIDS Institute

cc: Douglas Brooks, Director, Office of National AIDS Policy, The White House
Ronald Valdiserri, Deputy Assistant Secretary of Health for Infectious Diseases, HHS
Laura Cheever, Associate Administrator, HRSA