



AIDS CARE AND TREATMENT
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LEGISLATIVE STATUS OF THE RYAN WHITE CARE ACT

Since 1990, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act has made federal funds available to metropolitan areas and states for health care costs and support services for low-income, uninsured and underinsured individuals and families affected by HIV/AIDS. The program authorization must be renewed by Congress every five years. In October 2000, it was extended through the 2005 fiscal year, which ends Sept. 30, 2005.

Funding for CARE programs in Fiscal Year 2005 totaled \$2.073 billion. The President has requested level program funding (or “flat funding”) for all Titles in FY2006, except a \$10 million increase in the AIDS Drug Assistance Program. That amounts to a total request of \$2.058 billion for Ryan White Programs. If Congress does not extend the program by Sept. 30, it will still continue to operate under the current program rules. However, important changes to the program that could improve access to health care and medications for people with HIV/AIDS will be delayed.

In July, Health and Human Services Secretary Mike Leavitt outlined the changes the Bush Administration would like to see in the program. They were embodied in five principles - serving the neediest first, focusing on life-extending services, increasing prevention efforts, increasing accountability and increasing flexibility.

Under these principles, a list of core medical services for HIV-positive people would be developed in order to prioritize federal funding. The Administration is proposing that 75 percent of Ryan White funds in Titles I-IV be spent on core medical services, and HHS would develop and maintain a list of core ADAP drugs.

States and local service providers also would be required to increase coordination of care delivery. Additionally, they would be encouraged to adopt routine HIV testing at public facilities, and allow the HHS Secretary to reallocate any unspent funds to the state AIDS Drug Assistance Programs with the most need.

The Senate is expected to act first on the bill this fall, and its Committee on Health, Education, Labor and Pensions will draft legislation. The House Energy and Commerce Committee is then expected to draft a version of the bill for consideration by the full House of Representatives.

