



THE CITY OF NEW YORK
OFFICE OF THE MAYOR
NEW YORK, NY 10007

July 29, 2005

The Honorable Michael B. Enzi
Chairman
Senate Committee on Health, Education,
Labor and Pensions
835 Hart Senate Office Building
Washington, DC 20510

The Honorable Joe Barton
Chairman
House Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Edward M. Kennedy
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions
644 Dirksen Senate Office Building
Washington, DC 20510

The Honorable John D. Dingell
Ranking Member
House Committee on Energy and Commerce
2322 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen Enzi and Barton and Ranking Members Kennedy and Dingell:

As Mayor of the city with the largest and most diverse HIV epidemic in the United States, I am deeply concerned about the recently released principles for Ryan White CARE Act Reauthorization. While there are parts we wholeheartedly support, there are others for which details will be crucial, and some that are deeply troubling.

Among the principles we wholeheartedly support are increasing prevention efforts and promoting accountability. These changes will improve the lives of persons living with HIV/AIDS and help stop the epidemic.

Other principles will require careful attention to the details. The definition of "core medical services" will be essential. Examples of medical services, which are clearly essential to survival and successful treatment, include: effective, accountable case management per acceptable standards; treatment adherence support; and treatment for conditions common in this population, such as mental illness and chemical dependency. Rigorous scientific studies, including many conducted in New York City, indicate that treatment for mental illness and chemical dependency greatly improves HIV outcomes. These remain critical unmet needs in New York City -- 70% of people living with HIV/AIDS (PLWHA) who need services for alcohol or other drugs are currently not obtaining them. Similarly, any federal AIDS Drug Assistance Plan (ADAP) list would need to include psychotropic medications and drugs such as

buprenorphine. Only by treating the medical illnesses HIV/AIDS patients face will we be able to maintain patients in effective care. Given the heterogeneity of the epidemic in this country, flexibility in the local determination of medical need is an important consideration.

Developing a federal list of AIDS Drug Assistance Plan (ADAP) core medications has the potential to be useful, but ensuring that it is comprehensive is critical. Rather than limiting medications that states can provide, this provision should be an opportunity to improve the basic level of care by requiring all states to offer a minimum formulary that is comprehensive and current.

I am deeply concerned with four aspects of the principles outlined. My major two concerns relate to determination of severity of need. The principles articulated would inadvertently create incentives for states to limit benefits for people living with HIV/AIDS and would penalize jurisdictions that successfully contain the epidemic.

My first concern is the use of incidence instead of prevalence to determine the severity of need core services index (SNCSI). Care and treatment needs are commensurate with caseload; prevalence, not incidence, is the accurate indicator of caseload. Furthermore, decreased incidence is a sign of effective prevention; to penalize areas for successful prevention would be very misguided. The number of prevalent cases, adjusted for levels of poverty, is the appropriate index.

Second, basing the SNCSI on the availability of other local and state resources would reward localities and states which do not spend their own funds on HIV/AIDS care. A better system would be to define a minimum package (e.g., the federal ADAP formulary) and minimum eligibility criteria (e.g., analogous to the federal standards for Medicaid eligibility for pregnant women) and to make state funding of these standards a prerequisite for receipt of Title I funds. Doing this would ensure both a basic level of care for all Americans living with HIV/AIDS, and would avoid the misguided public policy of rewarding jurisdictions for not supporting care for the patients in their jurisdiction. Implementing the SNCSI as outlined in your principles would not only result in significant damage to existing effective care systems, it would also establish a set of incentives which would discourage local funding of care for patients with HIV/AIDS. This would create a disincentive for jurisdictions to either care for, or prevent, HIV/AIDS.

My third concern is the proposal to eliminate the “hold harmless” provision. The existing measure provides cities and states adequate time to manage funding reductions. Without some form of this provision, existing systems of care would be destroyed, with serious consequences for the patients benefiting from these services. In addition, large and rapid increases in funding to areas that do not have the infrastructure to manage them will not be able spend the funds well.

Fourth, the proposal to change the way cases are counted for the purpose of Title I and Title II funds would hurt areas such as New York which struggle with complex interactions between Eligible Metropolitan Areas (EMA) and state initiatives. The current structure of the Act gives both state and local governments necessary resources to combat the epidemic in ways that incorporate the unique challenges faced by urban areas. These challenges include high

housing costs, high health care costs, low educational levels, high poverty levels, large immigrant populations, and language barriers. All of these factors add to the complexity of care in New York. State initiatives are important, and are mandated by the CARE Act, and include coordination and gap-filling. Services can be most effectively provided by combining robust state initiatives with directed local efforts.

As you work on CARE Act Reauthorization, I urge you to consider the serious impact that the proposed principles would have on the treatment and care of HIV/AIDS patients especially in metropolitan areas disproportionately affected by this epidemic. One in every six AIDS patients in the U.S. – and an even larger proportion of impoverished AIDS patients – lives in New York City. Giving localities the resources and flexibility to address their unique needs and challenges is crucial to providing effective care.

I ask that the concerns I have outlined above be effectively addressed. I look forward to working with you on these important issues.

Sincerely,

A handwritten signature in black ink, reading "Michael R. Bloomberg". The signature is written in a cursive style with a large, sweeping flourish at the end.

Mayor

MRB:jc