September 9, 2005

The Honorable Michael O. Leavitt
Secretary of the Department of Health and Human Services
200 Independence Avenue, SW, Suite 615F
Washington, DC 20201

Dear Secretary Leavitt:

On July 27, 2005, U.S. Health and Human Services (HHS) released “Principles for Reauthorization of the Ryan White CARE Act.” In his State of the Union speech in 2005, President George W. Bush stated that stemming the spread of HIV/AIDS was a top priority of his Administration, and that the Ryan White CARE Act was essential to the fight against AIDS here at home. As New Yorkers and fellow Americans, we agree that the CARE Act must be improved and modernized so we can bring compassionate care and treatment to all Americans living with HIV/AIDS. And we will work closely with the Administration and Congress to reauthorize this vital legislation which expires on September 30th.

A diverse coalition of people living with AIDS and HIV and AIDS service organizations from throughout the state of New York supports reauthorization of the Ryan White CARE Act in a manner that equitably addresses the domestic AIDS epidemic while strengthening the comprehensive system of care for all uninsured and underinsured Americans living with HIV/AIDS. It is important to point out the potential impact that some of these principles would have on the over 100,000 HIV positive New Yorkers, many of whom depend on life-saving and life-extending CARE Act services.

Establish Objective Indicators to Determine Severity of Need for Funding Core Medical Services

We support establishing a fair and objective formula to ensure equitable distribution of funds. However, the federal government risks creating a disincentive for localities and states to dedicate their own resources in the fight against HIV/AIDS if this local investment is to be deducted from Ryan White allocations to these same jurisdictions. In addition, the proposed principle considers incidence, not prevalence, in determining the severity of need for core services index (SNCSI). Prevalence is the accurate indicator for the need for HIV/AIDS services. Furthermore, the articulated formula to calculate the index will penalize those areas with decreasing incidence, which is a sign of successful prevention efforts. Moreover, this principle suggests that CARE Act funding provisions, particularly related to Title I and Title II formula awards, are responsible for differences in access to HIV care among states. Such variances are largely attributable to differences in the resources that each jurisdiction provides for the care of persons with HIV/AIDS. The CARE Act is not the mechanism for equalizing these differences. Finally, the principle identifies poverty and HIV/AIDS cases as indicators of need but overlooks important indicators such as substance abuse, mental illness, and homelessness and co-morbidities such as hepatitis and tuberculosis.

Establish a Set of National Core “Medical” Services

In addition to primary care and prescription medications, we strongly support the inclusion of locally-defined services that facilitate access to medical care, maintenance of care and adherence to treatment, including outpatient and ambulatory support services, case management, housing, mental health and substance use treatment, which are included in the current act, in any set of core services. Americans living
with HIV/AIDS depend on a wide range of services to help them regain and maintain their health, and restricting access to a narrow range of interventions may put their health and well-being at risk.

**Require That 75 Percent of Ryan White Funds in Titles I-IV Be Used for Core “Medical” Services**

We oppose any percentage set aside that dictates the funding of medical services defined at the federal level. Localities must have the flexibility to define their own set of “core services” in order to address the specific impact of the AIDS epidemic in different communities around the nation. As with the establishment of a set of core services, a rigid allocation of these services based on a pre-determined formula assumes that one-size-fits-all in each jurisdiction receiving federal funding.

**Eliminate the “Double Counting” of HIV/AIDS Cases between Major Metropolitan Areas and the States**

We support funding mechanisms that would create more equitable distribution of CARE Act funds, but strongly oppose cuts that are administered in a destabilizing manner to any area of the country. In addition, we must note that this principle suggests that fair and equitable distribution of CARE Act funds can be achieved by examining only Title I and Title II formula awards, thus disregarding the roles of other titles, including Title III, Title IV, and Part F, in the apportionment of CARE Act funds. This provision will result in devastating cuts to many hard-hit states and territories. Further, adoption of this principle will not lead to every AIDS case being counted equally and will not achieve fair distribution of CARE Act funds.

**Eliminate Current Provisions That Entitle Cities to Be “Held Harmless” In Funding Reductions**

Again, we support funding mechanisms that would create more equitable distribution of CARE Act funds but oppose the destabilization and drastic yearly shifts in funding that a complete elimination of the current protection period provision would create in the highest incidence areas of the country. If implemented, funding reductions must be gradual.

**Allow Planning Councils to Serve As Voluntary and Advisory Bodies to Mayors**

We oppose the elimination of the planning council’s roles and responsibilities to set service priorities and allocate resources. The Ryan White CARE Act has always required that Title I planning councils include people living with HIV/AIDS as part of the planning process to provide essential input to develop service plans that best address the needs of the community.

**Maintain a Federal List of AIDS Drug Assistance Program (ADAP) Core Medications**

We support a list of comprehensive core ADAP drugs based upon those included in the U.S. Department of Health and Human Service’s Public Health Service HIV/AIDS Clinical Practice Guidelines as a minimum AIDS drug formulary. Such a list should not create an artificial AIDS drug formulary ceiling at the exclusion of other life-saving drugs and psychotropic medications.

We urge your Administration and Congress to respond to our concerns in the reauthorized CARE Act, by appropriating adequate funds to address the domestic AIDS crisis. Continued flat funding of the CARE Act along with the implementation of some of the HHS principles will have a disastrous impact on HIV+ men, women and children across the country. In order to increase access to the care, treatment and supportive services needs of people living with HIV/AIDS, the undersigned organizations support an increase in
funding for the Ryan White CARE Act for fiscal year 2006 that is adequate to fully meet the growing need. We oppose CARE Act reauthorization principles that would jeopardize the health and well-being of low income people living with AIDS and HIV in New York State and throughout the country.

Sincerely,

**Governmental Partners:**
City of Mount Vernon HOPWA
Erie County Department of Health
Erie County Medical Center Corporation
Essex County Public Health Department
New York City Commissioner of Correction and Probation
New York City Department of Health and Mental Hygiene
New York City Department of Health/Office of AIDS Policy Coordination
New York City Department of Homeless Services
New York City Health & Hospitals Corporation
New York City HIV Prevention Planning Group (NYC PPG)
NYSD
New York State Department of Health—AIDS Institute
OAPEDO
Putnam County Health Department
Senator Tom Duane
Sullivan County Public Health Services
Westchester County Department of Community Mental Health
Westchester County Department of Health
Westchester County Department of Planning

**Community Partners:**
Act for Children
Actors Fund
Adolescent AIDS Program
African Services Committee
AFTRA New York Local
American Indian Community House
AIDS Alliance of Western NY
AIDS Center of Queens County
AIDS Community Research Initiative of America (ACRIA)
AIDS Community Services of Western New York
AIDS Network of Western New York, Inc
AIDS Program, New York-Presbyterian Hospital/Columbia
AIDS Related Community Services
ARTC
Asian and Pacific Islander Coalition on HIV/AIDS Assessment & Referral MHRA
Bailey House, Inc.
Barrier Free Living
Bedford Stuyvesant/Crown Heights HIV Care Network
Bestcare INC
Body Positive
Bridge Fund of Westchester
Bridge Inc.
Bronx AIDS Services
Bronx HIV CARE Network c/o Montefiore Medical Center
Bronx Lesbian and Gay Health Resource Consortium
Brooklyn AIDS Task Force
Brooklyn Justice Counsel
Brooklyn Legal Services
Buffalo Prenatal Community Action for Prenatal Care
CAI
CAMBA Legal Services, Inc
CANDLE-Com Awareness, Network for a Drug-free Life & Environment
Care for the Homeless
CARES, Inc.
Caribbean Women’s Health Association, Inc.
Cathedral Community Cares
Center for Community Alternatives
Center for Public Health Education
Central Harlem HIV CARE Network
Central New York HIV CARE Network
CHOICE of New Rochelle, NY
Christian Motivation Ministries
Church Avenue Merchants Block Association, Inc. (CAMBA)
Citiwide Harm Reduction
CNR/Beth Abraham Health Services
Coalition for the Hungry and Homeless of Westchester
Community Health Action of Staten Island
Community Healthcare Network
Community Resource Exchange
Conscious Contact of New York, Inc.
Council of Community Services of New York State, Inc.
Council on AIDS in Rockland
East Harlem Care Network
ECQ Group, Inc.
ENY Treatment and Diagnostic Treatment Center
East New York/Brownsville Care Network
Exponents
Families and Children’s Association
Family Planning Advocates of New York State
Family Services of Westchester, Inc
Family Services Network of New York, Inc
Federation of Protestant Welfare Agencies
Fessenden House
Forging Ahead for Community Empowerment and Support (FACES)
FROST’D
Gay and Lesbian Youth Services of WNY
Gay City News
Gay Men’s Health Crisis
God’s Love We Deliver
Grace Church Community Center, Inc.
Greater Hudson Valley Family Health Center
Greater New York Hospital Association
Greenwich House
Greyston Foundation
Greyston Services, Inc.
Guidance Center
Haitian Centers Council
Harlem Legal Services
Harlem United
Harm Reduction Coalition
Health and Education Alternatives for Teens Program (HEAT Program)
Helping Hands Unlimited
Hispanic AIDS Forum
HIV CARE Network of Northeastern New York
HIV Law Project
HIV Women’s Collaborative
Housing Works, Inc.
Hudson Planning Group
Hudson River Health Care, Inc.
Interfaith Medical Center
Jeffrey R. Natt & Associates
Kings County Hospital Center
Latino Organization for Liver Awareness—LOLA
Legal Action Center
Legal Services of Hudson Valley
Legal Services Staff Association
Lesbian & Gay Community Services Center, Inc.
Lesbian, Gay, Bisexual & Transgender Community Center of the Lower Hudson Valley
LI Lesbian Cancer Initiative
Liberty Research Group
LIMAC
Living Together of the Lower Hudson Valley Region
Long Island Gay & Lesbian Youth
Long Island Home
Lord’s Pantry, Inc.
Lower East Side Harm Reduction Center
Lower Hudson Network
Mailman School of Public Health
Men of Color Health Awareness Project
Metropolitan Community Church NY
Medical Health Research Association
Momentum Project
Mount Vernon HOPWA-HIV/AIDS
Mt. Vernon Neighborhood Health Center
Mt. Vernon Youth Bureau
Nassau Healthcare Corp. Community Health Center
Nassau University Medical Center
National Association of Social Workers, NYC Chapter
National Black Leadership Caucus on AIDS
National Stonewall Democrats
New York Presbyterian System Select Health
New York State Association of County Health Officials
North Central Bronx Hospital
North General Hospital
Nyack Hospital
NYC Council on Adoptable AIDS Orphans
Open Door Family Medical Centers, Inc
Osborne Association
Partnership for the Homeless
Planned Parenthood of Nassau County, Inc
Planned Parenthood of NYC
Project Street Beat
Primary Care Center at Interfaith Medical Center
Project Hospitality
Promesa, Inc, and Casa Promesa Residential Health Care Facility
Queens HIV CARE Network
Queens Legal Services
Roswell Park Cancer Institute, RSC4
Ryan-Chelsea/Clinton Community Health Center
Ryan-NENA Community Health Center
Safe Space
Sharing Community, Inc.
SSDC-League Health Fund
South Brooklyn Legal Services
Stonewall Democrats of NYC
SUNY Downstate Medical Center
TOUCH-Together Our Unity Can Heal, Inc.
TSLI/HHB, Inc
Unity House
Urban League of Westchester County
Village Care of New York
Visiting Nurses Services of New York—AIDS Services
Voices of Women of Color
WE CARE HIV Dental Program Columbia University Dental School
Westchester Hispanic Coalition
White Plains Hospital
William F. Ryan Community Health Center

cc:
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