

AIDS Institute  
New York State Department of Health



## Ryan White CARE Act Reauthorization Recommendations

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National ADAP Educational Forum  
May 20-23, 2004



## Goals of New York's Reauthorization Recommendations

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Within the existing CARE Act structure:

- **Eliminate ADAP waiting lists**
- **Ensure access to standard of HIV care in every state**
- **Preserve service delivery systems and funding in all jurisdictions**



## Structure of the CARE Act

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- Retain the existing title structure of the Act to avoid potentially harmful service disruptions that might accompany an alteration in the service delivery system and shifts in resources between jurisdictions.

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## Allocation of Funds

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- **In accordance with the CARE Act mandate, the Title I and Title II formula must be revised from one that is based on estimated living AIDS cases to one based on persons living with HIV and AIDS.**
- **If a delay is necessary due to a determination that HIV data are insufficient, an interim methodology -- for example, the use of estimates for jurisdictions that do not have fully functional HIV reporting systems -- should be adopted so that HIV data can be included in the formula before 2007.**

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## Allocation of Funds

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- Retain the existing framework for Title II funding to states:
  - with the base formula comprised of a state distribution factor as well as a non-EMA distribution factor;
  - with earmarked ADAP funds as a component of Title II with a separate allocation formula.

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## Allocation of Funds

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- Retain the “hold harmless” provision of the law, which limits the loss of resources to a jurisdiction over time. The “hold harmless” should ensure that no jurisdiction will receive less than a certain percentage of their FY 2005 award in subsequent fiscal years.

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## Allowable Services

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- Funding should not be limited to medical services; essential supportive services must continue to be part of the CARE Act. Supportive services are necessary to engage and maintain people in care.
- Decisions regarding services to be funded should be made at the local level.

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## ADAP Need

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- Within the existing framework, funds must be directed to bring ADAPs in severe-need states to a minimum standard.
- The appropriation for the ADAP earmark must be sufficiently funded with adequate annual increases in order to support normal growth in all state ADAPs.

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## ADAP Severe Need

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### **Strategies to direct funds to ADAPs in severe-need states:**

1. Increase ADAP supplemental set-aside to ten percent.
2. Award increased ADAP supplemental funds based on need.

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## ADAP Severe Need

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### **3. Title I set-aside for ADAP:**

**Each Title I EMA should direct ten percent of its award to the state to support ADAP costs, unless the state determines that a lesser contribution will meet its need. EMAs that already contribute more than ten percent to state ADAPs should maintain that commitment.**

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## ADAP Severe Need

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- 4. Eliminate state match requirement associated with ADAP supplemental.**

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## Severe-Need Methodology

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- **A methodology is required for awarding increased ADAP supplemental funds based on need, in accordance with strategy #2.**
- **Severe need should be defined by ADAP-specific indicators:**
  - **Eligibility restrictions:**
    - Waiting list.
    - Income eligibility criteria less than 300% of FPL.
    - Medical eligibility restrictions.
  - **Inadequate formulary:**
    - A formulary that does not cover all FDA-approved ARVs and PHS-recommended drugs for OIs.

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## Severe-Need Methodology

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- States must receive the amount needed to support the costs associated with expanded eligibility and formularies.

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## ADAP Severe Need

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- Based on awards and program status in FY 03, it is estimated that approximately \$70 million would be needed to hold existing ADAP awards harmless AND address ADAP severe need.

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## ADAP Severe Need

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- Increasing the ADAP supplemental to ten percent provides \$50 million for states in severe need.
- Remaining funds can be obtained by redirecting CARE Act funds (e.g., Title II emerging communities and MAI funds, new ADAP earmark funds, lowering the SPNS tap).

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## Title II Need

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- In addition to addressing ADAP severe need, we must ensure sufficient funding of the Title II base and ADAP earmark appropriations, with adequate annual increases required to support increasing need for base and ADAP services in all states.

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## Conclusion

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- The Ryan White CARE Act has had a positive impact on the lives of persons with HIV/AIDS.
- Concerns regarding access extend beyond the CARE Act and beyond people with HIV/AIDS.
- New York recommends minimal changes to the CARE Act structure.
- The ADAP shortfall is a critical issue that must be addressed through reauthorization in the absence of substantial increases in federal funds.
- Recommendations to redistribute funds must acknowledge that no jurisdiction can afford reductions in funding.
- Working together is essential to adequately address the needs of all jurisdictions and minimize harm to any jurisdiction.