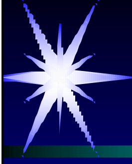

Pursuing Equity in the Distribution of Ryan White Funds - a North Carolina Perspective

Presented at the 2004 National ADAP Conference

Washington, DC
May 20 - 23, 2004

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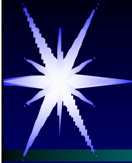

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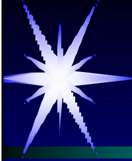
A few preliminary comments and observations:

- We all wear many hats
- Reauthorization discussions are going on in many forums; many of which are "behind closed doors"
- Underlying all discussions and conclusions must be a focus on the original intent of the Ryan White CARE Act - i.e., assuring access to essential care-related services for persons with HIV disease who have no other means of access
- Within the context of what we all do, and what Public Health does everyday, the principles of equity and social justice and reasonableness provide a moral and ethical framework within which we must work



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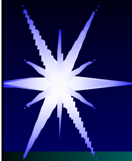
The "starting point" for North Carolina's perspective is…

- "The funding inequity created by the distinction between Titles I and II, by separately funding EMAs and States and by distributing funds via a methodology based on counting PLWA living in EMAs "twice" is real, recognized and acknowledged, and wrong."
- This "double counting" results in funding inequities within the Ryan White Program (i.e., more $/"PLWA" are provided to states w/EMAs than to non-EMA states), which contributes to the significant variation in the availability, accessibility, variety, and quality of services across localities
- As the epidemic has evolved, and despite increasing incidence and prevalence in smaller and rural areas, this approach to the separation and distribution of funds has continued, and this approach continues to benefit Title I states and disadvantage non-EMA states.



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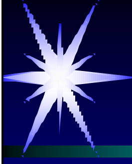
State	EPLWA - 7/93-6/03 (B)	EPLWA - 12/2002 (C)	2004 Title I $	2004 Title II $ (not incl. ADAP)	Total $	$/EPLWA (B)	$/EPLWA (C)
AR	1,466	1,837		$1,817,115	$1,817,115	$1,240	$989
MN	1,427	1,818	$3,093,915	$1,048,980	$4,142,895	$2,903	$2,279
SC	5,563	5,863		$7,586,119	$7,586,119	$1,364	$1,294
CT	5,363	6,579	$11,621,585	$3,860,705	$15,482,290	$2,887	$2,353
Nat. Total	344,296	384,906	$595,342,001	$302,006,000	$897,348,001	$2,606	$2,331



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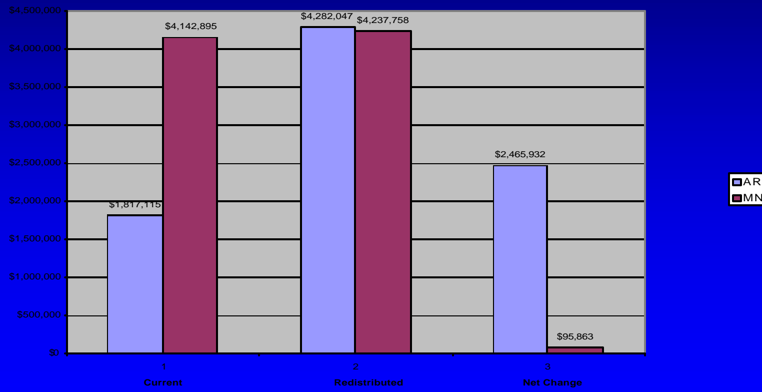

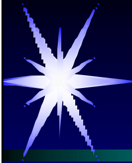

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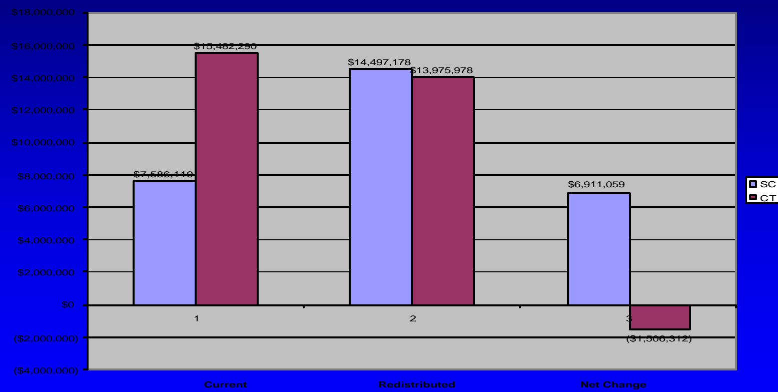

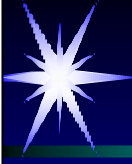

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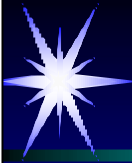
Decisions to be made:

- What <u>indicator</u> is used?
  - HRSA currently uses estimated living AIDS cases (over past 10 years)
  - actual living AIDS cases reported (adjusted for reporting delays by CDC)
  - Ideally (?) - integrate HIV cases reported with an existing AIDS measure
- What <u>funds</u> are included/merged?
  - Title I and Title II excluding ADAP
  - Title I and Title II including ADAP
  - Title III and/or IV and/or Dental
- What <u>distribution methodology</u> is used?
  - "EC approach" - HRSA ⌫ State (Title II) ⌫ EMA/EC/etc.
  - "HOPWA (HUD) approach" - HRSA ⌫ EMA/EC/etc.



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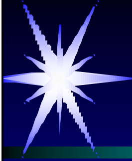
Critical Considerations and Distinctions:

- Equity in the distribution of federal funding to provide services ***vs.*** equity in the availability of services
- Destruction of infrastructure resulting in reduced services ***vs.*** lack of infrastructure resulting in no services
- Hold harmless ***vs.*** limit harm to the greatest extent possible
- Attempting to use the Ryan White Program to fix the ills of the American health care system ***vs.*** using the ills of the American health care delivery system as an excuse not to fix something that is wrong within the Ryan White Program



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North Carolina's "bottom line" - merge Title I and Title II $ (except ADAP), and distribute the $ according to a methodology that counts every PLWA (or HIV) one time only (still lots of options to be considered and decisions to be made).

- This option does not fix everything; it is a proposal to address inequities in the distribution of federal Ryan White funds. It is not intended, and it certainly does not adequately address, all concerns and issues.

  Foremost of those issues/concerns that are not adequately addressed by this proposal is that of states in "severe need" - especially for ADAP!

- We, as public health professionals whose perspective by definition goes beyond the individual (read *state*) and focuses on the community (read *nation*), must recommend eliminating this inequity or we are *de facto* saying that it's OK, and that we accept it. It is not OK, we cannot accept it, and it should not be continued.