

Reauthorization of the Ryan White CARE Act: What's at Stake for Ohio

Everyone deserves life saving medical treatment and services. Currently, inadequate and inequitable funding means that individuals living with HIV/AIDS in Ohio may not be getting the care they need. Not only does that affect individuals who are sick; it affects families and entire communities as well.

Ohio's citizens and Ohio's elected representatives in the United States Congress need to act now to ensure adequate and fair funding for care and services for people with HIV/AIDS. *Increased funding* for the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act will save lives. *Equitable funding* will mean that Ohioans struggling with the disease will receive a fairer share of the care and treatment resources. And *comprehensive, flexible definitions of "core services" and "severity of need"* under the Ryan White CARE Act mean that states and communities, which are most familiar with the local impact of the epidemic, will be able to make the decisions about how to best allocate scarce resources to achieve healthier medical outcomes for people with HIV/AIDS.

Background

Faced with the twin realities of rising cases and dwindling resources, the need to maximize care resources for Ohioans with HIV/AIDS is greater than ever. This is especially true now, as those infected are increasingly likely to be poor, minorities, marginalized, uninsured and underinsured.

To provide a safety net for the most vulnerable, the Ryan White CARE Act has, since 1990, served as the 'payer of last resort' for some 571,000 primarily low-income, underinsured and uninsured persons living with HIV/AIDS – including thousands of Ohioans. The Act provides primary medical care, treatment, and support services that ensure access to care, adherence to treatment, and retention in care.

The CARE Act is now up for reauthorization for another five years. As Congress approaches the task of reauthorizing the CARE Act, a range of recommendations has been developed and circulated to inform policy discussions. Amidst those recommendations, our most fundamental concern in Ohio is this: *some of the proposals now in circulation will result in substantially diminished resources for Ohioans living with HIV/AIDS. Others could result in substantially increased resources for care and treatment in Ohio, and help reduce the current inequities in allocations across the United States.*

What's at Stake for Ohio

On February 28th 2006 the US Government Accounting Office (GAO) released a key document, *Changes Needed to Improve the Distribution of Ryan White CARE Act and HOPWA Funds*. That report calculates the *budgetary* impact, state-by-state, of some proposed changes now under discussion.

While there are many components to the CARE Act, the GAO report focused on a number of issues about which there has been some debate, including "hold harmless" protections, and "double-counting." Currently, the hold harmless and double-counting provisions result in funding allocations that tend to skew funding *toward* large metropolitan areas and highly populated states on the east and west coasts of the United States, and *away* from some Midwestern states (including Ohio) and many southern states. In other words, under the current formula, distribution of resources is inequitable.

Elected representatives from both political parties – as well as the President – have called for an elimination of the "hold harmless" and "double-counting" provisions. While there are many factors that would influence the final outcomes of state allocations, the recent GAO analysis clearly demonstrates that **Ohio would likely gain significant resources if hold harmless and double-counting were eliminated.**

Ohio Deserves a Fair Share of Urgently Needed Resources:
Ohioans with HIV/AIDS and their Families Will be Affected

According to the GAO, **if for fiscal year 2004 Congress had eliminated the hold harmless provision and utilized CDC-accepted case counts and estimated living cases (ELCs) to distribute funding (eliminating so-called “double-counting,”), Ohio would have gained up to \$8,880,000 in additional HIV/AIDS care and treatment resources**, including over \$5.5 million in additional funding for HIV/AIDS medications statewide, and nearly \$1 million in additional resources for the Cleveland Title I EMA (eligible metropolitan area).

What might actually occur in future fiscal years, of course, would depend not only on those factors, but what other changes might be put in place, the overall level of appropriations Congress provides, and case counts in Cleveland and Ohio relative to other jurisdictions around the US. Nevertheless, these numbers offer some indication of whether Ohio would gain or lose funding if the “hold harmless” and “double-counting” provisions of the CARE Act are retired.

“Core Services” and “Severity of Need”

In addition to giving people living with HIV/AIDS in Ohio their fair share of resources, we think it is important that the CARE Act continue to allow for the provision of case management as a “Core Service” supported through Ryan White allocations. Research data are clear and extensive on the impact case management has on maximizing positive medical outcomes for people with HIV/AIDS: ancillary support services play a critical role in enhancing treatment adherence and patient health, and doing so in a manner that is efficient and cost-effective. It does little good, for example, to offer medications or diagnostic monitoring to individuals who do not have transportation to a local clinic; it is difficult to provide meaningful, coordinated medical care for individuals who have no stable housing; and the science of HIV care is now clear that maximum benefits from pharmaceutical regimens can only be achieved if individuals are also receiving appropriate nutritional services. The definition of “Core Services” under the Act must encompass all those services deemed vital in helping patients enter and remain in a system of comprehensive care and treatment that will enhance medical outcomes and reduce further transmission of HIV.

Some people have recommended that a better indicator of funding needs for a local or state community is “Severity of Need” rather than a simple count of the number of persons living with HIV or AIDS. While there is much to be said for this proposal, we are again concerned about the ambiguity of the term. A narrow definition of “severity of need,” like a narrow definition of “core services,” will not account for the range of challenges and barriers people with HIV/AIDS face as they seek to access and effectively utilize services. “Severity of need” should take into account local poverty rates, the strength and effectiveness of local systems of primary care and public health overall, the percentage of people with HIV/AIDS who are also struggling with mental illness and substance abuse, rates of co-morbid conditions such as hepatitis, and other, similar factors.

What Should We Do?

Given that cases continue to climb, there is ample evidence for the need to support increased funding for the Ryan White CARE Act, so that the necessary resources are commensurate with the real needs in our states, cities, and communities. But funding allocations should also be fair, and provide Ohio with care and treatment resources equal to higher-funded cities and states.

Again, some of the proposals now in circulation will result in substantially diminished resources for Ohioans living with HIV/AIDS. Ohio’s U.S. Senators and Representatives must guard against such an outcome, and community advocates are encouraged to contact their elected officials to urge a greater equity in national allocation, resulting in a fairer share of resources for our state.

This Policy Brief represents a joint effort by the following organizations: AIDS Resource Center Ohio; the AIDS Taskforce of Greater Cleveland; AIDS Volunteers of Cincinnati; the Columbus AIDS Task Force; and the Ohio AIDS Coalition.