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AIDS United Position Statement: AIDS United Urges Congress to Defer a Potential Decision to Consolidate Part D of the Ryan White Program into Part C until the Future Reauthorization Process

Date: April 22, 2014

On March 4th, the Administration released the President's budget for Fiscal Year 2015. In the budget, the Administration made the following proposal to consolidate Part D within Part C (taken from the President's Budget Justification).

The FY 2015 Budget Request for the Ryan White HIV/AIDS Part C Program of \$280,167,000 is \$79,088,000 above the FY 2014 Enacted level. Of this increase, \$75,088,000 is the result of consolidating the Part D program (using the FY 2014 level) with the Part C Program. HIV+ clients served under Part D are eligible for services under the consolidated program, and the merged program will emphasize care across all vulnerable populations, genders and ages. By merging the two programs resources can be better targeted to points along the care continuum to improve patient outcomes. The merger will expand the focus on women, infants, children and youth across all the funded grantees and will increase points of access for the population and reduce duplication of effort and reporting/administrative burden among currently co-funded grantees. The Part C Program will provide early intervention services, access to care, and primary care services for 312,000 people living with HIV/AIDS.

Previous Positions:

The Public Policy Committee of AIDS United has not previously taken a position on consolidation of Part D into Part C.

Brief Analysis:

A proposal to consolidate Part D into Part C appears to have first been made in an April 2013 policy paper, "Updating the Ryan White HIV/AIDS Program for a New Era: Key Issues & Questions for the Future," from Jeffrey S. Crowley of the O'Neill Institute for National and Global Health Law at Georgetown University Law Center and Jen Kates from the Kaiser Family Foundation. The paper can be found at: <http://kaiserfamilyfoundation.files.wordpress.com/2013/04/8431.pdf>. The relevant discussion occurs on pp. 22-23. In general, this paper, the President's Budget Justification and a letter from HRSA Director Mary Wakefield suggest that the merger would better target resources to points along the HIV care continuum, potentially expand the focus on women, infants, children and youth across all grantees, realize savings through increased efficiencies and decreased overlap and lessen reporting/administrative burden among co-funded grantees. According to HRSA, 67 percent of Part D programs are already dually-funded with Part C.

Many community members have stated that they are open to review of these changes but have expressed concerns about the process and timing of the proposal and about how the changes would work out in fact. In particular, there is concern over a lack of adequate community consultation about the proposal, with most groups and organizations only finding out about the proposal on the day the budget was released. There is currently not enough data for the community to understand exactly what is being proposed or what the impact would be on service delivery. There is also concern that funding of at least some Part D organizations could be at risk. A number of organizations have noted that there is potential that funding would no longer be directed towards women or youth under this proposal. Some groups are also concerned that the proposal could lead to the impression that the programs may be duplicative and that Part D could be cut when the administration is actually proposing an increase overall from the separate Part C and Part D funding levels in the current (FY 2014) year. Finally, the Ryan White Work Group has argued that major changes to the program should be part of a comprehensive reauthorization that takes place after there is an understanding of the impact of the ACA implementation on HIV care and treatment.

AIDS United agrees with concerns that consideration of this proposal should take place through the reauthorization process rather than the annual appropriations process.

AIDS United Proposal:

AIDS United supports the review of each Ryan White Program Part during a thorough assessment of the entire program as part of a full reauthorization. Implementing major changes piecemeal through the appropriations process will not accomplish this overall review and could hinder community support that should be integral to a comprehensive reauthorization. Additionally, there needs to be data to support the stated goals of any consolidation. In summary, AIDS United agrees that the consolidation of Parts D with Part C should be considered as part of a larger reauthorization process and only after key questions about the value and impact of consolidation are answered.

AIDS United Public Policy Committee Members in Favor

AIDS Action Coalition, Huntsville, AL
AIDS Action Committee of Massachusetts, Boston, MA
AIDS Alabama, Birmingham, AL
AIDS Foundation of Chicago, Chicago, IL
AIDS Project Los Angeles, Los Angeles, LA
AIDS Resource Center Ohio, Dayton, OH
Ohio AIDS Coalition, Columbus, OH
AIDS Resource Center of Wisconsin, Milwaukee, WI
Amida Care, New York, NY
Association of Nurses in AIDS Care, Akron, OH
BOOM!Health, Bronx, NY
Christie's Place, San Diego, CA
Collaborative Solutions, Inc., Birmingham, AL
Delaware HIV Consortium, Wilmington, DE
Gay Men's Health Crisis, New York, NY
God's Love We Deliver, New York, NY
IV CHARIS, Cincinnati, OH
Justice Resource Institute, Needham, MA
Legacy Community Health, Houston, TX

Lifelong, Seattle, WA
Metro Wellness & Community Centers, Tampa, FL
Minnesota AIDS Project, Minneapolis, MN
Nashville CARES, Nashville, TN
National Alliance for HIV Education & Workforce Development, Washington, DC
New Orleans AIDS Task Force, New Orleans, LA
Project Inform, San Francisco, CA
San Francisco AIDS Foundation, San Francisco, CA
Southern AIDS Coalition, Atlanta, GA
Southern HIV/AIDS Strategy Initiative, Durham, NC
Treatment Access Expansion Project, Jamaica Plain, MA
Urban Coalition for HIV/AIDS Prevention Services, Washington, DC
Whitman-Walker Health, Washington, DC