

June 24, 2005
For Immediate Release

Contact: Scott Sanders
202-789-3565

CAEAR Coalition Commends Senate Subcommittee for Jumpstarting the 2005 Ryan White CARE Act Reauthorization Process

Hearing Highlights Important Issues Addressed in Coalition's Reauthorization Recommendations

CAEAR Coalition supports the bipartisan spirit of the hearing on the Ryan White CARE Act reauthorization conducted on June 23, 2005, by the Senate Subcommittee on Federal Financial Management, Government Information, and International Security of the Committee on Homeland Security and Government Reform.

"We expect this subcommittee hearing will energize Congress and the Administration to complete this critical reauthorization process by the September 30th deadline," said Patricia Bass, CAEAR Coalition Chair. "The hearing touched on several key reauthorization issues that CAEAR Coalition has already addressed in our policy recommendations for reauthorization, which were released in March. We will continue to work with the committees of jurisdiction and the Administration to ensure that the CARE Act addresses the needs of all communities impacted by HIV/AIDS." (CAEAR Coalition's recommendations are available at <http://www.caear.org/coalition/reauthor2.html>.)

In his introductory remarks, Subcommittee Chairman Tom Coburn (R-OK) called upon all parties to work together on reauthorization, asserting "We need to stop this epidemic" and continued with a challenge, "How do we treat this disease as a nation? All of us, from all stripes of life...the enemy is not each other—the enemy is the disease."

Senator Frank Lautenberg (D-NJ) and his colleagues from New Jersey, New York and California outlined their concerns with the Government Accountability Office's (GAO) incomplete report released at the hearing in a letter to the GAO that Sen. Lautenberg submitted for the Committee record. "Sen. Lautenberg and his colleagues outline the compelling case for not destabilizing systems of care through shifting resources away from areas of highest need," said Bass. Sen. Lautenberg's letter and his opening statement at the hearing specifically called for maintaining the existing Title I Eligible Metropolitan Area (EMA) structure, ensuring that all CARE Act resources are taken into account in any analysis of per capita funding, and maintaining funding streams to states and eligible metropolitan areas. (A copy of the letter is available at <http://lautenberg.senate.gov/~lautenberg/press/2003/01/2005623A49.html>).

In her testimony, Dr. Deborah Parham-Hopson, Associate Administrator, Health Resource and Services Administration's HIV/AIDS Bureau, noted the necessity for "reengineering" the CARE Act's hold harmless provision and for distribution of CARE Act formula funding based on HIV cases. CAEAR Coalition's position on the Title I hold harmless provision would accelerate the reductions in formula funding in areas relying on the hold harmless provision from the current rate of 15% over five years to 21% over five years. "In discussing reform of the hold harmless provision, Senator Coburn was on target when he said that it must be done in a way that 'minimizes harm to existing systems of care,'" said Bass. CAEAR Coalition's reauthorization recommendations also call for Title I formula funds to be allocated based on living HIV/AIDS cases adjusted for reporting delays by 2007.

During the hearing, Dr. Rob Janssen, Director, Division of HIV/AIDS Prevention, National Center for Infectious Diseases, Centers for Disease Control and Prevention, stated that there is no data that suggests that name-based HIV reporting systems are better than code-based HIV reporting systems. "CAEAR Coalition applauds Michael Montgomery, Chief, Office of AIDS, California Department of Health Services, for stating that code-based HIV reporting systems are accurate and for calling on the CDC to incorporate state-level code- and name-based HIV and AIDS data into the CDC's national data set used to determine CARE Act formula allocations," said Bass. CAEAR Coalition's reauthorization recommendations also call on the CDC to develop a national HIV/AIDS case data set from name- and non-name-based (code) reporting systems and inclusive of all reported living HIV cases.

Ranking Member Thomas Carper (D-DE) discussed the importance of considering the "whole picture" in reference to funding distribution of CARE Act funds and affirmed CAEAR Coalition's long standing principles that the CARE Act works and strengthens the public health infrastructure.

For more information on CAEAR Coalition, visit <http://www.caeear.org/>.

The webcast of the hearing and the written testimony is available at <http://hsgac.senate.gov/index.cfm?Fuseaction=Hearings.Detail&HearingID=251>.