

November 3, 2006

The Honorable Thad Cochran
Chairman
Senate Committee on Appropriations
SD-113 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Robert C. Byrd
Ranking Member
Senate Committee on Appropriations
SH-311 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Jerry Lewis
Chairman
House of Representatives Committee on
Appropriations
2112 Rayburn House Office Building
Washington, D.C. 20515

The Honorable David Obey
Ranking Member
House of Representatives Committee on
Appropriations
2314 Rayburn House Office Building
Washington, D.C. 20515

The Honorable Michael B. Enzi
Chairman
Senate Committee on Health, Education,
Labor, and Pensions
835 Hart Senate Office Building
Washington, DC 20510

The Honorable Edward M. Kennedy
Ranking Member
Senate Committee on Health, Education,
Labor, and Pensions
527 Hart Senate Office Building
Washington, DC 20510

The Honorable Joe Barton
Chairman
House of Representatives Committee on
Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable John D. Dingell
Ranking Member
House of Representatives Committee on
Energy and Commerce
2322 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen Cochran, Lewis, Enzi and Barton and Ranking Members Byrd, Obey, Kennedy and Dingell,

On behalf of the 51 Eligible Metropolitan Areas (EMAs) funded under Title I of the Ryan White CARE Act (CARE Act) and the more than 300 Title III community clinics nationwide, I am writing to highlight a crucial FY 2007 CARE Act funding issue related to the pending Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Reauthorization Bill).

As you know, the Communities Advocating Emergency AIDS Relief (CAEAR) Coalition is the leading national voice with respect to CARE Act Title I and Title III. CAEAR Coalition also advocates on behalf of the AIDS Drug Assistance Program (ADAP) line item in CARE Act Title II.

A significant change in the Reauthorization Bill is the new eligibility criteria for Title I jurisdictions, which will lead to the addition of five new Title I-funded jurisdictions. These jurisdictions previously were funded under the Title II Emerging Communities provision. The scope of the epidemic in these communities clearly makes their inclusion in Title I appropriate. CAEAR Coalition supports this provision and looks forward to working closely with these jurisdictions.

The addition of the five new Title I-funded jurisdictions also means there is a corresponding need for increased resources in Title I, just as has been the case each time new jurisdictions have joined Title I. However, neither the Reauthorization Bill nor the proposed FY2007 appropriations includes any additional funds to support services in the five new Title I-funded jurisdictions.

We ask that you address this oversight by providing the additional funds required to support the formula grants the new jurisdictions will receive for medical care and other essential services without decreasing the grants to other Title I jurisdictions. According to data prepared by a leading university-based research institution, the five new jurisdictions will likely be awarded approximately \$18.8 million in formula funds in FY 2007.

The \$18.8 million to support the new Title I-funded jurisdictions is not included in the proposed FY 2007 Title I appropriation of \$604 million—the same amount as the authorization level for the first year of the Reauthorization Bill. This \$604 million is the same amount appropriated in FY 2006 to support services in 51 EMAs. Without additional funds, 56 jurisdictions will have to share the existing pool of funds, requiring funding cuts to vital care provided in jurisdictions across the country. This would be an unacceptable outcome for a reauthorization process designed to more appropriately meet the service needs in areas of the country with emerging HIV/AIDS epidemics.

In addition, the Reauthorization Bill does not transfer the \$5 million Title II Emerging Communities funding along with those jurisdictions that will become Title I, as agreed to by the HIV/AIDS community and congressional negotiators. This \$5 million should follow the Title II Emerging Communities as they become Title I-funded jurisdictions in order to help defray the \$18.8 million cost of funding the five new Title I jurisdictions. We believe that this movement of funds is Congress' intent, and would request a legislative change to reflect that intent.

The attached data runs, prepared by the Center for AIDS Prevention Studies at the University of California, San Francisco (UCSF), demonstrate the basis for CAEAR Coalition's request of \$18.8 million for the five new Title jurisdictions (which should include the \$5 million in transfer funds from Title II). According to the UCSF data, the formula funding levels the five new jurisdictions likely would receive are:

1.	Baton Rouge, LA	\$3 million
2.	Charlotte, NC	\$3.7 million
3.	Indianapolis, IN	\$3.4 million
4.	Memphis, TN	\$4.9 million
5.	<u>Nashville, TN</u>	<u>\$3.8 million</u>
	TOTAL	\$18.8 million

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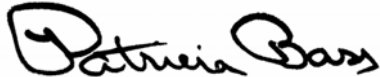
In order to ensure that the formula funding of existing Title I-funded jurisdictions would not be cut in order to support the formula awards for new jurisdictions, the additional \$18.8 million should not be placed in the Title I formula pool, because this would cause the \$18.8 million to be distributed across all jurisdictions per the formula requirements. Instead, CAEAR Coalition requests that these funds be allocated to the Title I Supplemental to ensure that the five new jurisdictions are funded without dangerous corresponding decreases in awards to other jurisdictions.

We have attached suggested legislative language in both the Labor HHS appropriations bill and the Reauthorization Bill, which would (1) transfer the \$5 million in Emerging Communities funds to Title I (to accompany the five new Title I jurisdictions) and (2) include an additional \$13.8 million in the Title I Supplemental to fund the remaining needs of these new jurisdictions.

We believe that this relatively small amount of funding will help to ease the fears of those jurisdictions caring for large portions of the HIV/AIDS population now facing severe potential funding cuts under the Reauthorization Bill. At the same time, inclusion of these funds also will demonstrate to the new jurisdictions created under the reauthorization bill that adequate funding will be provided under Title I to care for emerging HIV/AIDS populations within their jurisdictions.

Please do not hesitate to contact us should you have any questions regarding the attached information and/or our request.

Sincerely,

A handwritten signature in black ink that reads "Patricia Bass". The signature is written in a cursive, flowing style.

Patricia Bass
Chair

CC: The Honorable Richard Lugar
The Honorable Evan Bayh
The Honorable Mary Landrieu
The Honorable David Vitter
The Honorable Elizabeth Dole
The Honorable Richard Burr
The Honorable Bill Frist
The Honorable Lamar Alexander

APPROPRIATIONS FIX – AMENDMENTS TO S. 3708

TITLE II

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

HEALTH RESOURCES AND SERVICES

For carrying out titles II, III, IV, VII, VIII, X, XII, XIX, and XXVI of the Public Health Service Act ('PHS Act'), section 427(a) of the Federal Coal Mine Health and Safety Act, title V and sections 1128E, 711, and 1820 of the Social Security Act, the Health Care Quality Improvement Act of 1986, as amended, the Native Hawaiian Health Care Act of 1988, as amended, the Cardiac Arrest Survival Act of 2000, section 712 of the American Jobs Creation Act of 2004, and for expenses necessary to support activities related to countering potential biological, disease, nuclear, radiological and chemical threats to civilian populations, **\$6,981,659,000**, of which \$260,028,000 shall be available for construction and renovation (including equipment) of health care and other facilities and other health-related activities as specified in the committee report accompanying this Act, and of which \$38,538,000 from general revenues, notwithstanding section 1820(j) of the Social Security Act, shall be available for carrying out the Medicare rural hospital flexibility grants program under section 1820 of such Act: Provided, That of the funds made available under this heading, \$220,000 shall be available until expended for facilities renovations at the Gillis W. Long Hansen's Disease Center: Provided further, That in addition to fees authorized by section 427(b) of the Health Care Quality Improvement Act of 1986, fees shall be collected for the full disclosure of information under the Act sufficient to recover the full costs of operating the National Practitioner Data Bank, and shall remain available until expended to carry out that Act: Provided further, That fees collected for the full disclosure of information under the 'Health Care Fraud and Abuse Data Collection Program', authorized by section 1128E(d)(2) of the Social Security Act, shall be sufficient to recover the full costs of operating the program, and shall remain available until expended to carry out that Act: Provided further, That \$25,000,000 of the funding provided for community health centers shall be used for base grant adjustments for existing centers: Provided further, That no more than \$10,000 is available until expended for carrying out the provisions of 42 U.S.C. 233(o) including associated administrative expenses: Provided further, That no more than \$44,550,000 is available until expended for carrying out the provisions of Public Law 104-73 and for expenses incurred by the Department of Health and Human Services pertaining to administrative claims made under such law: Provided further, That of the funds made available under this heading, \$283,103,000 shall be for the program under title X of the PHS Act to provide for voluntary family planning projects: Provided further, That amounts provided to said projects under such title shall not be expended for abortions, that all pregnancy counseling shall be nondirective, and that such amounts shall not be expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office: Provided further, That \$844,546,000 shall be for State AIDS Drug Assistance Programs authorized by section 2616 of the PHS Act: Provided further, That in addition to grants provided under this heading pursuant to subpart I of part B of title XXVI of the PHS Act,

and notwithstanding sections 2616 through 2620 of the PHS Act, \$15,000,000 shall be for awards to States for HIV/AIDS care and treatment services: Provided further, That in addition to amounts provided herein, \$25,000,000 shall be available from amounts available under section 241 of the PHS Act to carry out parts A, B, C, and D of title XXVI of the Public Health Service Act to fund section 2691 Special Projects of National Significance: **Provided further, That in addition to grants provided under this heading \$18,800,000 shall be for awards for eligible areas pursuant to section 2603(b):** Provided further, That, notwithstanding section 502(a)(1) of the Social Security Act, not to exceed \$116,051,892 is available for carrying out special projects of regional and national significance pursuant to section 501(a)(2) of such Act: Provided further, That of the funds provided, \$39,283,000 shall be provided to the Denali Commission as a direct lump payment pursuant to Public Law 106-113: Provided further, That of the funds provided, \$35,000,000 shall be provided for the Delta Health Initiative as authorized in section 223 of this Act and associated administrative expenses: Provided further, That notwithstanding section 747(e)(2) of the PHS Act, not less than \$5,000,000 shall be for pediatric dentistry programs and not less than \$31,000,000 shall be for family medicine programs: Provided further, That where prior year funds were disbursed under this appropriation account as Health Care and Other Facilities grants (and were used for the purchase, construction, or major alteration of property; or the purchase of equipment), the Federal interest in such property or equipment shall last for a period of 5 years following the completion of the project and terminate at that time: Provided further, That if the property use changes (or the property is transferred or sold) and the Government is compensated for its proportionate interest in the property, the Federal interest in such property shall be terminated: Provided further, That for projects where 5 years has already elapsed since completion, the Federal interest shall be terminated immediately.

AUTHORIZATION FIX – AMENDMENTS TO H.R. 6143

Subpart III--General Provisions

`SEC. 2610. AUTHORIZATION OF APPROPRIATIONS.

`(a) In General- For the purpose of carrying out this part, there are authorized to be appropriated \$622,800,000 for fiscal year 2007, \$626,300,000 for fiscal year 2008, \$649,500,000 for fiscal year 2009, \$673,600,000 for fiscal year 2010, and \$698,500,000 for fiscal year 2011. Amounts appropriated under the preceding sentence for a fiscal year are available for obligation by the Secretary until the end of the second succeeding fiscal year.

`(b) Reservation of Amounts-

`(1) FISCAL YEAR 2007- Of the amount appropriated under subsection (a) for fiscal year 2007, the Secretary shall reserve--

`(A) \$458,310,000 for grants under subpart I;

`(B) \$145,690,000 for grants under section 2609; and

‘(C) \$18,800,000 in addition to grants provided for eligible areas pursuant to section 2603(b).

SEC. 2623. AUTHORIZATION OF APPROPRIATIONS

“(a) IN GENERAL.—For the purpose of carrying out this subpart, there are authorized to be appropriated \$1,190,500,000 for fiscal year 2007, \$1,239,500,000 for fiscal year 2008, \$1,285,200,000 for fiscal year 2009, \$1,332,600,000 for fiscal year 2010, and \$1,381,700,000 for fiscal year 2011. Amounts appropriated under the preceding sentence for a fiscal year are available for obligation by the Secretary until the end of the second succeeding fiscal year.