



NEWS RELEASE

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CAEAR Coalition Expresses Significant Concerns with Senator Coburn's CARE Act Reauthorization Bill

*Pledges to Continue Working with Bipartisan, Bicameral Staff of Committees of Jurisdiction
To Strengthen and Modernize the CARE Act*

(Washington, DC) - Legislation introduced today by Senator Tom Coburn (R-OK) to reauthorize the Ryan White CARE Act has a number of provisions that, if implemented, would be harmful to the nation's HIV/AIDS health care safety net and to people living with HIV/AIDS, according to members of CAEAR Coalition.

"Many of Senator Coburn's proposals would undermine the ability of hard-hit communities across the country to provide medical care and critical support services to uninsured and underinsured people living with HIV/AIDS while destabilizing the existing systems of care in many urban areas," said Patricia Bass, CAEAR Coalition Chair. "We acknowledge Senator Coburn's role in the 2000 reauthorization when he was a member of the committee of jurisdiction in the House of Representatives and we will continue to work with the current members of Senate HELP and House Energy and Commerce Committees as they develop draft reauthorization legislation."

CAEAR Coalition has been working for well over a year with members of the committees of jurisdiction and applauds the committee staffs for working together in a bi-partisan and bi-cameral fashion to craft a reauthorization bill.

"The members of the House and Senate committees are moving forward in a deliberative and thoughtful manner to develop CARE Act reauthorization language and we will continue working with them to develop a bill that we hope will best address the needs of people living with HIV/AIDS in urban, rural, and suburban communities across the country," said Bass.

Of greatest concern in Senator Coburn's bill are provisions that would: eliminate the protection-period (hold harmless) provision in Title I; base Title II formula allocations solely on cases outside of Title I communities; set fixed funding levels for primary medical care services; limit the authority of and support for local CARE Act planning councils; eliminate some existing Title I eligible metropolitan areas (EMAs); mandate HIV testing at facilities that receive federal funding; and tap all titles of the Act to support the Title II AIDS Drug Assistance Program in certain circumstances.

"As the Office of Management and Budget and the Government Accountability Office analyses have found, the CARE Act successfully reaches those in greatest need and has played a crucial role in helping people with HIV/AIDS to live longer. Yet, Senator Coburn's bill would limit the very flexibility and community involvement that are at the heart of these CARE Act successes," said Jacque Muther, CAEAR Coalition Board Member.

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“The vast majority of the most vulnerable people living with HIV/AIDS – including women, people of color, and the poor – continue to live in CARE Act Title I communities and Senator Coburn’s proposals would severely curtail the availability of quality health care and services in these communities by dramatically cutting and restricting the resources available to them,” said Joe Acosta, CAEAR Coalition Vice Chair.

One illustration of Senator Coburn’s indifference to the epidemic in the nation’s cities is his proposal to phase-out the protection-period provision in Title I, in contrast to his proposal to maintain such a provision for states under Title II in order to “ensure stability of infrastructure.” “Senator Coburn understands the implications of sudden and dramatic funding shifts on existing systems of care and yet he wants to eliminate the mechanism that would make for smoother transitions in the case of the metropolitan areas, while maintaining it for the states,” said Ernest Hopkins, CAEAR Coalition Board Member.

CAEAR Coalition and its partners in the Ryan White Legislative Group (RWLG) have developed draft legislation that represents the collective input and positions of a broad range of CARE Act stakeholders, including those on the frontlines of the epidemic as both consumers and providers of CARE Act services. “Our legislative proposal, which puts forward ideas that would strengthen and modernize the CARE Act by responding to the evolution of the epidemic over the past five years, is now under review by the relevant committee staffs and we look forward to constructive dialogue about these proposals in the weeks ahead,” said Bass.

An overview of the RWLG legislative proposal, along with CAEAR Coalition’s proposal for strengthening ADAP, are available at www.caeear.org/coalition/index.html.

CAEAR Coalition is the national grassroots organization advocating on behalf of people living with HIV/AIDS who rely on Title I, Title III and the Title II AIDS Drug Assistance Program (ADAP) of the Ryan White CARE Act for primary health care and support services. The CARE Act is the nation’s largest discretionary program for people living with HIV/AIDS and supports direct service programs in medically underserved communities in urban and rural communities across the U.S.

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