



# NEWS RELEASE

## **Statement of Christopher Brown, Chair, on President Bush's FY 2008 Budget**

### **Sixth Year of Flat Funding for Ryan White Cities is "Dangerous" Congress Must Not Allow Unfunded Mandate to Stand**

*February 6, 2007*

President Bush's call to flat-fund key care and treatment provisions of the Ryan White CARE Act for the sixth year in a row is especially dangerous in light of the program's recent reauthorization.

A key component of that reauthorization was expanding the number of urban communities that will receive direct funding for HIV/AIDS services in order to more accurately reflect the evolution of the HIV/AIDS epidemic. As a result, five new cities—home to more than 19,000 people living with HIV/AIDS, most in the South—will receive funding under Title I of the CARE Act. Despite the tremendous increase in the number of people to be served, President Bush has requested no new funds for Title I. His flat-funding request for Title I comes after several years of rescissionary cuts that have already led to service reductions in many communities.

Congress must not allow the Title I program to be saddled with an unfunded mandate to increase the number of communities in the program. Each time new cities have been added to Title I, there has been a corresponding increase in funds. This reauthorization should be no different. Without such an increase, desperately needed funds will be cut from existing Title I communities.

It also appears that President Bush has not requested an increase for CARE Act Title III, which supports medical care services at 364 health clinics (including faith-based organizations) in 49 states and three territories. Title III clinics are central to the provision of medical care to uninsured and underinsured people living with HIV across the country and they continue to serve more people with fewer resources.

The president has appropriately requested desperately needed funds to support access to medications through the CARE Act's AIDS Drug Assistance Program and has retained increases provided last year in the Title II base for states; however, the Administration continues to deny the reality that in order for people to take these drugs they need to be seen and monitored by their health care providers on a regular basis. Title I and Title III providers are on the frontlines providing the care and support services that make drug therapy possible and year after year we see their resources cut through flat-funding and rescissions.

CAEAR Coalition and our partners will advocate strongly with the Congress throughout the year to increase the appropriations for these crucial programs to at least match the mandates of the newly reauthorized CARE Act. Neither the new Ryan White cities nor the existing jurisdictions should be penalized as a result of inadequate funding.

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