

Positions on Proposed Fixes and Other Key Changes in 2009 Ryan White Program Legislation

Issue	Community Consensus	Final Legislation
Extension Period	Extend for a minimum of three years.	Authorizes appropriations for four years.
Sunset Provision		Eliminates sunset provision. Provision to eliminate sunset shall take effect as if enacted on Sept 30, even if passed after Sept. 30; and revives and amends all provisions of the law as in effect on Sept. 30.
Authorized Appropriations	Change all appropriations to “such sums necessary”.	Authorizes a 5% increase for all parts, including the MAI, for four years. (See attachment for amounts.)
MAI		MAI funding in Part A and B will revert from competitive to formula funding and will be synchronized with the other funding streams. Requires GAO report on MAI activities across HHS, including best practices for capacity building, and a departmental plan for use of MAI funds for capacity building.
Exemption Period for Names-based Reporting	Recommends that states continue to have the option of submitting data to HRSA until state’s name-based system is deemed accurate and reliable.	Maintains provisions for states and jurisdictions with maturing names-based systems to report code-based data to HRSA for three fiscal years. In the third year, the case penalty for states reporting cases to HRSA will increase from 5% to 6%. Switches to living, names-based cases of HIV/AIDS in FY 2013.
Adjustment for Some States that Switched to Names-based reporting in 2007		Increases by 3% the number of living HIV/AIDS cases in states that used names-based reporting in 2007 and saw a decrease in total funding of 30% or more from 2006-2007. Applies to Part A and Part B awards.

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<p>Phasing out of Incidence TGAs</p>	<p>Extend TGA status for all TGAs through the full extension.</p>	<p>Maintains existing TGA threshold. For each TGA that no longer qualifies for Part A funding, maintains a transfer of \$500,000 to the overall Part B pool for distribution and also transfers a portion of the TGA's previous Part A grant amount to its state's Part B allocation for three fiscal years: 75% in year one, 50% in year two, 25% in year three. Four TGAs will lose status in FY 2011:</p> <ul style="list-style-type: none"> *Caguas, PR *Dutchess County, NY *Santa Rosa, CA *Vineland-Millville-Bridgeton, NJ <p>Provides a safety net for jurisdictions near the threshold for losing status by allowing those with at least 1400 living AIDS cases for three years to remain TGAs so long as they also obligate at least 95% of their grant awards.</p>
<p>Hold Harmless</p>	<p>Restart the Part A and Part B formula hold harmless in FY 2010 at 95% of FY 2009 formula awards (including stop-loss amounts) and 100% for the next two years.</p>	<p>Restarts the formula hold harmless in FY 2010 at 95% of FY 2009 formula awards, and then 100% of the FY 2010 awards in FY 2011 and 2012. In 2013, resets the hold harmless at 92.5% of 2012 award.</p>
<p>Factors for Determining Part A Supplemental Awards</p>		<p>One-third of the Part A supplemental criteria will be judged on the city's ability to identify new positives and refer them to care.</p>
<p>Part B Planning Requirements</p>		<p>States will need to incorporate information regarding their approach to testing individuals and linking those found to be HIV positive to care in their existing state plans.</p>

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Provision of Food as a Core Medical Service	Allow MNT and food and nutrition provided as advised by a physician to count as a core medical service in Part A and Part B.	Not included.
Medical Transportation as a Core Medical Service	Add medical transportation to core medical services and allow transportation as a support service.	Not Included.
ADAP Rebate Dollars	Do not consider ADAP rebate income as program income and should be allowed to accrue after a grant year has ended and spent after federal funds are expended.	If an expenditure of ADAP rebate funds would trigger a penalty or a higher penalty than would otherwise have been applied, the state may request that the Secretary deem the state's unobligated balance to be reduced by the amount of funds in the proposed expenditure. Unobligated amounts returned should be spent for the ADAP program or Part B supplemental awards.
Unobligated Funds	Change penalty threshold from 2% to 5%. Suspend penalties for having more than 5% unobligated: allow grantees access to subsequent years supplemental funding and eliminate reductions in future grant awards.	Maintains penalties for unobligated awards but changes thresholds from 2% to 5%. The penalty that reduces the formula award by the amount of unobligated funds has been altered, with new language stating that the jurisdiction's formula award will be reduced only by the amount of unobligated funds that a jurisdiction was not allowed to carryover.
Part D Expense Reporting Requirements	Remove any requirements that funds be used to pay for primary medical care when other payers are available for such care.	Removes any requirements that funds be used to pay for primary medical care when other payers are available for such care.

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SONI Implementation/ Client-level data	Continue use of existing formula and supplemental mechanisms. Provide SPNS grants to support implementation of CLD system; make funds available to each Part in the same percentage as each Part's contribution to the SPNS budget.	Not included.
National HIV/AIDS Testing Goal		Requires HHS to set goal of 5 million tests per year through federal programs along with reporting and review requirements.
Notification of Possible Exposure to Infectious Diseases		Provides requirements related to notification of emergency workers if they may have been exposed to potentially life-threatening infectious diseases, including airborne diseases, in responding to emergencies. Allows Secretary to suspend in public health emergencies.