



BOARD OF DIRECTORS

Officers
Patricia Bass, *Chair*
Philadelphia, PA

Deloris Dockrey, *Vice Chair*
Newark, NJ

Jacqueline T. Mulher, *Treasurer*
Atlanta, GA

David R. Reznik, DDS, *Secretary*
Atlanta, GA

Regional Representatives
Robert Cordero, *Northeast*
New York, NY

Matthew McClain, *Mid-Atlantic*
Silver Spring, MD

Joey Wynn, *Southeast*
Ft. Lauderdale, FL

Christopher Brown, *Midwest*
Chicago, IL

Jack Newby, *Pacific*
Palm Springs, CA

Title III Representatives
John Gressman
San Francisco, CA

Eugenia Handler
Boston, MA

PWA Representative
Peter Ralin
Denver, CO

At Large Representatives
John Brown
Palm Springs, CA

Gene Copello
Tampa, FL

Keith Cylar
New York, NY

Daryl Flynn
Los Angeles, CA

Matthew Lesieur
New York, NY

Howard Spiller
Chicago, IL

Laura Thomas
San Francisco, CA

Karen Walker
Paterson, NJ

September 12, 2003

The Honorable Judd Gregg
Chair
Committee on Health, Education, Labor and Pensions Committee
United States Senate
Senate Hart Office Building, Room 835
Washington, DC 20510-6300

Dear Chairman Gregg:

First enacted in 1990, the Ryan White CARE Act is central to the nation's response to HIV/AIDS. As Congress, and especially your committee, prepare for the upcoming CARE Act reauthorization in 2005, the CAEAR Coalition is eager to work with you and your colleagues in the months ahead to ensure that the CARE Act continues to respond to the needs of all communities impacted by HIV/AIDS.

Every year, the CARE Act reaches over one-half million people with or at-risk for HIV/AIDS in the United States and its territories. The CARE Act funds crucial medical care and support services to those without other means to pay for these services.

The CAEAR Coalition represents more than 350 community-based organizations and grantees under Title I and Title III of the CARE Act, including the 51 major U.S. metropolitan areas most adversely affected by the HIV/AIDS epidemic. Our membership also includes key stakeholders from the CARE-Act-funded AIDS Education and Training Centers and the Dental Reimbursement Program.

The CARE Act works by utilizing an innovative model of public/private partnerships to address the emerging needs of communities and people living with HIV/AIDS. By maximizing the local public and private resources to provide people living with HIV/AIDS with high quality care and supportive services, the CARE Act has been able to minimize the potentially devastating impact of the HIV/AIDS epidemic on the already overburdened public health care system.

The program's impact on the health status of people with HIV/AIDS is measurable and demonstrable, as illustrated by a recent Columbia University research study which show that CARE Act services have a significant impact on consumers' health outcomes. Examining the impact of services funded through all CARE Act titles in New York City, the researchers found that among people with HIV/AIDS in the study:

- those receiving primary medical care from a CARE Act-funded provider were **60-70 percent more likely to report appropriate medical care and 40-50 percent more likely to report being on HAART** than those who received their primary medical care from a non-CARE-Act-funded provider;
- those receiving case management and/or client advocacy from a CARE Act-funded provider were **80-90 percent more likely to report appropriate medical care and 70 percent more likely to be on antiretroviral therapy** than those who received case management and/or client advocacy from a non-CARE-Act-funded provider; and
- those who received primary medical care from a non-CARE Act-funded provider were half as likely as clients of CARE Act providers to report care that met minimum HIV practice guidelines.

By providing stabilizing support services such as case management, substance abuse treatment, mental health, housing, food, and other services, the CARE Act helps people living with HIV/AIDS to maintain their connection with their medical provider, which improves their health status, and, over time, gradually reduces utilization of services.

One key component of the CARE Act is the use of local and state planning bodies to ensure that all impacted public and private parties are able to develop an integrated and coordinated response tailored to their local epidemic's unique needs. The critical leadership role of people living with HIV/AIDS in these planning bodies ensures that the service delivery systems are responsive to the needs those living with HIV/AIDS in their local communities. These planning bodies have proved to be a powerful and effective tool in ensuring fiscal and programmatic accountability. No other publicly funded health care system demands nor achieves such high levels of public accountability.

It is crucial that all stakeholders work together to ensure that this vital program continues to meet the needs of people living with HIV/AIDS and their communities. The CAEAR Coalition looks forward to working with you toward that end in the months ahead.

Sincerely,

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

Patricia Bass
Chair