

Congress of the United States

Washington, DC 20515

May 11, 2006

The Honorable Michael B. Enzi
Chairman
Committee on Health, Education, Labor,
and Pensions
United States Senate
428 Senate Dirksen Office Building
Washington, DC 20510

The Honorable Edward M. Kennedy
Ranking Member
Committee on Health, Education, Labor,
and Pensions
United States Senate
428 Senate Dirksen Office Building
Washington, DC 20510

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

The Honorable John D. Dingell
Ranking Member
Committee on Energy and Commerce
United States House of Representatives
2332 Rayburn House Office Building
Washington, DC 20515

Dear Chairmen and Ranking Members:

As Members of the Congressional Hispanic Caucus, we recognize that the reauthorization of the Ryan White CARE Act has enormous implications for the Latino community. Latinos represent a growing population of new HIV infections and a disproportionate number of people living with AIDS. While Latinos represent 14 percent of the total United States population, they account for 19 percent of the nearly 1 million AIDS cases diagnosed since the beginning of the epidemic and 20 percent of the AIDS cases diagnosed in 2004 alone.¹ With the reauthorization of the Ryan White CARE Act, Congress must recognize the growing needs of communities of color in order to reverse the deadly trend of HIV infection amongst Latinos in the United States.

Many of the proposals that have been drafted for the reauthorization of Ryan White disproportionately impact some states more than others. Therefore, it is imperative to know where Latinos with HIV and AIDS live and are receiving treatment. Approximately 89 percent of Latinos living with HIV and AIDS live in just nine states—New York, California, Florida, Texas, New Jersey, Illinois, Pennsylvania, Massachusetts, and Connecticut—and Puerto Rico.² Therefore, any changes to the Ryan White CARE Act funding levels or grant formulas that disproportionately affect these states will also disproportionately affect the Latino community. Latinos in other states are also heavily impacted by HIV and AIDS. Overall, the national rate among Latinos is four times that for White non-Latinos. As the impact of HIV and AIDS increases in the Latino community, so too should the need for Ryan White CARE Act funding.

¹ Kaiser Family Foundation Latinos and HIV/AIDS Policy Fact Sheet, February 2006:
<http://www.kff.org/hiv/aids/upload/6007-03.pdf>

² *ibid*

Below you will find specific examples of how some of the proposed changes to the Ryan White CARE Act would affect Latino communities.

Title I and Title II: Importance of Location

Some proposals have suggested that Title I of the Ryan White CARE Act be eliminated altogether. Title I of the Ryan White CARE Act allocates funding to eligible metropolitan areas (EMAs), many of which are home to a higher proportion of Latinos than the national average. Because more than 70 percent of people living with AIDS reside within the boundaries of an Eligible Metropolitan Area (EMA), there is a dire need to continue funding these areas³. While we understand that there have been some disparities in funding per estimated living case (ELC) throughout EMAs, we encourage the committees to work to remedy these funding inequities, but still retain EMAs and Title I. The continuation of funding for EMAs will undoubtedly benefit Latinos living with HIV and AIDS in these urban areas.

The AIDS Drug Assistance Programs (ADAPs) are a component of Ryan White CARE Act Title II that are essential to manage and prevent the spread of the epidemic. Nationally, more than 80 percent of ADAP clients have incomes at 200 percent or less of the Federal Poverty Level. We are also concerned that proposals to eliminate the 80/20 provision would drastically reduce funding to states with high numbers of Latinos affected by the disease and will take funds away from the states hardest hit by the HIV and AIDS epidemic.

Name-Based HIV Surveillance Systems and Code-Based HIV Surveillance Systems: Providing Flexibility to Transitioning States

We are very concerned about the provision under current law that will undermine the current code-based HIV surveillance system or that will dismiss the transition period from a code-based to a name-based system. In July 2005, the Centers for Disease Control and Prevention (CDC) shifted from advising to strongly recommending that states implement a name-based HIV surveillance system. However, the GAO stated in its recent report that states with mature surveillance systems would provide more accurate data on the incidence of HIV than those states with newly implemented HIV surveillance systems.⁴ For example, Illinois just began working with the CDC to implement a name-based system in January 2006. California is actively working in its state legislature to change state law and establish a name-based surveillance system. Both of these states are home to some of the largest populations of Latinos living with HIV and AIDS.

We urge you to provide flexibility to these states as they work to establish a name-based HIV surveillance system, as it will take years to develop into a fully mature reporting

³ CAEAR Coalition Fact Sheet. Ryan White CARE Act Title I. Available at: http://www.caeear.org/coalition/pdf/CAEAR_Fact_Sheet_Title_I.pdf.

⁴ GAO Report: "HIV/AIDS: Changes Needed to Improve the Distribution of Ryan White CARE Act and Housing Funds" (page 46): <http://www.gao.gov/new.items/d06332.pdf>

system.⁵ Knowing that the initial HIV data provided by these states will not accurately reflect the populations served, we urge you to continue to provide level funding to these states so that the Latino populations living with HIV and AIDS in these states continue to receive quality treatment and care.

Titles III and IV: Essential Services for the Community

Titles III and IV funded clinics play a vital role as key points of entry into the HIV care system. The Ryan White CARE Act must assure that people living with HIV and AIDS have multiple points of entry into HIV care and services. Most new patients at Title III-funded clinics are classified as moderately to severely ill and require extensive and costly medical services. Forty-two percent have no health insurance and 72 percent have incomes at or below the federal poverty level⁶. It is imperative that the funding streams for the community based organizations providing social and supportive services, substance abuse and mental health providers, and community health clinics be retained.

Core Medical Services: Meeting our Community's Needs

The many community-based organizations providing HIV and AIDS related care also address numerous psycho-social issues that create barriers to care. The Ryan White CARE Act must continue to fund services that remove barriers and optimize access, utilization, and retention in care and adherence to HIV and AIDS treatments. These key services which include transportation, child care, housing, food services, psychosocial case management, and client advocacy, provide low-income people living with HIV and AIDS access to care which meets their basic needs. These services thereby allow patients to focus on their HIV and AIDS primary health care. A number of studies have shown that people living with HIV and AIDS who have unmet basic housing and nutritional needs, or who lack adequate transportation to services, are unlikely to seek and maintain primary health care.⁷

Minority AIDS Initiative: Addressing the Changing Face of the Epidemic

This critical initiative provides funds to community-based organizations, research institutions, minority-serving colleges and universities, health care organizations, state and local health departments, and correctional institutions to help them address the HIV and AIDS epidemic within the minority populations they serve. Support for the delivery of culturally and linguistically appropriate services, including provider training and language access services should be integrated into the Ryan White CARE Act. For many in our Latino community who do not speak English or who have limited English proficiency, translation and interpretation services are essential to patient care

⁵ County of Los Angeles, Department of Health Services. Fact Sheet on Ryan White CARE Act Reauthorization.

⁶ HRSA, Ryan White CARE Act Title III 2001 Data Report.

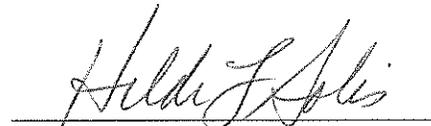
⁷ Cunningham WE, Andersen RM, Katz MH, Stein MD, Turner BJ, Crystal S, Zierler S, Kuromiya K, Morton SC, St Clair P, Bozzette SA, Shapiro MF. The impact of competing subsistence needs and barriers on access to medical care for persons with human immunodeficiency virus receiving care in the United States. *Medical Care*. 1999 Dec; 37(12):1270-81

coordination and service delivery. The Minority AIDS Initiative enables organizations and providers to expand and strengthen their capacity to provide culturally and linguistically appropriate care and services. As a result, the Minority Health Initiative fills gaps in prevention, treatment, surveillance, infrastructure, outreach and education across communities of color.

On behalf of the millions of Latinos we represent, we look forward to working with you to address our concerns about the implications of changes to the Ryan White CARE Act for the Latino community and all communities across our nation.

Sincerely,

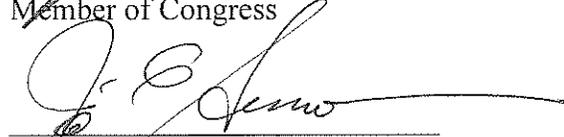

Grace F. Napolitano
Chair
Congressional Hispanic Caucus

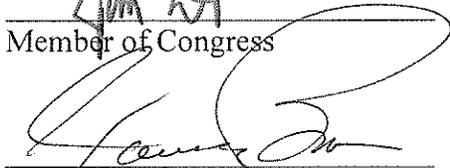

Hilda L. Solis
Chair, Health Task Force
Congressional Hispanic Caucus


Member of Congress

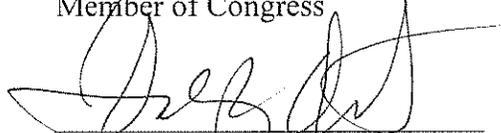

Member of Congress

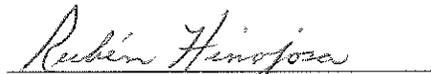

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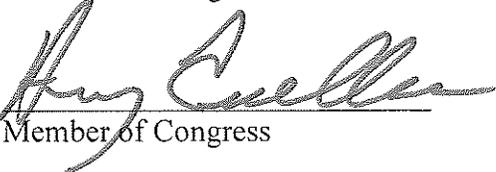

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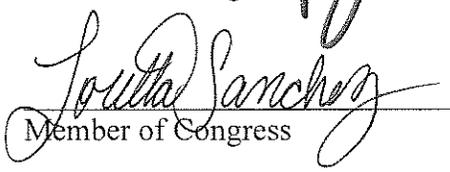

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