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**ASTHO Comments on the
2013 reauthorization of the Ryan White HIV/AIDS Program**

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The Health Resources and Services Administration (HRSA) is seeking comments on the 2013 reauthorization of the Ryan White HIV/AIDS Program. Below, the Association of State and Territorial Health Officials (ASTHO) offers comments for consideration. ASTHO applauds HRSA for its continued commitment to the Ryan White Program and appreciates the opportunity to comment on this important topic.

ASTHO is the national nonprofit organization representing the public health agencies of the United States, the U.S. Territories, and the District of Columbia, as well as over 100,000 public health professionals these agencies employ. ASTHO members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and to assuring excellence in state-based public health practice. Our vision is healthy people thriving in a nation free of preventable illness and injury.

The 2009 Ryan White reauthorization increased the program's emphasis on screening and linkage to care. Changes to public and private insurance coverage and eligibility will be significant to Ryan White as the payer of last resort. It is unknown exactly how the elements of health reform will affect the care of people living with HIV/AIDS (PLWH). Health reform may increase the number of newly diagnosed PLWH and the number new to care—both populations will need the Ryan White system to access and maintain medical care and supportive services.

It is assumed that expanded health insurance coverage should improve patient access to services. Because many infectious diseases disproportionately affect the uninsured and those with limited access to medical care, the potential for expanded Medicaid eligibility and affordable plans may help address the burden of illness in these populations. However, even with upcoming expansions in insurance coverage, there will still be persons who do not have insurance coverage. This number may be increased by the fact that all states may not participate in the initial roll out of the Medicaid expansion. Additionally, some populations will remain ineligible for insurance coverage or will be underinsured, with high co-pays, deductibles, or other out-of-pocket costs. There will also be continued need for wraparound services such as dental, housing, and transportation to people living with HIV/AIDS. Outreach, patient navigation, and case management activities need to occur to ensure patients initiate and are retained in care.

It will be beneficial to continue funding through the Ryan White Program without significant changes until anticipated improvements have been realized and assessed. However, small

tweaks can be made to increase the impact of that funding. Greater coordination of funding flowing into states would increase efficiencies throughout the states. While it may not be feasible or appropriate for all funding to flow through the state, there should be some requirement of grantees within a given state to coordinate their activities with the state health agency.

Giving state health agencies more flexibility in distributing funds would allow them to better target the particular issues their states face. In order to address the changing needs of people living with HIV/AIDS as insurance coverage expands, more flexibility in uses for the funding would be prudent. For example, relaxing the requirement that 75% of funding be spent on core services and 25% on support services, or expediting the process of obtaining a waiver from this requirement, would allow states expanding Medicaid to use their Ryan White resources to support those covered by the expansion as well as those who are deemed ineligible.

The current reporting requirements for the Ryan White Program are extensive, which is a stress on all and especially on low morbidity jurisdictions. One suggestion to ease the reporting burden is to better align the reported data elements with those requested by other federal agencies, like CDC and SAMHSA. It is also helpful to ensure requirements are consistent across program parts. Better tailoring the reporting requirements of grantees will enhance the quality of the data collected and the efficiency of the process.

Going forward there will be a continued need for the support and services provided through the Ryan White Program. Additionally, new advances in HIV/AIDS care and treatment may be more effective but more costly and may require additional resources. ASTHO encourages HRSA and the HIV/AIDS Bureau within to remain engaged in dialogues at the Federal level regarding the Medicaid expansion, development of the Federal insurance exchange, and regarding the essential benefits packages. ASTHO supports continuing the Ryan White Program with the suggested improvements described above to ensure there are no gaps in the care and treatment of people living with HIV/AIDS.