

Ryan White HIV/AIDS Treatment Modernization Act of 2006

Summary of Provisions

(Note: This Summary is based on the bill passed by the United States Congress
& signed by the President during December 2006)

Summary prepared by: **Mr. Matthew Lesieur, Director of Federal Affairs**
The New York AIDS Coalition
Please direct any questions to Mr. Lesieur via email at mlesieur@nyaidsc.org
or via telephone at (212) 629-3075 ext. 108

Title I – Emergency Relief for Eligible Areas

Tier I

- Eligibility: 3,000 or more living AIDS cases and 50,000 or more general population
- Boundaries set at boundaries that were in place in FY 2006
- Distribution of funds: 66% formula, 33% supplemental
- Formula funds: CDC certified cases of persons living with HIV and AIDS, and code-based HIV data with 5% duplication penalty
 - Code based states can receive no more than 5% increase in formula funds over FY 2006 award (adjusting for change from 50% formula – 50% supplemental to new 66% formula – 33% supplemental)
 - Code-based states must have a transition plan to names-based surveillance in order to include HIV data in formula
- Hold harmless at 95% of FY 2006 formula grant award (adjusting for change from 50% formula – 50% supplemental to new 66% formula – 33% supplemental). Formula grant may not fall below 95% of FY 2006 in FY 2007, 2008 or 2009.
 - Funds for hold harmless are drawn from supplemental
- Supplemental: based on “demonstrated need”
 - Demonstrated need defined as: unmet need for services; increasing rates of HIV cases; prevalence of HIV; cost and complexity of delivering health care; impact of co-morbidities; homelessness; factors limiting access to health care; impact of decline in amount received on PLWHAs in that area
 - Priority of supplemental to address decline or disruption in EMA provided services if there’s a cut in funding
 - Grantee must have less than 2% carry-over to qualify for supplemental funds, even if a waiver to use the carry-over is granted
 - Unobligated balances of over 2% result in reduction in grant funding, equal to unobligated amount, the following fiscal year
 - Carry-over is returned to HHS for usage in supplemental pool, but waiver can be applied for to use carry-over in the EMA

- 45 days after awarding of supplemental funds, Administration shall submit report to Congress on disbursement of supplemental funds and explain the decision/process/criteria used to distribute funds
- Core medical services
 - 75% of funds must be spent in core medical services
 - Waiver from requirement may be applied for and granted if (1) no waiting list for ADAP; (2) core medical services available to all PLWHAs
 - Core medical services are:
 - Outpatient and ambulatory health services
 - AIDS Drug Assistance Program treatments
 - AIDS pharmaceutical assistance
 - Oral health care
 - Early intervention services
 - Health insurance premium and cost sharing assistance
 - Home health care
 - Medical nutritional therapy
 - Hospice services
 - Home and community-based health services
 - Mental health services
 - Outpatient substance abuse care
 - Medical case management, including treatment adherence services
- Supportive services
 - Supportive services = services needed for PLWHAs to achieve their medical outcomes
 - Medical outcomes = Outcomes affecting HIV-related clinical status
- Early intervention services
 - Defined as:
 - HIV/AIDS counseling and testing
 - Clinical and diagnostic services regarding HIV/AIDS, including medical visits
 - Referrals must be made to health and supportive service providers, as appropriate
- Grantee must demonstrate that Ryan White funds providing services for women, infants, children and youth proportionate to epidemic for those populations; waiver may be applied for if can show public health insurance programs sufficiently cover these populations
- No more than 10% of grant may be used for administrative expenses (includes Planning Council support)
- Grantee must submit audits of expenditures every 2 years
- Grantee must establish a clinical quality management program to ensure services are consistent with PHS guidelines for treatment of HIV/AIDS and improve access to and quality of HIV health services
 - Clinical quality management program cannot exceed 5% or \$3 million

Tier 2 – Transitional Grants

- Transitional grants for metropolitan areas with 1,000 – 2,000 new cases of AIDS during most recent 5 years
 - Any EMA that existed in FY 2006 is still considered a transitional area even if they don't qualify
- To remain a transitional area, must continue to have for three consecutive years: 1,000-2,000 new cases of AIDS over last 5 years or 1,500 living cases of AIDS
 - Any EMA that existed in FY 2006 is still considered qualifying as an EMA or transitional grant
- If was an EMA in FY 2006, Planning Council still mandated. If new transitional grant, CEO does not have to have Planning Council, just must have a “process used to obtain community input (particularly those with HIV) for formulating the overall plan for priority setting and allocating funds”
- Distribution of funds, supplemental component, and inclusion of HIV case counts all same as in Tier 1

Authorization of Appropriations

<u>Fiscal Year</u>	<u>Tier 1</u>	<u>Tier 2</u>	<u>Total Title I</u>
FY 2007	\$458,310,000	\$145,690,000	\$604,000,000
FY 2008	Determined by HHS	Determined by HHS	\$626,300,000
FY 2009	Determined by HHS	Determined by HHS	\$649,500,000

- Funding between tiers moves with the eligible city to that tier

Title II – CARE Grants to States

- Inclusion of HIV case data in formula funds same as Title I

Base

- 75% of funds must be spent on core medical services; list of services and waiver requirement same as Title I
- 25% of funds may be spent on supportive services; guidelines same as Title I, including connection to clinical medical outcomes
 - HIV CARE consortia's considered supportive services
- Grantee must demonstrate that Ryan White funds providing services for women infants, children and youth proportionate to epidemic for those populations; waiver may be applied for if can show public health insurance programs sufficiently cover these populations
- Hold harmless set at 95% of FY 2006 grant award; cannot fall below 95% of FY 2006 grant for FY 2007, 2008 or 2009
 - Funds needed for hold harmless are drawn from ADAP supplemental
- Distribution of Title II base funds:
 - 75% of funds to all HIV/AIDS cases across the state
 - 20% of funds to all HIV/AIDS cases outside of Title I areas

- 5% of funds to HIV/AIDS cases in states without Title I Tier 1 or 2 cities

ADAP

- Drugs covered must include core list antiretrovirals as determined by HHS (Clinical Practice Guidelines for Use of HIV/AIDS Drugs)
- All ADAP drug rebates must be applied to ADAP program

ADAP Supplemental

- State must not have carryover in order to qualify for supplemental funds
- State must demonstrate “severe need” for supplemental funds
- State must make non-federal contributions for ADAP program of \$1 state funds for every \$4 federal funds; HHS may waive this requirement if state has complied with other conditions

Other Items

- Each state shall create a clinical quality management program to assess extent to which HIV health services are consistent with PHS guidelines for improvement in access to and quality of HIV health services
 - Clinical quality management may not exceed 5% of grant or \$3,000,000
 - Clinical quality management costs not considered administrative
- No more than 10% of grant may go to administrative expenses
- State is lead agency that shall: conduct statewide needs assessment plan, receives all notices of Ryan White grant awards, collect every 2 years audits of expended funds from all Ryan White grantees in that state, and other duties as determined by HHS
- All unobligated balances (formula, ADAP and supplemental funds) must be returned to HHS to be redistributed in Title II program, unless waiver granted by Secretary
 - Any obligated balance at end of year, regardless of waiver, shall result in corresponding reduction in grant award in following fiscal year

Supplemental Grants

- Supplemental grants created for states that have “demonstrated need” for supplemental funds (Demonstrated need same as Title I)
- States cannot have more than 2% carryover to qualify for supplemental grants
- Priority in making grants to address decline in services related to decline in formula funding
- No later than 45 days after awarding supplemental grants, HHS must submit report to Congress on grants awarded and rationale for how funds were distributed
- Core medical services rules applies to supplemental funding

Emerging Communities

- Emerging Communities are defined as having 500-1,000 new AIDS cases in last five years
- To remain an emerging community, city must continue to have over three years of consecutive data:
 - 500 – 1,000 new AIDS cases in last five years, or

- 750 living AIDS cases
- Distribution of funds based on cases of HIV/AIDS

Authorization of Appropriations

- FY 2007 \$1,195,500,000
- FY 2008 \$1,239,500,000
- FY 2009 \$2,285,200,000
- Emerging Communities: \$5,000,000
- Supplemental grants: 1/3 of any increase in appropriations

Early Diagnosis Grant Program

- Grants made be made to states whose laws and regulations:
 - \$20,000,000 available for:
 - Voluntary opt-out testing of pregnant women
 - Universal testing of newborns
 - \$10,000,000 available for:
 - Voluntary opt-out testing of clients at STD clinics
 - Voluntary opt-out testing of clients at substance abuse treatment centers
- Funds to be used for HIV testing, prevention counseling, treatment of newborns and mothers exposed to HIV, and costs associated with linkage to care for those newly testing HIV positive
- Grant to a state may not exceed \$10,000,000

Title III – Early Intervention Services

- Requirement to use funds for core medical services same as in Title I
- At least 50% of funds must be used for early intervention services
- Defined as:
 - HIV/AIDS counseling and testing
 - Clinical and diagnostic services regarding HIV/AIDS, including medical visits
 - Referrals must be made to health and supportive service providers, as appropriate
- No more than 10% of grant may be spent on administrative expenses
- Preference given to services with individuals co-infected with HIV and Hepatitis B/C
- Requirement that grantees provide informed consent to HIV testing
- Specific requirements to counseling individuals who test HIV positive and HIV negative
- Requirement to obtain community input into the design and implementation of activities
- Must submit audits of expenditures every 2 years

Authorized Appropriations

- FY 2007 \$218,600,000
- FY 2008 \$226,700,000
- FY 2009 \$235,100,000

Title IV – Women, Infants, Children, and Youth

- Grants to public and nonprofit entities for purpose of providing family centered care involving outpatient or ambulatory care for women, infants, children and youth with HIV/AIDS
- Following supportive services allowed: family centered care including case management, referrals for additional services (including medical and social/supportive services), additional services necessary to enable patient and family to participate in program, and provision of information and education on HIV-related clinical research
- Grantees must every 2 years submit audited to lead state agency of expenditures of grant funds
- Grant applications must show consistency with state and local planning processes and how program will improve overall patient outcomes as outlined in state plan
- HHS must conduct annual review and evaluation of programs
- No more than 10% of grant may be used for administrative expenses
- Grantee must implement clinical quality management program
- No more than 5% of allocation may be used by HHS for training and technical assistance
- Government Accountability Office (GAO) shall conduct an evaluation of Title IV activities (not later than 24 months after enactment of this Act) to determine how funds were used, what services offered, how pregnant women and their children are identified and perinatal transmission prevented.
- \$71,800,000 authorized for each fiscal year

Title V – General Provisions

Part E

- Requirements for coordination among agencies
- HHS has submit a report to Congress on coordination efforts at Federal, state and local levels, including Federal barriers to HIV program integration and enhancing continuity of care and prevention services for PLWHAs and those at risk.
- States and local governments shall assure coordination of health services and integration of Ryan White into other programs
- All audits shall be posted online (internet) by HRSA
- HHS may expend up to 5% of Title I supplemental and II base supplemental for public health emergencies
- Prohibition on certain activities: “None of the funds appropriated under this title shall be used to fund AIDS programs, or to develop materials, designed to promote or encourage, directly, intravenous drug use or sexual activity, whether homosexual or heterosexual.”
- GAO shall biennially submit a report to Congress that includes a description of Federal, state and local barriers to HIV program integration, particularly for racial and ethnic minorities and recommendations for enhancing the continuity of care and provision of prevention services for PLWHAs and those at risk.

- No later than September 30, 2008 the Secretary shall develop and submit to Congress a severity of need index (SONI) with: (1) methodology and rationale behind the SONI, (2) independent contract analysis of SONI; and (3) Information on community input into development of SONI

Title VI – Demonstration and Training

Special Projects of National Significance

- Authorized appropriations of \$20,000,000 per year, or 3% of appropriations, not to exceed \$25,000,000
- Secretary shall award grants to fund special programs to (1) quickly respond to emerging needs of PLWHAs and (2) develop a standard electronic client information data system

AIDS Education and Training Centers and Dental

- Authorized appropriations of \$34,700,000 for each fiscal year for AETCs
- Authorized appropriations of \$13,000,000 for each fiscal year for dental schools
- Additional language for AETCs to train in treatment of Hepatitis B and C co-infected individuals

Minority AIDS Initiative

- Codifies Minority AIDS Initiative (MAI) into Ryan White
- Competitive supplemental grants to improve HIV-related health outcomes to reduce existing racial and ethnic health disparities
- Authorized appropriations:

	<u>FY 07</u>	<u>FY 08</u>	<u>FY 09</u>
Title I	\$43,800,000	\$45,400,000	\$47,100,000
Title II ADAP	\$7,000,000	\$7,300,000	\$7,500,000
Title III	\$53,400,000	\$55,400,000	\$57,400,000
Title IV	\$18,500,000	\$18,500,000	\$18,500,000
Part F - AETCs	\$8,500,000	\$8,500,000	\$8,500,000
Total	\$131,200,000	\$135,100,000	\$139,100,100

Note: Entire Ryan White HIV/AIDS Treatment Modernization Act of 2006 expires on October 1, 2009