

**P.L. 107-116**

**House Report 107-229 - DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATION BILL, 2002**

*Ryan White AIDS programs*

The Committee provides \$1,919,609,000 for Ryan White AIDS programs, which is \$112,000,000 above the fiscal year 2001 comparable level and \$111,845,000 above the budget request. The Committee recognizes that each Part of the Ryan White CARE Act provides services, which enable individuals to adhere to HIV drug treatments and access needed medical care.

The Committee is aware of several formal collaborations between Veteran's Health Administration facilities and local providers of Ryan White Care Act funding. The Committee is supportive of such efforts to enhance HIV/AIDS services through these innovations. The Committee requests that HRSA submit a report by February 15, 2002 detailing actions taken by the agency to further develop collaborations, reduce barriers, and strengthen such activities to maximize Federal HIV/AIDS care resources.

Within the total provided, \$123,200,000 is for Ryan White AIDS activities that are targeted to address the growing HIV/AIDS epidemic and its disproportionate impact upon communities of color, including African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders. Department statistics show that racial and ethnic minorities represent the highest number of new AIDS cases. While African-Americans and Hispanics are only 12 percent and 13 percent of the U.S. population respectively, they account for at least 55 percent and 20 percent of all new AIDS cases. In addition, more than 60 percent of people living with AIDS are racial minorities. Congress began funding the Minority HIV/AIDS Initiative in fiscal year 1999. It was designed to focus special attention on solving a growing public health problem as well as to develop and improve the capacity of minority community based organizations to more effectively serve their communities. This approach was tailored to yield innovative and successful strategies specifically targeted to the highest risk and hardest to serve populations, which for the past two decades have eluded more traditional HIV/AIDS prevention, treatment, and education efforts. In distributing these funds, the Committee expects HRSA to tailor the portion of the Ryan White programs that are funded under the Minority HIV/AIDS Initiative as tightly as possible in order to address the growing health problem and maximize the participation of minority community based organizations. In evaluating organizations' capacities, HRSA should take into consideration that the board, management and key staff are representative of the minority communities served, be situated closest to the targeted problem, have a history of providing services to these communities, and have documented linkages to the targeted populations, so that they can help close the gap in access to service for the highly impacted communities of color in the interest of public health. These funds are for activities that are designed to address the trends of the HIV/AIDS epidemic in

communities of color based on the most recent estimated living AIDS cases, HIV infections and AIDS mortality among ethnic and racial minorities as reported by the Centers for Disease Control and Prevention. Consistent with this overall direction, these funds are allocated as follows:

*Emergency assistance*

The Committee provides \$619,169,000 for the Part A, emergency assistance program, which is \$15,000,000 above both the fiscal year 2001 comparable level and the budget request. These funds provide grants to metropolitan areas with very high numbers of AIDS cases for outpatient and ambulatory health and social support services. Half of the amount appropriated is allocated by formula and half is allocated to eligible areas demonstrating additional need through a competitive grant process.

Within the total provided, \$41,800,000 is for competitive, supplemental grants to improve the HIV-related health outcomes for communities of color and reduce existing health disparities. Funds should be allocated through the established planning council processes of Title I eligible metropolitan areas. The Committee strongly urges the Planning Councils to maximize the participation of minority community based organizations as defined above. These funds are expected to improve and develop the capacity of these organizations to deliver HIV-related treatment and supportive services within communities of color, that are both culturally and linguistically appropriate to individuals living with HIV/AIDS.

*Comprehensive care programs*

The Committee provides \$985,969,000 for Part B, comprehensive care programs, which is \$75,000,000 above both the fiscal year 2001 comparable level and the budget request. The funds provided support formula grants to States for the operation of HIV service delivery consortia in the localities most heavily affected, for the provision of home and community-based care, for continuation of health insurance coverage for infected persons, and for purchase of therapeutic drugs.

The Committee has included bill language identifying \$649,000,000 specifically for the purchase of AIDS drugs. The fiscal year 2001 bill designated \$589,000,000 for this purpose.

Within the total provided, \$7,000,000 is for State HIV care grants to support educational and outreach services to increase the number of eligible minorities who access HIV/AIDS treatment through AIDS Drug Assistance Programs (ADAP). The Committee strongly urges States to maximize the participation of minority community based organizations in delivering these educational and outreach services. The Committee is concerned that the continuing under representation of African Americans, Latinos, Native Americans, Asian Americans, Native Hawaiians, and Pacific Islanders in State-run ADAP contributes to their persistently poor HIV/AIDS health outcomes in comparison to other populations.

### *Early intervention program*

The Committee provides \$192,878,000 for Part C, the early intervention program, which is \$6,999,000 above the fiscal year 2001 comparable level and \$6,844,000 above the budget request. Funds are used for discretionary grants to migrant and community health centers, health care for the homeless grantees, family planning grantees, hemophilia centers and other private non-profit entities that provide comprehensive primary care services to populations with or at risk for HIV disease. The grantees provide testing, risk reduction counseling, transmission prevention, and clinical care; case management, outreach, and eligibility assistance are optional services.

Within the total provided, \$49,400,000 is for planning grants and Early Intervention Service (EIS) grants to health care providers with a history of serving communities of color. The Committee strongly urges HRSA to maximize the participation of minority community based organizations as defined above in planning and delivering EIS. Funds should also be made available to regional and local technical assistance organizations to assist service providers in identifying and increasing the retention of minorities in care with an emphasis on women and gay men of color in highly impacted and underserved areas. Within the increase provided, HRSA is urged to make enhancing the service capacity of existing minority EIS providers a priority.

### *Pediatric demonstrations*

The Committee provides \$69,995,000 for Part D, pediatric AIDS demonstrations, which is \$5,000,000 above both the fiscal year 2001 comparable level and the budget request. The program supports demonstration grants to foster collaboration between clinical research institutions and primary community-based medical and social service providers for the target population of HIV-infected children, pregnant women and their families. The projects are intended to increase access to comprehensive care, as well as to voluntary participation in NIH and other clinical trials.

Within the total provided, the Committee intends that at least 90 percent should be spent on direct primary care and support services. With the exception of any increases provided through the minority AIDS initiative, priority should be placed on funding increases to existing grantees as a percentage increase to their base grants in order to recognize the increasing costs of providing services.

The Committee encourages HRSA to expand efforts to facilitate ongoing communication with grantees so that prospective changes in the administration of the program can be discussed. Such efforts should include collaboration with grantees on the study connected with the forthcoming determination by the Secretary on a potential limit on administrative expenses, as mandated in the Ryan White CARE Act Amendments of 2000. The Committee also encourages HRSA to work with CDC to identify and eliminate barriers between HIV prevention and care services.

Within the total provided, \$17,000,000 is to sustain and expand efforts to deliver comprehensive, culturally competent and linguistically appropriate research-based intervention and HIV care services to minority women, infants, and children. The Committee strongly urges HRSA to maximize the participation of minority community based organizations as defined above in delivering these services. Priority should be given to these organizations and providers with a history of effectively providing services to communities of color to expand or implement programs specifically designed to provide youth, adolescent, and young adult-focused HIV/AIDS care and services. These funds will help to bridge targeted prevention and medical care and treatment services to youth and young adults.

#### *AIDS dental services*

The Committee provides \$15,000,000 for AIDS dental services, which is \$5,001,000 above both the fiscal year 2001 comparable level and the budget request. The program provides grants to dental schools and postdoctoral dental education programs to assist with the cost of providing unreimbursed oral health care to patients with human immunodeficiency virus disease. Dental students and residents participating in this program receive extensive training in the understanding and management of the oral health care needs of people living with HIV/AIDS.

#### *Education and training centers*

The Committee provides \$36,598,000 for AIDS education and training centers, AETCs, which is \$5,000,000 above both the fiscal year 2001 comparable level and the budget request. The centers train health care personnel who care for AIDS patients and develop model education programs.

Within the total provided, \$8,000,000 is to increase the training capacity of AETCs to expand the number of community-based minority health care professionals with treatment expertise and knowledge about the most appropriate standards of HIV/AIDS-related treatments and medical care for HIV infected adults, adolescents and children as developed by the US Public Health Service. The training of minority providers is to be implemented through collaborations with Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions, and Tribal Colleges. These efforts are designed to increase the treatment expertise and HIV knowledge of minority front-line providers serving individuals living with HIV/AIDS. Funds are also intended to support minority community based organizations to train minority providers to deliver culturally competent and linguistically appropriate treatment education services.