

July 31, 2012

Mary Wakefield, PhD, RN
Administrator
Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

RE: Solicited Comments on Reauthorization of the Ryan White Program

Dear Dr. Wakefield:

Thank you for soliciting comments on the reauthorization of the Ryan White Program. Today we are writing on behalf of the Ryan White Medical Providers Coalition (RWMPC), which was formed in 2006 to be a voice for medical providers across the nation who deliver quality care to their patients through Part C of the Ryan White Program. RWMPC represents every kind of program, from small and rural to large urban sites in every region in the country, and it advocates for a full range of primary care services for patients living with HIV. Most of these member programs receive funding from multiple parts of the Ryan White Program, including Parts C, B, A, and D. In a recent survey of RWMPC members and non-members, we learned that in addition to receiving Part C funding, 81 percent of these same Part C clinics also received Part B funding; 39 percent received Part A funding; and 31 percent received Part D funding.

The Ryan White Program continues to be an essential source of health care for people living with HIV/AIDS, especially for those who are uninsured or underinsured. The program provides essential financial support for comprehensive medical care and treatment, as well as funding for critical support services, such as transportation and case management, that help retain patients in HIV care and treatment. Despite the Supreme Court's decision to uphold the constitutionality of the Affordable Care Act (ACA), which will expand access to health care coverage for millions of Americans, the continuation of the Ryan White Program will be essential. Although many Ryan White Program patients should transition to the Medicaid Program under the ACA's implementation, the Court's decision to permit state opt out of the ACA Medicaid expansion underscores the need to keep the Ryan White Program strong and well-funded during this critical transition period.

However, given the good news that the ACA will be implemented, it is important to acknowledge that some parts of the Ryan White Program may need to change to accommodate this new health care financing environment. Program flexibility coupled with the assurance that the Ryan White Program will continue to provide access to HIV care and treatment services should be the goal while we collectively learn how patients living with HIV and the Ryan White Program are impacted by full ACA implementation.

Below, please find preliminary comments on the Ryan White Program reauthorization based on information available now. RWMPC will continue to weigh in with your office, in particular during the next 18 months, as Ryan White Program reauthorization and ACA implementation decisions are forthcoming and we learn more about their impact on Ryan White medical providers and their patients.

Thank you so much for your time and consideration of these important issues. If you have any questions or need additional information regarding RWMPC's comments, please do not hesitate to contact Coalition Convener, Jenny Collier, at jennycollierjd@yahoo.com or 202-295-7188.

Best wishes,

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Comments on Reauthorization of the Ryan White Program

Introduction:

When considering reauthorization of the Ryan White Program, the Ryan White Medical Providers Coalition (RWMPC) and the HIV Medicine Association (HIVMA) urge HRSA and the HIV/AIDS Bureau to consider the following key principles, including:

- Meet the goals of the National HIV/AIDS Strategy to put the nation firmly on a path toward ending HIV/AIDS in the United States through robust access to HIV care and treatment through the Ryan White Program and by fully reducing HIV-related disparities.
- Prioritize access to expert and comprehensive HIV care and treatment and the services proven critical to helping low income people engage and stay in care.
- Allow for a transition period and evaluation of the Affordable Care Act before implementing major changes to the Ryan White Program.
- Promote access to qualified HIV medical providers.
- Ensure program flexibility to respond to state variability in Medicaid eligibility and benefits coverage.
- Learn important lessons from states that have expanded access to Medicaid early, such as Massachusetts and California.

Additionally, please find below some specific, but preliminary, recommendations for your consideration.

Ryan White Program Structure:

The primary goal of the Ryan White Program should be to provide access to comprehensive HIV/AIDS care and treatment for patients, including activities that support retention in HIV care and treatment, such as transportation, case management (including medical case management), and mental health and substance use treatment services. Additionally, the Ryan White Program should continue to support access to *expert* HIV care and treatment as a way to maintain the high quality of services provided by Ryan White medical providers, in particular Part C providers.

Patients at Ryan White Program clinics identify this comprehensive and expert medical home care and treatment model as critical to their successful HIV care and treatment. One patient from a New Jersey Ryan White clinic described his experience:

“This place provided so much more than medical care: housing, drug rehab, mental health, emotional support. I wouldn't have made it without you. I was [with] someone [before] who didn't care and have now learned to take care of myself and can go on with life because of this place.”

Additionally, both patients and providers have cited the issue of stigma as an important factor that can prevent patients from receiving care in a non-Ryan White Program environment. One provider reported to RWMPC that her patients sometimes need to be referred to area specialists who do not want to treat patients with HIV for certain procedures, and that local non-Ryan White providers often have difficulty working with patients who have mental health or substance use issues in addition to HIV, resulting in her patients not receiving needed care and increasing patient coordination and treatment burden on her Ryan White program.

Many Ryan White Part C providers, who use the Ryan White medical home model to provide comprehensive and expert HIV care and treatment, are able to retain a much higher percentage of patients in care than the national benchmark of 51 percent. For example, individual Ryan White Part C clinics in locations such as Arizona, Alabama, Ohio, New York, North Carolina and Wisconsin have been able to retain 87-97 percent of their patients in HIV care – almost twice as many as the national benchmark. Such data point to both the medical benefits of providing effective and enriched treatment to individuals living with HIV disease, as well as the public health benefits of slowing HIV transmission through this type of expert, comprehensive HIV care.

In focusing on the goals articulated above, HRSA should consider whether there could be some streamlining of the Ryan White Program's “part” system as a way to reduce administrative burden in this new health care financing environment. Ryan White medical providers report significant burden from administration of the current “part” system, in particular its reporting requirements, and have found that this system is draining precious resources away from direct patient care, especially for programs that receive funding from multiple “parts” of the Ryan White Program. However, any streamlining of the program's “parts” should not entail an overall reduction in funding for the Ryan White Program as a whole, and should be done thoughtfully with input from both Ryan White providers and people living with HIV who rely on Ryan White-funded services.

Ryan White Program Funding:

Ryan White Program funding should be sustained and increased appropriately to fulfill the goals of the National HIV/AIDS Strategy, including the overarching goal of helping to stop the domestic HIV/AIDS epidemic. Greater support for the enriched Ryan White care model would help to bring new HIV infections down, which in turn would help end the HIV/AIDS epidemic sooner. The U.S. has the information it needs now to stop its HIV/AIDS epidemic. To do so will require a connection of prevention, care and treatment; aggressive outreach and incentives to keep people in care and treatment; measurement of system process and outcome measures; and support for what works on the ground for patients living with HIV and the medical providers caring for them.

To help ensure that the nation meet the goals of the National HIV/AIDS Strategy, Ryan White Program funds should be used to ensure access to expert HIV care and treatment and sustain comprehensive programs that promote engagement and retention in care, especially when public and/or private insurance fall short in doing so. Using Ryan White funds in this way will help to maintain the effective, comprehensive Ryan White medical home model of care. Ryan White Program funding also will need to fill-in care and treatment gaps differently across the states, especially now that some states may choose to opt out of the ACA's Medicaid expansion.

Even when Medicaid coverage is available, Medicaid reimbursement levels in most states will not support the Ryan White model of comprehensive care. In a recent survey of both RWMPC members and non-member Ryan White Part C providers, 53 percent of the providers surveyed thought that their clinic would experience a funding shortfall if Medicaid were the primary payer for HIV care and treatment services. These providers stated that such a funding shortfall would require their clinics either to serve fewer patients or reduce the number of services offered, including services key to the Ryan White medical home model, such as RN care coordination; case management; adherence counseling; mental health and substance use treatment; and medical care.

As more patients at Ryan White-funded clinics become Medicaid eligible under the ACA, the centers of excellence developed with Ryan White Program funding will not be sustainable without continued support from the Ryan White Program. When thinking about the use of Ryan White Program funds, especially from Parts B and C, such funding should help support clinic infrastructure for HIV care and treatment as a way to help sustain continued access to expert HIV care and treatment, especially in rural jurisdictions. HRSA should explore whether it would be possible to provide a capitated payment rate as a way to support this critical HIV care and treatment infrastructure, as well as support for full-time expert HIV medical providers.

Additionally, Ryan White funds should help support HIV programs in serving as primary care medical homes to help ensure patient access to integrated care and services. Both public and private health care funding should help support chronic, disease-oriented primary care for a variety of medical conditions, including HIV disease. This type of integration would enhance service efficiency and effectiveness since many patients cope with more than one disease.

Finally, Ryan White Program funds should continue to support the education and expansion of the HIV medical workforce. Supporting HIV workforce activities will help to ensure access to expert HIV care and treatment, as well as maintain the overall effectiveness of the care and treatment provided.

Conclusion:

The Ryan White Program will continue to play a pivotal role in supporting access to expert, comprehensive HIV care and treatment, both during this bridge period as well as during the early years of ACA implementation. The goals of reauthorization should be to support the Ryan White Program with sufficient funding to allow flexible and efficient operation in the new health care financing environment, while providing support to the care and treatment infrastructure to

ensure access to comprehensive services. RWMPC looks forward to working with HRSA to achieve these goals and to keep the Ryan White Program strong and accessible to all who need it.