

ASSOCIATION OF NURSES IN AIDS CARE

POSITION STATEMENT

Ryan White HIV/AIDS Treatment Modernization Act of 2006 Reauthorization

Adopted by ANAC Board of Directors, June 2005
Reviewed and Revised by the ANAC Board: January 2008

Position:

It is the position of the Association of Nurses in AIDS Care that:

- *The Ryan White HIV/AIDS Treatment Modernization Act should be reauthorized before it sundowns in 2009.*
- *All programs of the Ryan White HIV/AIDS Treatment Modernization Act must be adequately funded to meet the comprehensive needs of people with HIV/AIDS.*
- *Multi-disciplinary teams should provide treatment, care, and services with medical care being the primary funding category.*
- *Ryan White HIV/AIDS Treatment Modernization Act funding continues to be the payer of last resort.*

Statement of Concern:

The Ryan White HIV/AIDS Treatment Modernization Act provides crucial treatment and health services for persons with HIV/AIDS in highly impacted metropolitan areas and other areas of the country affected by HIV disease. The new law maintains its purpose to ensure underserved persons with HIV/AIDS have access to care. There are an estimated 1.39 to 1.85 million people living with HIV infection in the United States with 41,000 new infections per year (HRSA, 2006). The demographic trends of the HIV epidemic are increasingly affecting minority populations, women, and poor communities, which these populations face multiple challenges of poverty, substance abuse, and other comorbidities. In addition, the cost of medical care is increasing each year, while financial resources for the uninsured and underinsured are decreasing (Parham-Hopson, 2007). The current demographic trends and a movement toward increasing counseling and testing among vulnerable populations creates an increase in the number of people eligible for services; but legislation did not increase the funding. According to HRSA, Ryan White HIV/AIDS Treatment Modernization Act funds assist more than 500,000 people each year. It needs to be noted that persons with HIV infection tend to be poorer than the general population; but the persons receiving support through the Ryan White HIV/AIDS Treatment programs are even poorer (HRSA, July 2006).

The Ryan White HIV/AIDS Treatment Modernization Act assists in implementing a continuum of care that links prevention with treatment, as well as services that are interconnected to address a comprehensive approach to HIV/AIDS and associated problems (HRSA, 2006). The Ryan White Act remains an essential part of the domestic response to HIV/AIDS and it is due to sundown in 2009. Because of the important resource it provides, there is an urgency to assure the act is reauthorized and appropriation secured for the future.

Background

The Ryan White HIV/AIDS Treatment Modernization Act is a groundbreaking model of public and private partnerships that address the emerging needs of communities and the people

living with HIV/AIDS. The Ryan White Act was designed to address gaps in care for people living with HIV disease, serving as the payer of last resort for essential services and treatment. The Ryan White programs reduce the burden of the HIV epidemic on local communities by maximizing limited resources, coordinating care delivery systems and rapidly responding to the issues and needs resulting from this ever-changing disease.

One of the central strategies to halt the expansion of the epidemic in the United States is to promote individual knowledge of HIV serostatus, and to bring HIV+ individuals into care. There is a tremendous and ongoing effort to reach HIV infected individuals not in care and to enter them into ongoing prevention and treatment. This will cause even greater numbers of HIV infected persons to access the Ryan White program services necessitating increasing funding for the program.

In summary, the need for the Ryan White HIV/AIDS Treatment Modernization Act funded medical services are increasing, as the number of new HIV infections rise and more individuals are successfully brought into care. The complexity of care required is also growing as the epidemic moves heavily into communities affected by substance abuse and the health and social problems of poverty. The costs of delivering essential services are also on the rise. The Ryan White HIV/AIDS Treatment Modernization Act must be adequately funded in order to meet the comprehensive needs of the increasing numbers of people living with HIV/AIDS. Extensive and specialized medical care is required to reach, effectively treat, and retain HIV infected persons in care.

References

- Parham-Hopson, D. (Feb 2007). *Ryan White Implementation* presentation from Presidents Advisory Council on HIV/AIDS minutes 32nd Council Meeting 2/17-28/2007 obtained from <http://www.pacha.gov/meetings/minutes/m20070227.pdf>
- US Department of Health and Human Services, Health Resources and Services Administration (HRSA). (July 2006). *Ryan White Care Act Overview*. Obtained from <http://hab.hrsa.gov/programs/CareActOverview/>
- US Department of Health and Human Services, Health Resources and Services Administration (HRSA). (2006). *2006 Ryan White CARE Act Progress Report: On the Frontlines*. Obtained from <ftp://ftp.hrsa.gov/hab/hrsa.PR.06.pdf>