

# People Living With HIV/AIDS

## Committee Position Paper

### *What if?*

The Ryan White HIV/AIDS Treatment Modernization Act was set to expire September 31, 2009, under a hard sunset provision included during its 2006 reauthorization. Due to the hard work of the HIV/AIDS advocate community and the United States Congress, the Ryan White Act was reauthorized for four years on October 30, 2009. While Ryan White remains the payer of last resort, for many, Ryan White is the *only* payer or funding source for the life-saving services people living with HIV/AIDS specifically need. The PLWH/A committee asks a fundamental question, “What if?” What if Ryan White wasn’t reauthorized? Ryan White is the only payer when other funding streams aren’t available. What would happen to the thousands of consumers who rely on its safety net of services while waiting for entitlement services to kick-in or for new funding streams that do not yet exist for PLWH/As? How many people would die without access to the Ryan White services that keep them alive?

As noted in our position paper on essential services, people living with HIV/AIDS need outreach services, primary medical care and case management, among others. Funding streams like Medicare, Medicaid, private insurers and non-profit organizations provide some services such as those funded through Ryan White; however, thousands of clients will have slipped through the cracks attempting to get through eligibility processes and waiting for wait-lists to open. For example, PLWH/As in our EMA currently seeking permanent housing through Housing Opportunities for People with AIDS (HOPWA) must wait until the wait-list that closed with more than 600 names opens again before applying for services. The Ryan White Act is the payer of last resort, but for many services, Ryan White is the primary source for the specific needs of those who are HIV-positive.

The Ryan White Act pays for certain services that Medicare and Medicaid do not, such as case management and outreach. Other services specifically funded through Ryan White include substance abuse, HIV prevention and treatment, HIV counseling and testing, prenatal care to prevent babies from being infected with HIV, early intervention services, and most importantly primary medical care for those who do not qualify for care under Medicare and Medicaid. If funding were to cease for these services, we believe that the efforts to reduce the HIV/AIDS epidemic in the Baltimore EMA would be set back decades and we would gradually see a return to the epidemic of the 1980s. If Ryan White were to ever disappear and new funding sources are not found, we believe, for example, that there would be an increase in homelessness, which could lead to an increase in substance abuse among people living with HIV/AIDS. Slots in substance abuse programs are currently set-aside for people living with HIV/AIDS thanks to Ryan White.

Medical treatment for HIV/AIDS is expensive. Without Ryan White, there is no possible way that consumers could afford to pay for their HIV medical care and medications. Through interviews with other PLWH/As, it was learned that treatment, including medicine for one year could easily cost up to \$40,000. The increase of HIV-positive seniors is also of concern, since the elderly have always had a lower income than non-elderly Americans. The bottom-line is that people living with HIV/AIDS who are uninsured and underinsured are in danger of falling through the cracks when dealing with a care system that does not fully understand their needs or the co-morbid factors unique to this population; for many, Ryan White is the only system that does.