American Academy of HIV Medicine (AAHIVM)

Comments on the Ryan White Program

The American Academy of HIV Medicine (AAHIVM) would like to offer the following comments on the 2013 reauthorization of the Ryan White HIV/AIDS Program.

The American Academy of HIV Medicine (AAHIVM) is an independent organization of HIV Specialists, and other care providers dedicated to promoting excellence in HIV/AIDS care and to ensuring better care for those living with AIDS and HIV disease. The Academy has a diverse membership composed of Infectious Disease, Internal Medicine, Family Practice and General Practice providers as well as Nurse Practitioners, Physician Assistants, Dentists, and Pharmacists. As the largest independent professional trade association for HIV care providers, our HIV care providers are on the front lines of the U.S. response to the disease domestically. Our members have a particular interest in the Ryan White HIV/AIDS Program.

AAHIVM is also a member of The Ryan White Work Group (RWWG) of the Federal AIDS Policy Partnership, and has signed on in support of additional comments from that working group.

AAHIVM strongly supports the reauthorization and continuation of the Ryan White HIV/AIDS Program. The program has provided for direct care and treatment to thousands of individuals impacted by the disease, and has been instrumental in building the first and only dedicated response program to a deadly infection in the United States. The program has also created innovations in the medical care and treatment of HIV patients (such as the medical homes model) that have provided models of care to the rest of the medical community, and to other health care programs.
Notwithstanding the policy changes of the last two years, AAHIVM is convinced that there will still be a need for the Ryan White Program after the Affordable Care Act (ACA) is fully implemented. The program is needed to ensure continued access to care and treatment during the transition period, while the ACA is taking effect. The Ryan White Program will also be needed to fill gaps in coverage under the new systems, and to link patients to care that are not otherwise able to access it even after the ACA takes effect. Depending on the outcome of the decisions by state officials, it may even be that the Ryan White Program will continue to be the only source of coverage for individuals in some states.

Just as Ryan White will continue to be an invaluable program, its providers, especially those primary care providers funded under part C, will continue to be central to the provision of quality HIV care. In particular, Part C grantees, Ryan White clinics, and the infrastructure for care and treatment that were built by the Ryan White program must be maintained during this transition, and equipped to continue providing the high quality care they are known for. Their front-line experience in caring for this difficult population can never be underestimated and must be an important factor in plans for the future of HIV care in the U.S.

HRSA should work with other federal agencies to ensure that Ryan White providers, clinics and medical homes are integrated into new systems created by the ACA. The inclusion of Ryan White providers into networks of care and referral networks will help to ensure continued access to high quality care for individuals living with HIV. The relationship forged between established patients and their care team must be taken into consideration, and protected. High quality care must take into consideration the whole patient, especially in this complex population, and access to a patient’s preferred provider must be maintained.

Ryan White Grantees need technical assistance, information, and funding that will assist them in adapting to the new systems of care. AAHIVM is very supportive of maintaining the focus on provision of core medical services that provides for direct care and treatment of HIV patients. However, the Ryan White program must provide for grantees to have the flexibility needed to make adjustments during the transition period while continuing to provide the HIV treatment and care that patients rely on in a seamless fashion.
The issue of provider reimbursement and payment levels across the federal payers-of-care also must be addressed. Ryan White providers must be protected from the potentially damaging effects of a significant portion of their patient load suddenly transitioning to programs (particularly Medicaid) with significantly lower reimbursement levels. Most Ryan White clinics and providers are already operating with incredibly streamlined budgets. It is our concern that the transition of many Ryan White patients to other programs and coverage may result in significant fluctuations in payment to Ryan White providers, and strain their ability to continue delivery of care and services at current levels. HRSA should work with other federal agencies to ensure that Ryan White providers are protected from unintended consequences such as this.

Finally, the lessons learned in California’s implementation of the ACA, and the consequences to the Ryan White program, providers and patients in that state should serve as an example of where the pitfalls lie, and show opportunities to do better in other states. We must ensure that individuals living with HIV/AIDS are maintained in care, and that the providers and care infrastructure the Ryan White Program has developed over the last several decades is not lost, looked over or left behind.

Thank you for the opportunity to provide comments on the future of the Ryan White Program. We appreciate your attention to and consideration of these comments. Please contact AAHIVM Public Policy Director, Holly Kilness at 202-659-0699 x20, or holly@aahivm.org for more information regarding these comments.