Policy Update & Skills-building Training: Meeting with Legislators to Advance Women-Centered Care & Services

Presenters:
Donna Crews, Director of Government Affairs, AIDS United
Lucy Baglin, Policy Coordinator, AIDS Foundation of Chicago

Moderated by:
Naina Khanna, Positive Women’s Network - USA
Outline

Welcome and Introductions

Overview of Federal Domestic HIV Budget and Appropriations
  Donna Crews, AIDS United

Update on Ryan White Reauthorization and Part D strategy
  Naina Khanna, Positive Women’s Network – USA

Training: Conducting Legislative Visits
  Lucy Baglin, AIDS Foundation of Chicago

Q & A: All

Next Steps & Closing
Presenters

Donna Crews, MSW, the director of Government Affairs for AIDS United, has been involved in federal politics and policy for over 20 years. At AIDS United, Ms. Crews works closely with members of the House, Senate, and Administration to develop sound policies and programs in response to the HIV epidemic in the United States and abroad. Prior to joining AIDS United, (formerly AIDS Action) Ms. Crews began her work in the HIV policy field while Director of the Congressional Black Caucus (CBC) under the leadership of Rep. Maxine Waters, (D-CA). As staff member for the CBC, Ms. Crews was an integral member of the team that inaugurated the Congressional Black Caucus Minority AIDS Initiative. She is a board member of the Coalition for Health Funding, the oldest and largest nonprofit alliance working to preserve and strengthen public health investments in the best interest of all Americans. Ms. Crews is a co-chair of the community organization AIDS Budget and Appropriations Coalition of the Federal AIDS Policy Partnership. She has presented at workshops and conferences throughout the United States on the topic of HIV advocacy. A native of New Jersey, she earned her Masters of Social Work degree from Columbia University and her B.A. from Mount Holyoke College.

Lucy Baglin
Positive Women’s Network Webinar
Thursday, June 26, 2014

Donna Crews
Director of Government Affairs
AIDS United
dcrews@aidsunited.org

www.aidsunited.org
Federal Discretionary Spending, FY 2015 (proposed: $1.014 trillion)

- Defense: $521.27
- Other NDD: $484.28
- HIV Request: $8.18

AIDS United
Every Person Every Community
Non-Defense Discretionary Funding, FY 2015 (proposed):
$492.46 billion

Other NDD: $484.28
HIV Request: $8.18
## Overview of Federal Discretionary Funding
**FY 2014 & FY 2015**
($ amounts in billions)

<table>
<thead>
<tr>
<th></th>
<th>FY 2014</th>
<th></th>
<th>FY 2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Defense</td>
<td>NDD</td>
<td>TOTAL</td>
<td>Defense</td>
</tr>
<tr>
<td>Original BCA</td>
<td>$498.08</td>
<td>$469.39</td>
<td>$967.47</td>
<td>$512.05</td>
</tr>
<tr>
<td>Bipartisan Agreement</td>
<td>$520.46</td>
<td>$491.77</td>
<td>$1,012.2</td>
<td>$521.37</td>
</tr>
<tr>
<td>NDD Difference</td>
<td>$0.69</td>
<td>($690 million)</td>
<td></td>
<td>$0.69</td>
</tr>
</tbody>
</table>
Overview of Domestic HIV Discretionary Funding
FY 2014 & FY 2015
($ amounts in millions)

<table>
<thead>
<tr>
<th></th>
<th>FY 2014 enacted</th>
<th>FY 2015 (Pres. Request)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HIV</td>
<td>STD</td>
</tr>
<tr>
<td>CDC Prevention</td>
<td>$788.8</td>
<td>$157.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Request FY 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC Prevention</td>
<td>$859.7</td>
<td>$211.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Overview of Domestic HIV Discretionary Funding

## FY 2014 & FY 2015 ($ amounts in millions)

<table>
<thead>
<tr>
<th></th>
<th>FY 2014 enacted</th>
<th>FY 2015 (President’s Request)</th>
<th>Community Request FY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ryan White Program</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part A</td>
<td>$655.9</td>
<td>$655.9</td>
<td>$686.7</td>
</tr>
<tr>
<td>Part B</td>
<td>$414.7</td>
<td>$414.7</td>
<td>$427.5</td>
</tr>
<tr>
<td>Part B ADAP</td>
<td>$900.3</td>
<td>$900.3</td>
<td>$943.3</td>
</tr>
<tr>
<td>Part C</td>
<td>$201.2</td>
<td>$280.2</td>
<td>$225.1</td>
</tr>
<tr>
<td>Part D</td>
<td>$75.1</td>
<td>$0</td>
<td>$85</td>
</tr>
<tr>
<td>Part F AETC</td>
<td>$33.6</td>
<td>$33.6</td>
<td>$34.5</td>
</tr>
<tr>
<td>Part F Dental</td>
<td>$13.1</td>
<td>$13.1</td>
<td>$14.9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$2294</td>
<td>$2298</td>
<td>$2417</td>
</tr>
</tbody>
</table>
Ryan White

- Third largest source of treatment and care for people living with HIV in the US
- Largest source of discretionary funding solely devoted to HIV
- Last reauthorization was in 2009
- No sunset provision
- **Appropriations can continue without reauthorization**

**Community majority position:** “reauthorization of the Ryan White Program should wait until the ACA has gone through a year or more of full implementation so that relevant data can be collected to understand the impact of health care reform on people with HIV.”

- AIDS United Public Policy Committee letter dated April 22, 2014
Proposed Part D Consolidation

President’s Budget Justification:

The FY 2015 Budget Request for the Ryan White HIV/AIDS Part C Program of $280,167,000 is $79,088,000 above the FY 2014 Enacted level. Of this increase, $75,088,000 is the result of consolidating the Part D program (using the FY 2014 level) with the Part C Program. HIV+ clients served under Part D are eligible for services under the consolidated program, and the merged program will emphasize care across all vulnerable populations, genders and ages. By merging the two programs resources can be better targeted to points along the care continuum to improve patient outcomes. The merger will expand the focus on women, infants, children and youth across all the funded grantees and will increase points of access for the population and reduce duplication of effort and reporting/administrative burden among currently co-funded grantees. The Part C Program will provide early intervention services, access to care, and primary care services for 312,000 people living with HIV/AIDS.

Additional Rationale provided:

- Reduce inefficiencies
- Reduce grantee reporting burden (67% of Part Ds are dually funded by Part C)
Services for Women Are Not Disposable! PWN-USA Responds to the President’s Budget Proposal to Eliminate Ryan White Part D

Posed on March 26, 2014

FOR IMMEDIATE RELEASE
Contact: Olivia Ford, ofw@pwntub.org
March 26, 2014, New Orleans, LA—In a surprise announcement released, proposing the elimination of Ryan White Part D, PWN-USA calls on legislators to respond to the President’s budget proposal to eliminate funding for the Ryan White Part D program. The 2014 National Women and Girls HIV/AIDS Awareness Day, in particular, provides an opportunity for PWN-USA and partners to communicate their concerns.


Today, on National Women and Girls HIV/AIDS Awareness Day, WHP salutes the resilience of women and girls living with HIV. To mark this day, we are inspired by their strength and solidarity, and to lend us all a voice of acceptance, social justice, and activism.

Today, we also strongly encourage the President and Congress to reconsider the shocking decision last week to completely eliminate funding for the Ryan White Part D program. This highly

For Immediate Release: March 5, 2014
Media Contact: Dr. Ivy Turnbull: (202) 754-1858 iTurnbull@aids-alliance.org

President’s Proposed FY 2015 Budget Eliminates Ryan White Part D Programs for Women, Infants, Children & Youth


March 21, 2014
Dr. Laura Cheever
Associate Administrator
Health Resources and Services Administration – HIV/AIDS Bureau
5600 Fishers Lane
Parklawn Building, Room 7-05
Rockville, MD 20857
PWN-USA Position

Concerns:

ACA implementation is underway and this proposed consolidation may destabilize services at a critical time
Part D is effective – has drastically reduced rates of vertical transmission
Ryan White services are effective – RWP retains 77% of female clients in care, compared with national average of 41%
Supportive services are necessary to ensure retention in care for women and youth living with HIV. These services are often provided through Part D dollars.
Part D dollars fund collaboratives which include community-based organizations and services – community based organizations, which are already vulnerable, may be at risk if Part D is “consolidated”

However:

Women & Family- Centered Services are needed across all parts of Ryan White
We need to be prepared for this fight in 2015 and beyond.

See all PWN-USA Part D advocacy Resources, talking points, fact sheets, etc at http://pwnusa.wordpress.com/take-action-2/
Preparing for the Fight

How does the “efficiency” of the proposed consolidation plan overweigh the benefit of the current Part D structure in providing care to WICY living with HIV/AIDS?

Which Part D programs will be ineligible to apply under the consolidated funding?

What data does HRSA have on exactly who is served by Ryan White Part D and which services are provided by grantees given the importance of Part D ancillary and support services?

How does the continuum of care compare for women, children, adolescents and youth across all parts of the Ryan White program?

What assessment has HRSA conducted to determine whether Part C programs are prepared to provide specialty ob/gyn care, including but not limited to perinatal care, to women living with HIV?

What assessment has HRSA conducted to determine whether Part C programs are prepared to serve adolescents living with HIV?

What data does HRSA have on the unmet needs of women, children, adolescents and youth living with HIV to justify the proposed consolidation of resources into the Part C program?

It appears that current Part C priorities would exclude many existing Part D programs from receiving support. Does HRSA plan to expand the range of services covered by Part C?

What are HRSA’s plans to ensure a seamless transition of services and to ensure that clients are not lost to care if this transition occurs, including plans to provide technical assistance to current and future grantees?

How will this proposal to consolidate Ryan White Part D into Part C programs impact the range and amount of services provided for the WICY population?
Additional Updates on Part D

Supplemental Part D grants are out for existing Part D grantees – deadline July 14th.

To address locally identified gaps in the care continuum, up to $150,000 or 25% of the existing budget is available.

Part C FOA was released earlier in June.

Positive Women’s Network - USA
Additional Updates on Part D

Supplemental Part D grants are out for existing Part D grantees – deadline July 14th

- To address locally identified gaps in the care continuum
- Up to $150,000 or 25% of existing budget

Part C FOA was released earlier in June

Positive Women's Network-USA
Questions?
Resources

Part D advocacy Resources, talking points, fact sheets, etc at
http://pwnusa.wordpress.com/take-action-2/

AIDS United Resources:

AIDS Foundation of Chicago Resources:
Upcoming Webinars

Thursday, July 10, 2014
11am PT/2pm ET
Expanding Employment Opportunities for Women Living with HIV: Supporting Initiatives and Creating Programs that Work

Thursday, July 31, 2014
11am PT/2pm ET
Understanding the Intersections: Intimate Partner Violence, Trauma and HIV

Thursday, August 14, 2014
11am PT/2pm ET
Research Advocacy: Developing Effective Solutions to Address Barriers to Prevention, Care and Treatment
Thank you