FOIA Number: 2018-0764-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 19399

FolderID:

Folder Title:
Ryan White Letter - Not Updated

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	4	2

Todd A. Summers
12/02/97 02:42:17 PM

Record Type: Record

To: Sarah S. Knight/WHO/EOP

cc:
Subject: Letters on AIDS Funding

Here is the text of a letter from Sandy cleared by OMB. It can easily be changed for use by the President. I'll call you shortly so that we can decide which letters received should get a Presidential response and which should get one from Sandy.

Todd

Dear Ms. Lipke:

Thank you for your recent letter regarding funding for the Ryan White CARE Act. I want to assure you that the Clinton Administration remains committed to this program as well as to finding a cure for AIDS and a vaccine to protect us all.

Funding for AIDS research, prevention, and care increased by more than 50 percent during the first term of the Clinton Administration and, over the past two years, funding for NIH vaccine research and development has increased over 33 percent. Drug accessibility remains a priority as new, life-sustaining drug therapies are introduced. In response to these developments, funding for the AIDS Drug Assistance programs has tripled, while funding for the Ryan White CARE Act increased 198%.

This epidemic is far from over. We recognize the continuing need for HIV prevention programs, vaccine development efforts, and access to health care, housing, and research for all people living with HIV and AIDS, including access to the latest developments in HIV therapies. We will continue our work on behalf of the millions of people living with and affected by HIV/AIDS and to be an advocate for adequate funding for each and every federal program that benefits them.
Thank you for your support of our efforts and for your own efforts to stop this terrible epidemic.

Very truly yours,

Sandra L. Thurman

Todd A. Summers
12/02/97 02:42:17 PM

Record Type: Record

To: Sarah S. Knight/WHO/EOP

cc:
Subject: Letters on AIDS Funding

Here is the text of a letter from Sandy cleared by OMB. It can easily be changed for use by the President. I'll call you shortly so that we can decide which letters received should get a Presidential response and which should get one from Sandy.

Todd

Dear Ms. Lipke:

Thank you for your recent letter regarding funding for the Ryan White CARE Act. I want to assure you that the Clinton Administration remains committed to this program as well as to finding a cure for AIDS and a vaccine to protect us all.

Funding for AIDS research, prevention, and care increased by more than 50 percent during the first term of the Clinton Administration and, over the past two years, funding for NIH vaccine research and development has increased over 33 percent. Drug accessibility remains a priority as new, life-sustaining drug therapies are introduced. In response to these developments, funding for the AIDS Drug Assistance programs has tripled, while funding for the Ryan White CARE Act increased 198%.

This epidemic is far from over. We recognize the continuing need for HIV prevention programs, vaccine development efforts, and access to health care, housing, and research for all people living with HIV and AIDS, including access to the latest developments in HIV therapies. We will continue our work on behalf of the millions of people living with and affected by HIV/AIDS and to be an advocate for adequate funding for each and every federal program that benefits them.
Thank you for your support of our efforts and for your own efforts to stop this terrible epidemic.

Very truly yours,

Sandra L. Thurman

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HRSA

FACT SHEET

BUREAU OF HEALTH RESOURCES DEVELOPMENT • DIVISION OF HIV SERVICES • APRIL 1997

Title II
Ryan White CARE Act

301-443-3650

The CARE Act

On August 18, 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. Reauthorized in 1996, the CARE Act is designed to improve the quality and availability of care for individuals and families affected by HIV disease.

The CARE Act includes the following major program components:

- **Title I:** funding to eligible metropolitan areas hardest hit by the HIV/AIDS epidemic;
- **Title II:** formula funding to States and territories to improve the quality, availability, and organization of health care and support services for people living with HIV disease;
- **Title III:** funding to public and nonprofit entities for outpatient early intervention services;
- **Title IV:** funding to public and private nonprofit entities for demonstration projects to coordinate services to, and provide enhanced access to research for, children, youth, women and families; and
- **Part F:** support for the Special Projects of National Significance (SPNS) Program, the Dental Reimbursement Program, and AIDS Education and Training Centers (AETCs).

Title II is administered by the Division of HIV Services (DHS), within the Bureau of Health Resources Development (BHRD), Health Resources and Services Administration (HRSA).

Grants

Title II grants are awarded on a formula basis to States, the District of Columbia, Puerto Rico, and eligible U.S. territories to provide health care and support services for people living with HIV disease. Grants are awarded to the State agency designated by the governor to administer Title II, usually the health department.

States with more than one percent of the total AIDS cases reported nationally during the previous 2 years must contribute their own resources to match the Federal grant, based on a yearly formula.

Eligible Services

Title II funds may be used to support a wide range of services:

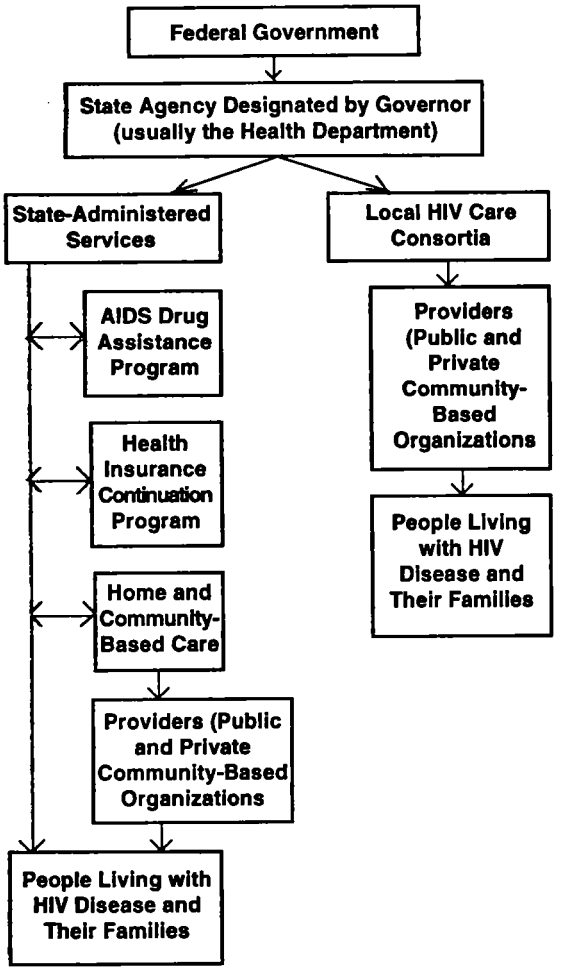
- **Home and community-based health care and support services**, including all Title I eligible services;
- **Continuation of health insurance coverage**, through a Health Insurance Continuation Program (HICP);
- **Pharmaceutical treatments**, through an AIDS Drug Assistance Program (ADAP);
- **Local consortia** that assess needs, organize and deliver HIV services in consultation with service providers, and contract for services; and
- **Direct** health and support services.

States are required to spend a portion of their Title II award to provide medications to treat HIV disease, including drugs for the prevention and treatment of opportunistic infections. States also must document their progress in making therapeutics available to eligible people with HIV disease.

Providers may include public or nonprofit entities; private for-profit entities are eligible only if they are the only available provider of quality HIV care in the area.

FACT SHEET

Flow of Title II Decision-Making and Funds



Title II Care Consortia

Most States provide some services directly and others through subcontracts with local Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops, and delivers services for people living with HIV disease.

A consortium must submit an application to the State assuring that it has:

- Conducted a needs assessment;
- Developed a plan and set service priorities to meet identified needs;
- Promoted coordination and integration of community resources, addressing the needs of all affected populations;
- Assured the provision of comprehensive outpatient health and support services; and
- Arranged to evaluate the success and cost-effectiveness of the consortium in responding to service needs.

Statewide Coordinated Statement of Need

States are required to have a process in place that periodically convenes people living with HIV disease, representatives of other CARE Act grantees, providers, and public health agencies to develop a Statewide Coordinated Statement of Need (SCSN).

Funding and Services

Since FY 1991, the Division of HIV Services has awarded more than $1.26 billion in Title II funding; in FY 1996 and FY 1997, special supplemental awards and earmarked funds totalling $219 million were made available in response to the rapid growth in ADAP clients and costs, and to expand access to newly available treatments. The attached table shows funding by State through FY 1997.

In 1995, an estimated 284,000 people received Title II services. In 1995, 44 States and territories funded consortia, 23 funded home and/or community-based care programs, 18 allocated funds for health insurance continuation programs, and 46 ran drug assistance programs. In FY 1997, all States have ADAPs.

For media inquiries, contact Office of Communications, HRSA
5600 Fishers Lane, Room 14-43 • Rockville, MD 20857 • (301) 443-3376 • Fax (301) 443-1989

All other inquiries, contact: Division of HIV Services • 5600 Fishers Lane, Room 7A-55 • Rockville, MD 20857
(301) 443-6745 • Fax (301) 443-8143

Ryan White CARE Act Title II Grant Awards

STATE	FY 1991	FY 1992	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997 FORMULA	FY 1997 ADAP	FY 1997 TOTAL
ALABAMA	483,388	$636,291	$938,176	$1,421,553	$1,349,942	$2,756,823	$2,838,265	$1,329,706	4,167,971
ALASKA	100,000	100,000	100,000	100,000	100,000	288,443	250,000	112,917	362,917
ARIZONA	653,285	687,616	751,528	1,855,383	1,759,313	2,260,259	2,045,462	1,450,752	3,496,214
ARKANSAS	276,192	440,564	528,077	821,978	753,038	1,369,814	1,395,995	654,013	2,050,008
CALIFORNIA	12,953,753	15,559,171	17,183,378	28,172,762	27,867,193	36,282,354	31,548,137	26,371,892	57,920,029
COLORADO	727,458	832,808	937,655	1,794,570	1,980,699	2,509,154	2,127,037	1,607,932	3,734,969
CONNECTICUT	763,464	915,334	1,068,399	2,246,095	2,404,858	3,651,778	3,330,036	2,790,394	6,120,430
DELAWARE	151,980	173,168	229,208	515,066	585,604	1,259,006	1,322,724	619,686	1,942,410
DIST. OF COLUMBIA	1,094,364	1,385,438	1,441,594	2,155,767	2,532,524	3,332,588	2,877,431	2,613,341	5,490,772
FLORIDA	7,397,516	9,856,630	11,228,316	16,361,686	17,780,752	25,220,349	23,416,364	17,898,632	41,314,996
GEORGIA	2,366,100	2,885,813	3,124,415	4,527,285	4,731,696	7,394,151	7,214,630	5,125,509	12,340,139
HAWAII	329,429	366,974	371,756	545,494	499,350	1,180,678	1,158,830	542,903	1,701,733
IDAHO	100,000	100,000	100,000	130,115	138,867	285,657	250,000	112,917	362,917
ILLINOIS	2,289,116	2,829,336	3,598,455	5,363,921	5,577,650	7,260,236	6,606,747	5,427,222	12,033,969
INDIANA	621,522	728,781	753,940	1,394,908	1,536,770	2,762,555	2,928,889	1,372,162	4,301,051
IOWA	110,588	164,436	215,475	333,799	333,360	613,264	624,726	292,680	917,406
KANSAS	245,985	256,907	324,039	605,134	568,263	1,050,840	997,168	568,196	1,565,364
KENTUCKY	299,687	406,244	467,575	641,709	643,697	1,344,978	1,415,277	663,046	2,078,323
LOUISIANA	1,308,109	1,672,504	1,844,076	2,494,411	2,785,044	4,080,447	4,252,105	2,717,224	6,969,329
MAINE	118,205	136,527	121,410	205,421	228,492	536,845	489,755	229,446	719,201
MARYLAND	1,554,569	2,027,034	2,130,393	3,625,966	4,684,012	6,521,685	5,923,285	5,025,239	10,948,524
MASSACHUSETTS	1,454,614	1,793,707	1,837,845	3,501,905	3,776,077	4,836,051	4,217,542	3,310,714	7,528,256
MICHIGAN	1,046,092	1,213,083	1,486,048	2,874,019	2,675,943	3,897,084	3,405,961	2,408,285	5,814,246
MINNESOTA	357,781	417,361	501,656	970,420	973,550	1,249,617	1,037,082	841,003	1,878,085
MISSISSIPPI	488,542	590,409	546,105	900,115	954,192	1,868,450	1,879,965	880,749	2,760,714
MISSOURI	1,043,394	1,330,744	1,459,224	2,716,091	2,504,335	3,131,126	2,620,796	1,965,652	4,586,448
MONTANA	100,000	100,000	56,197	100,000	100,000	129,912	136,900	64,137	201,037
NEBRASKA	100,000	117,188	146,689	292,135	267,083	506,277	499,395	233,963	733,358
NEVADA	330,545	443,483	531,149	924,894	964,174	2,049,946	2,043,859	957,533	3,001,392
NEW HAMPSHIRE	100,000	104,655	102,372	160,060	175,763	332,092	314,204	214,993	529,197
NEW JERSEY	4,215,417	4,711,438	4,505,948	6,650,657	8,958,831	13,135,111	11,931,930	9,448,859	21,380,789
NEW MEXICO	203,312	254,732	259,454	485,763	479,074	882,641	805,975	377,593	1,183,568
NEW YORK	13,802,740	16,909,338	17,618,806	26,126,095	29,093,044	38,324,520	34,972,364	29,381,796	64,354,160
NORTH CAROLINA	986,337	1,253,338	1,366,064	1,996,053	2,414,668	4,810,589	4,803,070	2,250,201	7,053,271
NORTH DAKOTA	100,000	100,000	19,872	100,000	100,000	107,243	100,000	24,390	124,390
OHIO	1,117,823	1,373,30	1,476,544	2,519,172	2,623,138	4,668,106	4,739,289	2,577,208	7,316,497
OKLAHOMA	393,500	490,547	512,925	1,133,726	1,050,786	1,656,387	1,554,105	728,086	2,282,191
OREGON	513,063	658,551	675,020	1,170,946	1,300,587	1,684,631	1,601,172	1,148,136	2,749,308
PENNSYLVANIA	2,241,191	2,536,697	2,849,791	4,421,998	5,177,510	7,991,467	7,686,648	5,258,299	12,944,947
PUERTO RICO	4,716,952	5,681,717	6,121,433	7,521,643	7,682,087	9,376,181	7,605,266	5,315,209	12,920,475
RHODE ISLAND	173,200	194,400	210,219	452,600	554,753	1,083,242	1,054,708	494,123	1,548,831
SOUTH CAROLINA	688,747	795,067	763,896	2,091,875	2,679,771	4,516,376	4,509,988	2,112,895	6,622,883
SOUTH DAKOTA	100,000	100,000	100,000	100,000	100,000	112,536	100,000	38,843	138,843
TENNESSEE	605,992	737,498	905,045	1,675,354	1,846,877	3,757,915	3,906,471	1,830,152	5,736,623
TEXAS	5,731,924	7,329,198	7,078,303	11,813,825	12,636,414	16,132,517	14,636,207	11,061,308	25,697,515
UTAH	199,022	234,917	304,258	511,096	428,266	810,043	852,251	399,273	1,251,524
VERMONT	100,000	100,000	100,000	100,000	103,727	279,529	250,000	92,140	342,140
VIRGINIA	970,120	1,351,047	1,430,800	2,403,511	2,642,609	5,365,718	5,235,047	2,881,631	8,116,678
WASHINGTON	1,025,356	1,322,995	1,270,740	2,262,586	2,310,797	3,154,250	2,830,277	2,067,728	4,898,005
WEST VIRGINIA	127,689	153,234	135,148	173,904	184,768	446,290	492,843	247,513	740,356
WISCONSIN	354,601	459,433	481,719	1,069,752	1,063,650	1,840,433	1,755,689	823,839	2,579,528
WYOMING	100,000	100,000	44,037	100,000	100,000	113,650	100,000	37,940	137,940
VIRGIN ISLANDS	38,397	27,019	36,048	68,703	0*	197,360	191,525	N/A	191,525
GUAM	2,954	4,323	3,379	3,379	2,902	4,970	11,608	N/A	11,608
TOTALS	77,474,015	$95,151,000	$102,394,599	$162,705,300	$174,766,500	$250,405,164	$230,895,000	$167,000,000	$397,895,000

*Did not request funding

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HRSA

FACT SHEET

BUREAU OF HEALTH RESOURCES DEVELOPMENT • DIVISION OF HIV SERVICES • APRIL 1997

A Partnership:

Titles I and II of the Ryan White CARE Act and Persons Living with HIV Disease

Overview

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act serves people living with HIV disease (PLWHs) and their families. The Division of HIV Services (DHS), Bureau of Health Resources Development (BHRD), administers Titles I and II of the CARE Act. A central DHS philosophy is to structure policies and activities to enhance the full participation of PLWHs in the development and implementation of CARE Act programs supported by Titles I and II.

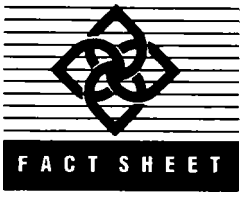
The PLWH consumers of CARE Act services have a unique understanding of CARE Act service needs. It is essential that they take an active role in planning, reviewing, and evaluating services. It is also important that activities include representatives of all the populations affected by the changing HIV epidemic, including women, minorities, recovering substance abusers, and others.

The Division has created an internal PLWH Response Committee to coordinate a focused effort to support and strengthen PLWH involvement in Titles I and II programs. The intent of DHS and its Committee is to help grantees, planning bodies, service providers, and PLWH groups to: recognize and overcome obstacles to PLWH involvement, identify and disseminate promising approaches, and demonstrate the benefits of effective consumer involvement.

Activities

To support and expand PLWH involvement in programs under Titles I and II, and to seek PLWH consultation at the national level, DHS carries out the following activities:

- **Develops policies and guidances** that call for significant PLWH participation with Titles I and II grantees and planning bodies in planning and decision making;
- **Makes technical assistance available** to Titles I and II grantees and planning bodies to help strengthen PLWH involvement, and develops information documents for grantees and planning bodies on effective strategies for recruiting and involving PLWHs;
- **Provides needs assessment materials and processes** to assist planning bodies in understanding the HIV epidemic in their local service areas, and in identifying PLWHs who should be involved in planning and/or serve on planning councils and consortia;
- **Supports analyses** of grantee and planning body experience in recruiting, involving, and retaining PLWHs, including identification of obstacles and solutions; and prepares and disseminates summary reports;
- **Arranges PLWH-focused workshops** at grantee meetings so that experiences and approaches for attaining effective PLWH involvement can be shared; and prepares and disseminates reports on these workshops; and



- **Ensures regular consultation with PLWHs**, including annual community discussion groups, to share information and obtain PLWH input on policies and programs.

Accomplishments

The Division, working in collaboration with Titles I and II grantees, their planning bodies and persons living with HIV disease, has achieved a number of successes, including:

- **Establishing a DHS policy and issuing a DHS guideline:** (1) Participation of People with HIV on Title I Health Services Planning Councils, which requires that at least 25 percent of planning council members be PLWHs and that PLWH inclusion be demonstrated through a variety of activities; (2) Guidelines for Reimbursement of People Who Serve on Title I Planning Councils and/or Title II Consortia;
- **Holding annual community discussion group meetings** since 1993, with PLWHs representing a broad cross-section of groups most affected by the disease (summary reports available);
- **Holding a national technical assistance conference call** in 1994 on PLWH involvement in Titles I and II programs, which reached 700 people in 87 participating sites (report available);
- **Conducting workshops on PLWH involvement in planning bodies** at every national Title I and Title II grantee meeting (reports available);
- **Developing the following additional reports:** (1) *The Participation of People with HIV in Title I HIV Health Services Planning Councils*, an evaluation containing practical recommendations on PLWH recruitment, representation, and participation; (2) *The PLWH Sourcebook*, a compendium of issues, references, and experiences; and (3) *A PLWH Directory*, listing PLWH groups affiliated with Titles I and II grantees and planning bodies; and
- **Conducting technical assistance and training,** which includes the following: (1) a training guide for orienting and training planning council and consortium members that includes a focus on PLWH recruitment, orientation, and training needs; (2) Titles I and II manuals that include sections on PLWH participation; and (3) training and technical assistance information for PLWHs that has been developed and funded by other entities and made available by DHS to planning bodies, including the Massachusetts Department of Public Health HIV/AIDS Bureau's *Consumer Advisory Board System: Orientation Guide*, and the National Association of People with AIDS publication, *Development Models for PWA Coalitions: A Training Booklet.*

For media inquiries, contact Office of Communications, HRSA
5600 Fishers Lane, Room 14-43 • Rockville, MD 20857 • (301) 443-3376 • Fax (301) 443-1989
All other inquiries, contact: Division of HIV Services • 5600 Fishers Lane, Room 7A-55 • Rockville, MD 20857
(301) 443-0652 • Fax (301) 443-8143

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HRSA

FACT SHEET

BUREAU OF HEALTH RESOURCES DEVELOPMENT • DIVISION OF HIV SERVICES • APRIL 1997

Title I
Ryan White CARE Act

The CARE Act

On August 18, 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. Reauthorized in 1996, the CARE Act is designed to improve the quality and availability of care for individuals and families affected by HIV disease.

The CARE Act includes the following major program components:

- **Title I**: funding to eligible metropolitan areas hardest hit by the HIV/AIDS epidemic;
- **Title II**: formula funding to States and territories to improve the quality, availability, and organization of health care and support services for people living with HIV disease;
- **Title III**: funding to public and nonprofit entities for outpatient early intervention services;
- **Title IV**: funding to public and private nonprofit entities for demonstration projects to coordinate services to, and improve access to research for, children, youth, women and families; and
- **Part F**: support for Special Projects of National Significance (SPNS) Program, the Dental Reimbursement Program, and AIDS Education and Training Centers (AETCs).

Title I is administered by the Division of HIV Services (DHS) within the Bureau of Health Resources Development (BHRD), Health Resources and Services Administration (HRSA).

Eligible Services

Title I funds may be used to provide a wide range of community-based services, including the following:

- **Outpatient health care**, including medical and dental care and developmental and rehabilitative services;
- **Support services** such as case management, home health and hospice care, housing and transportation assistance, nutrition services, and day or respite care; and
- **Inpatient case management services** that expedite discharge and prevent unnecessary hospitalization.

Providers may include public or nonprofit entities; private for-profit entities are eligible only if they are the only available provider of quality HIV care in the area.

In 1995, an estimated 300,000 people received services from Title I providers.

Title I Eligibility

Title I provides emergency assistance to eligible metropolitan areas (EMAs) most severely affected by the HIV/AIDS epidemic. To be eligible, an area must:

- Have more than 2,000 cumulative AIDS cases reported during the past 5 years; and
- Have a population of at least 500,000. This provision does not apply to any EMA designated and funded prior to Fiscal Year (FY) 1997.

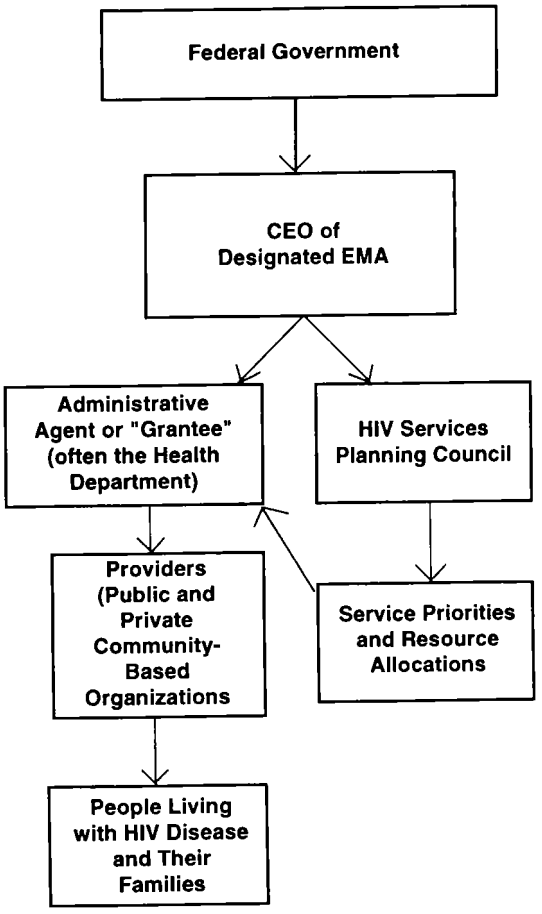
Grantee

Grants are awarded to the Chief Elected Official (CEO) of the city or county that administers the health agency providing services to the greatest number of people living with HIV in the EMA. The CEO usually designates an administrative agent (most often the local health department) to select service providers and administer contracts. The CEO or grantee establishes intergovernmental agreements with other political subdivisions within the EMA that provide HIV services and include 10 percent or more of the EMA's total AIDS cases.

When the first Title I grants were awarded in FY 1991, 16 EMAs were identified. In FY 1997, there were 49 EMAs in 19 States, Puerto Rico, and the District of Columbia.

FACT SHEET

Flow of Title I Decision-Making and Funds



Title I HIV Health Services Planning Councils

The CEO must establish an HIV Health Services Planning Council. The planning council sets priorities for the allocation of funds within the EMA, develops a comprehensive plan, and assesses the grantee's administrative mechanism in allocating funds.

Planning councils also work in partnership with the grantee to assess service needs within the EMA and develop a continuum of care for people living with HIV disease and their families. Planning councils also may assess the effectiveness of services in meeting identified needs, and must participate in the development of each State's Statewide Coordinated Statement of Need (SCSN).

Planning councils may not become involved in the selection of particular entities to receive Title I funding, or in the administration of contracts with providers; these are grantee responsibilities.

The planning council membership must be representative of the local epidemic and include representatives from a variety of specific groups such as health care agencies and community-based providers. At least 25 percent of voting members must be people living with HIV disease. Planning councils must have an open nominations process and grievance procedures.

Funding

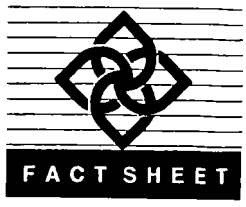
Title I funding includes formula and supplemental components:

- **Formula grants,** awarded based on the estimated number of people living with HIV disease in the EMA; and
- **Supplemental grants,** awarded competitively based on demonstration of severe need and other criteria, including the ability to use funds responsively and cost-effectively; plans to allocate funds in accordance with the local demographics of AIDS; and inclusive planning council membership, with emphasis on affected communities and people living with HIV disease.

Since FY 1991, EMAs have received more than $1.8 billion in Title I funding; in FY 1997, EMAs received $429.3 million in Title I formula and supplemental funds. The attached table shows funding by EMA through FY 1997.

For media inquiries, contact Office of Communications, HRSA
5600 Fishers Lane, Room 14-43 • Rockville, MD 20857 • (301) 443-3376 • Fax (301) 443-1989

All other inquiries, contact: Division of HIV Services • 5600 Fishers Lane, Room 7A-55 • Rockville, MD 20857
(301) 443-6745 • Fax (301) 443-8143



Ryan White CARE Act Title I Grant Awards

EMA	FY 1991	FY 1992	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997
Atlanta GA	$2,123,775	$3,111,666	$5,490,571	$7,488,801	$9,091,331	$9,208,162	$12,632,117
Austin TX	N/A	N/A	N/A	N/A	2,124,274	2,398,671	3,337,861
Baltimore MD	N/A	1,898,561	3,250,343	3,923,438	4,715,150	8,364,074	10,033,688
Bergen-Passaic NJ	N/A	N/A	N/A	2,019,121	2,847,639	3,369,095	4,292,593
Boston MA	2,236,267	2,823,768	4,154,744	6,955,035	7,079,242	8,360,436	9,033,443
Caguas PR	N/A	N/A	N/A	N/A	902,928	1,064,876	1,431,210
Chicago IL	3,229,799	4,327,603	7,390,763	9,625,451	12,099,865	13,164,930	15,741,071
Cleveland-Lorain-Elyria OH	N/A	N/A	N/A	N/A	N/A	1,384,956	1,877,513
Dallas TX	1,379,434	3,119,688	4,542,034	6,935,644	8,176,385	7,820,653	8,129,583
Denver CO	N/A	N/A	N/A	3,375,884	3,092,041	3,549,707	4,668,572
Detroit MI	N/A	N/A	2,091,739	2,849,559	2,406,902	4,405,380	6,087,121
Dutchess Co. NY	N/A	N/A	N/A	N/A	609,583	581,761	776,847
Ft. Lauderdale FL	1,807,299	3,065,827	4,591,215	6,814,599	5,091,994	6,584,204	8,312,185
Ft. Worth-Arlington TX	N/A	N/A	N/A	N/A	N/A	2,255,398	1,902,232
Hartford CT	N/A	N/A	N/A	N/A	N/A	3,048,467	2,661,473
Houston TX	3,710,210	5,803,011	7,820,319	10,133,592	10,233,981	10,312,524	10,768,697
Jacksonville FL	N/A	N/A	N/A	N/A	2,418,868	2,725,251	3,762,713
Jersey City NJ	1,562,728	2,181,853	3,618,220	4,140,141	3,770,366	3,767,874	4,600,103
Kansas City MO	N/A	N/A	N/A	2,655,564	2,726,195	2,514,291	2,884,537
Los Angeles CA	7,848,314	9,788,087	19,190,269	25,441,211	31,037,580	26,313,561	30,227,298
Miami FL	3,044,301	5,923,065	9,716,264	15,258,563	19,195,347	15,156,078	18,863,208
Middlesex-Somerset-Hunterdon NJ	N/A	N/A	N/A	N/A	N/A	2,198,883	1,919,076
Minneapolis-St. Paul MN	N/A	N/A	N/A	N/A	N/A	1,370,726	1,990,700
Nassau-Suffolk NY	N/A	N/A	2,012,809	2,886,968	3,895,849	3,683,885	4,697,795
Newark NJ	4,111,603	5,363,563	3,542,848	7,009,180	11,791,405	9,725,848	11,612,530
New Haven CT	N/A	N/A	N/A	2,136,872	2,711,634	4,002,182	5,336,678
New Orleans LA	N/A	N/A	1,796,972	3,243,332	3,503,009	2,087,199	4,727,682
New York NY	33,457,519	35,894,688	44,469,219	100,054,267	93,587,184	92,241,697	92,459,373
Oakland CA	N/A	2,123,466	2,602,816	3,929,287	4,148,299	4,741,595	5,905,961
Orange County CA	N/A	N/A	1,839,726	2,627,947	3,175,288	3,492,993	4,401,330
Orlando FL	N/A	N/A	N/A	2,715,587	3,194,835	3,599,489	4,319,349
Philadelphia PA	2,323,850	3,571,035	4,729,230	7,374,936	9,836,096	10,345,478	13,465,328
Phoenix AZ	N/A	N/A	N/A	2,217,471	2,447,784	2,901,602	3,380,053
Ponce PR	N/A	N/A	1,280,364	1,176,793	1,908,071	1,685,036	2,183,463
Portland OR	N/A	N/A	N/A	N/A	2,402,734	2,688,924	3,472,480
Riverside-San Bernardino CA	N/A	N/A	N/A	2,402,010	2,656,331	4,687,432	5,986,979
Sacramento CA	N/A	N/A	N/A	N/A	N/A	2,463,814	2,038,827
St. Louis MO	N/A	N/A	N/A	2,248,247	2,581,330	2,587,364	3,506,350
San Antonio TX	N/A	N/A	N/A	N/A	1,731,222	2,396,426	3,014,191
San Diego CA	1,460,205	2,778,724	3,761,979	5,233,574	5,628,252	6,592,104	8,198,109
San Francisco CA	12,713,831	12,713,831	18,944,229	27,217,076	39,210,400	35,172,274	37,194,634
San Jose CA	N/A	N/A	N/A	N/A	N/A	2,275,044	1,992,602
San Juan PR	1,681,081	3,579,982	4,679,777	8,456,057	10,269,416	8,199,506	10,550,845
Santa Rosa-Petaluma CA	N/A	N/A	N/A	N/A	1,207,605	1,142,456	1,330,630
Seattle WA	N/A	N/A	2,824,570	3,233,903	4,048,484	4,289,545	5,481,431
Tampa-St. Petersburg FL	N/A	N/A	2,265,553	3,304,312	4,231,119	4,610,201	6,548,952
Vineland-Millville-Bridgeton NJ	N/A	N/A	N/A	N/A	340,644	454,338	677,001
Washington DC	3,392,784	5,127,184	7,447,578	9,328,712	10,713,183	12,763,696	15,838,868
West Palm Beach FL	N/A	N/A	N/A	3,582,542	3,770,641	3,390,914	5,122,618
TOTALS	**$86,083,000**	**$119,426,000**	**$182,326,998**	**$319,989,000**	**$349,370,000**	**$372,141,000**	**$429,377,900**

HEALTH RESOURCES AND SERVICES ADMINISTRATION

HRSA

FACT SHEET

BUREAU OF HEALTH RESOURCES DEVELOPMENT • DIVISION OF HIV SERVICES • APRIL 1997

Title I
Ryan White CARE Act

The CARE Act

On August 18, 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. Reauthorized in 1996, the CARE Act is designed to improve the quality and availability of care for individuals and families affected by HIV disease.

The CARE Act includes the following major program components:

- **Title I**: funding to eligible metropolitan areas hardest hit by the HIV/AIDS epidemic;
- **Title II**: formula funding to States and territories to improve the quality, availability, and organization of health care and support services for people living with HIV disease;
- **Title III**: funding to public and nonprofit entities for outpatient early intervention services;
- **Title IV**: funding to public and private nonprofit entities for demonstration projects to coordinate services to, and improve access to research for, children, youth, women and families; and
- **Part F**: support for Special Projects of National Significance (SPNS) Program, the Dental Reimbursement Program, and AIDS Education and Training Centers (AETCs).

Title I is administered by the Division of HIV Services (DHS) within the Bureau of Health Resources Development (BHRD), Health Resources and Services Administration (HRSA).

Eligible Services

Title I funds may be used to provide a wide range of community-based services, including the following:

- **Outpatient health care**, including medical and dental care and developmental and rehabilitative services;
- **Support services** such as case management, home health and hospice care, housing and transportation assistance, nutrition services, and day or respite care; and
- **Inpatient case management services** that expedite discharge and prevent unnecessary hospitalization.

Providers may include public or nonprofit entities; private for-profit entities are eligible only if they are the only available provider of quality HIV care in the area.

In 1995, an estimated 300,000 people received services from Title I providers.

Title I Eligibility

Title I provides emergency assistance to eligible metropolitan areas (EMAs) most severely affected by the HIV/AIDS epidemic. To be eligible, an area must:

- Have more than 2,000 cumulative AIDS cases reported during the past 5 years; and
- Have a population of at least 500,000. This provision does not apply to any EMA designated and funded prior to Fiscal Year (FY) 1997.

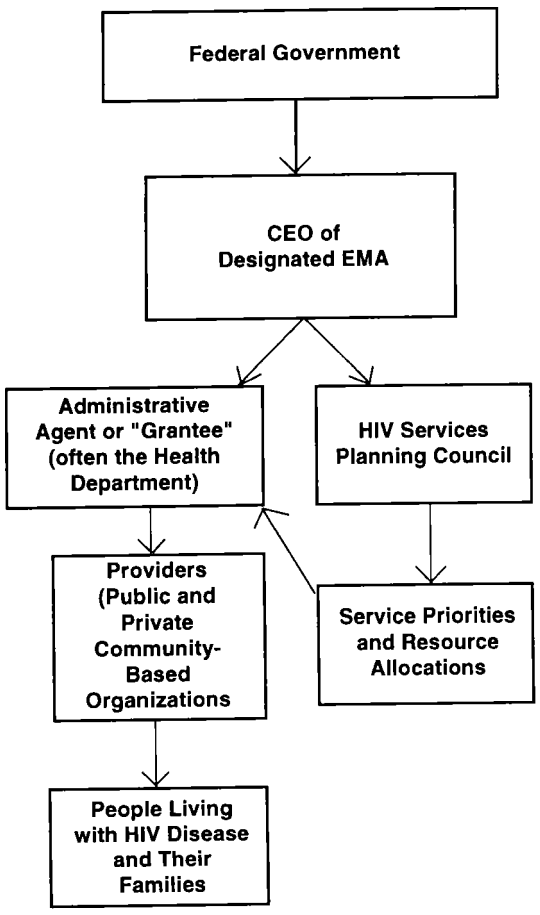
Grantee

Grants are awarded to the Chief Elected Official (CEO) of the city or county that administers the health agency providing services to the greatest number of people living with HIV in the EMA. The CEO usually designates an administrative agent (most often the local health department) to select service providers and administer contracts. The CEO or grantee establishes intergovernmental agreements with other political subdivisions within the EMA that provide HIV services and include 10 percent or more of the EMA's total AIDS cases.

When the first Title I grants were awarded in FY 1991, 16 EMAs were identified. In FY 1997, there were 49 EMAs in 19 States, Puerto Rico, and the District of Columbia.

FACT SHEET

Flow of Title I Decision-Making and Funds



Title I HIV Health Services Planning Councils

The CEO must establish an HIV Health Services Planning Council. The planning council sets priorities for the allocation of funds within the EMA, develops a comprehensive plan, and assesses the grantee's administrative mechanism in allocating funds.

Planning councils also work in partnership with the grantee to assess service needs within the EMA and develop a continuum of care for people living with HIV disease and their families. Planning councils also may assess the effectiveness of services in meeting identified needs, and must participate in the development of each State's Statewide Coordinated Statement of Need (SCSN).

Planning councils may not become involved in the selection of particular entities to receive Title I funding, or in the administration of contracts with providers; these are grantee responsibilities.

The planning council membership must be representative of the local epidemic and include representatives from a variety of specific groups such as health care agencies and community-based providers. At least 25 percent of voting members must be people living with HIV disease. Planning councils must have an open nominations process and grievance procedures.

Funding

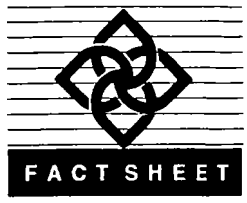
Title I funding includes formula and supplemental components:

- **Formula grants,** awarded based on the estimated number of people living with HIV disease in the EMA; and
- **Supplemental grants,** awarded competitively based on demonstration of severe need and other criteria, including the ability to use funds responsively and cost-effectively; plans to allocate funds in accordance with the local demographics of AIDS; and inclusive planning council membership, with emphasis on affected communities and people living with HIV disease.

Since FY 1991, EMAs have received more than $1.8 billion in Title I funding; in FY 1997, EMAs received $429.3 million in Title I formula and supplemental funds. The attached table shows funding by EMA through FY 1997.

For media inquiries, contact Office of Communications, HRSA
5600 Fishers Lane, Room 14-43 • Rockville, MD 20857 • (301) 443-3376 • Fax (301) 443-1989

All other inquiries, contact: Division of HIV Services • 5600 Fishers Lane, Room 7A-55 • Rockville, MD 20857
(301) 443-6745 • Fax (301) 443-8143



Ryan White CARE Act Title I Grant Awards

EMA	FY 1991	FY 1992	FY 1993	FY 1994	FY 1995	FY 1996	FY 1997
Atlanta GA	$2,123,775	$3,111,666	$5,490,571	$7,488,801	$9,091,331	$9,208,162	$12,632,117
Austin TX	N/A	N/A	N/A	N/A	2,124,274	2,398,671	3,337,861
Baltimore MD	N/A	1,898,561	3,250,343	3,923,438	4,715,150	8,364,074	10,033,688
Bergen-Passaic NJ	N/A	N/A	N/A	2,019,121	2,847,639	3,369,095	4,292,593
Boston MA	2,236,267	2,823,768	4,154,744	6,955,035	7,079,242	8,360,436	9,033,443
Caguas PR	N/A	N/A	N/A	N/A	902,928	1,064,876	1,431,210
Chicago IL	3,229,799	4,327,603	7,390,763	9,625,451	12,099,865	13,164,930	15,741,071
Cleveland-Lorain-Elyria OH	N/A	N/A	N/A	N/A	N/A	1,384,956	1,877,513
Dallas TX	1,379,434	3,119,688	4,542,034	6,935,644	8,176,385	7,820,653	8,129,583
Denver CO	N/A	N/A	N/A	3,375,884	3,092,041	3,549,707	4,668,572
Detroit MI	N/A	N/A	2,091,739	2,849,559	2,406,902	4,405,380	6,087,121
Dutchess Co. NY	N/A	N/A	N/A	N/A	609,583	581,761	776,847
Ft. Lauderdale FL	1,807,299	3,065,827	4,591,215	6,814,599	5,091,994	6,584,204	8,312,185
Ft. Worth-Arlington TX	N/A	N/A	N/A	N/A	N/A	2,255,398	1,902,232
Hartford CT	N/A	N/A	N/A	N/A	N/A	3,048,467	2,661,473
Houston TX	3,710,210	5,803,011	7,820,319	10,133,592	10,233,981	10,312,524	10,768,697
Jacksonville FL	N/A	N/A	N/A	N/A	2,418,868	2,725,251	3,762,713
Jersey City NJ	1,562,728	2,181,853	3,618,220	4,140,141	3,770,366	3,767,874	4,600,103
Kansas City MO	N/A	N/A	N/A	2,655,564	2,726,195	2,514,291	2,884,537
Los Angeles CA	7,848,314	9,788,087	19,190,269	25,441,211	31,037,580	26,313,561	30,227,298
Miami FL	3,044,301	5,923,065	9,716,264	15,258,563	19,195,347	15,156,078	18,863,208
Middlesex-Somerset-Hunterdon NJ	N/A	N/A	N/A	N/A	N/A	2,198,883	1,919,076
Minneapolis-St. Paul MN	N/A	N/A	N/A	N/A	N/A	1,370,726	1,990,700
Nassau-Suffolk NY	N/A	N/A	2,012,809	2,886,968	3,895,849	3,683,885	4,697,795
Newark NJ	4,111,603	5,363,563	3,542,848	7,009,180	11,791,405	9,725,848	11,612,530
New Haven CT	N/A	N/A	N/A	2,136,872	2,711,634	4,002,182	5,336,678
New Orleans LA	N/A	N/A	1,796,972	3,243,332	3,503,009	2,087,199	4,727,682
New York NY	33,457,519	35,894,688	44,469,219	100,054,267	93,587,184	92,241,697	92,459,373
Oakland CA	N/A	2,123,466	2,602,816	3,929,287	4,148,299	4,741,595	5,905,961
Orange County CA	N/A	N/A	1,839,726	2,627,947	3,175,288	3,492,993	4,401,330
Orlando FL	N/A	N/A	N/A	2,715,587	3,194,835	3,599,489	4,319,349
Philadelphia PA	2,323,850	3,571,035	4,729,230	7,374,936	9,836,096	10,345,478	13,465,328
Phoenix AZ	N/A	N/A	N/A	2,217,471	2,447,784	2,901,602	3,380,053
Ponce PR	N/A	N/A	1,280,364	1,176,793	1,908,071	1,685,036	2,183,463
Portland OR	N/A	N/A	N/A	N/A	2,402,734	2,688,924	3,472,480
Riverside-San Bernardino CA	N/A	N/A	N/A	2,402,010	2,656,331	4,687,432	5,986,979
Sacramento CA	N/A	N/A	N/A	N/A	N/A	2,463,814	2,038,827
St. Louis MO	N/A	N/A	N/A	2,248,247	2,581,330	2,587,364	3,506,350
San Antonio TX	N/A	N/A	N/A	N/A	1,731,222	2,396,426	3,014,191
San Diego CA	1,460,205	2,778,724	3,761,979	5,233,574	5,628,252	6,592,104	8,198,109
San Francisco CA	12,713,831	12,713,831	18,944,229	27,217,076	39,210,400	35,172,274	37,194,634
San Jose CA	N/A	N/A	N/A	N/A	N/A	2,275,044	1,992,602
San Juan PR	1,681,081	3,579,982	4,679,777	8,456,057	10,269,416	8,199,506	10,550,845
Santa Rosa-Petaluma CA	N/A	N/A	N/A	N/A	1,207,605	1,142,456	1,330,630
Seattle WA	N/A	N/A	2,824,570	3,233,903	4,048,484	4,289,545	5,481,431
Tampa-St. Petersburg FL	N/A	N/A	2,265,553	3,304,312	4,231,119	4,610,201	6,548,952
Vineland-Millville-Bridgeton NJ	N/A	N/A	N/A	N/A	340,644	454,338	677,001
Washington DC	3,392,784	5,127,184	7,447,578	9,328,712	10,713,183	12,763,696	15,838,868
West Palm Beach FL	N/A	N/A	N/A	3,582,542	3,770,641	3,390,914	5,122,618
TOTALS	**$86,083,000**	**$119,426,000**	**$182,326,998**	**$319,989,000**	**$349,370,000**	**$372,141,000**	**$429,377,900**