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Budget - FY [Fiscal Year] '99 - HHS [Health and Human Services] - HRS [Health Resources and Services Administration] Budget

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	1	2

U.S. Department of Health & Human Services

HRSA

Health Resources & Services Administration

Fiscal Year 1999

JUSTIFICATIONS OF BUDGET ESTIMATES TO OMB

HEALTH RESOURCES AND SERVICES ADMINISTRATION

(Dollars in Thousands)	FY 1997 Enacted	FY 1998 President's Budget	FY 1998 House	FY 1998 Senate	FY 1999 DHHS Request
PRIMARY CARE:					
Health Centers	$802,009	$809,868	$826,000	$826,000	909,868
Health Center Loan Guarantees (Non-Add)	(80,000)	(0)	(53,300)	(80,000)	(80,000)
National Health Service Corps Field	37,244	37,244	37,244	37,244	40,244
National Health Service Corps Recruitment	75,166	75,166	82,756	78,166 3/	82,166
Hansen's Disease Services Cluster:					
Hansen's Disease Center	17,094	14,219	17,094	14,424	18,920
Payment to Hawaii	2,045	1,750	2,045	2,045	2,045
Buildings and Facilities	828	500	2,500	—	250
Subtotal, Hansen's Disease Services Cluster	19,967	16,469	21,639	16,469	21,215
Black Lung	4,000	1,906	5,000	5,000	4,000
State Alzheimer's Disease	5,999	—	5,999	5,999	—
Community Based Scholarships	532	—	545	—	—
Nursing Loan Repayment	2,197	—	2,251	—	—
Office of Drug Pricing (User Fees)	—	(2,500)	(0)	(0)	(2,500)
Subtotal, Primary Care	947,114	940,653	981,434	968,878	1,057,493
HEALTH PROFESSIONS:					
Consolidated Title VII	—	—	—	165,000	—
Consolidated Title VIII	—	—	—	55,000	—
Health Professions Training for Diversity					
Minority/Disadvantaged Consolidated Programs:					
Centers of Excellence	24,714	24,714	27,300	—	26,714
Health Careers Opportunity Program	26,779	26,779	30,000	—	26,779
Loan Repayment/Faculty Fellowships	1,061	1,061	1,087	—	1,061
Subtotal, Minority/Disadvantaged Programs	52,554	52,554	58,387	—	54,554
Student Assistance Program:					
Exceptional Financial Need Scholarships	11,332	11,332	11,610	—	11,332
Financial Assistance for Disadvantaged H. P. Students	6,718	6,718	6,883	—	6,718
Scholarships for Disadvantaged Students	18,673	18,673	21,100	—	18,673
Loans for Disadvantaged Students	—	—	—	—	10,000
Subtotal, Student Assistance Programs	36,723	36,723	39,593	—	46,723
Subtotal, Health Professions Training for Diversity	89,277	89,277	97,980	—	101,277
Interdisciplinary, Community-Based Training					
Area Health Education Centers	28,490	12,890	29,189	—	28,490
Health Education and Training Centers	3,752	1,697	3,844	—	3,752
Rural Health Interdisciplinary Training	4,153	1,879	4,255	—	4,153
Geriatric Programs	8,881	4,018	9,099	—	8,881
Allied Health Special Projects	3,832	1,734	3,926	—	3,832
Chiropractic Demonstration Projects	1,025	464	1,050	—	1,025
Podiatric Primary Care Residency Training	677	306	694	—	677
Subtotal, Interdisciplinary, Community-Based Training	50,810	22,988	52,057	—	50,810
Primary Care Medicine and Dentistry					
Family Medicine Training	49,256	4,606	50,464	—	46,256
General Internal Medicine/Pediatrics Training	17,618	1,648	18,050	—	17,618
Physician Assistant Training	6,376	596	6,532	—	6,376
General Dentistry Training	3,785	1,712	3,878	—	3,785
Subtotal, Primary Care Medicine and Dentistry	77,035	8,562	78,924	—	74,035

HEALTH RESOURCES AND SERVICES ADMINISTRATION

(Dollars in Thousands)	FY 1997 Enacted	FY 1998 President's Budget	FY 1998 House	FY 1998 Senate	FY 1999 DHHS Request
Public Health Workforce Development					
Public Health/Preventive Medicine Programs	7,998	748	8,194	—	31,595
Health Administration Programs	1,095	102	1,122	—	1,095
Subtotal, Public Health Workforce Development	9,093	850	9,316	—	32,690
Workforce Information and Analysis Cluster:					
Health Professions Data Systems	236		241		
Research on Certain Health Professions Issues	450		461		
Subtotal, Workforce Information Analysis Cluster	686	623	702	—	5,000
Nursing Education and Practice					
Strengthening Capacity for Basic Nurse Education:					
Nursing Special Projects	10,564	1,287	10,823	—	10,564
Nurse Practitioner, Nurse Midwives, and Other Advanced Practice Nurses:					
Advanced Nurse Education	12,467	1,519	12,773	—	12,467
Nurse Practitioner/Nurse Midwife Education	17,586	2,143	18,017	—	17,586
Professional Nurse Traineeships	15,941	1,943	16,332	—	15,941
Nurse Anesthetist Training	2,765	337	2,833	—	2,765
Subtotal, Nurse Practitioner, Midwives, Other Advanced	48,759	5,942	49,955	0	48,759
Increasing Nursing Workforce Diversity:					
Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds	3,865	471	3,960	—	3,865
Subtotal, Nursing Education and Practice	63,188	7,700	64,738	0	63,188
National Practitioner Data Bank (User Fees)	(6,000)	(6,000)	(6,000)	(6,000)	(12,000)
Subtotal, Health Professions	290,089	130,000	303,717	220,000	327,000
MATERNAL & CHILD HEALTH:					
Maternal and Child Health Block Grant	681,000	681,000	685,000	681,000	731,000
Emergency Medical Services for Children	12,493	12,000	13,000	13,000	15,000
Healthy Start	95,982	95,982	95,982	95,982	170,982
Traumatic Brain Injury Program	(2,857) 1/	—	(3,500)	(2,857)	3,000
Abstinence Education Program (Mandatory/non-add)	—	(50,000)	(50,000)	(50,000)	(50,000)
Abstinence Program Evaluation (Mandatory/non-add)	—	—	—	—	(3,000)
Subtotal, Maternal and Child Health	789,475	788,982	793,982	789,982	919,982
HIV/AIDS Bureau:			House	Senate	
Emergency Relief - Part A	449,943	454,943	471,663	457,943	466,686
Comprehensive Care - Part B	416,954	431,954	560,994	469,954	578,954
AIDS Drug Assistance Program	(167,000)	(167,000)	(299,000)	(217,000)	(299,000)
Early Intervention - Part C	69,568	84,568	72,928	79,568	99,568
Pediatric HIV/AIDS - Part D	36,000	40,000	37,720	45,000	40,000
Special Projects of National Significance - Part F	(25,000)	(25,000)	(25,000)	(25,000)	(25,000)
Education and Training Centers - Part F	16,287	17,287	17,087	17,287	17,287
Dental Services Part F	7,500	7,500	7,860	7,500	7,500
Subtotal, HIV/AIDS Bureau	996,252	1,036,252	1,168,252	1,077,252	1,209,995
Office of Special Programs:					
Health Teaching Facilities	297	225	225	225	150
Organ Transplantation	2,278	3,891	2,278	2,778	4,116
Health Care Facilities - 1610 b	12,902	—	—	10,000	—
Bone Marrow Donor Registry	15,270	15,270	15,270	15,270	15,770
Subtotal, Office of Special Programs	30,747	19,386	17,773	28,273	20,036

HEALTH RESOURCES AND SERVICES ADMINISTRATION

(Dollars in Thousands)	FY 1997 Enacted	FY 1998 President's Budget	FY 1998 House	FY 1998 Senate	FY 1999 DHHS Request
Rural Health:					
Rural Health Policy Development	8,713	8,713	8,713	11,713	13,513
Rural Health Outreach Grants	27,796	25,092	27,796	30,092	28,092
State Offices of Rural Health	3,000	3,000	—	— 3/	3,200
Subtotal, Rural Health	39,509	36,805	36,509	41,805	44,805
Program Management	112,929	110,949	110,949	114,429	125,949
Family Planning	198,452	203,452	203,452	208,452	218,452
Health Resources and Services Budget Authority, Subtotal	3,404,567	3,266,479	3,618,068	3,449,071	3,923,712
Medical Facilities Guarantee and Loan Fund	7,000	6,000	6,000	6,000	1,000
Health Education Assistance Loans:					
HEAL Guarantee Authority	(140,000)	(85,000)	(85,000)	(85,000)	(0)
Liquidating Account (Non-Add)	(37,808)	(29,566)	(29,566)	(29,566)	(28,500)
Program Account	477	1,020	1,020	1,020	0
HEAL Credit Reform - Direct Operations	2,688	2,688	2,688	2,688	3,688
HEAL - Default Reduction	499 2/	1,000	1,000	1,000	0
Subtotal, Health Education Assistance Loans	3,664	4,708	4,708	4,708	3,688
Vaccine Injury Compensation:					
Pre-FY 1989 Claims (Appropriation)	110,000	—	—	—	—
Vaccine Improvement Trust Fund (HRSA Claims)	50,476	SSAN	42,448	42,448	SSAN
VICTF Direct Operations - HRSA	3,000	3,000	3,000	3,000	3,000
Subtotal, Vaccine Injury Compensation	163,476	3,000	45,448	45,448	3,000
Total, Health Resources and Services Administration	$3,578,707	$3,280,187	$3,672,224	$3,505,227	$3,931,400
Discretionary Budget Authority:					
HRSA Discretionary	$3,404,567	$3,266,479	$3,616,068	$3,449,071	$3,923,712
HEAL Direct Operations - Credit Reform	2,688	2,688	2,688	2,688	3,688
Total, HRSA Discretionary Budget Authority	$3,407,255	$3,269,167	$3,618,756	$3,451,759	$3,927,400
Total, HRSA Program Level:					
Office of Drug Pricing (User Fees)	—	$2,500	$0	$0	$2,500
National Practitioner Data Bank (User Fees)	$6,000	6,000	6,000	6,000	12,000
Abstinence Education Program (Mandatory)	—	50,000	50,000	50,000	53,000
HRSA Discretionary Budget Authority	3,407,255	3,269,167	3,618,756	3,451,759	3,927,400
Total, HRSA Program Level	$3,413,255	$3,329,667	$3,676,756	$3,509,759	$3,994,900

1/ INCLUDED IN MCH BLOCK GRANT IN FY 1997.

2/ EMERGENCY SUPPLEMENTAL APPROPRIATIONS ACT.

3/ NHSC INCLUDES UP TO $3 MILION FOR STATE OFFICES OF RURAL HEALTH IN SENATE FY 1998 ALLOWANCE.

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HRSA HIV/AIDS Programs

Ryan White CARE Act, Part A (Title I) Emergency Relief Grants

Authorizing Legislation: Sections 2601-2607 of the Public Health Service Act.

FY 1997 Enacted	FY 1998 President's Budget	FY 1998 House	FY 1998 Senate	FY 1999 Estimate
BA	BA	BA	BA	BA
$449,943,000	$454,943,000	$471,663,000	$457,943,000	$466,686,000

1999 Authorization.....SSAN

RATIONALE FOR THE BUDGET REQUEST

The increase of $11,743,000 in Title I funds requested for 1999 is needed to address a portion of the unmet need for the 30 percent of the uninsured and the additional proportion of the under-insured who require medical and other health and support services provided by EMAs. These increases are essential to achieving the activities below.

- improve access to a full continuum of community-based outpatient medical care for people with HIV disease who do not currently receive adequate care. The grantees would be able to hire additional health care personnel to meet the medical needs of people with HIV.

- improve the capacity of minority service organizations who reach the hard-to-serve populations that are disproportionately represented among those infected and newly infected with HIV.

- address more fully the HIV-related care needs of people with HIV who are also homeless, uninsured, active substance abusers, or infected with another sexually transmitted disease or tuberculosis.

- expanded viral load testing for Title I primary care patients and/or increased Title I participation in pharmaceutical assistance and related primary care services to care for patients on combination therapy.

Current Estimate of Unmet Need:

Part A (Title I) funds systems of community-based care composed of approximately 25 categories of medical and other health and social support services for individuals with HIV in 49 Eligible Metropolitan Areas (EMAs). In FY 1999, the number of EMAs may increase by up to two. Priority setting for the funding of specific services is the responsibility of local HIV Health Services Planning Councils. The allocations made by the grantee, the chief elected official of each EMA, are based upon Planning Council priorities. Approximately 74 percent of the 750,000 individuals with HIV reside in the 49 EMAs.

Unmet need for services funded by Part A (Title I) varies across types of service. For example, all uninsured individuals with HIV who have low incomes, and a portion of the underinsured, will require financial assistance for outpatient medical care and HIV pharmaceuticals. Although Medicare and Medicaid cover some of the uninsured, due to the variability in eligibility and waiting periods, an unknown number of individuals will be eligible for HRSA HIV/AIDS (Ryan White CARE Act) Program services. A substantial subset of individuals dually diagnosed with HIV and substance abuse (approximately 30 percent of all HIV infected individuals) require substance abuse treatment in addition to medical care. In 1996, Title I grantees reported that important areas of unmet need included: pharmaceuticals and primary care monitoring to assure safe and effective use of new treatments, and an under representation of providers with understanding of HIV service delivery substance abuse services, and transportation services.

Part A (Title I) grantees have achieved good success in serving people of color and women in proportions that significantly exceed their representation in the overall AIDS epidemic; maintaining this high level of response to historically under served groups will remain a priority for the program. Because EMAs have the authority to allocate their funds among service categories, local priorities change from year-to-year. To the extent that they do so, the following estimates may be inaccurate. Similarly, the estimates could be inaccurate as a result of changes in care practices, the cost of providing services, or support for HIV services by other funding sources, among other factors. In addition, limitations in the data available preclude making, or greatly weaken, estimates of need and of the extent of unmet need for many services.

Output Data:

	FY 1997 Enacted	FY 1998 President's Budget	FY 1999 Estimate
Formula Grants	49	49	49-51
Supplemental Grants	49	49	49-51

HRSA HIV/AIDS Programs

Ryan White CARE Act, Part B (Title II) HIV CARE Grants

Authorizing Legislation: Sections 2611-2619 of the Public Health Service Act.

FY 1997 Enacted	FY 1998 President's Budget	FY 1998 House	FY 1998 Senate	FY 1999 Estimate
BA	BA	BA	BA	BA
$416,954,000	$431,954,000	$560,994,000	$469,954,000	$578,954,000
ADAP:				
($167,000,000)	($167,000,000)	($299,000,000)	($217,000,000)	($299,000,000)

1999 Authorization: ..... SSAN

RATIONALE FOR BUDGET REQUEST

The $147,000,000 requested increase for FY 1999 includes a $132,000,000 increase for State ADAPs and $15,000,000 for State HIV Care Grants. The additional funds for State HIV Care Grants will be used to:

- improve access to a full continuum of community-based outpatient medical care for people with HIV disease who do not currently receive adequate care.
- allow ADAP programs to expand the number of individuals and the number of drugs per individual provided under the program.
- improve the capacity of minority service organizations who reach the hard-to-serve populations that are disproportionately represented among those infected and newly infected with HIV.
- expanded viral load testing for Title II primary care patients and associated primary care services to monitor patients on combination therapy.

Current Estimate of Unmet Need:

Part B (Title II) funds provide formula grants to states and territories for the provision of more than 25 types of medical and other health and social support services (delivered primarily through regional HIV service delivery consortia) for individuals with HIV, the provision of home- and community-based care, support for State AIDS Drug (Pharmaceutical) Assistance Programs (ADAP), and for Health Insurance Continuation Programs (HICP)for low-income persons with HIV disease. A State must use a statutorily mandated minimum of its grant funds to provide health and support services to infants, children, women and families with HIV disease. The legislation also contains requirements regarding State matching funds and prohibits supplanting State resources. Beginning in FY 1996 a portion of the Title II appropriation has been, "earmarked" to provide grant funds to States to support their ADAP.

Unmet need for Part B (Title II) has dramatically increased with the introduction of Protease Inhibitors. The last 15 months have recorded significant increases in both demand and expenditure for pharmaceutical assistance through ADAPs in every State. Preliminary actuarial estimates are that Medicare and Medicaid cover the equivalent of 160,000 people with HIV/AIDS, ADAP covers approximately 40,000 people at any one time. This 200,000 is about 40 percent of those who know their serostatus. In 1995 the HICP program assured that 5,700 individuals were covered by health insurance - a critical need. Unmet needs for HICP and consortia services varies by state and services needed. But the numbers served by these programs are less than the number of uninsured in the United States.

Part B (Title II) grantees have achieved good success in serving people of color and women in proportions that significantly exceed their representation in the overall AIDS epidemic; maintaining this high level of response to historically under served groups will remain a priority for the program. Because states have the authority to allocate their funds among service categories, local priorities change from year-to-year. To the extent that they do so, the following estimates may be inaccurate. Similarly, the estimates could be inaccurate as a result of changes in care practices, the cost of providing services, or support for HIV services by other funding sources, among other factors. In addition, limitations in the data available preclude making, or greatly weaken, estimates of need and of the extent of unmet need for many services.

Output Data:

	FY 1997 Enacted	FY 1998 President's Budget	FY 1999 Estimate
HIV Care Grants	54	54	54
State ADAP Grants	52	52	52

HRSA HIV/AIDS Programs

Ryan White CARE Act, Part C (Title III) Early Intervention Services

FY 1997 Enacted	FY 1998 President's Budget	FY 1998 House	FY 1998 Senate	FY 1999 Estimate
BA	BA	BA	BA	BA
$69,568,000	$84,568,000	$72,928,000	$79,568,000	$99,568,000

1999 Authorization.....SSAN

RATIONALE FOR THE BUDGET REQUEST

The $15,000,000 requested increase for FY 1999 includes:

- $10 million in additional funding to allow patients in EIS Programs with HIV disease to receive state-of-the-art clinical care in primary care settings in a timely manner thereby avoiding more expensive emergency and acute care. State-of-the-art clinical care will be provided to PLWH/A already in care in HRSA HIV/AIDS (Ryan White CARE Act) EIS Programs as well as to an additional 4,250 PLWH/A. The funding will be used to provide a continuum of HIV related services including, risk- reduction counseling and testing, partner involvement in risk reduction, transmission prevention, appropriate medical evaluation, and clinical care.

- $4 million in funding will support eight new EIS Programs in areas currently lacking in such resources. With the ever-evolving face of the HIV epidemic, outreach into communities where high-risk behaviors are most prevalent remains an essential component of the HIV care continuum. Additional funding is needed to serve communities with the most alarming growth rates of HIV infection - people of color, women and adolescents. Therefore, outreach efforts to these populations will be expanded in 25 currently funded EIS Programs.

- $1 million in new funding will support new Part C (Title III) EIS Programs in FY 1999, directed to planning grants in rural and under served communities where the HIV/AIDS epidemic is increasing and that currently receive no, or very limited funds from other CARE Act Titles. The HIV epidemic continues to shift from urban areas in the Northeast and West to more rural areas in the South and Midwest. To meet this unmet need, assistance will be provided to selected communities, via planning grants and technical assistance, to help develop the necessary infrastructure to provide HIV services.

Current Estimate of Unmet Need:

The 166 Early Intervention Services (EIS) programs provide comprehensive, primary care services to approximately 85,000 people living with HIV/AIDS in 37 states, the District of Columbia and Puerto Rico. Most (61%) of the EIS

programs are in eligible metropolitan areas; very few are in the rural South and Midwest, areas where the epidemic is shifting. With the advent of effective treatment, the unmet need for early intervention services for people with or at risk for HIV disease is much greater than the current capacity of the HRSA HIV/AIDS (Ryan White CARE Act - Title III) EIS program. During the past 12 months, the demand for services was greater than the capacity of the program. For example, 18 communities which had non-funded EIS programs in FY 1997 (totaling $6,303,000), were unfunded due to the unacceptableness of their applications. To meet some of this unmet need, the preference for funding new Title III/EIS programs in FY 1999 will be to rural and under served communities where the HIV/AIDS epidemic is increasing and that currently receives no (or very limited) HRSA HIV/AIDS (Ryan White CARE Act) Program funds.

Output Data:	FY 1997 Enacted	FY 1998 Pres. Budget	FY 1999 Estimate
Grantees	151	170	190
Clients receiving testing and counseling	320,000	330,000	330,000
Clients receiving primary care services.	87,000	90,000	90,000

HRSA HIV/AIDS Programs

Ryan White CARE Act - Part D(Title IV)- Pediatric AIDS: Women, Children and Youth

FY 1997 Enacted	FY 1998 President's Budget	FY 1998 House	FY 1998 Senate	FY 1999 Estimate
BA	BA	BA	BA	BA
$36,000,000	$40,000,000	$37,720,000	$45,000,000	$40,000,000

1999 Authorization.....SSAN

RATIONALE FOR THE BUDGET REQUEST

In 1996, the last year CDC data are available, women represented 20 percent of adults/adolescents reported with AIDS, greater than the proportion in any previous year. As most HIV-infected women are in the child-bearing age group and perinatal HIV disease is largely preventable, it is imperative that coordinated systems of care continue so that women can be counseled about HIV disease, voluntarily tested and linked to a care system that will maximize a woman's health status and, should she choose to become pregnant, provide access to the latest therapies to prevent perinatal transmission.

Part D (Title IV) programs pull together a wide range of Ryan White and other funded services to coordinate a complex system of family-centered, primary and specialty medical and social support services for children, youth, and women affected by HIV.

Current Estimate of Unmet Need:

Part D (Title IV) serves an estimated 50,000 children, youth, women and families affected by HIV in 27 States, the District of Columbia, and Puerto Rico. Title IV funded projects create a coordinated service network to meet multiple and complex needs, bringing together the various services of Ryan White providers to form a cohesive network for children, youth and families. As women and youth are the fastest growing population infected with HIV and often the most complex to serve, coordination of services for these populations is essential.

Recent leveling off of pediatric AIDS cases belie the challenges facing Part D (Title IV) Projects and other Ryan White programs serving children, women and youth. Women represent 20 percent of new cases of AIDS and recent medical advances can greatly decrease the number of infants infected with HIV. CDC estimates that 7,000 infants are born to HIV-positive women each year. Without identification and prophylaxis, 25-30 percent of the infants could be infected; medical advances have reduced that number in some locations to less than 5 percent. Still, in many communities, primary care and HIV service systems for women are not well developed. By identifying more HIV positive women and linking them to care, Title IV programs are preventing HIV transmission to newborns. The decrease in pediatric AIDS cases also reflects Title IV success in early identification and clinical management of HIV-

infected newborns. Early identification of HIV-exposed infants, with appropriate clinical management and follow-up, allows infected children to live longer and in improved health, with delayed progression to AIDS.

The CDC estimates that half of all HIV infections occur in people less than twenty-five years of age, yet few are in care. Enhanced efforts are needed to identify youth and enroll them in care - Early identification and care could greatly delay progression to clinical illness and AIDS.

Output Data:

	FY 1997 Enacted	FY 1998 Pres. Budget	FY 1999 Estimate
Number of Projects...	59	62	62

HRSA HIV/AIDS Programs

Ryan White CARE Act, Part F: SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

Authorizing Legislation - Section 2691 of the Public Health Service Act.

FY 1997 Enacted	FY 1998 President's Budget	FY 1998 House	FY 1998 Senate	FY 1999 Estimate
BA	BA	BA	BA	BA
$25,000,000	$25,000,000	$25,000,000	$25,000,000	$25,000,000

1999 Authorization: 3 percent of amounts appropriated for Part A, B, C, and D of Title XXVI of the Public Health Service Act not to exceed $25,000,000.

RATIONALE FOR THE BUDGET REQUEST

Grants supported by the SPNS Programs will include:

- delivery of an innovative and integrated HIV service delivery model;
- evaluation of the effectiveness of the models, including their impact on the identification of individuals with HIV, their access to and participation in treatment; and
- outcome measures related to an individuals' health and/or use of support services.

Funding will also be used to develop additional new models of care to meet changes in the HIV epidemic and in the methods for delivering integrated health and supportive care, which is consistent with the SPNS Program's legislative mandate as the research and development component of the HRSA HIV/AIDS (Ryan White CARE Act) Programs. The ultimate goal of the program is to provide grantees within the Ryan White Care Act Titles, with new and innovative models of service delivery which can be adapted to specific service delivery environments.

Current Estimate of Unmet Need:

HRSA, through the Ryan White CARE Act Special Projects of National Significance (SPNS) Program, administers the only Federal program to promote the development and assess the effectiveness of new and innovative models of HIV care. The SPNS Program is the research and development component serving the HRSA HIV/AIDS (Ryan White CARE Act) Programs. Funding is derived from an up to 3 percent tap from Parts A, B, C, and D of the CARE Act (often referred to as Titles I-IV) not to exceed $25,000,000.

SPNS Program initiatives focus on the development and evaluation of innovative models responsive to the needs of the constituencies of all CARE Act Titles, including, but not limited to, women, families, minorities, adolescents, prisoners and ex-offenders, Native Americans, Asians and Pacific Islanders, the homeless, people with mental health and substance abuse concerns, and

people in both urban centers and rural areas. In addition, projects cut across all Titles thematically, focus on issue areas including, but not limited to: managed care, primary health care, infrastructure development, training, and overcoming access barriers.

The unmet need for new HIV service delivery models continues because: a) the populations affected by and the demographics of the HIV epidemic are changing; and b) the health care system is adjusting to numerous changes such as: managed care; the increasing use of new therapies; and the recognition of the needs of dually and multiply diagnosed individuals.

Areas identified for new models of HIV care include:(1) special funding plans or "carve outs" for treating individuals with HIV who are part of managed care systems because of the high costs of HIV care; (2) access to and participation in HIV care for border populations, Native American, adolescents, and populations who historically have lacked access to medical care and are increasingly affected by the HIV epidemic; (3) the delivery of new treatment mechanisms for women, and dually and triply diagnosed individuals with HIV--those with TB, drug use, and other behavioral health problems; (4) the integration of housing with medical and other support services; and 5) rehabilitation services.

Output Data:

	FY 1997 Enacted	FY 1998 Pres. Budget	FY 1999 Estimate
SPNS Grants...	53	53	53

HRSA HIV/AIDS Programs

Ryan White CARE Act, Part F: AIDS Education and Training Centers

Authorizing Legislation - Section 2692(a) of the Public Health Service Act

FY 1997 Enacted	FY 1998 President's Budget	FY 1998 House	FY 1998 Senate	FY 1999 Estimate
BA	BA	BA	BA	BA
$16,287,000	$17,287,000	$17,087,000	$17,287,000	$17,287,000

1999 Authorization.....SSAN

RATIONALE FOR THE BUDGET REQUEST

The request will continue to allow for a comprehensive range of training activities for health care providers throughout the nation. The Program will target its efforts on training within the major HIV/AIDS epicenters in consonance with the service delivery projects mobilized by the Ryan White CARE Act.

The request provides for continued collaboration to provide clinical training and educational resources for providers in community and migrant health centers. The primary care providers that will be trained will have enhanced skills to deliver appropriate care to HIV/AIDS clients and their families within the health center setting which is their usual primary care deliverer.

The request will also fund ongoing methods to meet the need for providers to be kept current in the rapidly evolving science of HIV care.

Current Estimate of Unmet Need:

The National AIDS Education and Training Centers (AETCs) Program is faced with the task of training providers of care for PLWH/A during a period of rapid and profound changes in: treatment modalities, the monitoring of patient health status, and improved treatment effectiveness. New treatments have resulted in a rapid increase in the demand for HIV/AIDS education and training regarding combination drug therapy/protease inhibitors and adherence/compliance issues related to treatment schedules. The demographics of HIV disease transmission has been steadily shifting to populations traditionally under served. These populations include: minorities, substance abusers, adolescents, women and children. HIV/AIDS training programs focusing on the particular needs of these populations are in dire need. As Medicaid populations move into managed systems of care, there is an increased need to train the managed care providers who may lack experience treating HIV/AIDS patients. These new challenges for the AETC Program have resulted in increased demand for AETC training programs, with many requests coming from providers working in Part A (Title I) EMAs and Part C (Title III) Early Intervention Services programs.

There are over 578,000 practicing physicians and 1,627,000 practicing nurses in the United States - most of whom will have some clinical contact with patients living with HIV or AIDS. There are an additional unknown number of physician's assistants, and mental health specialists who need to be knowledgeable regarding the latest therapeutics and treatment regimens. Currently, the AETC network provides training programs to 140,000 health care providers each year on average. These training programs cover a wide range of topics such as adolescents and HIV, the treatment of substance abusers who are infected with HIV, treatment of HIV opportunistic infections, and preventing the vertical transmission of HIV. New HIV/AIDS practice policies are being developed that will almost certainly recommend the use of combination drug therapy including protease inhibitors. These new policies will require the rapid retraining of health care providers, as well as a major information dissemination effort to ensure that all health care providers are aware of the treatment policies. New technologies such as satellite broadcasting and the use of the Internet will also be employed to reach nationwide audiences.

Outputs:

	FY 1997 Enacted	FY 1998 Pres. Budget	FY 1999 Estimate
Number of AETCs.....	15	15	15

HRSA HIV/AIDS Programs

Ryan White CARE Act - Part F - Dental Reimbursements

Authorizing Legislation - Section 2692(b) of the Public Health Service Act.

FY 1997 Enacted	FY 1998 President's Budget	FY 1998 House	FY 1998 Senate	FY 1999 Estimate
BA	BA	BA	BA	BA
$7,500,000	$7,500,000	$7,860,000	$7,500,000	$7,500,000

1999 Authorization.....SSAN

RATIONALE FOR THE BUDGET REQUEST

The request will be used to train dental practitioners to provide health care to HIV infected patients. Awards will be made to an estimated 115 dental schools and hospitals. The Program will continue to encourage new community partnerships with training programs and encourage recipients to seek additional funding support from alternative sources to pay for the costs of unreimbursed dental care.

Current Estimate of Unmet Need:

In FY 1995, 56 institutions, received funds from the HRSA HIV/AIDS (Ryan White CARE Act) Dental Reimbursement Program. The number of institutions grew to 102 in FY 1996, an increase of 82 percent. However, the average award per institution during the same period grew by only 25 percent.

In FY 1996, only 46 percent of unreimbursed costs for dental services provided to HIV/AIDS patients was compensated by this program-representing a substantial decline from two years earlier. In FY 1994 the program paid institutions 63 percent of unreimbursed costs for these patients, while reimbursable dental costs rose by 35 percent in the same period.

The number of HIV/AIDS patient recipients reflects that unreimbursed dental care has increased. The number of patients receiving care increased from 60,200 from July 1992 to June 1993, to 69,000 receiving care between July 1994 to June 1995. This represents a growth of 15 percent in two years and the demand for the program is expected to increase in FY 1997 applications. Current estimates indicate that the number of patients receiving dental care in these institutions will continue to grow for at least the next five years.

Lack of accessible dental services has been cited as one of the top three needs of individuals living with HIV in more than a dozen national and local surveys of both clients and providers of HIV care. Because of the lack of available county and state public health dental clinics, schools of dentistry and hospitals have stepped in to fill the gap.

Output Data:

	FY 1997 Enacted	FY 1998 Pres. Budget	FY 1999 Estimate
Number of Institutions.....	108	113	113
Number of HIV Patients Served...	75,000	81,000	81,000

Department of Health and Human Services
Health Resources and Services Administration
Historical Funding Tables
(Dollars in thousands)

28 Aug-97
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	FY 1989 Actual	FY 1990 Actual	FY 1991 Actual	FY 1992 Actual	FY 1993 Actual	FY 1994 Actual	FY 1995 Actual	FY 1996 Enacted	FY 1997 Enacted	FY 1998 President's Budget	FY 1999 House	FY 1999 Senate	FY 1999 Estimate
HIVS/AIDS:													
Emergency Assistance (Part A - Title I)	$0	$0	$87,831	$121,601	$184,757	$325,500	$356,500	$391,700	$449,943	$454,943	$471,663	$457,943	$466,686
Comprehensive Care Program (Part B - Title II)	0	0	87,831	107,649	115,288	183,897	198,147	260,847	416,954	431,954	560,994	469,954	578,954
Early Intervention (Part C - Title III)	0	10,777	44,891	49,686	47,968	47,968	52,318	56,918	69,568	84,568	72,928	79,568	99,568
Pediatric HIV/AIDS (Part D - Title IV)	0	0	0	0	0	22,000	26,000	29,000	36,000	40,000	37,720	45,000	40,000
Education Training Centers (Part F.II (a)	0	0	0	0	0	0	0	12,000	16,287	17,287	17,087	17,287	17,287
Dental Services (Part F.II (b)	0	0	0	0	0	0	0	6,937	7,500	7,500	7,860	7,500	7,500
Education Training Centers	14,640	14,549	17,029	16,975	16,435	16,435	16,287	0	0	0	0	0	0
AIDS Facilities Renovation	3,903	5,055	4,029	0	0	0	0	0	0	0	0	0	0
Pediatric AIDS Service Demos	7,806	14,803	19,518	19,518	20,897	0	0	0	0	0	0	0	0
HIV Health Service Grants	14,692	17,209	0	0	0	0	0	0	0	0	0	0	0
HIV Drug Reimbursement	0	29,606	0	0	0	0	0	0	0	0	0	0	0
Formula Grants to States for Home Health Care	0	19,737	0	0	0	0	0	0	0	0	0	0	0
Subacute Care Demonstration Projects	0	1,480	0	0	0	0	0	0	0	0	0	0	0
AZT	15,000	0	0	0	0	0	0	0	0	0	0	0	0
Demonstration Project	0	0	0	0	0	0	0	0	0	0	0	0	0
Public Health Emergency Fund	0	0	0	0	0	0	0	0	0	0	0	0	0
Dental Reimbursement Services	0	0	0	0	0	7,000	6,937	0	0	0	0	0	0
Total, HIV/AIDS	$56,041	$113,216	$261,129	$315,429	$385,345	$602,800	$656,189	$757,402	$996,252	$1,036,252	$1,168,252	$1,077,252	$1,209,995
Anti-Drug Abuse Spending:													
Ryan White, Parts A, B, & C	---	---	$13,233	$16,736	$20,881	$33,442	$36,418	$39,448	$46,168	$48,268	$48,395	$47,428	$50,772
Tobacco:													
Consolidated Health Centers	---	---	---	---	---	---	---	---	---	---	---	---	$1,000

Health Resources and Services Administration
Acquired Immune Deficiency Syndrome
Budget Authority

Minority AIDS	FY 1997	FY 1998 President's Budget	FY 1998 House	FY 1998 Senate	FY 1999 Estimate
Early Intervention - Part C Title III	$45,219	$54,969	$47,403	$51,719	$64,719
Pediatric HIV/AIDS - Part D Title IV	36,000	40,000	37,720	45,000	40,000
Total	$81,219	$94,969	$85,123	$96,719	$104,719
Pediatric AIDS					
Pediatric HIV/AIDS - Part D Title IV	$36,000	$40,000	$37,720	$45,000	$40,000
Total Spending					
Total	$996,252	$1,036,252	$1,168,252	$1,077,252	$1,209,995
Spending by Function					
II. Risk Assessment and Prevention:					
C. Information & Education/Preventive Services:					
5. Health-care workers & providers:					
a. Education Training Centers - Part F.II(a)	$16,287	$17,287	$17,087	$17,287	$17,287
IV. Clinical Health Services Research & Delivery:					
A. Services:					
4. AIDS Dental Services - Part F.II(b)	7,500	7,500	7,860	7,500	7,500
6. Emergency Care - Part A Title I	449,943	454,943	471,663	457,943	466,686
7. Comprehensive Care - Part B Title II	416,954	431,954	560,994	469,954	578,954
8. Early Intervention - Part C Title III	69,568	84,568	72,928	79,568	99,568
9. Pediatric HIV/AIDS - Part D Title IV	36,000	40,000	37,720	45,000	40,000
Total	$996,252	$1,036,252	$1,168,252	$1,077,252	$1,209,995

HEALTH RESOURCES AND SERVICES ADMINISTRATION
CROSS CUTTING
(Dollars in Thousands)

	FY 1997 APPROPRIATION	FY 1998 PRESIDENT'S BUDGET	FY 1998 House Action	FY 1998 Senate Action	FY 1999 REQUEST
HIV/AIDS:					
Emergency Relief - Part A	$449,943	$454,943	$471,663	$457,943	$466,686
Comprehensive Care - Part B	416,954	431,954	560,994	469,954	578,954
Early Intervention - Part C	69,568	84,568	72,928	79,568	99,568
Pediatric HIV/AIDS - Part D	36,000	40,000	37,720	45,000	40,000
Education Training Centers - Part F.II(a)	16,287	17,287	17,087	17,287	17,287
Dental Services - Part F.II(b)	7,500	7,500	7,860	7,500	7,500
Total, HIV/AIDS	$996,252	$1,036,252	$1,168,252	$1,077,252	$1,209,995
FUNDING FOR CHILDREN:					
Consolidated Health Centers	$344,864	$349,948	$356,885	$356,885	$391,243
MCH Block Grant	681,000	681,000	685,000	681,000	731,000
Emergency Medical Services for Children	12,493	12,000	13,000	13,000	15,000
Healthy Start	95,982	95,982	95,982	95,982	170,982
Ryan White:					
Early Intervention - Part C	2,783	3,383	2,917	3,183	3,983
Pediatric HIV/AIDS - Part D	36,000	40,000	37,720	45,000	40,000
Family Planning	59,536	61,036	61,036	62,536	65,536
Total, Funding for Children	$1,232,658	$1,243,349	$1,252,540	$1,257,585	$1,417,744
HOMELESS:					
Consolidated Health Centers	$69,345	$70,027	$71,422	$71,422	$78,674
Total, Homeless	$69,345	$70,027	$71,422	$71,422	$78,674
CHILDHOOD & OTHER IMMUNIZATION ACTIVITIES:					
Consolidated Health Centers	$1,600	$1,600	$1,600	$1,600	$1,600
MINORITY HEALTH:					
Direct:					
Consolidated Health Centers	12,911	13,007	13,266	13,266	14,613
Hansen's Disease Cluster	—	1,750	—	—	—
Payment to Hawaii	2,045	—	2,045	2,045	2,045
Grants Community HP Scholarships	532	—	545	—	—
Minority/Disadvantaged H.P. Cluster	—	74,728	—	91,654	—
Centers of Excellence	24,714	—	27,300	—	26,714
Health Careers Opportunities Program	26,779	—	30,000	—	26,779
Loan Repayment for Faculty Services	1,061	—	1,087	—	1,061
Exceptional Financial Need Scholarships	6,006	—	6,153	—	6,006
Financial Assistance for Disadv. HP Students	4,031	—	4,130	—	4,031
Scholarships for Disadvantaged Students	12,137	—	13,715	—	12,137
Nursing Education/Practice Cluster	—	468	—	3,037	—
Nursing Disadvantaged Assistance	3,852	—	3,946	—	3,852
Total Direct, Minority Health	$94,068	$89,953	$102,187	$110,002	$97,238
RURAL HEALTH:					
Consolidated Health Centers	$368,924	$372,539	$379,960	$379,960	$418,539
Black Lung	3,600	1,715	4,500	4,500	3,600
Enhanced Area Health Ed Centers Cluster	—	1,879	—	2,304	—
Rural Health Interdisciplinary Training	4,153	—	4,255	—	4,153
National Health Service Corps Field	21,973	21,973	21,973	21,973	23,743
Rural Health Policy Development	8,713	8,713	8,713	11,713	13,513
Rural Health Outreach Grants	27,796	25,092	27,796	30,092	28,092
State Offices of Rural Health	3,000	3,000	—	3,000	3,200
Total, Rural Health	$438,159	$434,911	$447,197	$453,542	$494,840
ANTI-DRUG ABUSE SPENDING:					
Ryan White, Part A, B, & C (Excluding ADAP Earmark)	$46,168	$48,268	$48,395	$47,428	$50,772
Total, Anti-Drug Abuse Spending	$46,168	$48,268	$48,395	$47,428	$50,772

HEALTH RESOURCES AND SERVICES ADMINISTRATION
CROSS CUTTING
(Dollars in Thousands)

	FY 1997 APPROPRIATION	FY 1998 PRESIDENT'S BUDGET	FY 1998 House Action	FY 1998 Senate Action	FY 1999 REQUEST
PROGRAMS FOCUSED ON WOMEN'S HEALTH:					
Direct:					
Service - Access to health care:					
MCH Block - Services	$183,886	$183,886	$184,966	$183,886	$197,387
Healthy Start	95,982	95,982	95,982	95,982	170,982
Pediatric HIV/AIDS - Part D	18,000	20,000	18,860	22,500	20,000
MCH Health Promotion	215	215	215	215	240
MCH Research	734	734	734	734	822
MCH Training	1,377	1,377	1,377	1,377	1,542
MCH Education & Service	694	500	500	500	560
MCH Community integrated services	9,962	10,328	10,838	10,109	16,703
	310,850	313,022	313,473	315,304	408,238
Education - Access to health care					
BHPr:					
Nursing Education/Practice Cluster	—	126 1/	—	821	—
Nurse Practitioner/Nurse Midwife	1,037	—	1,063	—	1,037
Policy & Education - Access to health care					
Advance Nurse Education	280	—	287	—	280
Nursing Education/Practice Cluster	—	34	—	222	—
HRSA Women's health issues coordination activity	200	200	200	200	200
Family Planning	198,452	203,452	203,452	208,452	218,452
Total, Women's Health	510,820	516,801	517,125	524,777	628,208
AMERICAN INDIAN/ALASKAN NATIVE:					
Consolidated Health Centers	$3,984	$4,023	$4,104	$4,104	$4,523
NHSC Recruitment Program	376	376	414	376	411
National Health Service Corps Field	186	186	186	186	201
Minority/Disadvantaged H.P. Cluster	—	1,278	—	1,572	—
Centers of Excellence	1,000	—	1,224	—	1,173
Enhanced AHEC Cluster	—	110	—	134	—
Health Education and Training Centers	231	—	236	—	231
MCH Block Grant (SPRANS)	319	316	346	336	354
Healthy Start	4,992	2,127	2,127	2,127	6,027
Rural Health Cluster	—	354	—	—	—
Rural Health Outreach Grants	1,549	—	1,549	1,642	1,561
Family Planning	701	609	718	736	771
Ryan White					
Early Intervention - Part C	180	200	189	225	200
Pediatric HIV/Aids - Part D	—	100	—	—	—
Total, American Indians/Alaska Natives	$13,516	$9,678	$11,093	$11,437	$15,453
INFANT MORTALITY:					
Consolidated Health Centers	$275,622	$278,333	$283,877	$283,877	$312,701
NHSC Recruitment Program	25,932	25,932	28,551	25,932	28,347
National Health Service Corps Field	12,849	12,849	12,849	12,849	13,884
Nursing Education/Practice Cluster	—	687	—	4,461	—
Nurse Practitioner/Midwife	5,638	—	5,776	—	5,638
MCH Block Grant	220,439	221,589	223,649	221,737	241,706
Healthy Start	95,982	95,982	95,982	95,982	170,982
Rural Health Outreach Grants	9,589	10,148	11,242	12,170	11,361
Ryan White:					
Early Intervention - Part C	24,001	29,176	25,160	27,451	34,351
Pediatric HIV/Aids - Part D	36,000	40,000	37,720	45,000	40,000
Family Planning	198,452	203,452	203,452	208,452	218,452
Total, Infant Mortality	$904,504	$918,150	$928,257	$937,912	$1,077,423

HEALTH RESOURCES AND SERVICES ADMINISTRATION
CROSS CUTTING
(Dollars in Thousands)

	FY 1997 APPROPRIATION	FY 1998 PRESIDENT'S BUDGET	FY 1998 House Action	FY 1998 Senate Action	FY 1999 REQUEST
PREVENTION ACTIVITIES					
MCH Block Grant	$681,000	$681,000	$685,000	$681,000	$731,000
Consolidated Health Centers	276,693	279,404	284,970	284,970	313,904
H.P. Workforce Development Cluster	---	---	---	---	---
National Health Service Corps Field	12,849	12,849	12,849	12,849	13,884
NHSC Recruitment Program	25,932	25,932	28,551	25,932	28,347
Nursing Education/Practice Cluster	---	823	---	5,406	---
Nurse Practitioner/Midwife	6,832	---	7,000	---	6,832
Healthy Start	95,982	95,982	95,982	95,982	170,982
Ryan White:					
Early Intervention - Part C	24,001	29,176	25,160	27,451	34,351
Pediatric HIV/Aids - Part D	12,420	13,800	13,013	15,525	13,800
Education Training Centers - Part F.II(a)	2,723	2,890	2,857	2,890	2,890
Family Planning	198,452	203,452	203,452	208,452	218,452
Total, Prevention Activities	$1,336,885	$1,345,308	$1,358,835	$1,360,459	$1,534,444
VIOLENCE SPENDING:					
Training Activities	$200	$200	$200	$200	$200
Violence Prevention Demonstrations	600	600	600	600	600
Total, Violence Spending	$800	$800	$800	$800	$800

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U.S. Department of Health & Human Services

HRSA

Health Resources & Services Administration

Fiscal Year 1999

JUSTIFICATIONS OF BUDGET ESTIMATES TO OMB