

FOIA MARKER

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Correspondence - Todd Summers - Incoming - 10/98

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Rochester Area Task Force on AIDS, Inc.

Finger Lakes Health Systems Agency
1150 University Avenue
Rochester, NY 14607
Phone 716-461-3520 Fax 716-461-0997
TTY 716-461-4075

October 21, 1998

Todd Summers
Deputy Director, National AIDS Policy
Office of National AIDS Policy
736 Jackson Place
Washington, DC 20503

Dear Mr. Summers:

Thank you for your offer to meet with members of the Ryan White CARE Network. You are confirmed for Monday, November 23 from 3-5 p.m.

We will be in touch with you regarding the specifics of your presentation. We look forward to meeting and working with you.

Sincerely,

Michael Beatty
KB

Michael Beatty
Chair, Rochester Area Task Force on AIDS

\\Kathie\c\KP\RATFA\CORRESP\summersmich.wpd

Bill Prichard
AIDS Rochester
(716) 442-2220

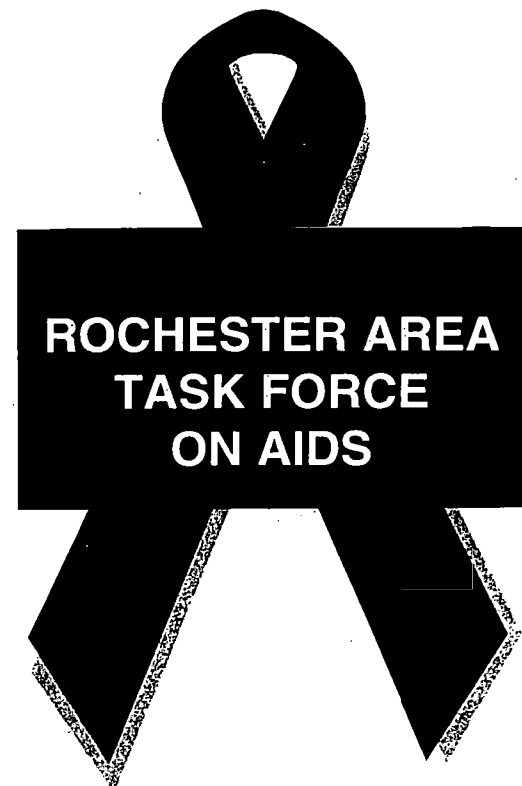
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MEMBER AGENCIES:

Act Up - Rochester
 Action for a Better Community
 AIDS Regional Training Center
 AIDS Rochester, Inc.
 American Red Cross/Rochester Monroe
 County Chapter
 Anthony L. Jordan Health Center
 Arnot-Ogden Medical Center
 Baden Street Settlement
 Boys & Girls Club of Rochester
 Blue Cross/Blue Shield
 Burdick House
 Canandaigua VA Medical Center
 Catholic Charities
 Catholic Family Centers RESTART
 Substance Abuse Service
 Chemung County AIDS Task Force
 Chemung County Health Department
 Community Health Network
 Condom Sense
 Coordinated Care Services
 Crestwood Children's Center
 Critical Care Associates
 Deaf AIDS Core
 Discovery Huther Doyle
 East House Corporation
 Eastman Dental Center
 Elisha House
 Episcopal Diocese of Rochester
 Family Service of Rochester
 Finger Lakes Developmental Disabilities
 Services Office
 Finger Lakes Family Care
 Finger Lakes Health Systems Agency
 Gay Alliance of the Genesee Valley
 Genesee Mental Health Center
 Genesee Region Home Care
 Genesee Valley BOCES
 Greater Rochester AIDS Interfaith Network/AIDS
 Remembrance Garden
 HCR
 Helping People with AIDS, Inc.
 Highland Family Medicine
 Hillside Children's Center
 House of John
 Ibero-American Action League
 Isaiah House
 Jewish Family Service
 Kids Adjusting Through Support
 LaDelfa's Adult Home
 Livingston County Health Department
 Livingston County AIDS Task Force
 LUCES
 Mary Cariola Children's Center
 Mary M. Gooley Hemophilia Center

Monroe Community College
 Monroe Community Hospital
 Monroe County Dental Society
 Monroe County HIV/STD Coordination Project
 National Ambulance and Home Care
 National Association of Social Workers
 Norrell Health Care
 Nursefinders
 NutriSmart, Inc.
 Ontario County AIDS Task Force
 Park Ridge Chemical Dependency Program
 Perinatal Network of Monroe County
 Planned Parenthood of Rochester and the
 Genesee Valley
 Preferred Care
 Puerto Rican Youth Development and
 Resource Center
 R.A.P.P. for Youth
 Rochester Center for Independent Living
 Rochester Institute of Technology-
 Student Health Services
 Rochester Psychiatric Center
 Rural Opportunities, Inc.
 Rushville Health Center
 Saint John Fisher College-Department of Nursing
 Saint Mary's Hospital
 Salvation Army
 Seneca County AIDS Task Force
 Schuyler County AIDS Task Force
 Sisters of Mercy
 Steuben County AIDS Task Force
 Strong Memorial Hospital AIDS Center
 SUNY Genesee
 The Genesee Hospital
 The Health Association MAIN QUEST
 Threshold Center for Youth Services
 United Cerebral Palsy
 United Way of Greater Rochester
 University of Rochester
 Unlimited Care, Inc.
 Via Health Home Care Inc.
 Visiting Nurse Service of Rochester and Monroe
 County
 Volunteer Legal Service Project/Monroe County
 Volunteers of America of Western New York
 Wayne County AIDS Task Force
 Westside Health Services
 Yates County AIDS Task Force
 Yates County Family Planning
 Youth Emergency Services
 YWCA Steppingstone Drug Program

 Ex Officio: New York State Department of Health
 AIDS Institute



FINGER LAKES HEALTH SYSTEMS AGENCY
 1150 University Avenue
 Rochester, New York 14607
 Phone No. 716-461-3520 FAX No. 716-461-0997
 TTY No. 716-461-4075
 FLHSA@frontiernet.net

THE STATISTICS:

More than 5,000 residents of the Finger Lakes region are living with HIV/AIDS.*

Of the newly diagnosed cases:

- more than 1/2 are African American or Latino;
- more than 1/3 are women;
- over 1/2 are intravenous drug users;
- over 1/3 are men who have sex with men; and
- nearly 20% acquired HIV through heterosexual contact.

More than 1,000 children in the region are affected by one or both parents having HIV.

MISSION STATEMENT:

The Rochester Area Task Force on AIDS (RATFA) is a network of People Living With HIV/AIDS (PWAs), people affected by HIV and service providers committed to the development of comprehensive HIV services in the nine county Rochester region. RATFA members believe that availability and accessibility to a full range of HIV services are essential for people living with HIV/AIDS.

OBJECTIVES:

RATFA seeks to:

- >>Monitor trends in the epidemic.
- >>Promote coordinated health and social service programs for people infected and affected by HIV.
- >>Provide a forum for networking and coordination among PWA and HIV-related service providers.
- >>Empower PWAs to be full partners in their own care, in policy setting, in service development, and in community prevention activities.
- >>Encourage PWAs, those affected by HIV, and providers to speak out on community needs.
- >>Prepare AIDS Service Delivery Plans to guide service development.
- >>Promote prevention initiatives throughout the community.

RATFA agencies provide health care services, support services, chemical dependency treatment, information, referrals, prevention and education to those with HIV/AIDS, to those at risk of HIV, and to their families and loved ones.

RATFA analyzes AIDS-related policy and allows member agencies to speak with one collective voice on many health and social service issues—thus it plays a role in policy and funding decisions at the state level.

ORGANIZATION:

RATFA monthly meetings include presentations on topics selected by the membership for their relevance to PWAs and service providers.

RATFA members are encouraged to participate on standing committees and workgroups. These groups are where the work of the organization begins. They include:

RATFA's fourteen member Executive Committee: ensures the integration of the committees' work around our core mission and annual workplan.

Consumer Advisory Council: seeks to empower PWAs to be full partners in their health care; educated about available services and opportunities to enhance their lives; and articulate about public policy related to HIV. CAC serves as an advisory body to RATFA on service and policy matters that affect people with HIV.

Community Awareness Committee: identifies current public policy issues that will affect PWAs and service providers; develops policy positions, mobilizes the network and coalition partners to influence public policy and funding for HIV/AIDS.

Services Committee: identifies problems in the service delivery system and recommends needed changes; provides a forum for: interagency case conferencing, support and continuing education of service providers, and enhancing HIV case management practice.

Prevention Committee: develops education standards and strategies to assure access to high quality prevention services; promotes the need for continued community-based HIV prevention programs; provides a forum for support and continuing education to providers of prevention services.

MEMBERSHIP:

People with HIV/AIDS are strongly encouraged to join us—this input is crucial to the efforts of RATFA.

To become part of RATFA: submit a letter of interest to RATFA Coordinator, Finger Lakes Health Systems Agency, 1150 University Avenue, Rochester, NY 14607, or call 461-3520 (voice) or 461-4075 (TTY) for more information.

RATFA's Executive Committee will review your letter and make a recommendation to the membership on your acceptance. Agencies and individuals are encouraged to contribute \$25 annually to support RATFA activities. *No one will be denied membership due to inability to pay.*

* Sources: Rochester Area Task Force on AIDS Services Plan

RATFA is the designated Ryan White HIV CARE Network for the Rochester region.

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Critical Care Associates
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Elisha House
Episcopal Diocese of Rochester
Family Service of Rochester
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Ex Officio: New York State Department of Health
AIDS Institute



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* Sources: Rochester Area Task Force on AIDS Services Plan

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Conference Planning Committee

LaSharon Haskins, Co-chair
The Health Association, Main Quest

Wm. Trent Royster, Co-chair
AIDS Rochester, Inc.

Don Bruner
Action Front Center

Elisa DeJesus
Ibero-American Action League, Inc.

Eric Jenerson
Rochester Center for Independent Living

Adrienne Morgan
Via Health

Darla Ostrum
Via Health Home Care, Inc.

Zestean Smith

Shappelle Thompson

Lynn Varricchio
Rochester Area Task Force on AIDS



For further information contact:
Lynn Varricchio or Kathie Pierce at the
Rochester Area Task Force on AIDS
Voice (716) 461-3520
Fax# (716) 461-0997
TTY# (716) 461-4075

Hotel Phone No. (716) 546-6400

THANKSGIVING
EMPOWERMENT
GRATITUDE

5th Annual
WAYS OF HOPE
CONFERENCE

Friday, November 13, 1998

9:00 A.M.-4:30 P.M.

Four Points Sheraton Hotel
120 Main Street East
Rochester, NY 14604

A day of speakers and workshops
focusing on HIV/AIDS in
the African American
and Latino communities.

Presented by:
Rochester Area Task Force on AIDS
In conjunction with Statewide Black and
Puerto Rican/Latino Substance Abuse Task Force



Rays of Hope is a conference that focuses specifically on HIV/AIDS Issues in the African American and Latino communities. The disproportionate impact the virus has had on these communities warrants our serious attention. Everyone is welcome and encouraged to attend.

Keynote Speaker

Dr. Ednita M. Wright, Ph.D., C.S.W., CAC., is an Assistant Professor at Syracuse University's School of Social Work. She has worked in the addiction field for over twenty years and has consulted nationally and internationally on issues of cultural diversity, addiction, domestic violence, HIV/AIDS, and infant mortality. Dr. Wright currently is interested in the coping strategies of African American women living with AIDS and spirituality in Social Work practice.

SCHEDULE OF EVENTS

REGISTRATION/CONTINENTAL BREAKFAST/VIEW EXHIBITS
9:00 a.m. - 9:55 a.m.

WELCOME ADDRESS

10:00 a.m. - 10:15 a.m.

*Honorable William Johnson,
Mayor, City of Rochester*

*Gladys Santiago, Vice President, City Council
Sr. Vice President, Ibero-American Action League, Inc.*

KEYNOTE SPEAKER

10:15 a.m. - 11:00 a.m.

*Dr. Ednita M. Wright Ph.D., C.S.W., CAC
Gratitude and Empowerment*

Disclaimer: All presentations reflect the opinions of the speakers and do not represent policy positions of RATFA.

WORKSHOPS

11:15 a.m. - 12:30 p.m.

a) THE LATINO FAMILY AND HIV/AIDS

MODERATOR: RODOLFO RIVERA, ACTION FRONT CENTER

- ♦ The current status of the Latino family as it relates to HIV/AIDS: our present reality, children's issues, and a discussion about strategies addressing the needs of the Latino family.

b) THE HOW TO'S OF WORKING WITH SUBSTANCE ABUSERS WHO HAVE HIV/AIDS.

MODERATOR: LOGAN LEWIS, MSW, CASAC; PRESIDENT, APPLE, INC.

- ♦ Learn the attitudes and beliefs of the HIV+ substance abuser. Learn how to work through the denial mentality which adversely affects the client's ability to: accept the possibility of exposure to the virus; accept appropriate social support systems; and manage his/her health.

c) POSITIVELY ALIVE/WOMEN LIVING WELL WITH HIV/AIDS

MODERATOR: CATHY LITTLE, POSITIVELY ALIVE

- ♦ *Are you Empowered?* Do you want to be? Here is a good place to start to get the most you can get, to be the best you can be.....Positively Alive Women.

~LUNCH / ENTERTAINMENT~

12:30 p.m.-2:00 p.m.

WORKSHOPS

2:15 p.m. - 3:30 p.m.

a) WHEN SOMEONE WE LOVE HAS HIV/AIDS

MODERATOR: ADRIENNE MORGAN, VIA HEALTH

- ♦ Learn from a panel of affected persons who will share coping experiences and challenges they faced with their infected loved ones.

b) GENDER ROLE & SEXUAL RISKS FOR GAY MEN OF COLOR

MODERATOR: DARRELL P. WHEELER, Ph.D., M.P.H., COLUMBIA UNIVERSITY

- ♦ Explore the factors influencing gender role and sexual risk for gay men of color. The workshop is designed to specifically address the biopsychosocial needs of gay men of color to reduce their sexual risk for HIV/STD infection, violence and sexual abuse.

c) PWA EMPOWERMENT SESSION

MODERATORS: LUIS LESPIER & DEBORAH ELLERBEE

- ♦ A rap session for people living with HIV/AIDS (HIV+ Individuals only.)

PANEL DISCUSSION

People Living with HIV/AIDS

3:30 p.m. - 4:15 p.m.

CLOSING REMARKS

Ms. Betty Tyson

4:15 p.m. - 4:30 p.m.

REGISTRATION FORM

Registration fee includes continental breakfast, lunch, workshops and conference materials. (Please Print)

Name: _____

Address: _____

_____ Zip: _____

Phone# _____

Affiliation (if any) _____

WORKSHOPS

(Select 1st and 2nd choice in each session)

Session One:

- _____ The Latino Family and HIV/AIDS
- _____ How To's of Working with Substance Abusers who have HIV/AIDS
- _____ Positively Alive/Women Living Well with HIV/AIDS

Session Two:

- _____ When Someone We Love has HIV/AIDS
- _____ Gender Role & Sexual Risk for Gay Men of Color
- _____ PWA Empowerment Session

Registration Fees

\$40.00 General Registration
\$20.00 People Living With HIV/AIDS

After 11/1/98:

\$45.00 General Registration
\$30.00 People Living With HIV/AIDS

Scholarships are available to PLWA/PLWHIV.
(First preference given to HIV+ persons in the Finger Lakes region.)
Sign Language and Spanish Interpreters available upon request.
All request must be received by 11/01/98. For information call
Kathie Pierce at 716-461-3520.

Support for Scholarships has been made through a generous grant from Helping People with AIDS.

Make checks payable to:

Rochester Area Task Force on AIDS
c/o Kathie Pierce
Finger Lakes Health Systems Agency
1150 University Avenue
Rochester, NY 14607

ATTN: MR. TODD A. SUMMERS

FAX TRANSMISSION

FAX NO: (202)456 2438
FROM : ASHOK PILLAI, INDIA
TO : TODD A. SUMMERS

DATE: 17/10/98

TOTAL NO. OF
PAGES - ONE

REF: DALLAS CONFERENCE

Dear Todd,

RECD. YR LETTER TODAY AND I AM VERY HAPPY TO SEE THAT YOU UNDERSTOOD THAT I DON'T HAVE ACCESS TO E-MAIL RIGHT NOW!

I WAS WAITING TO HEAR FROM RON, BUT....! AS YOU KNOW TO GET VISA I NEED AN INVITATION LETTER, SPONSORSHIP AND AIR TICKETS. THEREFORE, EVEN THOUGH I AM WILLING TO COME, MY PARTICIPATION DEPENDS A LOT ON RON'S MOVE.

I WOULD BE GRATEFUL IF YOU CAN PUSH THINGS FROM THERE! I NEED TO GET THESE THINGS BEFORE 23RD OR 24TH (AM I RIGHT?!) TO APPLY FOR VISA IN TIME. YOU MAY ARRANGE TICKETS THROUGH PTA, AND INVITATION LETTER CAN BE SENT TO ME THROUGH FAX. YOU CAN USE NAZ FOUNDATION, NEW DELHI ADDRESS FOR COMMUNICATION, AS NEW DELHI IS NEAR TO MY PLACE AND I CAN TAKE FLIGHT FROM THERE. NAZ FOUNDATION'S TEL NO IS 91-~~011~~-6851971 AND FAX NO IS - 91-011-6859113 011

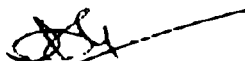
I WILL WRITE A LONG LETTER SOON!

IF YOU HAPPEN TO SEE THIS MESSAGE TODAY KINDLY REPLY IMMEDIATELY SO THAT I CAN REST ASSURE THAT YOU GOT MY MSG.

MY FAX NO. IS - 91-0581-472758

WITH LOVE

ASHOK PILLAI





Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

October 15, 1998

Todd Summers
White House Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Mr. Summers:

I invite you to attend a meeting on Tuesday, November 10, at the Sheraton Colony Square Hotel, 188 14th Street, N.E., Atlanta, GA 30361 to continue planning for the 1999 National HIV Prevention Conference. This conference, scheduled for late August 1999, will provide a venue for sharing new prevention approaches and research findings among governmental, community, and academic partners in HIV prevention. The purpose of our November meeting is to review and provide input into plans that have been developed to date regarding conference format and content. The meeting will begin at 9:00 a.m. and end at 4:30 p.m. Please make your travel plans to allow you to attend the entire meeting.

We have reserved a block of sleeping rooms at the Sheraton Colony Square Hotel for the night of Monday, November 9. Please call the hotel at (404) 892-6000 before **October 23** to confirm your reservation with a credit card. The room rate is \$85.08 plus tax. A hotel fact sheet is enclosed.

Please call Karen Turner-Abubakar at (404) 639-2918 to confirm your attendance at this planning meeting. If you are unable to attend, you may send a representative in your place.

I look forward to meeting with you.

Sincerely,

Ronald O. Valdiserri, M.D., M.P.H.
Deputy Director
National Center for HIV, STD, and TB
Prevention

Cc:
Dr. Kevin DeCock
Ms. Sue Dietz
Dr. David Holtgrave
Dr. Helene Gayle

Enclosures

FACT SHEET

LOCATION: The Sheraton Colony Square Hotel is located in the heart of Midtown, Atlanta's art and business district. It is only 5 minutes from downtown, 20 minutes to Hartsfield Atlanta International Airport. MARTA (mass transit) is just one block away.

ACCOMMODATIONS: The Sheraton offers 467 beautifully appointed guestrooms - 27 one-bedroom suites, 3 deluxe suites. These rooms feature in-room coffee makers, iron and ironing boards, remote control cable television and in-room movies; telephone voice mail and dataports.

Also featured are 2 levels of beautifully appointed Concierge Rooms. These rooms offer upgraded amenities, private elevator access, with complimentary American breakfast in the morning and hors d'oeuvres each afternoon. Non-smoking rooms are available.

RESTAURANTS AND LOUNGES: The Sheraton Colony Square Hotel welcomes you to its 14th Street Bar and Grille featuring American cuisine. Enjoy our bountiful breakfast and lunch buffet.

Hours of Operation: 6:30 am-11:00 am	Breakfast
11:30 am - 2:00 pm	Buffet Lunch
2:30 pm - 5:30 pm	Light Fare Menu
5:30 pm - 10:00 pm	Dinner
10:00 pm - Midnight	Light Fare Menu

The "Lobby Bar" is open 4 - 10 pm daily.

CONFERENCE BANQUET FACILITIES: The hotel offers over 36,000 square feet of meeting and banquet space. The Crown Room at the top of the hotel offers one of the most magnificent views of the city.

The Ballroom can comfortably seat 800 people for a banquet.

The Southern Conference Center is sanctioned by IACC as one of the best conference centers in Atlanta.

HEALTH AND RECREATION FACILITIES: The Sheraton features a fitness center - complimentary to our guests - and a seasonal outdoor pool and sundeck located on the 5th floor.

OTHER AMENITIES: Valet service, secured underground parking and a mini-mall complex, concierge, safe deposit boxes, business center.

ATLANTA, GEORGIA



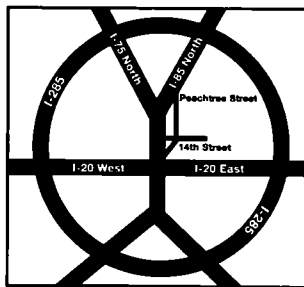
Sheraton Colony Square

HOTEL
MIDTOWN ATLANTA

ITT Sheraton

PEACHTREE AND 14TH STREETS • ATLANTA, GA
(404) 892-6000 • (800) 325-3535 • FAX: (404) 876-3276

Owned and operated by Starwood Lodging Corporation



DIRECTIONS: From Hartsfield International Airport: Take I-85 north through downtown Atlanta. Exit at 14th Street, turn right and go three blocks to Peachtree Street. Entrance to hotel is on the left just beyond the traffic light at Peachtree Street.

NEARBY ATTRACTIONS:

- | | |
|--|--------------------------|
| ■ Atlanta Botanical Gardens | ■ Piedmont Park |
| ■ Atlanta Cyclorama | ■ SciTrek Museum |
| ■ CNN Center | ■ Six Flags Over Georgia |
| ■ Fernbank Science Center | ■ Stone Mountain |
| ■ Georgia State Capitol | ■ Turner Field |
| ■ High Museum of Art | ■ Underground Atlanta |
| ■ Jimmy Carter Presidential Library & Museum | ■ Woodruff Arts Center |
| ■ Margaret Mitchell House | ■ The World of Coca-Cola |
| ■ Martin Luther King, Jr. Historic District | ■ Zoo Atlanta |

For reservations at any of our Sheraton Hotels or Resorts worldwide, call toll-free: 800-325-3535 in the USA and Canada, or contact your nearest Sheraton Hotel or Reservations Office, or call your travel agent.

For a free ITT Sheraton Worldwide Directory, write
ITT Sheraton Directory, Sixty State Street, Boston, MA 02109 USA



105th Congress

OFFICERS

Maxine Waters
 Chair

Earl Hilliard
 First Vice Chair

Eddie Bernice Johnson
 Second Vice Chair

Corrine Brown
 Secretary

Sheila Jackson Lee
 Whip

MEMBERS

U.S. House of Representatives

John Conyers, Jr., MI - '65
 William Clay, MO - '69
 Louis Stokes, OH - '69
 Ronald V. Dellums, CA - '71
 Charles B. Rangel, NY - '71
 Julian C. Dixon, CA - '79
 Major R. Owens, NY - '83
 Edolphus Towns, NY - '83
 Floyd Flake, NY - '87
 John Lewis, GA - '87
 Donald M. Payne, NJ - '89
 Eleanor Holmes-Norton, DC - '91
 William Jefferson, LA - '91
 Maxine Waters, CA - '91
 Eva Clayton, NC - '92
 Sanford Bishop, GA - '93
 Corrine Brown, FL - '93
 Jim Clyburn, SC - '93
 Alcee Hastings, FL - '93
 Earl Hilliard, AL - '93
 Eddie Bernice Johnson, TX - '93
 Cynthia McKinney, GA - '93
 Carrie Meek, FL - '93
 Bobby Rush, IL - '93
 Robert C. Scott, VA - '93
 Melvin Watt, NC - '93
 Albert Wynn, MD - '93
 Bennie G. Thompson, MS - '93
 Chaka Fattah, PA - '95
 Sheila Jackson Lee, TX - '95
 Jesse Jackson, Jr., IL - '95
 Juanita Millender-McDonald, CA - '96
 Elijah Cummings, MD - '96
 Julia M. Carson, IN - '97
 Donna Christian-Green, VI - '97
 Danny K. Davis, IL - '97
 Harold E. Ford, Jr., TN - '97
 Carolyn Kilpatrick, MI - '97

U.S. Senate

Carol Moseley-Braun, IL - '93

Congressional Black Caucus

Congress of the United States

2344 Rayburn Building • Washington, DC 20515 • (202) 225-2201

F A X C O V E R

Date:

10/26

Pages to follow:

10

To:

Todd Summers

Fax to: (

) 456-2438

Telephone: (

) 456-2444

From:

Donna Crews

Message:

HHS list as
 promised

CONFIDENTIAL AND PRIVILEGED INFORMATION

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National Minority AIDS Council
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HHS-IGA PROPOSED INVITEES FOR CBC RESPONSE EVENT**Suggested Invitees**

Yvonne Brathwaite Burke
Chair, Los Angeles County Board of Supervisors

John Stroger
President, Cook County

Emanuel Cleaver
Mayor of Kansas City, Missouri

Dennis Archer
Mayor of Detroit, Michigan

Alex Panellas
Mayor of Dade County, Florida

Alternates

Michael Hightower
Commissioner, Fulton County, Georgia

Michael White
Mayor of Cleveland, Ohio

Sharpe James
Mayor of Newark, New Jersey

Doug Palmer
Mayor of Trenton, New Jersey

Marc Morial
Mayor of New Orleans, Louisiana

Lee Brown
Mayor of Houston, Texas

Wellington Webb
Mayor of Dallas, Texas

Alternates (continued)

Elihu Harris
Mayor of Oakland, California

Willie Brown
Mayor of San Francisco, California

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

**MEMORANDUM FOR SANDRA THURMAN, DIRECTOR AND
TODD SUMMERS, DEPUTY DIRECTOR, OFFICE OF NATIONAL
AIDS POLICY**

FROM: Daniel C. Montoya, Executive Director 

RE: Letter to the President Addressing FY 2000 Budget

Attached is the letter to the President from the Presidential Advisory Council on HIV/AIDS dated October 28, 1998. The letter addresses the Council's concern over the FY 2000 Budget.

Please transmit this letter to the President.

Thank you.

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

October 28, 1998

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20503

Dear Mr. President:

As members of your Advisory Council on HIV/AIDS, we are writing to request that you include in your FY 2000 budget a request to Congress for increased funding for the full HIV/AIDS portfolio.

Thanks to your strong support for increased HIV/AIDS funding, as well as the leadership of the House and Senate Appropriations Committees and Congressional Black Caucus members, the omnibus spending agreement signed into law last week includes substantial increases in HIV/AIDS funding for FY 1999. We want to thank you and others in your Administration who advocated for this funding, which, as you know, includes for the first time ever, more than \$110 million in dedicated funding to address HIV/AIDS among African-Americans. We specifically want to thank you for using the visibility and leadership of your office to bring attention to the HIV/AIDS crisis facing communities of color and to urge a renewed national response to fighting the epidemic.

As the growing toll of this epidemic continues to fall disproportionately upon people of color, and historically disenfranchised communities, the nation's financial investment in preventing new infections, caring for those who are living with HIV disease and research must remain vigilant. Despite dramatic progress in reducing the number of AIDS-related deaths, African-Americans, Latinos and other communities of color are not experiencing comparable levels of reduction. These communities, which also have disproportionately high rates of most other chronic diseases, must be targeted with increased resources if we are to achieve your goal of ending racial and ethnic disparities in health outcomes.

As you finalize your FY 2000 budget request to Congress, we urge that you build upon this considerable momentum. As you know, the impact of HIV disease on our nation cannot be rectified or mitigated in a single year or even a few years. In response to the fact that HIV/AIDS is a long-term crisis, which requires a sustained investment, we ask that your FY 2000 budget reflect a commitment to further expand financial support for federal HIV care and treatment, housing, prevention, research and international efforts.

The Honorable William Jefferson Clinton
October 28, 1998
Page Two

- Absent a cure or vaccine, well-targeted and sustained HIV prevention programs and guaranteed access to substance abuse treatment for those who request it are our best hope for stemming the tide of new infections. As you know, the majority of the estimated 40,000 HIV new infections each year are among people of color, gay and bisexual men, and injection drug users and their partners. We request your support for an overall increase in HIV prevention funding at the Centers for Disease Control and Prevention, as well as your support for targeted programs for Latinos and other communities of color, using the African-American initiative as a model.
- Recent federal statistics that show a 47% decline in AIDS-related deaths between 1996 and 1997, demonstrate that ensuring access to health care and HIV drug treatments saves thousands of lives each year. Both the CARE Act (including the AIDS Drug Assistance Program) and Medicaid programs will continue to play a strong role in such successes, and we urge your continued support for full funding and increased access to both programs.
- By stabilizing individuals' lives and facilitating access to consistent care, HIV support services such as those funded through the CARE Act and Housing Opportunities for People with AIDS program improve both the overall health outcomes and quality of life of people living with HIV disease.
- We applaud your commitment to continued increases in funding for the National Institutes of Health, including HIV/AIDS research coordinated through the Office of AIDS Research. The Council is particularly gratified that Dr. Neal Nathanson, Director of the Office of AIDS Research, has identified vaccine development as the nation's number one AIDS research priority, and we strongly urge that substantial new funding be directed toward this global public health imperative. The Council reiterates its strong support for research on microbicides.
- Finally, the United States must continue to play a leadership role in global HIV prevention and treatment efforts, both by sharing its expertise, as well as through its increased financial support for international HIV programs funded through the U.S. Agency for International Development.

Each of the federal programs identified above is critical to the nation's comprehensive approach to HIV/AIDS. Thank you for your consideration of our request.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Scott Hitt", with a long horizontal flourish extending to the right.

R. Scott Hitt, M.D.
Chair

Presidential Advisory Council on HIV and AIDS

Stephen N. Abel, DDS
Mr. Terje Anderson
Ms. Regina Aragon
Ms. Judith Billings
Mr. Charles Blackwell
Mr. Nicholas Bollman
Jerry Cade, MD
Lynne M. Cooper, D. Min.
Rabbi Joseph Edelheit
Mr. Robert Fogel
Ms. Debra Fraser-Howze
Ms. Kathleen Gerus
Ms. Phyllis Greenberger
Nilsa Gutierrez, MD
Mr. Bob Hattoy
Mr. B. Thomas Henderson
R. Scott Hitt, MD, Chair
Michael Isbell, JD
Mr. Ronald Johnson
Mr. Jeremy Landau
Alexandra Mary Levine, MD
Mr. Steve Lew
Mr. Miguel Milanes
Ms. Helen Miramontes
Rev. Altagracia Perez
Michael Rankin, MD
Mr. H. Alexander Robinson
Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

October 28, 1998

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

Todd Summers
Deputy Director
Office of National AIDS Policy
The White House
Washington, D.C. 20503

Dear Mr. Summers:

On behalf of the Presidential Advisory Council on HIV and AIDS, we are pleased to invite you to participate in a discussion during the Services Subcommittee meeting on Wednesday, November 18, at the Madison Hotel, 15th and M Streets, NW, Washington, D.C. at 10:30 a.m.

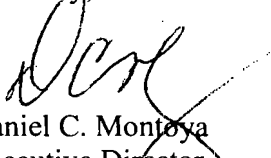
The Services Subcommittee would appreciate your participation on a panel entitled "Future Leadership on Access to Care and Treatment Issues." Other invited panel presenters include David Beier, Chief Domestic Policy Advisor to the Vice President, Vice President's Office; Kathy King, Special Assistant to the Administrator, Health Care Financing Administration; and Marsha Martin, Special Assistant to the Secretary, Department of Health and Human Services.

The Subcommittee would appreciate your comments on the future of access-to-care and treatment for persons living with HIV/AIDS and an update on the White House Access to Care and Treatment Group Task Force.

The Subcommittee has scheduled approximately one and one-half hours for the panel presentation and the members would ask that you limit your comments to 10 minutes, therefore allowing time for other panel members presentations along with questions/answers and discussion. I have enclosed an agenda for your review.

We look forward to your participation at the November meeting of the Presidential Advisory Council on HIV/AIDS. If you have any questions, please contact me at (202) 395-1445.

Sincerely,



Daniel C. Montoya
Executive Director

Enclosure

808 17th Street, N.W., 8th Floor
Washington, DC 20006

cc: R. Scott Hitt, M.D., Chair
Regina Aragon, Co-Chair, Services Subcommittee
B. Thomas Henderson, Co-Chair, Services Subcommittee
Sandra L. Thurman, Director, Office of National AIDS Policy

Presidential Advisory Council on HIV/AIDS

November 16 - 19, 1998

The Madison Hotel
Washington, D.C.
(10/28/98)

TENTATIVE AGENDA

Monday, November 16

- 9:00 a.m. Welcome
 R. Scott Hitt, M.D., Chair
 Update of Interim Activities
 Overview of Strategic Plan/Workplans
- 9:30 a.m. Office of National AIDS Policy Update
 Sandra Thurman, Director
- 10:30 a.m. (T) Full Council Presentation "Update on the HIV/AIDS Racial and Ethnic
 Disparities in Health"
 Presentation by Dr. David Satcher
- 12:00 noon **LUNCH** (on your own)
 (Executive Subcommittee will lunch together)
- 2:00 p.m. Subcommittee Meetings:
- Appropriations Subcommittee**
 Subcommittee Discussion of FY 1999 and FY 2000 Budget
- International Issues Subcommittee**
 Update on the "U.S. Government International Strategic Plan" by the U.S.
 Department of State
 Presentation by Nancy Carter-Foster and David Wagner, U.S. Department of State
- Racial Ethnic Populations Subcommittee**
 (T) Subcommittee Preparation for Presentation by Dr. David Satcher
- National Minority HIV Plan
 Presentation by Matthew Murguia, OMH
- CDC's People of Color Initiatives
 Presentation by Dr. Helene Gayle, CDC
 (Presentation delivered during the Prevention Subcommittee meeting on Tuesday,
 November 17 at 3:15 p.m.)

4:00

Prevention Subcommittee

Subcommittee Preparation for Full Council Presentation by Dr. Jeff Koplan, CDC
Subcommittee Preparation for Discussion with Dr. Helene Gayle, CDC

Services Subcommittee

Subcommittee Discussion of Transition to Co-chair model for Subcommittee and
Division of Responsibilities between Co-chairs

“Housing As An Access to Health Care Issue” Presentation

Presentation by Angela A. Aidala, PhD and Joyce Moon Howard, Columbia
University School of Public Health DrPh, MH; and Robert Sember, MA, XXXXX

“Massachusetts' State Medicaid Waiver Planning Process” Presentation

Presentation by Annette Hanson, M.D., MA Division of Medical Assistance; Jeanne
McGuire, MA State AIDS Director; and Robert Greenwald, Boston AIDS Action
Committee

6:00

ADJOURN

Tuesday, November 17

- 9:00am Full Council Presentation “ Disparities in HIV/AIDS Health Programs for American Indians, Alaskan Natives and Native Hawaiians”
Presentation by Paul Bouey, Ph.D, National Native American AIDS Prevention Center and Daniel C. Simpson, Indian Health Service
- 10:15am Break
- 10:30am (T) Full Council Presentation “Update on the HIV/AIDS Racial and Ethnic Disparities in Health”
Presentation by Dr. David Satcher
- 12:00 noon **LUNCH** (on your own)
- 2:00 p.m. Full Council Presentation “Focus for the Centers for Disease Control and Prevention”
Presentation by Jeffrey Koplan, MD, MPH, Centers for Disease Control and Prevention
- 3:00 p.m. Break
- 3:15 p.m. Subcommittee Meetings:
- Prevention Subcommittee**
Discussion on HIV/AIDS Prevention Issues with Dr. Helene Gayle, CDC
- Services Subcommittee**
Update and Discussion on Ryan White CARE Act Reauthorization
Presentation by John Palenicek, HRSA
Presentation by Terje Anderson, Chair, HRSA AIDS Advisory Committee
Presentation by Daphne Long Rankin, National Association of AIDS Education Training Centers
- Update on HRSA/Title IV Programs and Focus on Youth
Presentation TBD
- Research Subcommittee**
- 5:00 **Appropriations Subcommittee**
- International Issues Subcommittee**
- Racial Ethnic Populations Subcommittee**
HIV/AIDS Data Policy - Presenter: Dr. Olivia Carter-Pokras, OMH
- 6:00 **ADJOURN**

Wednesday, November 18

9:00 a.m. Subcommittee Meetings

Appropriations Subcommittee

International Issues Subcommittee

Racial Ethnic Populations Subcommittee

Update on Healthy People 2000/2010

Presentation by Deborah Maiese, HHS

Prisons Subcommittee

Overview/Briefing of Prison Site Visit Agenda and National Prisons Meeting

Presentation by Todd Summers, ONAP

10:30am **Prevention Subcommittee**

Update on Needle Exchange Issues

Presentation by TBD (HHS)

Review and Update Subcommittee Workplan

Services Subcommittee

“Future Leadership on Access to Care and Treatment Issues” Presentation

Presentation by David Beier, Chief Domestic Policy Advisor to the Vice President,
Vice President’s Office

Todd Summers, Deputy Director, Office of National AIDS Policy, Member of the
White House Access to Care and Treatment Group Task Force,

Kathy King, Health Care Financing Administration

Marsha Martin, HHS

Research Subcommittee

Update and Discussion on Microbicide Development Recommendations

Subcommittee Preparation for Meeting with Dr. Neal Nathanson/OAR

12:00 Noon **LUNCH** (on your own)

2:00 p.m. **Prevention Subcommittee**

Services Subcommittee

Subcommittee Discussion of HIV Cost Services and Utilization Study (HCSUS)

Review and Update Subcommittee Workplan

Research Subcommittee

Discussion with the new Office of AIDS Research Director
Dr. Neal Nathanson, NIH

Review and Update Subcommittee Workplan

4:00 p.m.

Appropriations Subcommittee

International Issues Subcommittee

Subcommittee Discussion regarding Full Council Presentations

Review and Update Subcommittee Workplan

Racial Ethnic Populations Subcommittee

Subcommittee Discussion regarding Full Council Presentations

Review and Update Subcommittee Workplan

6:00

ADJOURN

Thursday, November 19

9:00 a.m. Subcommittee Reports:

12:00 noon **ADJOURN**

THE WHITE HOUSE
WASHINGTON

CORR

MEMORANDUM FOR DAN BURKHARDT

From: Todd Summers 
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: October 13, 1998

Re: Correspondence to the President from the Advisory Council on HIV/AIDS

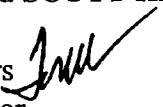
Enclosed please find three original letters from the President's Advisory Council on HIV/AIDS addressed to the President. As always, we will work with your office to develop adequate responses.

We held on to the originals by mistake, and have communicated the reasons for the delay to the Council chair (see attached).

Thank you for your help!

THE WHITE HOUSE
WASHINGTON

MEMORANDUM FOR DR. SCOTT HITT

From: Todd Summers 
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: October 13, 1998

Re: Correspondence from PACHA to the President

We have forwarded copies of the following correspondence from the President's Advisory Council on HIV/AIDS to the President:

- August 19, 1998 (re: state of emergency on AIDS in the African-American community)
- August 19, 1998 (re: Medicaid expansion)
- September 17, 1998 (re: needle exchange funding decision).

As always, we will work with the President's correspondence office to insure that the letters receive a proper review, and that a reply is forthcoming.

While the transmittal of the original letters for processing was delayed, copies of the letter and the underlying sentiments were communicated to other members of the Administration. I apologize for not having gotten the letters submitted formally.

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

August 19, 1998

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20500

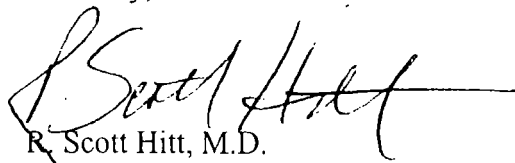
Dear Mr. President:

On August 3, 1998, Congressmen Richard Gephardt and Congresswoman Nancy Pelosi along with 66 of their colleagues sent a letter to Health and Human Services Secretary Donna Shalala "urging her to expand Medicaid to low-income people who are HIV-positive but have not yet developed symptoms of HIV disease." New research released at the 12th World AIDS Conference in Geneva this past June provides strong evidence that early treatment of HIV infection is both medically beneficial and cost effective.

Over the past year, there has been deep concern over the Administration's lack of progress in allowing more low-income Americans with HIV access to new AIDS drug therapies. On April 10, 1997, Vice President Gore asked the Health Care Financing Administration to study the feasibility of expanding Medicaid to provide earlier Medicaid coverage for HIV-infected people. As recent as December 9, 1997, Vice President Gore stated that he was "extremely disappointed" that this could not be done, while stressing that "this Administration understands the urgency of finding innovative ways to ensure that all people with HIV benefit from the promise of new and effective treatments." Your Advisory Council has recommended such expansion since December 1996, and has supported the Administration's efforts to date to make this important medical treatment available to those who can least afford it.

We urge you to support Congress's efforts by directing the Secretary of Health and Human Services to expand Medicaid eligibility for life saving therapies for people with HIV disease. We know that this is the right thing to do.

Sincerely,



R. Scott Hitt, M.D.
Chair

Presidential Advisory Council on HIV and AIDS

Stephen N. Abel, DDS
Mr. Terje Anderson
Ms. Regina Aragon
Ms. Judith Billings
Mr. Charles Blackwell
Mr. Nicholas Bollman
Mr. Tonio Burgos
Jerry Cade, MD
Lynne M. Cooper, D. Min.
Rabbi Joseph Edelheit
Mr. Robert Fogel
Ms. Debra Fraser-Howze
Ms. Kathleen Gerus
Ms. Phyllis Greenberger
Nilsa Gutierrez, MD
Mr. Bob Hattoy
Mr. B. Thomas Henderson
R. Scott Hitt, MD, Chair
Michael Isbell, JD
Mr. Ronald Johnson
Mr. Jeremy Landau
Alexandra Mary Levine, MD
Mr. Steve Lew
Mr. Miguel Milanes
Ms. Helen Miramontes
Rev. Altagracia Perez
Michael Rankin, MD
Mr. H. Alexander Robinson
Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

cc: The Honorable Nancy Pelosi
The Honorable Richard Gephardt

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

August 19, 1998

The Honorable William Jefferson Clinton
The White House
Washington, D.C. 20500

Dear Mr. President:

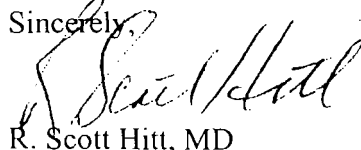
On behalf of the Presidential Advisory Council on HIV/AIDS (Council), we urge you to address three very important health-related requests. The first is a call for a "National State of Emergency in AIDS and Public Health"; the second is a meeting with the Black and Hispanic Congressional Caucuses; and finally a meeting with key community leaders to address HIV/AIDS in racial ethnic populations.

During our June Council meeting, we unanimously voted to support the call by the Congressional Black Caucus for the declaration of a "National State of Emergency in AIDS and Public Health" in communities of African descent. Given the impact of HIV and AIDS in all communities of color, we have expanded our call to include all racial and ethnic populations. When compounded with the long term existing health problems of these communities, fueled by epidemic proportions of substance abuse, sexually transmitted disease and other chronic and fatal health conditions, we urge you to support this declaration of a "state of emergency" as allowed under current federal law to address a disease that is devastating entire communities.

As part of this call, we request that you convene a meeting with the Black and Hispanic Congressional Caucuses to discuss the "state of emergency," and host a White House meeting with key leaders from communities of color to specifically address HIV/AIDS in these communities.

Your goal to "reduce new infections until there are none by the year 2000," is laudable. However, we believe it can only be accomplished through serious, new measures being taken within Black and Latino communities which have been plunged into a public health crisis fueled by HIV/AIDS. We must go beyond the traditional legislative remedies and move forward with your mission to end racial and ethnic disparities in health. Your leadership in bringing nationally recognized coalitions together to specifically address this issue is needed.

Sincerely,



R. Scott Hitt, MD
Chair

Presidential Advisory Council on HIV and AIDS

Stephen N. Abel, DDS
Mr. Terje Anderson
Ms. Regina Aragon
Ms. Judith Billings
Mr. Charles Blackwell
Mr. Nicholas Bollman
Mr. Tonio Burgos
Jerry Cade, MD
Lynne M. Cooper, D. Min.
Rabbi Joseph Edelheit
Mr. Robert Fogel
Ms. Debra Fraser-Howze, Co-Chair, Subcommittee on Racial and Ethnic Populations
Ms. Kathleen Gerus
Ms. Phyllis Greenberger
Nilsa Gutierrez, MD
Mr. Bob Hattoy
Mr. B. Thomas Henderson
R. Scott Hitt, MD, Chair
Michael Isbell, JD
Mr. Ronald Johnson
Mr. Jeremy Landau
Alexandra Mary Levine, MD
Mr. Steve Lew
Mr. Miguel Milanes
Ms. Helen Miramontes
Rev. Altagracia Perez, Co-Chair, Subcommittee on Racial and Ethnic Populations
Michael Rankin, MD
Mr. H. Alexander Robinson
Ms. Debbie Runions
Mr. Sean Sasser
Mr. Benjamin Schatz
Mr. Richard W. Stafford
Ms. Denise Stokes
Rep. Charles Quincy Troupe
Bruce Weniger, MD

cc: Members, Congressional Black Caucus
Members, Congressional Hispanic Caucus

PRESIDENTIAL

ADVISORY

COUNCIL ON

HIV/AIDS

September 16, 1998

The Honorable William Jefferson Clinton
President
The White House

Dear Mr. President:

As your Advisory Council on HIV/AIDS, we must again convey the profound disappointment, frustration and anger we feel about the course of action your Administration chose to take relative to needle exchange funding.

The belated willingness to certify the scientific fact that needle exchange programs help reduce HIV infection without increasing drug use was an important step forward. However, the accompanying refusal to allow states and localities to use federal funds to support this successful intervention represents the triumph of political expediency over scientific evidence and compelling human need. Your stated commitment to ending new HIV infections is seriously called into question by this decision.

This issue is not resolved -- injection drug use continues to drive the HIV epidemic in our country, taking a particularly heavy toll in African-American and Latino communities. Your decision on this matter simply accentuates the failure of your Administration (and the country as a whole) to take effective action to stem the twin epidemics of HIV and drug use in our country.

We continue to believe strongly that allowing federal funds to be used for needle exchange programs is one vital part of an effective response to the spread of HIV among drug users. Absent such action, your Administration must be willing to take other significant and bold steps to meet this public health challenge, including:

- Ensuring that all Administration officials who speak publicly about needle exchange send a single message consistent with the findings of Secretary Shalala that needle exchange programs decrease HIV infections without increasing substance abuse.
- Enhancing programs to provide education, counseling, support and health services to drug users who are not in treatment. This includes an increased financial commitment to the Centers for Disease Control and Prevention's HIV prevention programs. The failure to seek adequate budget increases for these prevention programs seriously undermines your stated commitment to HIV prevention.

The Honorable William Jefferson Clinton

September 16, 1998

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- Significantly expanding substance abuse treatment services funded through the Substance Abuse and Mental Health Services Administration block grant. In this regard, it is not enough to simply talk about drug treatment without taking significant steps to increase and improve drug treatment capacity. The Administration must set and then meet the goal of providing treatment on demand for every drug user seeking such treatment.
- Better coordinating the diverse federal efforts to prevent HIV infection among drug users and their sexual partners. During the White House Summit on HIV/AIDS in December of 1995, you called for a national meeting of public health and substance abuse providers to address this issue. An August 1997 meeting was held in Tampa, but since that time, no significant action has taken place on this matter. We urge you to instruct the leaders of the pertinent federal agencies to implement the recommendations that came out of that meeting.
- Modification of the Model Drug Paraphernalia Act to reflect the public health evidence demonstrating that allowing possession of small numbers of syringes significantly reduces needle sharing. The Council continues to urge meaningful action on this recommendation, which was made over three years ago.
- The Council recommends that you instruct officials at the relevant federal agencies to consult with advocates, needle exchange and other HIV service providers in order to identify and implement meaningful efforts to advance scientific knowledge and increase public understanding of needle exchange programs. In order to be most effective, such efforts must respond to the self-identified needs of local communities.
- It is possible that the Congress will propose a permanent ban on needle exchange funding during the final weeks of the 1998 session. We strongly urge you to veto any such legislation in order to maintain flexibility in decision making should your Administration or a future Administration recognize the necessity of allowing the use of federal funds for this purpose. In addition, we specifically call your attention to legislative efforts to prevent the District of Columbia from using local, federal or private funds for needle exchange programs, and urge your veto of any legislation which usurps local authority on this matter.
- Finally, we must remind you that your decision to prevent the use of federal funds for local needle exchange will result in many unnecessary new HIV infections. In response, we urge you to allocate sufficient resources to meet the medical and social service needs of those who become infected. Future budget levels for the Ryan White CARE Act, Housing Opportunities for People with AIDS, Medicaid and other programs that serve people living with HIV/AIDS must take into account these new infections.

The Honorable William Jefferson Clinton

September 16, 1998

Page three

As your advisors on HIV/AIDS, we must urge you to seriously and effectively address the continuing crisis of HIV/AIDS among injection drug users and their sexual partners. In light of your previous decision on needle exchange, immediate action on the items outlined above is even more imperative.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Hitt". The signature is written in a cursive, flowing style with a large initial "S".

R/ Scott Hitt, M.D.

Chair

Presidential Advisory Council on HIV and AIDS

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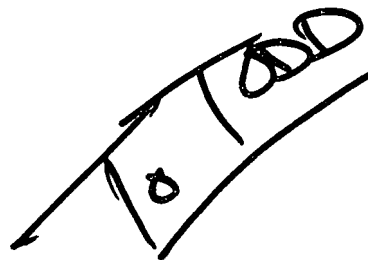


AMERICAN SOCIETY OF HEALTH-SYSTEM PHARMACISTS®

Pharmacists in health systems helping people make the best use of medications

October 16, 1998

Sandra L. Thurman
Director
Office of National Aids Policy
808 19th St., N.W.
Washington, DC 20006



Dear Ms. Thurman:

The following is provided for your awareness. At its June 1998 meeting, the American Society of Health-System Pharmacists (ASHP) adopted the following policy:

ASHP supports the use of needle and syringe-exchange programs, drug abuse treatment, and community outreach programs for substance abusers to reduce the risk of transmission of the human immunodeficiency virus (HIV), hepatitis B virus, and hepatitis C virus in intravenous drug users.

In forming this policy, ASHP joins many other organizations in recognizing that needle and syringe-exchange programs have become recognized as an effective mechanism for reducing the transmission of serious infectious diseases.

Also adopted were the enclosed statements:

ASHP Statement on the Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance.

ASHP Statement on the Pharmacist's Role in Infection Control.

ASHP's 30,000 health-system pharmacists practice in organized health-care settings such as hospitals, home health-care agencies, ambulatory care facilities, long-term care facilities, and health maintenance facilities. ASHP is a major publisher of professional literature for health-care providers and conducts extensive educational conferences for pharmacists and other health professionals. ASHP accredits pharmacy residency training and pharmacy technician training programs and develops and maintains the most comprehensive set of quality practice standards in the pharmacy profession.

When or if you see opportunities for potential collaboration with ASHP on matters of mutual interest, including those dealing with the abuse of drug substances and infection control, please call on us.

Sincerely,

Henri R. Manasse, Jr., Ph.D., Sc.D.
Executive Vice President and Chief Executive Officer

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Enclosures

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**ASHP Statement on the
Pharmacist's Role in
Substance Abuse Prevention,
Education, and Assistance**

*Official journal of the
American Society of Health-System Pharmacists*

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**ASHP Statement on the
Pharmacist's Role in
Infection Control**

*Official journal of the
American Society of Health-System Pharmacists*

Total Pages: 8

**EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF MANAGEMENT AND BUDGET
Washington, D.C. 20503-0001**

Friday, October 30, 1998

ENROLLED BILL REQUEST

TO: Legislative Liaison Officer - See Distribution below
OMB CONTACT: Robert J. Pellicci
PHONE: (202)395-4871 FAX: (202)395-6148

SUBJECT: **ENROLLED BILL HR1023**
Ricky Ray Hemophilia Relief Fund Act of 1998

COMMENTS:

In accordance with OMB Circular No. A-19, your written views and recommendation for Presidential action are requested on the subject enrolled bill.

Please consult section 10 of OMB Circular A-19, pages 12-14, for instructions regarding the preparation of enrolled bill letters and the procedures to be followed on enrolled bills.

Within TWO DAYS (including Saturdays and holidays but excluding Sundays) after receipt of the facsimile being sent to you by fax or messenger, whichever is sooner, an original and one copy of your reply should be hand delivered to the New Executive Office Building (NEOB).

In order to expedite the handling of your reply, please:

- mark the envelope "Enrolled Bill";
 - indicate the legislative analyst's name and phone number on the envelope; and
 - instruct your messenger to call the legislative analyst from the NEOB lobby to pick up the envelope.
- (The envelope should NOT be left in the mail room in the NEOB lobby.)**

Your cooperation in meeting this deadline is needed to provide maximum time for Presidential action on the enrolled bill.

It is also of considerable assistance to us if you fax advance copies of letters, signing statements, and veto messages.

JAMES J. JUKES
Assistant Director for
Legislative Reference

**ENROLLED BILL REQUEST
Distribution List**

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110-Social Security Administration - Judy Chesser - (202) 358-6030

Office of National Aids Policy - Todd Summers - (202) 466-2437

H. R. 1023

One Hundred Fifth Congress of the United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Tuesday,
the twenty-seventh day of January, one thousand nine hundred and ninety-eight*

An Act

To provide for compassionate payments with regard to individuals with blood-clotting disorders, such as hemophilia, who contracted human immunodeficiency virus due to contaminated antihemophilic factor, and for other purposes.

*Be it enacted by the Senate and House of Representatives of
the United States of America in Congress assembled,*

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Ricky Ray Hemophilia Relief Fund Act of 1998”.

(b) **TABLE OF CONTENTS.**—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—HEMOPHILIA RELIEF FUND

Sec. 101. Ricky Ray Hemophilia Relief Fund.

Sec. 102. Compassionate payment relating to individuals with blood-clotting disorders and HIV.

Sec. 103. Determination and payment.

Sec. 104. Limitation on transfer of rights and number of petitions.

Sec. 105. Time limitation.

Sec. 106. Certain claims not affected by payment.

Sec. 107. Limitation on agent and attorney fees.

Sec. 108. Definitions.

TITLE II—TREATMENT OF CERTAIN PRIVATE SETTLEMENT PAYMENTS IN HEMOPHILIA-CLOTTING-FACTOR SUIT UNDER THE MEDICAID AND SSI PROGRAMS

Sec. 201. Treatment of certain private settlement payments in hemophilia-clotting-factor suit under the Medicaid and SSI programs.

TITLE I—HEMOPHILIA RELIEF FUND

SEC. 101. RICKY RAY HEMOPHILIA RELIEF FUND.

(a) **ESTABLISHMENT.**—There is established in the Treasury of the United States a trust fund to be known as the “Ricky Ray Hemophilia Relief Fund”, which shall be administered by the Secretary of the Treasury.

(b) **INVESTMENT OF AMOUNTS IN FUND.**—Amounts in the Fund shall be invested in accordance with section 9702 of title 31, United States Code, and any interest on and proceeds from any such investment shall be credited to and become part of the Fund.

(c) **AVAILABILITY OF FUND.**—Amounts in the Fund shall be available only for disbursement by the Secretary of Health and Human Services under section 103.

(d) **TERMINATION.**—The Fund shall terminate upon the expiration of the 5-year period beginning on the date of the enactment

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of this Act. If all of the amounts in the Fund have not been expended by the end of the 5-year period, investments of amounts in the Fund shall be liquidated, the receipts of such liquidation shall be deposited in the Fund, and all funds remaining in the Fund shall be deposited in the miscellaneous receipts account in the Treasury of the United States.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to the Fund to carry out this title \$750,000,000.

SEC. 102. COMPASSIONATE PAYMENT RELATING TO INDIVIDUALS WITH BLOOD-CLOTTING DISORDERS AND HIV.

(a) **IN GENERAL.**—If the conditions described in subsection (b) are met and if there are sufficient amounts in the Fund to make each payment, the Secretary shall make a single payment of \$100,000 from the Fund to any individual who has an HIV infection and who is described in one of the following paragraphs:

(1) The individual has any form of blood-clotting disorder, such as hemophilia, and was treated with antihemophilic factor at any time during the period beginning on July 1, 1982, and ending on December 31, 1987.

(2) The individual—

(A) is the lawful spouse of an individual described in paragraph (1); or

(B) is the former lawful spouse of an individual described in paragraph (1) and was the lawful spouse of the individual at any time after a date, within the period described in such subparagraph, on which the individual was treated as described in such paragraph and through medical documentation can assert reasonable certainty of transmission of HIV from individual described in paragraph (1).

(3) The individual acquired the HIV infection through perinatal transmission from a parent who is an individual described in paragraph (1) or (2).

(b) **CONDITIONS.**—The conditions described in this subsection are, with respect to an individual, as follows:

(1) **SUBMISSION OF MEDICAL DOCUMENTATION OF HIV INFECTION.**—The individual submits to the Secretary written medical documentation that the individual has an HIV infection.

(2) **PETITION.**—A petition for the payment is filed with the Secretary by or on behalf of the individual.

(3) **DETERMINATION.**—The Secretary determines, in accordance with section 103(b), that the petition meets the requirements of this title.

SEC. 103. DETERMINATION AND PAYMENT.

(a) **ESTABLISHMENT OF FILING PROCEDURES.**—The Secretary of Health and Human Services shall establish procedures under which individuals may submit petitions for payment under this title. The procedures shall include a requirement that each petition filed under this Act include written medical documentation that the relevant individual described in section 102(a)(1) has (or had) a blood-clotting disorder, such as hemophilia, and was treated as described in such section.

(b) **DETERMINATION.**—For each petition filed under this title, the Secretary shall determine whether the petition meets the requirements of this title.

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(c) PAYMENT.—

(1) **IN GENERAL.**—To the extent there are sufficient amounts in the Fund to cover each payment, the Secretary shall pay, from the Fund, each petition that the Secretary determines meets the requirements of this title in the order received.

(2) **PAYMENTS IN CASE OF DECEASED INDIVIDUALS.—**

(A) **IN GENERAL.**—In the case of an individual referred to in section 102(a) who is deceased at the time that payment is made under this section on a petition filed by or on behalf of the individual, the payment shall be made as follows:

(i) If the individual is survived by a spouse who is living at the time of payment, the payment shall be made to such surviving spouse.

(ii) If the individual is not survived by a spouse described in clause (i), the payment shall be made in equal shares to all children of the individual who are living at the time of the payment.

(iii) If the individual is not survived by a person described in clause (i) or (ii), the payment shall be made in equal shares to the parents of the individual who are living at the time of the payment.

(iv) If the individual is not survived by a person described in clause (i), (ii), or (iii), the payment shall revert back to the Fund.

(B) **FILING OF PETITION BY SURVIVOR.**—If an individual eligible for payment under section 102(a) dies before filing a petition under this title, a survivor of the individual may file a petition for payment under this title on behalf of the individual if the survivor may receive payment under subparagraph (A).

(C) **DEFINITIONS.**—For purposes of this paragraph:

(i) The term “spouse” means an individual who was lawfully married to the relevant individual at the time of death.

(ii) The term “child” includes a recognized natural child, a stepchild who lived with the relevant individual in a regular parent-child relationship, and an adopted child.

(iii) The term “parent” includes fathers and mothers through adoption.

(3) **TIMING OF PAYMENT.**—The Secretary may not make a payment on a petition under this title before the expiration of the 120-day period beginning on the date of the enactment of this Act or after the expiration of the 5-year period beginning on the date of the enactment of this Act.

(d) **ACTION ON PETITIONS.**—The Secretary shall complete the determination required by subsection (b) regarding a petition not later than 120 days after the date the petition is filed under this title.

(e) **HUMANITARIAN NATURE OF PAYMENT.**—This Act does not create or admit any claim of or on behalf of the individual against the United States or against any officer, employee, or agent thereof acting within the scope of employment or agency that relate to an HIV infection arising from treatment with antihemophilic factor, at any time during the period beginning on July 1, 1982, and ending on December 31, 1987. A payment under this Act shall,

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however, when accepted by or on behalf of the individual, be in full satisfaction of all such claims by or on behalf of that individual.

(f) **ADMINISTRATIVE COSTS NOT PAID FROM FUND.**—No costs incurred by the Secretary in carrying out this title may be paid from the Fund or set off against, or otherwise deducted from, any payment made under subsection (c)(1).

(g) **TERMINATION OF DUTIES OF SECRETARY.**—The duties of the Secretary under this section shall cease when the Fund terminates.

(h) **TREATMENT OF PAYMENTS UNDER OTHER LAWS.**—A payment under subsection (c)(1) to an individual—

(1) shall be treated for purposes of the Internal Revenue Code of 1986 as damages described in section 104(a)(2) of such Code;

(2) shall not be included as income or resources for purposes of determining the eligibility of the individual to receive benefits described in section 3803(c)(2)(C) of title 31, United States Code, or the amount of such benefits, and such benefits shall not be secondary to, conditioned upon reimbursement from, or subject to any reduction because of receipt of, any such payment; and

(3) shall not be treated as a third party payment or payment in relation to a legal liability with respect to such benefits and shall not be subject (whether by subrogation or otherwise) to recovery, recoupment, reimbursement, or collection with respect to such benefits (including the Federal or State governments or any entity that provides such benefits under a contract).

(i) **REGULATORY AUTHORITY.**—The Secretary may issue regulations necessary to carry out this title.

(j) **TIME OF ISSUANCE OF PROCEDURES.**—The Secretary shall, through the promulgation of appropriate regulations, guidelines, or otherwise, first establish the procedures to carry out this title not later than 120 days after the date of the enactment of this Act.

SEC. 104. LIMITATION ON TRANSFER OF RIGHTS AND NUMBER OF PETITIONS.

(a) **RIGHTS NOT ASSIGNABLE OR TRANSFERABLE.**—Any right under this title shall not be assignable or transferable.

(b) **ONE PETITION WITH RESPECT TO EACH VICTIM.**—With respect to each individual described in paragraph (1), (2), or (3) of section 102(a), the Secretary may not make payment with respect to more than one petition filed in respect to an individual.

SEC. 105. TIME LIMITATION.

The Secretary may not make any payment with respect to any petition filed under this title unless the petition is filed within 3 years after the date of the enactment of this Act.

SEC. 106. CERTAIN CLAIMS NOT AFFECTED BY PAYMENT.

A payment made under section 103(c)(1) shall not be considered as any form of compensation, or reimbursement for a loss, for purposes of imposing liability on the individual receiving the payment, on the basis of such receipt, to repay any insurance carrier for insurance payments or to repay any person on account of worker's compensation payments. A payment under this title shall not affect any claim against an insurance carrier with respect to insurance or against any person with respect to worker's compensation.

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SEC. 107. LIMITATION ON AGENT AND ATTORNEY FEES.

Notwithstanding any contract, the representative of an individual may not receive, for services rendered in connection with the petition of an individual under this title, more than 5 percent of a payment made under this title on the petition. Any such representative who violates this section shall be fined not more than \$50,000.

SEC. 108. DEFINITIONS.

For purposes of this title:

- (1) The term "AIDS" means acquired immune deficiency syndrome.
- (2) The term "Fund" means the Ricky Ray Hemophilia Relief Fund.
- (3) The term "HIV" means human immunodeficiency virus.
- (4) Unless otherwise provided, the term "Secretary" means Secretary of Health and Human Services.

TITLE II—TREATMENT OF CERTAIN PAYMENTS IN HEMOPHILIA-CLOT- TING-FACTOR SUIT UNDER THE SSI PROGRAM

SEC. 201. TREATMENT OF CERTAIN PAYMENTS IN HEMOPHILIA-CLOT- TING-FACTOR SUIT UNDER THE MEDICAID AND SSI PRO- GRAMS.

(a) PRIVATE PAYMENTS.—

(1) **IN GENERAL.**—Notwithstanding any other provision of law, the payments described in paragraph (2) shall not be considered income or resources in determining eligibility for, or the amount of—

(A) medical assistance under title XIX of the Social Security Act; or

(B) supplemental security income benefits under title XVI of the Social Security Act.

(2) **PRIVATE PAYMENTS DESCRIBED.**—The payments described in this subsection are—

(A) payments made from any fund established pursuant to a class settlement in the case of *Susan Walker v. Bayer Corporation, et al.*, 96-C-5024 (N.D. Ill.); and

(B) payments made pursuant to a release of all claims in a case—

(i) that is entered into in lieu of the class settlement referred to in subparagraph (A); and

(ii) that is signed by all affected parties in such case on or before the later of—

(I) December 31, 1997; or

(II) the date that is 270 days after the date on which such release is first sent to the persons (or the legal representative of such persons) to whom the payment is to be made.

(b) GOVERNMENT PAYMENTS.—

(1) **IN GENERAL.**—Notwithstanding any other provision of law, the payments described in paragraph (2) shall not be

H. R. 1023—6

considered income or resources in determining eligibility for, or the amount of supplemental security income benefits under title XVI of the Social Security Act.

(2) **GOVERNMENT PAYMENTS DESCRIBED.**—The payments described in this subsection are payments made from the Fund established pursuant to section 101 of this Act.

Speaker of the House of Representatives.

*Vice President of the United States and
President of the Senate.*