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**AIDS PROJECT LOS ANGELES
COMMENTS REGARDING RYAN WHITE CARE ACT REAUTHORIZATION
JOINT MEETING -- SENATE COMMITTEE ON HEALTH, EDUCATION, LABOR AND
PENSIONS, AND HOUSE COMMITTEE ON ENERGY AND COMMERCE
JANUARY 19, 2006 – WASHINGTON, DC**

Good morning. My name is Phil Curtis. I am director of government affairs for AIDS Project Los Angeles.

AIDS Project Los Angeles would like to thank the staffs of both the Senate HELP and House Energy and Commerce committees for this opportunity to comment on President Bush's principles on reauthorization of the Ryan White CARE Act.

AIDS Project Los Angeles is one of the nation's largest and oldest providers of HIV/AIDS services. We serve some 6,500 registered clients. Our services include one of the largest full-service HIV dental clinics in the country, an HIV-dedicated food bank, transportation, psychosocial case management, prevention education and adherence counseling, and mental health services. We receive funding through both Title I of the Ryan White CARE Act and the Minority AIDS Initiative.

AIDS Project Los Angeles is a member of both AIDS Action Council and the CAEAR Coalition. Rather than enumerate all of our positions on reauthorization, I refer you to their joint statement on reauthorization, which we support.

APLA agrees with many of the broad issues outlined in the president's principles. However, I would very briefly like to mention some areas where we may differ.

Serve the neediest first: President Bush said in his principles that the CARE Act must serve the neediest first and direct its programs to minority communities with the highest rates of new cases.

APLA agrees with the president. In Los Angeles, some 38 percent of people living with AIDS are Latinos. African Americans, at 10 percent of the population, account for about 22 percent of people living with AIDS. APLA's client base is overwhelmingly people of color and poor.

However, the Los Angeles epidemic has always been and remains largely an epidemic among men who have sex with men. Fully 70 percent of the males infected with HIV in Los Angeles report sex with another man as their



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transmission category. Of people living with AIDS in Los Angeles, 89 percent are male, 11 percent are female. APLA would remind the committees that those with the highest rates of new infections are often men who have sex with men, of all colors.

Severity of need: The president's principles also call for establishing objective indicators to determine severity of need for funding core medical services.

We agree with the president, that people with HIV/AIDS in all jurisdictions should be getting the care and treatment they need. However, we believe it would be counterproductive to penalize states where taxpayer supported resources augment Ryan White services, instead of holding those states accountable where such resources are not forthcoming.

Core services: The president's principles call for the establishment of a set of core medical services, and a requirement that 75 percent of RWCA funds be used for core medical services.

APLA believes that jurisdictions should be able to demonstrate that they are providing medical care to all people living with HIV/AIDS, including access to medications. Jurisdictions that cannot should be required to ensure that medical services are the highest priority for funding. Jurisdictions that can should be allowed to use funds to provide greater access, enrollment and maintenance in care and treatment.

Accountability: The president's principles would eliminate what is called the double counting of HIV/AIDS cases between the states and the major metropolitan areas.

States with Eligible Metropolitan Areas (EMAs) account for 87 percent of living AIDS cases. Title I EMAs account for more than 70 percent of all living AIDS cases. According to a preliminary GAO report released last June, 16 of 29 states with EMAs are already at or below overall per capita funding.

AIDS Project Los Angeles believes that the way to ensure nationwide equity in federal funding is to increase RWCA appropriations. RWCA has been flat funded, or worse, for five years, despite an ever-growing number of people living with HIV/AIDS.

AIDS Project Los Angeles would also like to remind the committees that the report that focused so much attention on inequities in CARE Act funding was preliminary and looked at Titles I and II funding only. A full report including Titles III and IV funding was promised, but has not been forthcoming.



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Names reporting: AIDS Project Los Angeles agrees with the call for the inclusion of HIV data in the allocation of RWCA funds. California is now in the process of changing over from a code-based to a names-based HIV reporting system. Congress and the administration should provide sufficient funding and technical assistance resources to implement this transition without jeopardizing current systems of care. A transition period using living HIV estimates must be utilized until these systems mature and are accepted as accurate by the Centers for Disease Control and Prevention. Prior to completing the transition to living HIV and AIDS cases, APLA recommends that the CARE Act make funding allocations based on living AIDS cases.

Dental funding: AIDS Project Los Angeles would like to address the issue of oral health care funding, which is not mentioned in the president's principles.

APLA's dental clinic sees approximately 1,700 unique clients each year. Our dentists and hygienists perform over 9000 separate procedures - ranging from routine cleanings to complete dental restorations. APLA also operates a mobile dental van that serves clients in hard-to-reach areas of Los Angeles County, such as Lancaster - a two hour commute each way into central Los Angeles, where most HIV providers are located.

Our dental services cost \$1.2 million annually. Approximately 49 percent or \$609,000 comes through Title I of the Ryan White CARE Act. Medi-Cal pays another \$115,000. The City of West Hollywood, \$79,000. And \$329,000 comes from APLA's general funds.

Dental care and HIV have a long troubled history. Providers routinely refused to see people with HIV, which is why APLA opened its dental clinic in 1985. While stigma has lessened somewhat, people with HIV still find dental providers hard to find, especially poor clients with little access to private dental insurance. In Los Angeles, in addition to APLA, the University of Southern California and UCLA operate clinics associated with their dental schools. Still, when the Los Angeles HIV Commission conducted a recent needs assessment, people living with HIV/AIDS named oral health care as the second most needed service, after outpatient medical care.

RWCA funds oral health services through Title I and through Part F. Part F funding - about \$13 million - is restricted to dental schools to help train dental students and provide services, and to community providers that partner with dental schools.

APLA believes that all funding for oral health services should be opened up to competition from unaffiliated community based providers. That would include clinics like our own, as well dental providers in other cities, like Houston, who



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are not partnered with sometimes unwilling dental schools. Or dental providers in smaller states where there are no dental schools.

APLA believes Part F funding performs a valuable service in training dental students. However, we believe few of the people we now serve would be able to afford to see private providers.

Again, I would like to thank you for this opportunity to comment on RWCA reauthorization, on behalf of the clients, volunteers, staff and board of directors at AIDS Project Los Angeles.