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Long Beach South Los Angeles
San Fernando Valley Wilshire Center

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The Ryan White CARE Act in California

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is federal legislation that addresses the unmet health needs of people living with HIV/AIDS. According to Health Resources and Services Administration (HRSA), the CARE Act reaches over 500,000 individuals each year, making it the federal government's largest program specifically for people living with HIV disease. CARE Act-funded programs are the payer of last resort, filling gaps in care not covered by other resources. Typically, users of CARE Act services include people with no other source of health care and those with Medicaid or private insurance whose care needs are not being met.

The CARE Act was first passed in 1990, reauthorized in 1996 and again in 2000 for a five-year period. It is slated for reauthorization again in September 2005. Community advocates have emphasized that the existing CARE Act Title structure must be maintained to provide the ability to target policies and resources to diverse populations impacted by the AIDS epidemic.

CARE Act Programs

The CARE Act funds primary health care and support services through states, territories, and other public and private nonprofit entities. Funding is provided through several programs:

Title I: (Part A): Provides emergency relief through funding for health care and support services to eligible U.S. metropolitan areas (EMAs) disproportionately affected by HIV/AIDS. EMAs are defined as those with more than 2,000 reported AIDS cases in the past five years and a population of at least 500,000. There are 51 EMAs in 21 states, Puerto Rico, and the District of Columbia. In California, the following localities have been designated as EMAs: Los Angeles, Oakland, Orange County, Riverside-San Bernardino, Sacramento, San Diego, San Francisco, San Jose, and Santa Rosa.

Title I grants are awarded in two parts. The formula portion is based on the estimated number of living AIDS cases in the EMA over the most recent 10-year period. The second or supplemental portion is based on a variety of factors, including the severity of need in the EMA.

Title I funds may be used to provide a wide range of services including outpatient medical and dental care, medication, substance abuse and mental health treatment, case management, and support management.



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Table I: Title I Funding in California, 2002-2004

California EMA	FY 2002	FY 2003	FY 2004
Los Angeles	\$37,962,755	\$39,994,550	\$36,644,121
Oakland	\$ 6,987,208	\$ 7,024,473	\$ 6,611,607
Orange County	\$ 5,564,004	\$ 5,683,092	\$ 5,233,329
Riverside-San Bernardino	\$ 7,428,435	\$ 7,199,843	\$ 6,823,183
Sacramento	\$ 2,840,714	\$ 2,660,029	\$ 2,968,051
San Diego	\$10,436,496	\$10,765,303	\$10,287,797
San Francisco	\$33,561,470	\$33,941,235	\$29,849,780
San Jose	\$ 2,754,005	\$ 2,798,524	\$ 2,656,550
Santa Rosa	\$ 1,131,226	\$ 1,106,742	\$ 1,107,428

Title II: Distributes funding geographically to all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and to eligible U.S. Pacific Territories and Associated Jurisdictions to provide health care and support services for people living with HIV/AIDS. Title II funds may be used for a variety of services including home and community based services, continuation of health insurance coverage, and direct health and support services.

Title II includes three primary initiatives: care grants for states and territories; the AIDS Drug Assistance Program (ADAP); and care grants for Emerging Communities. Care grants provide resources to fund a range of primary care and support services.

Table II: Title II Funding for California, 2002-2004

	Base Grant	ADAP Earmark	Minority AIDS Initiative	Emerging Communities	TOTAL
Year 12 (2002-03)	\$32.8M	\$82M	\$643,263	-	\$115.5M
Year 13 (2003-04)	\$31.5M	\$86.1M	\$595,047	-	\$118.2M
Year 14 (2004-05)	\$31.2M	\$89.6M	\$565,829	-	\$121.4M

Title III- Early Intervention Services Program (EIS): Provides funding to community health centers, family planning grantees, and other organizations and providers who offer comprehensive primary care to individuals living with HIV disease.

Title III - Capacity Building Grants: Funds are awarded to eligible entities to strengthen their organization and improve their capacity to develop and/or expand high quality HIV primary health care services. Eligible applicants must



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be public or private non-profit entities that are or intend to become a comprehensive HIV primary care provider. Title III capacity development awards help service providers strengthen their organizational infrastructure and enhance their ability to expand HIV primary health care services to more people. Typical CARE Act services include HIV counseling and testing, medical evaluation and outpatient clinical care.

Title III - Planning Grants: Funds are awarded to eligible entities to aid in the planning and establishing of high quality HIV primary health care services in underserved regions. Eligible applicants must be public or private non-profit entities that are or intend to become a comprehensive HIV primary care provider.

Title IV – Women, Infants, Children, and Youth: Funding provided under this Title supports the development and operation of primary care systems and social services for women and youth, and the linking of these care systems with HIV research and clinical trials. Services include primary and specialty medical care, psychosocial services, and outreach and prevention services.

AIDS Education and Training Centers (AETCs): Funding from this Title supports a network of regional centers that conduct targeted, multi-disciplinary education and training programs for health care providers of clinical care for persons with HIV/AIDS. There are also several national, cross-cutting components of the AETC program that support and complement the regional training centers. AETCs in California are located in San Joaquin Valley, San Jose, UC Davis, UC Irvine, UCLA, UC San Diego, UC San Francisco, and at USC.

Special Projects of National Significance (SPNS): This section of the CARE Act supports innovative demonstration projects that test and respond to the challenge of HIV/AIDS service provision to underserved and vulnerable populations.

SPNS in California include:

SPNS Grant Recipient	Programs
Department of Health Services (DHS) of Los Angeles County	Prevention for Positives, Information Technology
Harm Reduction Services, Sacramento	Outreach
Mission Area Health Associates, San Francisco	Adherence
Regents of the University of California - Davis	Prevention With HIV Positives
Regents of the University of California - San Diego	Prevention With HIV Positives



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SPNS Grant Recipient	Programs
San Ysidro Health Center	Border Health
California Office of AIDS	Corrections (CDC/HRSA collaboration)
UC School of Medicine & Public Health- Los Angeles	
University of California – San Francisco	Adherence
University of California– San Francisco	Center, Prevention for HIV Positives
University of California (ADA/Medi-Cal)	Unmet Need
Urban Indian Health Board – Oakland	American Indian/Alaska Native

Dental Reimbursement Program: The CARE Act Dental reimbursement program assists accredited dental schools, post-doctoral dental programs and dental hygiene education programs with uncompensated costs incurred in providing oral health treatment to patients with HIV infection. More than half the individuals receiving services from CARE Act-funded dental programs were served by programs in three states –New York, California & Pennsylvania. In California, facilities receiving support from the Dental Reimbursement Program includes the University of California, Los Angeles; the University of Southern California School of Dentistry; the Highland General Hospital – Oral Maxillofacial Surgery in Oakland; the University of California, San Francisco; and the University of the Pacific School of Dentistry.

CARE Act Reauthorization

The CARE Act was first passed in 1990, reauthorized in 1996 and again in 2000 for a five-year period. It is slated for reauthorization again in September 2005. Community advocates have emphasized several imperatives in CARE Act reauthorization, including:

- Maintaining the emergency nature of the Ryan White CARE Act facilitates priority funding and immediate disbursement for essential programs and services for people with HIV/AIDS.
- The existing CARE Act title structure must be maintained to provide the ability to target policies and resources to diverse populations impacted by the AIDS epidemic.
- Independent community planning groups are essential to developing and maintaining a comprehensive service system responsive to the needs of people with HIV/AIDS.