

CONGRESSMAN FRANK PALLONE, JR.
Sixth District of New Jersey

FOR IMMEDIATE RELEASE
October 14, 2009

CONTACTS: Richard McGrath
Tali Israeli
(202) 225-4671

**PALLONE STATEMENT AT HEALTH MARKUP OF RYAN
WHITE HIV/AIDS TREATMENT EXTENSION ACT**

Washington, D.C. --- U.S. Rep. Frank Pallone, Jr. (D-NJ), Chairman of the House Energy and Commerce Subcommittee on Health, gave the following opening statement today at a subcommittee markup of H.R. 3792, the Ryan White HIV/AIDS Treatment Extension Act of 2009. The bipartisan, bicameral legislation will strengthen the program so the individuals who rely on it can continue to access the critical medical services they need.

“Good morning. Today the Subcommittee is meeting to mark-up H.R. 3792, the Ryan White HIV/AIDS Treatment Extension Act of 2009.

“In early September, this Subcommittee met to review a discussion draft of the bill that was released by Chairman Waxman and myself. During that hearing, we pledged to work with our Republican colleagues as we moved forward. I am pleased to say that we have before us today a bi-partisan, bi-cameral piece of legislation.

“The Ryan White program was scheduled to sunset on September 30, 2009. Fortunately, we were able to include an extension of the program in the Continuing Resolution that was passed just a few weeks ago so all the individuals who rely on this important program continue to have access to the critical medical services they depend on every day.

“Meanwhile, we were working hard to reach consensus and the result of that work is before us today. First, this bill eliminates the sunset provisions so that we will never again face this drop-dead deadline. Though it is important to revisit programs to ensure that they are still achieving their established goals, these types of sunset provisions can put patient care at risk.

“All the Ryan White programs have been in desperate need of increased funding for the past three years. Modern medical advancements have made it possible for more individuals to live full lives despite an HIV/AIDS diagnosis, which means that there are more individuals living with the disease and in need of services. At the same time, we are experiencing a steady increase in the cost of providing that medical care.

“In order to respond to this growing level of need, HR 3792 provides a five percent authorization increase for all parts of the Ryan White program. This includes Part D, which has been flat funded for the past three years and Part F, which encompasses Minority AIDS Initiative, HIV/AIDS communities, and schools and centers.

“We have also extended the exemption for those states who are still reporting code-based data directly to HRSA. When we reauthorized the Ryan White program in 2006, we included a provision that would require all states to report their HIV cases to the CDC through a name-based system. This system is more accurate in capturing true cases of HIV/AIDS and decreases the chance of duplication or double counting.

“Though all states have made progress toward this goal, there are still eight states whose data is not yet considered mature according to the CDC. To give them time to get their systems fully operational, we extend the exemption that allows them to report code-based data while keeping in place the penalties that were established in 2006. This includes a 5% decrease in counts to account for potential duplication and a 5% cap on the possible increase in HIV numbers.

“Along those lines, we also establish a margin of error for the eligible metropolitan areas. Transitional Grant Areas (TGAs) that received an award in FY08 will continue to be considered TGAs if they have at least 1,400 living AIDS cases in the most recent calendar year and have obligated at least 95 percent of their total award. For those TGAs who do not meet these conditions, we have created a new transfer of funds process that will provide a soft landing for the former TGA and ensure that the patients who rely on the services once provided by that TGA will continue to receive those services.

“This bill repeats the hold harmless pattern that was established in the last reauthorization. This was done to ensure that no area experiences too drastic a cut in funding from one year to the next, thereby destabilizing the provision of care to patients in that area. This will guarantee that the provision of care is not disrupted, while at the same time, slowly shifting funds away from areas that do not have the same number of patients they once had.

“And finally, we included a few very technical changes to the current Ryan White program. The small changes we made ensure that patients continue to be able to access these life-saving and life-sustaining treatments and services.

“Despite huge advancement in prevention, detection, and early treatment of HIV/AIDS, there are still nearly 40,000 new HIV/AIDS infections reported each year and according to the CDC, approximately 1.1 million Americans are currently living with the disease. Given these high numbers, it is all the more important that we continue the Ryan White program to ensure that these patients receive the treatment that they need and deserve. I believe that the bill before us today does just that.

“I would like to thank my colleagues Chairman Waxman, Ranking Member Barton, Ranking Member Deal and my colleagues in the Senate for their work on this bill. I would also like to thank the numerous community groups and stakeholders for the effort they made upfront in putting together the consensus document. I think the bill before us today is an important step forward at making sure this critical program remains in place and people with HIV and AIDS can continue to access the services and treatments they need.”