



President Obama's FY2016 Budget Proposal to Consolidate Ryan White Parts C & D

Full Statement

Ryan White Part D provides life-saving family-centered primary and specialty medical care and support services, women, infants, children and youth living with HIV/AIDS. This component of the Ryan White program has invested much needed resources to build service provider capacity to ensure women have access to quality, culturally competent, linguistically appropriate core medical and support services so that they and their loved ones can enjoy healthy, meaningful and productive lives.

As the only AIDS Service organization in the District of Columbia solely dedicated to providing direct services for women living with and at risk for HIV, and their families, The Women's Collective is once again deeply concerned the President's FY 2016 budget proposes to consolidate Part C and Part D of the Ryan White with program. The President's budget zeroes out Part D, for a reduction of \$75,088,000 below the FY 2015 funding level. However, the President's budget increases the Part C allocation by \$79, 088,000. Presumably, this increase represents a transfer of the Part D monies of \$75,088,000 and an increase of \$400,000 above the FY 2015. If implemented without the requisite assurances, the proposed consolidation will dismantle the solid infrastructure Part D providers have built up in underserved urban and rural geographic areas where the HIV infections among women and co-morbidities are rapidly escalating.

In the District of Columbia (DC) women account for 27% of the HIV epidemic, with heterosexual sex as predominant mode of transmission; in DC Black women who reported heterosexual contact as the primary mode of transmission represent the second-largest group (16%), after Black MSM. There continues to be significant racial disparities; blacks are the disproportionately affected population, representing nearly 75% of new infections but only 47% of District residents. The HIV prevalence for black women (93%) was nearly 5 times greater than that of Hispanic women and nearly 25 times greater than that of white women. According to the President's own Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-related Health Disparities, Intimate Partner Violence (IPV) and HIV are intersecting epidemics that have far-reaching health consequences for women in the United States, particularly for women of color, who already face a long list of health and social disparities. This situation calls for novel, but also immediate, ways to address gaps, and provide successful prevention & treatment for women along the continuum care. Now is not the time for this Administration that has made so much progress on HIV/AIDS to dismantle the Part D program.

The Women's Collective serves women of color in the District and beyond. When clients walk through The Women's Collective doors they are thinking about much more than their HIV care. All of these women have sexual and reproductive health rights; these women have faced childhood and adulthood trauma that probably put them at risk for HIV in the first place; they experience violence, they are homeless, they have little or no income. Many women learn they are HIV-positive during pregnancy, with Part D services ensuring that they were connected & retained in care.

Assurances

The American healthcare landscape has changed considerably in recent years, most significantly with the enactment of the Affordable Care Act. Mother-to child transmission has almost been completely eradicated, and treatment as prevention offers great promise to prevent transmission and improve health outcomes of women living with HIV. Even with these advancements, between 8,000 and 9,000 HIV+ women become pregnant each year. The re-direction of limited resources focused women, children, and youth appears misguided to us. Should the proposed budget move forward, we demand assurances of sustained investment of Ryan White dollars in existing Part D grantees and the clients they serve.

1. Deliberate and specific language that protects Part D funds transferred to Part C, so that these monies continue to be dedicated solely to women, children and youth.
2. Description of procedures and quality measures to ensure women will have access to and make use of services allocated for them.
3. Immediate consultation with all impacted by the proposed consolidation. Sadly, it is very clear that the Administration neither sought input nor informed partners before the proposal was included in the FY 2016 budget. What steps will the White House, in coordination with HRSA, take to explain the rationale for the consolidation to grantees and external community stakeholders?
What happens to all the Part D services that would not meet the program eligibility for consolidated Part C grant funding?

The Women's Collective is advocating for the preservation of Ryan White in its entirety for a simple reason that we are witness to lives that have literally been salvaged because there has been a payer of last resort. A soon to be released Women's Collective White Paper will outline policy priorities, informed by the voices of the women we serve, to guide healthcare access policy for women living with HIV. Recommendations will consider new needs assessment data and address emerging needs that continue to be rooted in and perpetuated by racial, ethnic and gender based health inequities. We strongly urge HRSA/ HAB to consider our recommendations, and to meaningfully engage the diverse community of women, service providers, activists and policy advocates who are on the frontlines and serving and representing women who have rely on the Ryan White program.

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