

INTERGOVERNMENTAL RELATIONS

RESOLUTION

FEB 03 2006

WHEREAS, any official position of the City of Los Angeles with respect to legislation, rules, regulations or policies proposed to or pending before a local, state or federal governmental body or agency must first have been adopted in the form of a Resolution by the City Council with the concurrence of the Mayor; and

WHEREAS, approximately 30,000 people in the City of Los Angeles are living with HIV or AIDS, and Los Angeles County is second only to New York in its total number of living AIDS cases; and

WHEREAS, the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is Federal legislation that addresses the unmet health needs of persons living with HIV disease (PLWH); and

WHEREAS, approximately 25,000 people in Los Angeles County access Ryan White CARE Act services every year and it is estimated that more than half of those people are City of Los Angeles residents; and

WHEREAS, the current Ryan White CARE Act expired on September 30, 2005 and must be reauthorized; and

WHEREAS, the Bush Administration has released Ryan White CARE Act Reauthorization Principles; and

WHEREAS, the Administration principles seek to remove cases from heavily impacted metropolitan areas (Title I jurisdictions) from state (Title II) allocation formulas, possibly costing California approximately \$19 million of CARE Act funding, which could have devastating effects on public health care systems; and

WHEREAS, the federal Centers for Disease Control (CDC) will not accept California's code-based HIV data, and even a transition to names-based HIV reporting would not allow for a complete California case count by 2007; and

WHEREAS, a transitional provision for HIV reporting must be included in CARE Act legislation to prevent the loss of \$50 million of critically needed health care dollars in states such as California; and

WHEREAS, the Administration principles have called for establishment of a "severity of need for core services index" (SNCSI) and this index "would take into account...availability of local, state, and federal programs and support," which could penalize states such as California that make a responsible investment in providing appropriate access to care for people living with HIV/AIDS, and could create a "race to the bottom" in state support of health care;" and

WHEREAS, the Administration principles suggest that local CARE Act Planning Councils should no longer be given a legislatively mandated role in setting priorities for CARE Act spending; and

WHEREAS, local planning councils must retain this critical role in CARE Act planning, because individuals living with HIV/AIDS and those that serve them best understand the key healthcare needs and gaps in the community; and

WJ FEB 03 2006

06-0002-220

WHEREAS, the Administration principles would require that 75 percent of CARE Act funds be used for "core medical services"; and

WHEREAS, it is unwise to set an arbitrary percentage to be allocated to any service category in every jurisdiction, and any definition of "core services" should include a broad array of support services, which enable HIV/AIDS patients to access and maintain the medical care regimens required in treatment; and

NOW, THEREFORE, BE IT RESOLVED, with the concurrence of the Mayor, that by the adoption of this Resolution, the City of Los Angeles hereby includes in its 2006 Federal Legislative Program SUPPORT for reauthorization of the Ryan White CARE Act, and URGES Congress to pass CARE Act Legislation that:

- 1) Continues to include AIDS cases in major metropolitan areas in both Title I and Title II case counts so that funding can be appropriately allocated for state and local CARE Act programs, to allow major urban areas to address the special challenges faced by their HIV/AIDS populations; and
- 2) Creates a transitional provision to prevent dramatic losses of funding for states with HIV case counts that are not yet complete by 2007; and
- 3) Includes a system for determining "severity of need" that does not penalize states that invest their own resources to help care for people with HIV/AIDS; and
- 4) Maintains the current legislative mandate that local service funding priorities are determined by local planning councils with the best knowledge of community needs; and
- 5) Defines "core medical services" broadly, including a wide array of supportive services that enable people living with HIV/AIDS to access medical care and maintain effective treatment regimens; and
- 6) Allows communities flexibility to make the best use of CARE Act funds in filling unique local health care gaps and does not mandate percentages to be allocated to any specific service categories; and
- 7) Includes a list of AIDS Drug Assistance Plan (ADAP) core medications that is comprehensive and improves, rather than limits, access to critical drugs nationwide.

PRESENTED BY



BILL ROSENDAHL
Councilman, 11th District

SECONDED BY

