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The Campaign to End AIDS (C2EA) proposes that the Ryan White Treatment Modernization Act of 2006 be extended for only one year. In addition a committee should be established to develop a workplan which contains specific timeline. For instance we recommend that the one year extension includes 3, 6, and 9 month benchmarks with a final draft of the legislation to be completed at the ninth month benchmark.

Below are proposed benchmarks that ensure that the development and implementation of a comprehensive health care plan for people living with HIV is drafted within one year.

- The first benchmark, which extensively may take an average month, is the election of the bipartisan committee made up of key community leaders, and strong representation (60%) of persons living with HIV/AIDS (PLWHAs). This committee would create the necessary framework to create steps and other processes to assure critical inputs and proposed plans are provided and accepted. In order to have an effective legislation which would transition into the larger healthcare reform inputs and feedback must be surveyed and accepted by the committee.
- The second benchmark, which should be met by the sixth month, is the development of key elements of the legislation that should be reviewed and accepted by the committee. At this proposed juncture, the body of the legislation should clearly identify strategies that demonstrate significant outcomes in order to meet the needs of PLWHAs. For instance, challenges such as limited access, gaps in psychosocial, medical care, mental health, substance abuse services or no services at all among women of color, ethnic minorities who identify as MSM, and people living in rural areas must be part of this proposed legislation need to be clearly identified. Respectively, the committee should be able to derive effective strategies on how legislature can address these unmet areas in relation to the larger healthcare reform plan.

- The third benchmark, which should be met by the ninth month, is the completion of the draft legislation reflecting data collected throughout the process from the committee that defines the community to be served.

It is our observation that the reauthorization process has not been successful in meeting the challenges for addressing changing trends that include but are not limited to ethnicity, gender or geographical disparities among PLWHAs. To extend the current Ryan White Modernization Act of 2006 for an additional 3-4 years would be deleterious for the communities deeply impacted by the HIV/AIDS epidemic. Thus it would be advantageous to limit the extension of the current reauthorization for one year while developing new legislation that improves access to care for all PLWHAs and integrating the new health care reform and National AIDS Strategy.

Finally, Campaign to End AIDS committee firmly contends that AIDS is an epidemic that continues to ravage communities of color in urban and rural areas with poor access to care and resources. Within the onset of a new health care reform, it is in our best interest that we expedite a plan to assure that the reauthorization act be completed within one year.