



Ryan White HIV/AIDS Treatment Modernization Act of 2006 **Overview of Provisions Affecting Title IV and Services for Women, Children, Youth and Families**

On December 19, 2006, President Bush signed into law the Ryan White HIV/AIDS Treatment Modernization Act ([HR 6143](#), Public Law No: 109-415), legislation that amends and reauthorizes the Ryan White CARE Act for the next three years (FY 2007 to FY 2009). The Senate and House each passed the legislation by unanimous consent on December 6 and 9, respectively. Sponsored by Senate Health, Education, Labor and Pensions Chair Mike Enzi (R-WY) and Ranking Member Ted Kennedy (D-MA), and the House Energy and Commerce Chairman Joe Barton (R-TX) and Ranking Member John Dingell (D-MI), the bill represents the efforts of a two-year bipartisan, bicameral negotiation process. This document is intended to review the provisions of the reauthorized program pertinent to providing care and services for women, children, youth and families.

Title IV Provisions

Title IV of the CARE Act provides for competitive grants to organizations providing care and services to women, children, youth and families living with HIV/AIDS. The reauthorized program maintains Title IV, and makes the following changes. *AIDS Alliance's analysis is italicized.*

- **Affirms Title IV's focus on family-centered care** and continues to target populations of women, children, youth and families. *Family-centered care and the role of Title IV grants are preserved.*
- **Includes HIV-positive youth as a priority** (along with women, children and families) for Title IV funding. *Title IV's adolescent projects are codified into law and remain a target population of Title IV.*
- Clarifies that a health facility operated by or pursuant to a contract with the **Indian Health Service is eligible as a direct Title IV grantee**. *Indian Health Service entities may apply for Title IV funds.*
- **Requires HRSA to conduct an annual review** of Title IV grantees at 180 days following each fiscal year to review the procedures of the grantees for providing services under Title IV to women, infants, children and youth. *Codifies into law annual reviews of Title IV grants. HRSA currently conducts annual reviews of Title IV grantees during the grant continuation application process, as well as through the submission of annual progress reports.*
- Requires Title IV grantees to **document for HRSA how the expenditure of the grant relates to the State planning process** and how the expected expenditures will improve overall client outcomes as described in the State plan or through additional outcome measures. *Grantees must provide assurances to HRSA and document how its expenditures relate to the planning of the State HIV plan and to client outcomes.*
- Requires grantees to **submit an audit to their State**. *Grantees must provide a copy of their audit to their State AIDS director.*

- **Caps Title IV's administrative expenses at 10 percent**, while providing a definition of administrative expenses as "funds that are to be used by grantees for grant management and monitoring activities, including costs related to any staff or activity unrelated to services or indirect costs." Clinical quality management is not included in the administrative cap. *Grantees will be required to cap at 10 percent defined administrative expenses, which do not include: defined "services," federal "indirect costs" and, through Congressional intent articulated in the legislation's accompanying report, "clinical quality management."*
- **Exempts Title IV from 75 percent spending requirement** for core medical services. *Grantees do not need to meet the 75 percent set aside.*
- **Eliminates extensive research provisions from Title IV, while maintaining important linkages to research.** *Grantees are still required to educate clients about clinical research opportunities.*
- **Requires GAO to conduct an evaluation**, and submit to Congress a report within two years of enactment, concerning how funding is used under Title IV including:
 - How funds are used to provide administrative expenses, indirect costs and services for individuals with HIV/AIDS;
 - How funds are used to provide administrative expenses, indirect costs and services for family members of women, infants, children and youth infected with HIV/AIDS;
 - How funds are used to provide family centered care involving outpatient or ambulatory care;
 - How funds are used to provide additional services; and
 - How funds are used to help identify HIV-positive pregnant women and their children who are exposed to HIV and connect them with care that can improve their health and prevent perinatal transmission.*Grantees should expect GAO and/or HRSA to request data that contributes to this report.*
- Title IV is authorized to receive **flat-funding at \$71.8 million** annually for FY2007-FY2009. *Services available for women, children, youth and families living with HIV/AIDS will be negatively impacted if Title IV funding is left flat for the next three years.*

Related Provisions for Women, Children and Youth

- Maintains priority in funding for women, infants, children and youth in Title I and Title II, and now requires EMAs and states to document priority using AIDS and HIV data. *Inclusion of HIV data is anticipated to more accurately reflect the proportion of women, infants, children and youth in local epidemics.*
- Establishment of a \$30 million *Early Diagnosis Grant Program*, of which \$20 million is available for states that have voluntary opt-out testing of pregnant women and mandatory testing of newborns, and \$10 million is available for states that have voluntary opt-out testing of clients at STD clinics and voluntary opt-out testing of clients at drug treatment centers. No grants awarded may be larger than \$10 million. *Funded through a \$30 million carve out of CDC's HIV prevention funding, this will, in the absence of the new funding, result in cuts to CDC's existing cooperative agreements. No state appears to qualify for the grants.*

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