

# Ryan White Medical Providers Coalition

**Testimony Presented by Alice Thornton, MD**

**Medical Director of the Bluegrass Care Clinic in Lexington, Kentucky,  
Co-Chair of the Ryan White Medical Providers Coalition, and**

**Member of the HIV Medicine Association**

**to the U.S. House Appropriations Subcommittee on**

**Labor, Health and Human Services, Education and Related Agencies**

**Regarding Part C of the Ryan White Program at the HIV/AIDS Bureau of the Health  
Resources and Services Administration in the Department of Health and Human Services**

March 13, 2013

Good morning Chairman Kingston, Ranking Member DeLauro, and my home state Representative, Chairman Rogers. My name is Dr. Alice Thornton, and I serve as Medical Director of the Bluegrass Care Clinic in Lexington, Kentucky. I am here to submit testimony today on behalf of the Bluegrass Care Clinic; the Ryan White Medical Providers Coalition, which I Co-Chair; and the HIV Medicine Association, of which I am a member.

Thank you for the opportunity to describe the lifesaving HIV/AIDS care and treatment provided by Ryan White Part C funded programs, including my own. The Bluegrass Care Clinic (BCC), a university-affiliated clinic, has served as the source for HIV primary care in the 63 counties of central and eastern Kentucky for the past 23 years. Over half of the counties served are federally recognized as economically distressed, and BCC cares for 74% of the people living with HIV in the region. Over the past 10 years, the number of patients has increased by 136%, and the annual number of outpatient medical care appointments has increased by almost 400%. ***The University incurs an annual deficit of approximately \$1.2 million from operating the clinic.***

In addition to critical funding that Part C provides through direct federal grants for comprehensive medical care clinics like BCC, most Part C clinics, including BCC, also receive support from other parts of the Ryan White Program that help provide access to medication;

additional medical care, such as dental services; and key support services, such as case management and transportation, which all are essential components of the highly effective Ryan White HIV care model the results in excellent outcomes for our patients.

Adequate funding of the Ryan White Program is essential to providing both effective and efficient care for individuals living with HIV/AIDS, and I thank the Subcommittee in particular for its support of Ryan White Part C Programs in FY 12 and this first part of FY 13. And while I am grateful for this support, and understand that times are tough, I request a **\$21.5 million increase for Ryan White Part C programs in FY 14. While I know that this is a lot of funding, it is in fact well below the estimated need, and Ryan White providers would spend those dollars effectively and efficiently caring for patients.**

#### **Ryan White Part C Programs Support Comprehensive, Expert and Effective HIV Care**

Part C of the Ryan White Program funds comprehensive, expert and effective HIV care and treatment -- services that are directly responsible for *the dramatic decrease in AIDS-related mortality and morbidity over the last decade*. The Ryan White Program has supported the development of expert HIV care and treatment programs that have become *patient-centered medical homes* for individuals living with this serious, chronic condition. In 2011, a groundbreaking clinical trial -- **named the scientific breakthrough of the year by Science magazine** -- found that HIV treatment not only saves the lives of people with HIV, *but also reduces HIV transmission by more than 96% -- proving that HIV treatment is also HIV prevention.*

The comprehensive, expert HIV care model that is supported by the Ryan White Program has been highly successful at achieving positive clinical outcomes with a complex patient population.<sup>1</sup> In a convenience sample of eight Ryan White-funded Part C programs ranging from

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<sup>1</sup> See *Improvement in the Health of HIV-Infected Persons in Care: Reducing Disparities* at <http://cid.oxfordjournals.org/content/early/2012/08/24/cid.cis654.full.pdf+html>.

the rural South to the Bronx, *retention in care rates ranged from 87 to 97 percent*. In estimates from the Centers for Disease Control and Prevention (CDC) – only 37 percent of all people with HIV are in regular care nationally.<sup>2</sup> Once in care, patients served at Ryan White-funded clinics do well— *with 75 to 90 percent having undetectable levels of the virus in their blood*. This is much higher than the estimate from the CDC that just 25 percent of all people living with HIV in the U.S. are virally suppressed.

### **Investing in Ryan White Part C Programs Saves Both Lives and Money**

Early and reliable access to HIV care and treatment both helps patients with HIV live relatively *healthy and productive lives* and is more *cost effective*. One study from the Part C Clinic at the University of Alabama at Birmingham found that patients treated at the later stages of HIV disease required *2.6 times more health care dollars* than those receiving earlier treatment meeting federal HIV treatment guidelines. *On average it costs \$3,501 per person per year to provide the comprehensive outpatient care and treatment available at Part C funded programs*. The comprehensive services provided often include lab work, STD/TB/Hepatitis screening, ob/gyn care, dental care, mental health and substance abuse treatment, and case management. At the BCC clinic we provide a similar wide range of services that are crucial to our success of medically managing our patients.

### **Current Challenges – Future Promise**

This effective and comprehensive HIV care model, however, is not completely supported by Medicaid or most private insurance. *While most Ryan White Program clients have some form of insurance coverage, without the Ryan White Program, they would risk falling out of care*.

Barriers include poor reimbursement rates; benefits designed for healthier populations that fail to

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<sup>2</sup> See CDC's *HIV in the United States: The Stages of Care*  
<http://www.cdc.gov/nchhstp/newsroom/docs/2012/Stages-of-CareFactSheet-508.pdf>.

cover critical services, such as care coordination; and inadequate coverage for other important services, such as extended medical visits, mental health and substance use treatment. Full implementation of the Affordable Care Act plus continuation of the Ryan White Program will dramatically improve health access and outcomes for many more people living with HIV disease.

### **Ryan White Programs Are Struggling to Meet Demand**

Additionally, as a result of funding cuts and shortfalls, as well as increased patient demand, a 2012 Ryan White Medical Providers Coalition (RWMPC) survey of over 100 Ryan White Part C providers nationwide demonstrated that *approximately half* of the programs surveyed have had to make cuts or other program changes. More specifically:

- **54 percent** reported that they had reduced or cut services, including **27 percent** that had reduced or cut support for medications, and **19 percent** that had reduced coverage for laboratory monitoring.
- **40 percent** had longer wait times for new and/or existing patient appointments.
- **31 percent** had laid off staff, and **30 percent** had frozen hiring.

In my own clinic, we had to close BCC to new patients for several weeks last year because we were not able to handle the demand for services.

### **Fully Funding and Maintaining Ryan White Part C Programs Is Essential**

Because of both the inadequacy of insurance coverage for people with complex conditions like HIV and the fact that some individuals will remain uncovered, even after Affordable Care Act implementation, *fully funding and maintaining the Ryan White Program is essential to providing comprehensive, expert and effective HIV care nationwide*. According to the 2012 RWMPC survey of over 100 Ryan White Part C programs, if federal funding is cut by 10 percent through sequestration and/or additional deficit reduction measures, that would force **66 percent**

of clinics surveyed to *further cut or reduce services; 57 percent to cut or reduce staff; and 13 percent to close to new patients.*

While RMWPC understands the difficulty of the current economic climate, *reducing funding for HIV care and treatment is not cost-effective and will hamper the ability of Ryan White Part C programs to achieve the best possible patient outcomes.* It also will jeopardize our nation's ability to capitalize on recent scientific breakthroughs that could move us toward an AIDS-free generation. Without ready access to comprehensive, expert, and effective HIV care and treatment, patients will use expensive emergency care more, and receive less effective treatment at later stages of HIV disease. Restricted access to effective HIV care and treatment also will result in reduced rates of retention in care, resulting in increased patient viral loads and increased numbers of HIV infections. And most importantly, there will be those who will lose their lives because they are not able to access these lifesaving services at all.

### **Conclusion**

These are challenging economic times, and we recognize the significant fiscal constraints Congress faces in allocating limited federal dollars. However, the significant financial and patient pressures that we face in our clinics at home propel us to make the request for a **\$21.5 million increase in FY 14 funding for Ryan White Part C programs.** This funding would help to support medical providers nationwide in delivering life-saving, effective HIV/AIDS care and treatment to their patients, and save millions of wasted health care dollars treating patients too late or in inappropriate, higher cost settings.

Thank you for your time and consideration of this request. If you have any questions, please do not hesitate to contact the Ryan White Medical Providers Coalition Convener, Jenny Collier, at [jennycollierjd@yahoo.com](mailto:jennycollierjd@yahoo.com) or 202-295-7188.