

United States Senate

WASHINGTON, DC 20510-3604

December 14, 2005

Honorable Michael O. Leavitt
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Leavitt,

As a practicing physician, I commend President Bush and his Administration for your continuing leadership on HIV/AIDS, both domestically and globally.

Earlier this year, the Administration called upon Congress to reauthorize the Ryan White CARE Act, the largest AIDS-specific government care program, and proposed a thoughtful set of principles emphasizing early diagnosis, primary medical care and treatment, flexibility and accountability.

The CARE Act's authorization expired on September 30 and I am extremely disappointed that Congress has not reauthorized this important program. I am hopeful that Congress will do so next year and will include the Administration's recommendations.

Two of the most significant issues facing the CARE Act today are ensuring fair formulas and adequate funding for the AIDS Drug Assistance Program (ADAP).

In 2000, Congress sought to eliminate some of the obvious disparities in the program and treat all people with HIV/AIDS equally under the CARE Act by incorporating all those living with HIV, rather than just those diagnosed with AIDS, in funding formulas. Public Law 106-345 clearly requires that beginning no later than fiscal year 2007, cases counted for each 12-month period shall be all reported cases of HIV disease. As the author of this law, I would like to emphasize that it was the specific intent of Congress that only reported cases of HIV and AIDS be used for funding purposes and not estimates, serosurvey statistics, or numbers derived from other mathematical schemes.

While a diagnostic test for HIV infection has existed now for two decades and states have had five years since this law was signed to enact HIV data collection systems, many states still do not have accurate HIV surveillance programs. As a result, these states face forfeiting tens of millions of dollars in federal Ryan White CARE Act funds. It is unfortunate that as a result of this shortsightedness and inability to prioritize essential public health strategies, patients living with HIV in these states may lose out.

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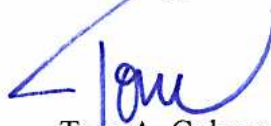
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Please provide the following information:

- (1) A full listing of states and territories which receive Ryan White CARE Act Title II funding that currently have HIV data confirmed by the Director of the Centers for Disease Control and Prevention (CDC) as being sufficiently accurate and reliable, as well as a list of those that the CDC has not confirmed as having reliable and accurate HIV data;
- (2) A comparison using data from the mostly recent available twelve month period that would demonstrate the funding differences for both Title I and Title II grantees under the existing formula that utilizes only AIDS data and the formula set to begin in fiscal year 2007 using reported HIV/AIDS data as confirmed as accurate and reliable by the CDC (Only AIDS data should be counted for those states that do not have reliable HIV data).

Thank you for your continued leadership on HIV/AIDS and for your attention to this matter. I would appreciate a reply no later than February 1, 2006.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Tom A. Coburn', with a large, sweeping flourish above the name.

Tom A. Coburn, M.D.
U.S. Senator