



For Immediate Release

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***ENZI, SENATE LEADERS MOVE TO PASS RYAN WHITE ACT; LIFE-SAVING BILL BLOCKED AGAIN BY HANDFUL OF SENATORS***

**Washington, D.C.** – U.S. Senator Mike Enzi (R-WY), Chairman of the Senate Health, Education, Labor and Pensions (HELP) Committee, said Senators blocking a vote for the second day this week on the “Ryan White Comprehensive AIDS Resource Emergency Act,” (RWCA), are obstructing the flow of life saving treatment for HIV and AIDS in communities that make up the new ground zero in the HIV/AIDS epidemic.

“The bipartisan, bicameral Ryan White reauthorization we have offered will increase overall funding for HIV/AIDS treatment, and will ensure that federal dollars follow the patient to reach the communities that increasingly represent the face of the HIV/AIDS crisis,” Enzi said. “A majority in the Senate is ready to support this bill, which will make 100,000 new infected individuals eligible for treatment and care. The time to act is now.”

Twice this week, Chairman Enzi and Senate leaders have made extraordinary efforts to secure the unanimous consent required to pass RWCA without a lengthy debate on the Senate floor. However, both times, less than half a dozen Senators have taken steps to block passage of the bill, which is a bipartisan, bicameral version of the reauthorization already cleared by key lawmakers in the House.

“The HIV/AIDS epidemic of today affects more women, more minorities, and more people in rural areas and the South than ever before,” Enzi said. “We must ensure that those infected with HIV and living with AIDS receive our support and our compassion, regardless of their race, their gender, or where they live. Continuing to block this bill doesn’t get that job done. An agreement to reauthorize this critical legislation must be reached quickly.”

If the law is not reauthorized by September 30, several states, including California, Massachusetts, Maryland, Illinois, and the District of Columbia will receive drastic reductions in funding and the program that people infected with HIV and AIDS rely on for drugs and other services will not be able to provide them with the treatment they desperately need.

“On this issue there is no room for election year hostage taking. Congress has a fundamental responsibility to address the HIV/AIDS epidemic throughout an individual’s life, no matter where that person lives and without regard to their health status, be it HIV positive or living with AIDS,” Enzi said. “I urge the Senators who are holding up this bill to stop playing the ‘numbers game,’ so that Ryan White CARE Act funding can target the epidemic of today, not yesterday.”

The bill brought to the Senate floor today increases overall investment in Ryan White programs by \$1.3 billion over 5 years and revises flawed funding formulas, which currently favor states with urban areas and a longer history of AIDS infections over states where the disease is now spreading most rampantly. It better targets funding so that infected persons have better access to high quality health care, improves accountability for health outcomes, and ensures more equitable treatment opportunities for all persons with HIV/AIDS.

New York’s Congressional delegation, which is leading opposition to the bill, argues that changing the formulas would devastate their state’s treatment infrastructure. A closer look, however, reveals that the impact on New York, like other states with large urban areas, would not be so great:

- In 2006 the national average funding per AIDS case was \$1,613. New York’s average was \$2,122 per case – nearly 33 percent more per case than the national average.
- Under the corrected funding formulas, the national average in 2007 would be \$1,793, and New York’s would still be a significantly higher \$2,107 – just 5 percent less than the state currently receives.
- In 2000-2003, New York carried over an average of \$29 million a year in Title I and Title II funds.

The Ryan White CARE Act was initiated in 1990 to provide treatment and care for individuals suffering from HIV/AIDS who are in the greatest need of assistance. The legislation must be reauthorized every five years.

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