

**FOR IMMEDIATE RELEASE**  
March 1, 2006

**CONTACT:** Laura Capps/ Melissa Wagoner  
(202) 224-2633

**KENNEDY AND ENZI WORK TO REAUTHORIZE THE RYAN WHITE CARE ACT**  
***BIPARTISAN BICAMERAL EFFORT TO IMPROVE THE CARE AND TREATMENT OF  
INDIVIDUALS WITH HIV/AIDS***

**Washington, D.C.** – Today, under the leadership of Senators Enzi and Kennedy, the Senate Health, Education, Labor and Pensions (HELP) Committee held the first hearing on the reauthorization of the “Ryan White Comprehensive AIDS Resource Emergency Act,” (RWCA). Believing that this issue is too important to be slowed by politics, Kennedy and Enzi have been working with the White House and with the House and are committed to achieving a bipartisan bill that will pass this year.

“We must do a better job to provide care, treatment, and support for those caught in the epidemic’s path,” Senator Kennedy said. “As the challenge of HIV/AIDS continues, year after year, it has become more difficult for anyone to claim that AIDS is someone else’s problem. While we still seek a cure to AIDS, the Ryan White funds have allowed us to help those infected by the virus to lead long and productive lives, through the miracles of good care, treatment, and the availability of prescription drugs.”

Working together, Kennedy and Enzi have developed broad principles for the reauthorization of RWCA that will:

- Ensure that those who are providing and receiving HIV-related services are obtaining coordinated, helpful federal guidance.
- Include authorizations of appropriations with specific dollar amounts, recognizing the current budgetary process.
- Reflect current, evolving and ongoing needs of people living with HIV/AIDS, such as issues related to co-morbidities, longer life spans, and health disparities (including an increased incidence of infections among minorities, women, and individuals living in rural areas).
- Recognize the latest research regarding knowledge related to HIV/AIDS. Programs should be soundly based on science, when science is available.
- Forge a renewed commitment to fill the gaps in care, treatment, and social services so that it is truly the payer of last resort for such services.
- Emphasize underserved populations, access to health care and medications, and essential support services.

It has been almost sixteen years since the HELP Committee passed the Act, in honor of Ryan White who contracted HIV from a blood transfusion only days after his 13th birthday. Since 1990, the CARE Act has been reauthorized twice – in 1996 and 2000 – to accommodate changes in the nature and the demographics of the disease.

Attached are Senator Kennedy’s remarks and a fact sheet about HIV/AIDS in Massachusetts.

**Statement of Senator Edward M. Kennedy**  
**At the Hearing on Reauthorization of the Ryan White CARE Act**  
**March 1, 2006**

Today's hearing is about one of the greatest public health investments we have made in this country -- the care and treatment of individuals with HIV/AIDS.

Almost sixteen years ago, the members of this Committee demonstrated their commitment to the care and treatment of Americans living with AIDS by passing the Ryan White Care Act. It has been a model of bipartisan cooperation and Federal leadership and I am proud that this reauthorization process is continuing that bipartisan commitment.

Sixteen years ago, Americans were struggling with the devastating effects of the virus. By 1995, more than a million citizens were infected with the AIDS virus, and AIDS itself had become the leading killer of young Americans aged 25 to 44. AIDS was killing brothers and sisters, children and parents, friends and loved ones -- all in the prime of their lives.

Since that time, community-based care has become more available, drug treatments have nearly doubled the life expectancy of HIV-positive individuals, and public campaigns have increased awareness of the disease.

While we still seek a cure to AIDS, the Ryan White funds have allowed us to help those infected by the virus to lead long and productive lives, through the miracles of good care, treatment, and the availability of prescription drugs.

This is evident in my state of Massachusetts. By the end of 2004, a little over 26,000 residents had been diagnosed and reported with HIV/AIDS. Of that number, 42% have died --- but 58% are living with HIV/AIDS. That was not the case 10 years ago.

We in America know of the pain and loss that this disease cruelly inflicts. Millions of our fellow citizens -- men, women, and children -- are infected with HIV/AIDS. And far too many have lost their lives.

As the challenge of HIV/AIDS continues, year after year, it has become more difficult for anyone to claim that AIDS is someone else's problem. The epidemic has cost the nation immeasurable talent and energy in young and promising lives struck down long before their time. We must do a better job to provide care, treatment, and support for those caught in the epidemic's path.

As we approach this reauthorization, we should take a moment to understand the difference Ryan White has made in the lives of people living with HIV/AIDS. Because of lifesaving resources, lives have been extended and many have now been able to benefit from the Ryan White services needed to continue to live with HIV/AIDS.

We cannot underestimate the importance of mental health services, nutritional services and transitional housing supports that make such a difference everyday to those struggling with this disease.

It will be important to ensure that in this reauthorization that we continue to affirm the structure of the CARE Act --- which continues to provide a sound and solid backbone for HIV/AIDS care across this nation.

As we increase our efforts to provide better care, treatment, and drugs in rural areas that have seen an increase in the AIDS epidemic, we must ensure that more state flexibility does not cause the collapse of existing structures of care under Ryan White.

The Ryan White CARE Act is about more than just funds and health care services. It's about caring

and the American tradition of reaching out to people who are suffering and in need of help. I look forward to the Administration's testimony on the impact the Ryan White CARE Act has made over the last 16 years and their thoughts on where we need to go in the future.

## **HIV AIDS FACT SHEET – MASSACHUSETTS**

### **Current Profile**

- At the end of 2004, 15,289 people are known to be living with HIV/AIDS in Massachusetts. Another 5,750 – 6,250 people in Massachusetts are estimated to be infected with HIV but have not been reported or do not yet know of their status.
- By the end of 2004, a cumulative total of 26,512 Massachusetts residents have been diagnosed and reported with HIV/AIDS.
  - 42% have died.
  - 58% are living with HIV/AIDS.

### **Exposure**

- Male-to-male sex and injection drug use are the leading reported risks for HIV infection among people living with HIV/AIDS. Male-to-male sex accounts for 33% of all exposures while injection drug use accounts for 28% of all exposures.

### **Trends**

#### ***Gender***

- 71% of people living with HIV/AIDS in Massachusetts are male and 29% are female.
- From 1999 to 2004, this proportion of people diagnosed with HIV infection by gender has remained steady.

#### ***Race and Ethnicity***

- 46% of people living with HIV/AIDS in Massachusetts are white (non-Hispanic), 27% are black (non-Hispanic), 25% are Hispanic, 1% are Asian/Pacific Islander, and less than 1% are American Indian or Alaska Native.
- In sharp contrast, black (non-Hispanic) and Hispanic individuals each make up 6% of the Massachusetts population).

### ***Geography***

- 33% of people living with HIV/AIDS in Massachusetts reside in the Boston Health Service Region. The Boston Health Service Region includes Boston, Chelsea, Revere, and Winthrop. (In contrast, according to the 2000 Census, only 12% of all Massachusetts residents living in the Boston Health Service Region)
- Between 2002-2004, Provincetown, Boston, and Springfield had the highest rates of HIV infection diagnosis per 100,000 while Provincetown, Holyoke, and Boston had the highest rates of people living with HIV/AIDS per 100,000.

### **Ryan White CARE Act Funding**

- Of the \$1.97 billion appropriated for the Ryan White CARE Act in FY 2004, activities in Massachusetts received the 11th largest share of funding at \$50.4 million (3% of total funding).

###