

THE SHERIDAN GROUP
Government and Public Relations

4770-1
803-47210

6/30
Shriver - per
Grayson - NAPWA
staff think this is
incubated, but is
Cargass still female
problematic. very
Carolus - per Ernest, he
in his office
Friday 7/1 - needs to be
to Florida (2) changed
to be
Moulton -
RA

FAX TRANSMITTAL

DATE: 6/29/94
TO: Regina / Mike Shriver
FAX #:
FROM: GRAYSON

3 PAGES INCLUDING COVER

Regina / Mike -

A reminder that this paragraph on
p. 2 continues to be a major problem with the
NAPWA paper.

GRAYSON

Facsimile Transmittal Sheet**NAPWA****DATE:** June 29, 1994**TO:** Kristin O Connell**FAX#:** (202) 483-1964**FROM:** Jeffrey Crowley**RE:** NAPWA Statement on Ryan White
Reauthorization**# OF PAGES** (including Cover): 8

MEMO: Cornelius Baker has been out of town for the past two weeks, so he has asked me to follow-up with you on this. Lisa Ragain attended your meeting yesterday and gave you our statement. Subsequently, Cornelius has found a few minor changes that have been fixed in the document that follows. Yesterday's version was also inadvertently released without letterhead. Please contact me if you have questions. Sorry to inconvenience you.

**IF YOU DO NOT RECEIVE ALL PAGES,
PLEASE CONTACT US IMMEDIATELY**

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has not been full funding for the CARE Act. There are narrow changes, however, that should be considered in the reauthorization language that would be beneficial to people living with HIV disease in those impacted communities.

Much thought needs to be given to the formulation of Title I allocations. While recognizing the need to maintain services in highly impacted areas, the grant awards should closely reflect currently served cases. We strongly recommend that funds in all titles are awarded based upon historical analysis of both cumulative reported AIDS cases and those living with HIV disease who were served over a three year period. NAWA proposes that all epidemiologic data collection should be linked to the HIV prevention community planning process. Such a move would reduce duplication of effort and more closely identify new patterns in the epidemic. Communities with greater numbers of new cases would be brought more quickly to parity and capacity. Such a system when coupled with better tracking of cases would allow gradual shifting of funds to plan for potential utilization of services.

In order to maintain effective services and coordination the minimal level of funding in Title II for the States, Puerto Rico and District of Columbia should be increased to \$250,000 and to \$75,000 for the remaining territories. Title I and II grantees should be required to maintain level funding efforts and certification of the previous year's spent appropriations must be obtained before new funds are released.

Accessing care

While we are mindful that the CARE Act has been successful in providing for significant services in communities across our nation -- much remains to be done. In particular, everybody living with HIV, regardless of disease stage, must be offered the full array of services necessary to maintain their health and welfare.

It must be acknowledged that AIDS programs are underfunded in every state, but there exist great disparity in what is available to persons living with HIV disease across our nation. Unfortunately, despite a recommended continuum of care a national minimum standard of care has not been established for grantees. Indeed, there are good examples of state responses to care needs. For example, New Mexico which is ranked 13th in per capital spending on AIDS programs in fiscal 1992, subsidizes purchase of 19 drugs for people with AIDS, far more than many states. It subsidizes home-care services. It reimburses travel costs for people in rural areas who need to seek treatment, including alternative therapies, at medical centers in cities. And no residency period is required to qualify for state AIDS programs. This model program, however, is not the norm nor can it survive the demand it will create if other states are not held also to minimal standards of comprehensive care and a demonstrated funding commitment.

However, out-migration from cities or large states to areas with comprehensive, easily accessible services is not the only issue determinate of where people access services.

Facsimile Cover Sheet

To: Pat Christen
Company: San Francisco AIDS Foundation
Phone: 415-487-3067
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From: Cindy Wyatt
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Phone: 919-315-3826
Fax: 919-315-0421

Date: 4/26/94

**Pages including this
cover page:** 1

Comments:

Pat.

This is to confirm that Fred Gregg is planning to meet with you, Mike Shriver, and Rene Durazzo on November 16 from 12 - 2. I apologize for the delay in getting this confirmation to you. Please let me know where Fred should plan to meet you. Thank you.

(- We'll meet at Zuni)

-P.

Rene
Mike -
F.Y.I.
-Pat



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TALKING POINTS
OPPOSING THE CAMPAIGN FOR FAIRNESS PROPOSAL

- * Any discussion of formulas must begin with the premise that there currently exists inadequate resources and unmet need for HIV care and treatment services in all areas of the country -- in communities that rely exclusively on Title II funding and in those that have access to Title I funding due to their greater number and concentration of AIDS cases.
- * A per capita spending formula will do more harm than good for people with AIDS across the nation. With more than 73% of all AIDS cases concentrated in a small number of urban areas, the per capita formula would virtually dry up funding for suburban and rural areas. Imagine all states sharing 23% of Ryan White funds for all Title II, III (b) and IV services.
- * The funding issues raised by the Campaign for Fairness are upsetting. However, disparities in federal allocations have nothing to do with reauthorization formulas, but rather the difficult financial constraints imposed by appropriations. Were Title II funded at its first year authorization level of \$275 million or more -- rather than its current FY 94 appropriation of only \$185 million -- local CBOs in those states without Title I EMAs would have significantly more resources available to meet service needs. Advocacy to address these funding issues is better directed to House and Senate Appropriations Committees than to House and Senate Authorizing Committees.
- * Engaging in the morbid discussion of "per capita" spending for persons with AIDS walks us down a slippery slope with some frightening consequences:
 - a diminished commitment to rural areas.
 - begging the anti-AIDS funding arguments that we spend more on AIDS than on other diseases (per person).
 - establishing a practice of capping spending by a cost/ceiling per capita spending ratio.
 - driving state legislatures closer and more rapidly toward mandatory testing and names reporting programs.
- * The proposal from the Campaign is not a simple formula change, it is a wholesale reconceptualization of the entire CARE Act. Each grantee under each title should be wary of these radical changes and the consequences for future funding.

Page Two
Opposing Talking Points

- * The federal government has already considered and rejected the proposal for per capita funding. The Public Health Service rejected the Inspector General's Report cited by the Campaign for Fairness, noting that parity and equity do not mean the same thing. Parity means equality, but equity means fairness. The Campaign for Fairness should acknowledge that fairness does not require per capita funding.
- * The CARE Act embodies a fundamental judgment that a fair allocation of resources requires a targeting of resources to those areas of the country disproportionately affected by the epidemic. An equal dollar per case standard ignores this primary intent of the legislation.
- * A shifting of resources out of Title I EMAs, or out of states with Title I EMAs, also calls into question the CARE Act's four-title structure.
- * In recognition of the critical need for resources faced by CBOs in non-EMA states, the four-title coalition has made three proposals: (1) to move the Special Programs of National Significance (SPNS) out of Title II and spread the cost over all four titles (thereby relieving Title II of at least \$15 million in current SPNS obligations); (2) to target at least 33% of SPNS funding (equal to \$7 million in FY95) to programs in states without Title I EMAs; and (3) to increase the minimum state grant from \$100,000 to \$250,000 (affects six states).
- * In addition, the Title I coalition, in light of HRSA's recent changes to a number of EMA boundaries, has recommended that the Title I formula be modified during reauthorization so as to reduce the weight given to cumulative incidence, thereby benefitting lower incidence cities.
- * The ultimate goal of the four-title coalition is to seek substantive reauthorization of the CARE Act before the end of this Congress. An inability to work in unison and the divisiveness of formula fights significantly undermines our "expedited" approach. All must ask themselves if this debate is worth the dissolution of the CARE Act, as we now know it, or the possibility that Congress will reduce or cease funding for the Act. The four-title coalition has made serious and substantive recommendations for change within its documents. These changes maintain the integrity of the Act and strategically considers the necessity for rapid reauthorization and increased appropriations.

**CITIES ADVOCATING EMERGENCY
AIDS RELIEF (CAEAR)****NATIONAL ALLIANCE OF STATE AND
TERRITORIAL AIDS DIRECTORS****NATIONAL RYAN WHITE TITLE
III(B) COALITION****AIDS POLICY CENTER FOR CHILDREN
YOUTH AND FAMILIES**

July 26, 1994

Dear Colleague:

As you may know, last week representatives from our four organizations -- the CAEAR Coalition, NASTAD, the National Ryan White Title III(B) Coalition and the AIDS Policy Center for Children, Youth and Families -- met with Doug Nelson, Bob Tracy and Mike Gifford from the Campaign for Fairness to discuss a potential compromise regarding CARE Act formulas. Our sincere hope was that these conversations would enable our five groups to move ahead united in support of expedited reauthorization by the end of 1994.

In two days of discussions concluding late Friday, all five parties involved made a good faith effort to put all of the key issues on the table. We engaged in frank, honest discussion regarding the CARE Act, its original intent, its structure, and its four-year program and funding history. All five parties recognize the acute need for increased resources in many areas of the country.

Despite our shared concerns and goals, we were unable to reach agreement with representatives from the Campaign for Fairness. In the course of our negotiations, the Campaign made two proposals. The first proposal included a straight \$3,700 per recent case (last two years) allocation of funds for Title I and Title II. The second proposal eliminated the minimum allotment proposal for Title I, and reduced the amount under Title II to \$2,000 per case reported outside an EMA and \$1,000 for each case reported in an EMA.

Among the compelling reasons why the four-title coalition opposes this approach are the following:

- * as proposed, the minimum allotment is an arbitrary figure, which represents the average per case funding in states with EMAs. It has no relationship to the actual cost of care or need for services, and as such, could not be justified to people living with AIDS or to Congress during appropriations and reauthorization advocacy;
- * a per capita formula for Title I fails to take into account the legitimate differences between EMAs, as the current Title I formula does with the use of incidence. Allocating

Campaign for Fairness, July 26, 1994, page 2

funding on an equal dollar per case basis fails to measure a community's relative capacity to support service needs and results in an unfair allocation of resources;

- * a per capita formula brings with it dangerous implications for future appropriations advocacy, and would likely lead to per capita comparisons with other diseases in the areas of care, research and prevention;
- * In the current budget environment in which we find ourselves, a per capita figure could easily become a ceiling or cap instead of a funding floor for AIDS services;
- * implementation of the Campaign for Fairness formula proposals would require significant increases in appropriations simply to avoid cuts in funding to the nation's highest incidence areas. Waging a divisive formula fight of this nature jeopardizes the very future of the CARE Act.

As an alternative to an equal dollar per case minimum allotment proposed by the Campaign, the four-title group proposed the following package of changes (some of which we had proposed prior to our July 21-22 meeting):

- * change the weight given to incidence in the Title I formula (the so-called density factor) from 3:1 to 9:2 in order to advantage lower incidence cities, while holding all EMAs harmless from losses in formula awards;
- * limit the number of years of cases used in the Title I formula to a twelve-year band, and potentially a ten-year band, depending on the cost of such a change. The four-title coalition opposes using less than 10 years due to the longevity of people living with AIDS and because to do so might invite Congress to apply the same standard for Title I eligibility. Reducing the number of years of cumulative cases used to determine eligibility would render ineligible many communities currently expected to become eligible in the next few years;
- * move Special Projects of National Significance (SPNS) out of Title II, thereby relieving Title II of as much as \$14 million in SPNS funding beginning in the first year of a reauthorized program;
- * increase from 33% to 50% the four-title coalition's proposed setaside within SPNS for non-EMA areas of the country;
- * through a new set-aside within Title II, establish a supplemental grant program, which would be available on a competitive basis to non-EMA areas of the country (both states without EMAs and communities in EMA states that do not themselves qualify for Title I funding);

Campaign for Fairness, July 26, 1994, page 3

- * increase from \$100,000 to \$250,000 the minimum Title II grant to states under Title II (affects six states).

In addition to these legislative changes, the four-title coalition expressed its hope that community-based organizations participating in the Campaign for Fairness will work with us during the annual appropriations process to ensure the highest possible funding for all four titles of the CARE Act.

The net result of all these changes will be a significant increase in funding to lower incidence areas of the country in FY 96, including an increase in funding to lower incidence EMAs within Title I.

In our July 18th letter to the Campaign for Fairness, the four-title Coalition explained why we feel it is critical for the CARE Act to be reauthorized in 1994. Among these reasons is our belief that post-health care reform, some Members of Congress may argue that there is less need for a disease-specific health program, such as the CARE Act.

We are also very concerned that a potential delay in reauthorization will further hinder our efforts to ensure that the newly reauthorized CARE Act is adequately funded in FY 96. Under domestic spending caps, each year, the appropriations process gets more and more difficult. We believe that it would be far preferable for us to focus our energy in early 1995 on the goal of ensuring adequate funding for all titles of the CARE Act in FY 96. Indeed, significant increases will be needed in FY 96 to ensure that our shared commitment to a hold harmless provision is realized.

When taken together, we believe the four-title Coalition has proposed a package of changes that will significantly increase the resources directed to non-EMA areas. We hope that you will join us in rejecting, on principle, any "per case" formula proposals and support the package of substantive proposals for increasing the resources directed toward states reliant exclusively upon Title II funding. We stand ready to work with you toward our shared goal of comprehensive services for people living with AIDS regardless of where they live, and we appeal for your support for reauthorization of a strengthened CARE Act this year.

Sincerely,

Regina Aragon
Regina Aragon, Chair
CAEAR Coalition

Michael Savage
Michael Savage, Chair
National Ryan White Title
III(B) Coalition

Robert McAlister
Robert McAlister, Chair
National Alliance of State and
Territorial AIDS Directors

Dorothy Mann
Dorothy Mann, Chair
Public Policy Committee
AIDS Policy Center for Children,
Youth and Families



AIDS Action Council Position Paper on Ryan White CARE Act Reauthorization

This paper states AIDS Action Council policy positions regarding reauthorization of the Ryan White CARE Act. As the organization that led the national coalition of groups who drafted and saw enacted this historic legislation, we have a particular interest in seeing this program continued and strengthened through the reauthorization process. In addressing the issues associated with reauthorization, we are modeling many of our comments based on the position paper developed by the four national groups representing organizations funded under the CARE Act, hereinafter referred to as the four-titles group.

I. Early Reauthorization

Over the first five years of its existence, the Ryan White CARE Act has provided for critical care and care-related services to people with HIV. The CARE Act has served as an essential part of the safety net for people with AIDS. It promotes early treatment for people with HIV, it provides direct support for prevention of the further spread of HIV, and assures that those served by the program receive the most cost-effective care possible. This is a flexible structure that can continue to serve a safety net function and, if there is meaningful reform of the health care system, can provide back up services reducing the cost of care for people with HIV disease in the new system. Regrettably, with or without reform, there will be a need for these programs well into the next century.

AIDS Action Council urges the reauthorization of the Ryan White CARE Act in 1994 -- before the end of the 103rd Congress -- so the renewed authority is in place in time for the FY 1996 budget process in the Administration and Congress.

18-5

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II. National Health Care Reform and the Ryan White CARE Act.

AIDS Action does not believe that the current debate over how to reform the nation's health care system significantly affects the Ryan White CARE Act program. Under the current health care system, CARE Act programs are an essential safety net for those ill-served or unserved by the system. Indeed, for many people with HIV, Ryan White programs are their only source of care. The Ryan White CARE Act supports a range of services: from direct primary medical and dental care to important wraparound services (case management, home assistance, transportation, etc.).

A reformed system may result in a different mix of services -- but the need will still be there. It is our hope that the primary care providers currently funded under Ryan White will receive reimbursement for that care under a reformed

system as essential community providers. But Ryan White funds will still be needed in that arena -- to cover services not funded under reform (such as the dental care so critical to people with HIV and so hard to obtain) and to assist clients with copayments and deductibles that might otherwise make care under the new system unreachable. Moreover, Ryan White will remain a critical safety net for those who fall through the cracks in health care reform. Further, the wraparound services currently funded will continue to be needed -- and will provide a critical support to the new system by assuring that clients are supported in the least expensive form of care. For these, and many other reasons, we believe that Congress can and should proceed with Ryan White CARE Act reauthorization irrespective of the outcome of the national health care reform debate.

III. Key Issues Associated with Reauthorization

A. Funding and Funding Formulas

The Board of AIDS Action Council reaffirms the underlying principles of Titles I and II of the Ryan White CARE Act, which are:

- To provide emergency relief to the eligible metropolitan areas (EMA's) hardest hit by HIV and AIDS, and to enable them to build an infrastructure and establish a continuum of care for their residents with HIV disease; and
- To provide funding to all States to enable them to improve the quality, availability, and organization of health care and support services for individuals and families with HIV disease.

AIDS Action Council supports the principle that all people with HIV disease are entitled to an equitable baseline of care and support services regardless of where they live.

In furtherance of these principles, AIDS Action Council supports the following steps:

1. A reevaluation of the Title I funding formula to achieve greater equity in meeting the needs of individuals living with HIV disease in all EMA's;
2. A reevaluation of the Title II funding formula to provide more equitable funding to States that do not contain Title I EMA's, including consideration of reallocating 50 percent or more of Special Projects of National Significance (SPNS) funding to such States, providing competitive supplemental funding for which only such States would be eligible, or through other means;
3. Providing "hold harmless" protection for those cities and states that might otherwise suffer a decrease in funding as a result of any revised Title I or Title II

funding formula; and

4. Engaging in discussions between AIDS Action Council and appropriate representatives of Title I and Title II community-based organizations, planning councils, governmental entities, or others with the purpose of reaching agreement on means to achieve equitable levels of care and support for individuals with HIV disease throughout the country by the end of the next authorization cycle, and developing unified positions on Ryan White reauthorization for Congressional consideration at the earliest possible time.

B. Representation of Infected and Affected Communities

One of the principal lessons of the AIDS epidemic has been the critical importance of people living with HIV and affected by HIV participating in the decisions that affect their lives. The care arena is probably the most important for such involvement. As the demographics of the HIV epidemic become more diverse, and as more and more disenfranchised groups struggle to be heard in HIV-related decision-making, AIDS Action supports efforts to explicitly strengthen representation requirements at all levels of CARE Act-related decisionmaking. We support increased participation by those who are both infected and affected by HIV disease, including, but not limited to: people of color, gay and bisexual men of all colors, women, youth, kinship or other care givers for children, substance users, and the homeless. We also agree that a legislative standard should be established for representation of consumers of Ryan White services in each of the titles.

C. Set Asides; Representation of Infants, Children, Youth and Women

The current legislation requires that, in Title II, 15% of funds be reserved for services for infants, children, youth, women, and families. There is little information from which to judge the effectiveness or usefulness of this approach, nor any basis for comparison to spending in these areas in Title I programs. For these reasons, AIDS Action Council defers, at this time, taking a position on continuing the set aside or amending it in any way.

We do support a legislative mandate requiring the inclusion of a representative of Title IV grantee(s), where they exist, or a representative of pediatric, youth, and women service organizations on Title I planning councils in the interest of better representation and coordination of programs. A similar requirement would be applied to participation in the Title II planning and needs assessment process.

D. Creation of New Titles

AIDS Action supports moving the Special Projects of National Significance out of Title II

into a separate title. Currently, SPNS programs are funded through a 10 percent set aside from Title II. There is no conceptual link between the SPNS programs and the rest of Title II. However, the SPNS program has been a very important vehicle for identifying and evaluating effective models of providing various kinds of services to diverse populations. AIDS Action recommends that the SPNS title be funded through a 3% set-aside from the other titles, up to the FY 95 level of the SPNS program. One-third of amounts appropriated under Title V should be directed to SPNS programs in states with no Title I EMA for infrastructure development. Current grantees would be held harmless.

E. Authorization Levels.

AIDS Action recommends the following funding levels (with current levels for guidance).

Title	FY 94 Actual	FY 95 Pres. Request	FY 96 New Authoriz.	FY 97-2000 New Auth.
I	\$325.4 m.	\$364.5 m.	\$500 m.	such sums
II	\$184 m.	\$214 m.	\$500 m.	such sums
IIIB	\$48 m.	\$67 m.	\$200 m.	such sums
IV	\$22 m.	\$27 m.	\$100 m.	such sums
V	[\$18.4 m.]	[\$21.4 m.]	3% of I-IV	3% of I-IV

F. Structure, Coordination, and Management of Ryan White

HRSA's oversight of the Ryan White CARE Act programs has received mixed reviews. Among the persistent concerns has been the relative reluctance of HRSA administrators to hold grantees accountable to the terms of the programs (from representation on planning councils to appropriate evaluation of programs). These, however, are issues that do not necessarily require legislative solutions -- simply an indication by the Congress that there is an expectation of aggressive use of guidance from the agency to assure that legislative intent of the programs is followed. Similarly, stronger technical assistance is needed for grantees who are struggling with new or difficult issues (such as representation or priority setting). Again, this is within HRSA's current mandate; report language urging more use of this authority is what is indicated, not legislative changes.

AIDS Action supports a legislative change requiring stronger cooperation and coordination among the four titles at the state and local level. We recommend that statewide coordination of Ryan White services be achieved through a "statewide coordinated statement of need," developed by representatives of all Ryan White programs active in the state. In order to be funded by any of the titles, an applicant would have to show that its proposal was consistent

with that statement of need.

A second coordination issue requiring legislative language is that new Title I cities face great challenges in meeting the deadlines for establishing planning councils, doing needs assessments, and developing a plan in their first year. Since it is often quite possible to foresee which cities will become eligible for Title I funding in advance of the fiscal year they come into the program, HRSA should provide planning grants to new cities in the *fiscal year prior to their eligibility for funding* under Title I. This will make their first year much smoother and more effective.

Adopted by AIDS Action Council Board of Directors
June, 11, 1994

Center for Women Policy Studies

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Ryan White CARE Act Recommendations on Reauthorization

The Center for Women Policy Studies (CWPS) is an independent feminist policy research and advocacy institution, founded in 1972, that established the National Resource Center on Women and AIDS in 1987 to address critical AIDS policy issues from women's diverse perspectives. The Resource Center serves as a centralized information and advocacy resource for women with HIV, advocates, researchers, caregivers and policymakers. The Resource Center maintains a close connection to women working for women in diverse communities nationwide through the 100-plus members of its Advocacy Committee for Woman-Focused AIDS Policy.

The Center for Women Policy Studies presents the following recommendations on the reauthorization of the Ryan White CARE Act of 1990. While the CARE Act, through its four title structure, has delivered desperately needed resources to affected communities, much work remains to be done to ensure that the planning and fund allocation processes make resources accessible to women in all communities. Yet, to date, infected and affected women remain outside the decision making process and can access funds and assistance only with great difficulty.

Representation of Infected and Affected Communities

We support the proposal made by the Four Title Coalition to establish a standard for representation of people living with HIV and AIDS on the Title I Planning Councils and the Title II Consortia. Further, there must be a strict legislative or regulatory mandate requiring the inclusion of women of all racial and ethnic groups who are consumers of the services provided under the Act. We are especially concerned that women of color, women with AIDS, and HIV positive women must be represented on these planning bodies. In addition, women with proven expertise on woman-specific issues must be included; it is not enough to simply add women to a Planning Council if they do not bring the required expertise and advocacy for women to that body. To enable these coordinating bodies to adequately address the needs and issues of women, we must ensure that they have the benefit of knowledge about women's needs from local women leaders who have been meeting women's needs.

Mandate for a Statewide Needs Assessment as the Basis for Coordinating Services Under the CARE Act

We support the mandate for a statewide needs assessment as an integral part of grant applications,

fund allocations and priority setting under each title. Such needs assessments will serve as a basis for improved coordination between services within the states, and identify the specific needs of HIV positive women and women with AIDS, by race, ethnicity, age, sexual orientation, disability and income status. Qualitative and quantitative data on women, which is often not readily accessible, must be gathered to inform the planning process.

The statute or regulations should require that women service providers, consumers, and advocates must be sought out during data collection, in the places where women receive health care and/or social services, such as women's health clinics, WIC programs, battered women's shelters, community based legal service agencies, family planning clinics, as well as recreation centers and clubs for young women and other youth serving agencies. Relying only on information provided by the traditional AIDS service organizations or other already involved community service providers is insufficient. The voices of women need to be brought to the table through semi-structured focus groups, polls and surveys, interviews, and other methodologies that will ensure that woman-specific questions are answered. Technical assistance should be provided to Planning Councils and Consortia, so they can ask the right questions and conduct these needs assessments in a culturally responsive and non-sexist manner.

Access To the Decision Making Process

The Act should authorize expenditure of specific funds for technical assistance to organizations which provide services for and by HIV positive women and women with AIDS. Since these are often small organizations with few resources, technical assistance can enable them to participate in what is otherwise often an alienating, hostile process. We support the guidelines prepared by the National Minority AIDS Council (NMAC) for infrastructure development.

Enhancing the ability of women to create and build organizations that serve them will not only improve the lives of infected and affected women, but also will improve medical and social service delivery. Technical assistance would allow for the creation and growth of organizations which serve women, and which grow out of the communities they intend to serve.

Waiver for the 15 Percent Setaside for Programs for Women, Children and Families under Title II

The Center strongly opposes the recommendation for a waiver of the Title II setaside. As of this date, very little information is available to assess the impact of the 15 percent setaside in ensuring that women receive appropriate HIV-related services. Only a careful evaluation of the implementation of the setaside will show whether a better alternative should be proposed.

Further, we recommend that before proposing a waiver, a careful study of the incidence rate of AIDS in women and children be conducted by the states, to clearly determine which and how many states would be affected by this waiver. Such an analysis is particularly important for women, who continue to be undercounted, undiagnosed or diagnosed late in the progression of their illness. Women also require a multitude of services that address both their needs for care and their needs as caregivers to others. Because the definition of "women, children and families" is vague, and could be construed to include virtually everyone, it remains difficult to determine whether women are, in fact, being served under the resources made available through the setaside.

At this time, the data available provide conflicting information on the number of states that would be affected by the proposed waiver. Our analysis of the latest data available (June 1993), shows that one half of all states would be exempt from the setaside. This would include two states that are among the highest for overall incidence of AIDS; in California, women and children make up only 5.3 percent of all cases, and in Texas women and children make up 7 percent of all cases. Although the percentages of total AIDS cases among women and children are relatively low in these two states, the actual number of cases among women and children is high compared to other states and is expected to grow rapidly. Since the purpose of the setaside is to ensure that the needs of women are addressed, it would be foolhardy to send the message that this is no longer a priority by waiving the setaside without making other provisions to mandate targeting of funds to women. Further, the setaside should be a floor, not a ceiling. For example, in states such as Connecticut, Florida, Maryland, New Jersey and New York, where the incidence of AIDS cases in women ranges from 19 percent to 25 percent, an allocation of 15 percent of Title II funds would be insufficient.

At a minimum, the proposed evaluation of the setaside should answer the following questions:

- ▶ What types of services are being counted as qualifying for the 15 percent setaside?
- ▶ How many funded programs focus on woman-specific needs, such as gynecological services?
- ▶ How is the term "family" defined for purposes of allocating funds?
- ▶ Why are states finding it difficult to meet this 15 percent setaside?
- ▶ How many and which states spend above the 15 percent setaside on programs for women and their families?
- ▶ Has the setaside been treated as a ceiling on expenditures?

National Health Care Reform and the Ryan White CARE Act

The Center supports the continuation of the Ryan White CARE

Act at the appropriation levels proposed by the Four Title Coalition, regardless of the passage of health care reform legislation. Should some of the services now covered under the Ryan White CARE Act be covered under an enacted universal health care program, such freed monies could then be applied to other urgently needed services which are currently not reimbursable under the Ryan White CARE Act.

Expedited Reauthorization of the Ryan White CARE Act

The Center supports the proposal for expedited reauthorization of the Ryan White CARE Act, with the guarantee that speed will not substitute for careful attention to improvements in the Act's ability to ensure that the needs of women and people of color are addressed.

The Creation of Title Specific Grievance Procedures

We support the establishment of grievance procedures for every title as one of the ways in which the participation and input of women and people of color can be facilitated. Such a procedure must outline specific paths and systems through which complaints can be raised and addressed. The complaints process must be simple, easy to understand, fair, and not impose a financial burden on the claimant. It is important to incorporate neutral mediators and reviewers, who are neither care providers, Ryan White grantees or members of the CARE consortia or planning councils, into these processes so claimants can be assured that their grievances will receive a fair hearing.

MEMORANDUM

Date: September 1, 1994
To: Patricia Fado
AIDS Walk San Francisco
From: Mike Shriver
Mobilization Against AIDS
cc: Debra Kent
San Francisco AIDS Foundation

Re: Use of 1994 Dance-a-thon Sponsor Names

Please send the 1994 Dance-a-thon sponsor names magnetic tape to Debra Kent at the San Francisco AIDS Foundation for their direct mail/phone campaign in October.

Thanks.

OK *Billy Rosenblatt*
per *M.S.*

NUMBER	ACCOUNT	DATE	FUND	MEDIA	WORKER TT	AMOUNT PLEDGED	AMOUNT RECEIVED

56160 Michael D. Shriver - Cont.							
	56160 Michael D. Shriver	2/15/1991	42271041		G	\$0.00	\$25.00
	56160 Michael D. Shriver	12/15/1990	42271041		G	\$0.00	\$25.00
	56160 Michael D. Shriver	9/15/1990	42211041		G	\$0.00	\$10.00
	56160 Michael D. Shriver	6/18/1990	42211041		G	\$0.00	\$10.00
	56160 Michael D. Shriver	6/01/1990	42211041		G	\$0.00	\$20.00
	56160 Michael D. Shriver	5/15/1990	42211041		G	\$0.00	\$25.00
	56160 Michael D. Shriver	3/15/1990	42211041		G	\$0.00	\$125.00
						=====	=====
TOTAL 56160 Michael D. Shriver						\$0.00	\$3,240.00
						=====	=====
GRAND TOTALS						\$0.00	\$3,240.00

REPORT CRITERIA: GIVING Giving Report
ACCOUNTS: 56160 THRU 56160
AMOUNTS: RECEIVED
ALL DATES

NUMBER		# OF GIFTS	PLEDGES	PLEDGE PAYMENTS	NON-PLEDGE GIFTS	TOTAL RECEIVED
56160 Michael D. Shriver	CASH	55	\$0.00	\$2,345.00	\$895.00	\$3,240.00
	NON CASH	0	\$0.00	\$0.00	\$0.00	\$0.00
	TOTAL	55	\$0.00	\$2,345.00	\$895.00	\$3,240.00
GRAND TOTALS	CASH	55	\$0.00	\$2,345.00	\$895.00	\$3,240.00
	NON CASH	0	\$0.00	\$0.00	\$0.00	\$0.00
	TOTAL	55	\$0.00	\$2,345.00	\$895.00	\$3,240.00

Michael-

Here, against your will,
is your "social" printout -
pretty impressive!

Thanks for sharing your
financial resources in addition
to your political ones!

Best wishes for continued
success.

Debra—

School House Quilt
Ohio, c. 1930
88 x 78 inches, approximately
Courtesy America Hurrah Antiques, N.Y.C.

Published by Galison Books
36 West 44th Street, New York, NY 10036
300X/135
Printed in Hong Kong



FAX



San Francisco AIDS Foundation

TO: Michael Shriver

SENT TO FAX #: 803-4740

FROM: Paul A. Di Donato, Policy Associate

PHONE #: (415) 864-5855 ext. 3096

DATE: 9/13/94

NUMBER OF PAGES (including cover): 14

NOTES:

San Francisco AIDS Foundation
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**AIDS
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LOS ANGELES**

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TO: Jeff Levy
Paul DiDonato
Ruth Pinkelstein (PLS. COPY +
DISTRIBUTE)

FAX: (202) 986-1345

FROM: John Dunn-Mortimer

PAGES: 13 (including cover sheet)

DATE: 8/9/94



SAN FRANCISCO AIDS FOUNDATION

P.O. BOX 426182, SAN FRANCISCO, CALIFORNIA 94142-6182

MEMORANDUM

Paul A. Di Donato
Public Policy Associate
1170 Market St., 5th Floor
San Francisco, CA 94102
Telephone: 415.864.5855 ext. 3096
Fax: 415.487.3097

Date:

9/10

To:

SFPPW & Members

Enclosed please find:

☐ The materials you requested☒ Information for your review.☐ Please contact me regarding these materials.☐ Other.

As I mentioned at 9/9 meeting.

PL

25 VAN NESS AVENUE, SUITE 660 / 1170 MARKET STREET, 5TH FLOOR
SAN FRANCISCO, CALIFORNIA 94102
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LOS ANGELES HIV/AIDS HEALTH INSURANCE SUBSIDY STUDY

JUNE 1994

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Sacramento Office
AIDS Office of Los Angeles**

LOS ANGELES HIV/AIDS HEALTH INSURANCE SUBSIDY STUDY

EXECUTIVE SUMMARY

Los Angeles County health care planners are concerned with the effect that national health care reform might have on the financing of HIV/AIDS services for patients who need publicly financed care. This study estimates the savings (or costs) to the county of treating these patients through county-subsidized private health insurance (PHI). We assume that this would occur in a regime of restructured health insurance markets rather than the comprehensive reform contemplated in President Clinton's managed competition plan, or in a single payer system.

We compared the cost to Los Angeles County of subsidizing three different individual PHI plans for HIV/AIDS patients -- Blue Shield Preferred Provider Plus, Kaiser Individual Plan 1 (c), and the Major Risk Medical Insurance Program (MRMIP) Maxicare Plan -- with the projected net county costs of publicly financed services. Estimates were made of the net county cost of care for patients in each of three stages of the disease: *HIV+; >200 T-cell count*, *HIV+; < 200 T-cell count*, and *AIDS*.¹

We estimated possible savings by performing four calculations. 1. We estimated the medical costs of HIV/AIDS for each disease stage; 2. We used estimates of the portion of the public costs borne by Los Angeles County for patients in each disease stage to obtain net county cost estimates by disease stage; 3. We evaluated the cost to the county of subsidizing PHI for the three different PHI plans and for each of the three disease stages; and, 4. We estimated net county costs or savings for subsidizing PHI.

Best Estimate SUMMARY OF NET FINANCIAL EFFECT OF SUBSIDY TO LOS ANGELES COUNTY Per-Patient Monthly Savings

Disease Stage	Blue Shield	Kaiser	MRMIP
HIV+: >200 T-Cell Count	\$ (25.22)	\$ 38.06	\$ (40.54)
HIV+: <200 T-Cell Count	\$ 177.64	\$ 330.73	\$ 247.83
AIDS (Pre-1993 Definition)	\$ 815.23	\$ 1,095.70	\$ (1,483.08)

Note: Figures in parentheses are costs (negative savings).

The level of savings varies greatly according to the stage of disease of the patient and the private insurance plan. Only the Kaiser Individual HMO Plan 1 (c) would generate savings for patients in all three stages of the disease. For *HIV+; >200 T-cell count* patients on the Blue Shield or the MRMIP Maxicare plans it would be more costly to subsidize PHI than to provide services directly. Because anticipated expenditures exceed the \$50,000 cap on the MRMIP Maxicare plan, it would be far more economical for Los Angeles County to maintain this group on publicly provided services than on this MRMIP plan.

If the cost of treating HIV/AIDS were a third lower than the levels incorporated into the 'best estimate' scenario, there would be savings potential only for *HIV+; <200 T-cell count* patients and *AIDS* patients. Again, the Kaiser plan is the most advantageous with savings of \$173 and \$679 per patient month for *HIV+; >200 T-cell count* and *AIDS* patients respectively. If the costs of treating AIDS were 30% higher than the 'best estimate' amounts, there would be savings in all three disease stages. For Kaiser, these

¹ Throughout this study 'AIDS' is defined in accordance with the pre-1993 criteria.

savings would be \$91, \$587 and \$1,471 for HIV+: >200 T-cell count, HIV+: <200 T-cell count and AIDS respectively.

PURPOSE OF THIS STUDY

While it appears that significant health care financing reform will be enacted in the near future, its major features cannot yet be discerned. The purpose of the Los Angeles HIV/AIDS Health Insurance Subsidy study is to assist county policy makers in evaluating two methods for financing the care of HIV/AIDS patients assuming that reform is limited to changes in the private health insurance industry.

Method 1: The *status quo*, i.e., the direct provision of services to these patients using existing public payment mechanisms -- the Medically Indigent Adult (MIA) program and MediCal; and,

Method 2: Paying private health insurance costs for HIV/AIDS patients who would otherwise lack access to private insurance.

The study estimates the financial effects of the program on Los Angeles County assuming that: (1) No system of universal access to care is enacted; (2) The health system is not subject to radical reform. We assume for example that Medicaid is not significantly altered; and, (3) Changes are made in the health insurance system including a return to community rating and prohibitions against preexisting condition exclusions.

The central question of this study is: *From the perspective of Los Angeles County, is it better to provide services directly to HIV/AIDS patients, or to furnish them with private insurance?* Clearly, providing a community-rated premium is less expensive than providing services directly to patients with a costly disease (HIV/AIDS). But the problem is more complex. Two factors narrow the difference in net county costs between public provision and subsidized private insurance: The county only assumes a portion of public costs. The state and federal governments pick up the rest, and this tends to make public provision more attractive from the county's perspective. Secondly, should the county subsidize private insurance, it may become necessary for it to pay for certain services (such as long term care) not typically covered by private insurance; for co-insurance and deductibles of lower income patients; or for services above the cap on private insurance benefits.

STUDY DESIGN AND METHODS

Savings are defined as the difference between the county's share of the cost of publicly provided services and the cost of subsidizing private health insurance for HIV/AIDS patients who require public support to pay for their medical care.

*Net Saving = (Cost of publicly financed medical care for HIV/AIDS patients
x Percent of public treatment cost accruing to county) - Cost of Subsidizing
PHI.*

Four calculations formed the basis of the final savings estimates:

(1) The medical costs of HIV/AIDS for each disease stage;

the State.⁴ When patients reach the AIDS stage they qualify for MediCal and no longer receive MIA assistance. According to the Los Angeles County Office of AIDS, the net county cost for MediCal expenditures is 36.6% for AIDS inpatient and outpatient services.⁵ For want of more complete data, this figure is extended to long term care and "other" costs as well. Table 3 applies the county percentage share of cost for each disease stage to the cost for each service component to obtain the associated net county share of costs.

Table 3
County Share of Costs for Direct Service Provision by Stage of Disease

COUNTY SHARE OF COSTS	HIV+: >200 T-Cell Count	HIV+: <200 T-Cell Count	AIDS
County Percent Share of Outpatient Services	42%	42%	37%
County Cost for Outpatient Services	\$128	\$140	\$363
County Percent Share of Inpatient Services	42%	42%	37%
County Cost for Inpatient Services	\$48	\$293	\$760
County Percent Share of Long Term Care	42%	42%	37%
County Cost for Long Term Care (Hospice, SNF, Other Residential)	\$0	\$29	\$75
County Percent Share of Other (Including home attendant)	42%	42%	37%
County Cost for Other	\$9	\$20	\$53
TOTAL COUNTY SHARE OF COSTS	\$183	\$482	\$1,251

3. Private Health Insurance Subsidies.

Costs, benefits and other features vary from plan to plan. We therefore selected three health plans with a range of attributes to guide policy makers to a plan, or combination of plans, that would be most advantageous to the county. We selected a preferred provider plan (Blue Shield); an HMO plan (Kaiser Permanente); and an indemnity plan designed for major risk patients (MRMIP Maxicare). All three are individual plans for the Los Angeles area, covering subscribers only, ages 35-39.

Blue Shield: Preferred Provider Plus

The premium costs \$148 per month. This plan carries a \$500 annual deductible, a maximum lifetime benefit limit of \$8,000,000 and no annual limit. It includes 100 days per calendar year of Skilled Nursing Facility care, \$10,000 per calendar year of Home care/Home Hospice Care and six months per person of Facility Hospice Care.

Kaiser Permanente Plan 1 (c)

The premium costs \$139 per month. This HMO plan carries no deductible, and no annual or lifetime benefits limit. There are \$10 copayments for outpatient physician visits and \$4 copayments for laboratory and X-ray services. This HMO plan includes physician house calls when considered medically necessary; Home Health Services; 100 Skilled Nursing Facility-days per calendar year; and Hospice Services for those diagnosed with terminal illness with a life expectancy of six months or less.

MRMIP Maxicare

⁴ James G. Kahn, and John Dunn-Mortimer, *A Cost-Benefit Analysis of Health Insurance Premium Subsidies for People with HIV Disease*, November, 1993, Appendix, page 3.

⁵ Letter from John Schunhoff, Director, AIDS Programs, County of Los Angeles, Department of Health Services, to Elliot Merselle, June 18, 1994.

This plan is designed for those in 'major risk' groups, so the premium is higher than in the other two plans -- \$205. MRMIP Maxicare carries a \$50,000 per year annual limit and a \$500,000 lifetime limit. There is no deductible. There are significant copayments such as \$200/day for hospitalization and \$25 per physician up to a maximum of \$2,000 per year. MRMIP Maxicare provides Home Health Care/Home Hospice Care and Skilled Nursing Care.⁶

For each plan we calculated the cost of subsidizing various PHI cost components. These are the premiums themselves, the deductibles, the copayments or coinsurance and, in the case of the MRMIP Maxicare plan, any expenditures exceeding the plan's annual cap. (See Appendix 1 for details.) We based these figures on the assumption that the county would choose to meet copayment, coinsurance and deductible payments for 50% of HIV+: >200 T-cell count patients. Seventy-five percent of HIV+: <200 T-cell count patients would qualify for these subsidies, and 90% of AIDS patients would qualify. The county would also meet the full cost of 'over-cap' expenditures for AIDS patients on the MRMIP Maxicare plan.

HIV+: >200 T-cell count Patients. For the Blue Shield plan the deductible subsidy is calculated to be the full amount of the deductible, \$500, divided into 12 months, or \$42. The copayment subsidy is 20% of the cost of treatment (\$476 per month) after the deductible is paid up to a maximum of \$167, (\$2,000 divided into 12 months). For the Kaiser and Maxicare plans there are no deductibles. The copayment is calculated on the basis of one physician visit per month or the equivalent.⁷

HIV+: <200 T-cell count Patients. The copayments on the Blue Shield plan are assumed to reach the \$167/month maximum, in addition to the \$42 deductible. Copayments for the Kaiser and Maxicare plans are figured on the basis of 1.56 physician visits per month or the equivalent.

AIDS Patients. As with HIV+: <200 T-cell count patients, the Blue Shield deductible and copayments are paid in full -- \$42 per month and \$167 per month respectively. The Kaiser and Maxicare copayments are calculated on the basis of 1.73 physician visits per month or the equivalent. A potentially large portion of the cost of subsidizing PHI for AIDS patients consists of expenditures that exceed the annual cap imposed by many PHI plans. In the case of the MRMIP Maxicare Plan the cap is \$50,000 per year. Since we estimate that about a third of the AIDS patients will have expenditures exceeding \$50,000, the average cost of the 'over-cap' subsidy is \$2,167 per month.⁸

Appendix 1 displays the full set of data regarding subsidy levels and the percentage of patients in each disease stage presumed to receive each of the subsidy types.

⁶ Data on the costs and coverage of the Blue Shield and Kaiser Permanente plans were provided by these companies. Data on the California Major Risk Medical Insurance Program (MRMIP) was provided by the Sacramento office of the AIDS Project Los Angeles.

⁷ Outpatient visits by disease stage are based on data from Hellinger (1993).

⁸ The average cost of treatment for the last six months of life for AIDS patients in L.A. in 1989 was \$46,000 (Durbin and Kahn, 1991). This is equivalent to \$58,000 with a standard deviation of \$47,000 in 1994 given an annual inflation rate of 6%. If one third of the patients have costs less than the \$50,000 cap, the two-thirds having over \$50,000 in expenditures average about \$92,500. Subtracting the \$50,000 covered by the plan leaves \$42,500 as the average over-cap expenditure for the two-thirds of patients who exceed \$50,000 in costs. Since this over-cap expenditure applies only to those two-thirds of the patients, the average over-cap expenditure for all patients is \$28,306 per year or about \$2,359 per month.

There is uncertainty about the value of some of the key variables described above. Chief among these are estimates of the underlying costs of treating patients at various stages of the disease. A range of projected cost savings was generated by varying key assumptions in a sensitivity analysis.

RESULTS

Significant monthly savings would accrue to Los Angeles County if it undertook to subsidize private insurance costs for people with HIV/AIDS as an alternative to providing services directly to this population. Depending upon the type of private insurance plan adopted, the county could lose money for HIV+: >200 T-cell count or AIDS patients. Any of the three plans could generate county savings for patients in the <200 T-cell count stage. These results are summarized in the table below:

Table 4
Best Estimate
SUMMARY OF NET FINANCIAL EFFECT OF SUBSIDY
TO LOS ANGELES COUNTY
Per-Patient Monthly Savings

Disease Stage	Blue Shield	Kaiser	MRMIP
HIV+: >200 T-Cell Count	\$ (25.22)	\$ 38.08	\$ (40.54)
HIV+: <200 T-Cell Count	\$ 177.64	\$ 330.73	\$ 247.83
AIDS (Pre-1993 Definition)	\$ 915.23	\$ 1,095.70	\$ (1,463.08)

The Kaiser Individual Plan 1 (c) would generate the biggest savings in each of the three disease stages and is the only plan that generates savings for patients in the >200 T-cell count stage. The Blue Shield Preferred Provider Plus individual plan is superior to the MRMIP Maxicare plan for HIV+: >200 T-cell count patients and for patients with late-stage AIDS. For <200 T-cell count patients the Maxicare plan would save the county more than Blue Shield. The low savings of the MRMIP Maxicare plan compared with Kaiser and Blue Shield for AIDS patients is due primarily to the high over-cap subsidy this program would require. The Maxicare plan's high premium is the main reason it would lose more money than the Blue Shield plan for HIV+: >200 T-cell count patients.

A final calculation of net savings would depend upon an estimate of the number of patients likely to require public support in each of the disease stages.

Sensitivity Analysis

There is some uncertainty about the underlying medical costs of treating AIDS. The higher the actual cost, the more the county stands to save by helping patients find private insurance. If the costs of treating HIV/AIDS were one third less than the amounts assumed in the 'best estimate' scenario (\$316, \$831 and \$2,476 per month rather than the \$474, \$1,247 and \$3,714 assumed in the baseline scenario for HIV+: >200 T-cell count, HIV+: <200 T-cell count and AIDS patients respectively), the net cost of subsidizing PHI would be as follows:

Table 5
'LOW TREATMENT COST' SCENARIO
NET FINANCIAL EFFECT OF SUBSIDY
 Per-Patient Monthly Savings

<i>Disease Stage</i>	<i>Blue Shield</i>	<i>Kaiser</i>	<i>MRMIP</i>
HIV+: >200 T-Cell Count	\$ (71.71)	\$ (24.49)	\$ (101.55)
HIV+: <200 T-Cell Count	\$ 22.79	\$ 173.04	\$ 84.73
AIDS (Pre-1993 Definition)	\$ 498.31	\$ 679.24	\$ (1,880.00)

Under this set of assumptions the county could expect to incur substantial net losses by insuring >200 T-cell count patients, even for the Kaiser plan. It would still be desirable to insure <200 T-cell count patients in any of the three plans though Kaiser generates by far the greatest savings for these patients. Money could be saved for AIDS stage patients if plans similar to the Blue Shield or Kaiser plans could be found for this group.

The following table shows the effect on monthly savings per patient if the costs of treating HIV/AIDS are 30% higher than the 'best estimate' assumptions. Under this scenario, costs would be \$586, \$1,491 and \$4,442 per month for treating >200 count, <200 count, and AIDS patients respectively.

Table 6
'HIGH TREATMENT COST' SCENARIO
NET FINANCIAL EFFECT OF SUBSIDY
 Per-Patient Monthly Savings

<i>Disease Stage</i>	<i>Blue Shield</i>	<i>Kaiser</i>	<i>MRMIP</i>
HIV+: >200 T-Cell Count	\$ 18.61	\$ 90.96	\$ 14.36
HIV+: <200 T-Cell Count	\$ 333.48	\$ 486.57	\$ 403.67
AIDS (Pre-1993 Definition)	\$ 1,290.45	\$ 1,470.92	\$ (1,087.86)

The following table shows the levels of net savings were premiums for Blue Shield and Kaiser as high as the premium for the MRMIP Maxicare plan, \$205. This scenario assumes no other changes in coinsurance or other costs. For >200 T-cell count patients, all three plans would be net money losers for the county compared with direct service provision.

Table 7
'HIGH PREMIUMS' SCENARIO
NET FINANCIAL EFFECT OF SUBSIDY
 Per-Patient Monthly Savings

<i>Disease Stage</i>	<i>Blue Shield</i>	<i>Kaiser</i>	<i>MRMIP</i>
HIV+: >200 T-Cell Count	\$ (82.22)	\$ (29.48)	\$ (40.64)
HIV+: <200 T-Cell Count	\$ 129.31	\$ 273.88	\$ 256.50
AIDS (Pre-1993 Definition)	\$ 858.23	\$ 1,030.16	\$ (1,483.08)

Because the deductible, coinsurance and over-cap portion of the subsidies are so small compared with the premium subsidy, varying the percentage of patients who would receive these types of subsidies has only a slight impact on overall savings. (See Appendix 1.) Due to data limitations, there are a number of uncertainties built into the calculation of the 'over-cap' subsidy. It should be regarded as a rough figure only. However, other plausible estimates of over-cap expenditures are unlikely to change the basic result. Even if the average expenditures were only half the \$68,000 figure we used, the over-cap subsidy would still be about \$1,100 for the best estimate scenario. This would still mean no savings in the MRMIP Maxicare Plan for AIDS patients.

CONCLUSIONS

Health care reform may consist of changes to the private health insurance industry rather than a comprehensive restructuring of the system. If legislation required a return to community rating and prohibitions against previously existing condition exclusions, Los Angeles County has the potential to save money on the costs of treating HIV/AIDS patients by subsidizing PHI for these patients. Considering the most advantageous of the three plans, Kaiser Individual Plan 1 (c), small net savings may be attainable for those in the HIV+, >200 T-cell count stage of the disease -- about \$27 per patient-month. This rises to \$331 per patient-month for patients with T-cell counts below 200 and to \$1,096 per patient-month for AIDS patients.

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Kaiser Permanente, *Health Care for Life: Individual Plan*, 1994.

***MediCal AIDS Special Research File*, Unpublished, California Department of Health Services, Sacramento, 1994.**

APPENDIX 1
ESTIMATED COST OF INSURANCE SUBSIDIES BY DISEASE STAGE

Insurance Subsidy Component	HIV+: >200 T-Cell Count			HIV+: <200 T-Cell Count			AIDS		
	Blue Shield: Preferred Provider Plan	Kaiser Permanent HMO Plan 1 (C)	MRMF MAJICARE	Blue Shield: Preferred Provider Plan	Kaiser Permanent HMO Plan 1 (C)	MRMF MAJICARE	Blue Shield: Preferred Provider Plan	Kaiser Permanent HMO Plan 1 (C)	MRMF MAJICARE
Average Cost of Premium Subsidy	\$148	\$139	\$285	\$148	\$139	\$285	\$148	\$139	\$285
Percent of Early AIDS Patients Eligible for Premium Subsidy	100%	100%	100%	100%	100%	100%	100%	100%	100%
Average Cost of Deductible Subsidy	\$449	\$439	\$285	\$449	\$439	\$285	\$449	\$439	\$285
Percent of Early AIDS Patients Eligible for Deductible Subsidy	89%	99%	90%	79%	79%	79%	99%	99%	99%
Average Cost of Co-insurance Subsidy	\$21	\$0	\$0	\$21	\$0	\$0	\$35	\$0	\$0
Monthly Co-insurance or Out-of-Pocket Payment Subsidy	\$79	\$15	\$28	\$107	\$49	\$88	\$457	\$17	\$467
Percent of Early AIDS Patients Eligible for Co-insurance Subsidy	99%	90%	99%	75%	75%	75%	90%	90%	90%
Average Cost of Co-insurance Subsidy	\$38	\$8	\$18	\$125	\$12	\$29	\$150	\$18	\$159
Monthly Cost Exceeding Insurance Cap	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,399
Percent of Early AIDS Patients Eligible for Over-Cap Subsidy	100%	100%	100%	100%	100%	100%	100%	100%	100%
Average Cost of "Over-Cap" Subsidy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,399
AVERAGE PER-PATIENT COST OF INSURANCE SUBSIDY	\$898	\$147	\$394	\$384	\$991	\$294	\$398	\$188	\$2,794
AVERAGE NET SAVINGS (COST) PER EARLY AIDS PATIENT	(\$15)	\$34	(\$41)	\$178	\$327	\$246	\$915	\$1,096	(\$1,483)

Appendix 2 SENSITIVITY ANALYSIS

BEST ESTIMATE NET FINANCIAL EFFECT OF SUBSIDY Per-Patient Monthly Savings

Disease Stage	Blue Shield	Kaiser	MRMIP
HIV+: >200 T-Cell Count	\$ (25.22)	\$ 38.06	\$ (40.54)
HIV+: <200 T-Cell Count	\$ 177.64	\$ 330.73	\$ 247.83
AIDS (Pre-1993 Definition)	\$ 915.23	\$ 1,095.70	\$ (1,453.08)

LOW TREATMENT COST SCENARIO NET FINANCIAL EFFECT OF SUBSIDY Per-Patient Monthly Savings

Disease Stage	Blue Shield	Kaiser	MRMIP
HIV+: >200 T-Cell Count	\$ (71.71)	\$ (24.49)	\$ (101.66)
HIV+: <200 T-Cell Count	\$ 22.79	\$ 173.04	\$ 84.73
AIDS (Pre-1993 Definition)	\$ 498.31	\$ 579.24	\$ (1,880.00)

Cost of treating HIV/AIDS is a third lower than 'best estimate' costs.

HIGH TREATMENT COST SCENARIO NET FINANCIAL EFFECT OF SUBSIDY Per-Patient Monthly Savings

Disease Stage	Blue Shield	Kaiser	MRMIP
HIV+: >200 T-Cell Count	\$ 16.61	\$ 90.96	\$ 14.36
HIV+: <200 T-Cell Count	\$ 333.48	\$ 486.57	\$ 403.67
AIDS (Pre-1993 Definition)	\$ 1,290.45	\$ 1,470.92	\$ (1,087.86)

Cost of treating HIV/AIDS is 30% higher than 'best estimate' costs.

HIGH PREMIUMS SCENARIO NET FINANCIAL EFFECT OF SUBSIDY Per-Patient Monthly Savings

Disease Stage	Blue Shield	Kaiser	MRMIP
HIV+: >200 T-Cell Count	\$ (82.22)	\$ (29.48)	\$ (40.54)
HIV+: <200 T-Cell Count	\$ 129.31	\$ 273.66	\$ 256.50
AIDS (Pre-1993 Definition)	\$ 858.23	\$ 1,030.16	\$ (1,463.08)

All premiums are at level of MRMIP Medicare, \$205/month.

HIGH COUNTY SHARE OF COSTS SCENARIO NET FINANCIAL EFFECT OF SUBSIDY Per-Patient Monthly Savings

Disease Stage	Blue Shield	Kaiser	MRMIP
HIV+: >200 T-Cell Count	\$ 249.30	\$ 310.69	\$ 233.99
HIV+: <200 T-Cell Count	\$ 843.10	\$ 996.19	\$ 913.29
AIDS (Pre-1993 Definition)	\$ 1,373.15	\$ 1,563.62	\$ (1,005.16)

County share for MIA is 100 percent and for MediCal is 80 percent.

LOW COUNTY SHARE OF COSTS SCENARIO NET FINANCIAL EFFECT OF SUBSIDY Per-Patient Monthly Savings

Disease Stage	Blue Shield	Kaiser	MRMIP
HIV+: >200 T-Cell Count	\$ (116.73)	\$ (56.45)	\$ (132.08)
HIV+: <200 T-Cell Count	\$ (83.31)	\$ 99.78	\$ 6.98
AIDS (Pre-1993 Definition)	\$ 289.66	\$ 470.33	\$ (2,088.45)

County share is 21% for MIA and 18.3% for MediCal.

These are 50% of 'best estimate' figures.



ARTISTS' GUILD OF
SAN FRANCISCO
BENEFIT EXHIBITION

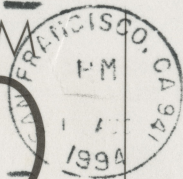
FOR THE SAN FRANCISCO AIDS FOUNDATION



SATURDAY

9AM - 6PM

SEPT 10



THE CANNERY

2801 LEAVENWORTH STREET

CORNER BEACH & COLUMBUS, SAN FRANCISCO

**OVER 40 ARTISTS COLLABORATE WITH
THE COMMUNITY TO FIGHT AIDS**

Michael D. Shriver
Mobilization Against AIDS
584-B Castro Street
San Francisco, CA 94114-1465



FAX



San Francisco AIDS Foundation

TO: Mike Shriver

SENT TO FAX #: _____

FROM: Regina

SENDER'S PHONE# (415) 864-5855 ext. _____

DATE: 10/12

NUMBER OF PAGES (including cover): 7

NOTES:

San Francisco AIDS Foundation
P.O. Box 426182
San Francisco, CA 94142-6182
(415) 864-5855

Return FAX: (415) 487-3097

CAEAR Coalition

Cities Advocating Emergency AIDS Relief

MEMORANDUM

TO: CAEAR Coalition Members
FROM: Regina Aragón, Chair
DATE: October 12, 1994
RE: 1994 Reauthorization Campaign Wrap-up

I'm sure you have all heard by now that we were not successful in our effort to reauthorize the CARE Act before the end of the 103rd Congress. As disappointing as this final outcome is, I think that there were a number of successes and accomplishments for which the CAEAR Coalition and the four-title Ryan White Reauthorization Coalition can be proud. The purpose of this memo is to update you on the many activities and events of the past few weeks. I encourage you to distribute this memo to other members of your local planning council and/or other interested community members.

September 25th CAEAR Coalition Business Meeting Kicks Off Campaign

The CAEAR Coalition's final push for reauthorization began with our September 25 Business Meeting. Representatives from 20 Title I EMAs came to Washington, D.C. to discuss a number of last minute legislative issues, including HRSA's proposal to incorporate the AIDS Educational Training Centers and Dental Reimbursement Programs into the CARE Act (we decided not to take a position on this issue one way or the other), the question of whether or not prisoners with AIDS should continue to be counted for the purpose of eligibility and funding (we decided they should) and SPNS' providers disagreement with the four-title Coalition's proposed cap on SPNS funding (the Coalition continues to support a cap, but at level higher than that originally proposed in order to provide for some growth during the five-year authorization period).

The CAEAR Coalition also devoted a considerable amount of time at its business meeting to the continuation of its contract with The Sheridan Group (TSG). The Coalition's 1993-94 contract expired on September 30, 1994. The Coalition supported the Executive Committee's plan to request a four-month extension of the current contract (through December 31, 1994), with the intention of negotiating a full 12-month contract starting January 1, 1995. The decision to go with a short extension was based, in part, by our uncertainty about whether the Coalition would still be working on reauthorization in the

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1995 contract. In anticipation of these negotiations, the Coalition discussed dues, fundraising and the scope of activities for 1995. The Executive Committee agreed to work with TSG and to bring back to the Coalition (likely via mail) a proposed contract and dues schedule in the next month or so.

Steve Burns, the Coalition's Treasurer, gave a detailed report on the status of 1994 dues payments, indicating that a number of EMAs have still not paid their dues for the contract year that just ended on September 30. The Executive Committee reported that negotiations of a new contract are contingent upon the Coalition's ability to eliminate the debt from the 1994 contract by October 20. **Please contact Steve Burns at (415) 861-4898 to make arrangements for your EMA's payment in order to ensure that the Coalition is able to continue its work with The Sheridan Group in 1995.**

AIDS Advocates Blanket Congress During September 26-27 Joint Advocacy Days

Following the Coalition's Business Meeting, other local constituents and representatives from national organizations joined CAEAR Coalition members for a Sunday afternoon briefing. Over a two-day period, this diverse group of advocates met with every Senate office and over 200 House offices. It was quite an effort, with a lot of cooperation between members of the Reauthorization Coalition and other national groups including NAPWA, NMAC, AIDS Action and other NORA members. The primary request was that Members of Congress agree to sign-on as original co-sponsors of the legislation.

One of the many highlights of the two-day event was the California contingent's meeting with Rep. Henry Waxman in which he pledged his full support to help us in the House were we successful in passing a Senate bill. As you now know, Congressman Waxman subsequently agreed to introduce an identical House bill (H.R. 5141), rather than waiting to act on whatever the Senate sent over. Senator Kennedy and Congressman Waxman's staff were in close contact throughout the drafting process to ensure that the bill language was agreeable to both authors and would not require further amendments.

While most CAEAR Coalition members had to leave town after the 27th, a number of individuals stayed in Washington and worked with D.C.-based groups on the co-sponsor drive. Both bills (H.R. 5141/S. 2489) were introduced on Friday, September 30. By the end of the following week, we had 64 Senate co-sponsors (including 14 Republicans) and over 127 House co-sponsors. Several Hill staffers commented on how remarkable this effort was. It is rare that a piece of legislation is able to garner such a large number of co-sponsors in so short a time. Much of our success in this regard was due to the AIDS community's broad coalition effort and the strong consensus we showed on the Hill.

The co-sponsor drive demonstrated continued bi-partisan support for the CARE Act in Congress. In the Senate, Senator Orrin Hatch (R-Utah) joined Senator Kennedy as principal co-sponsor, and in the House, Congressman Greenwood (R-Philadelphia) joined Congressmen Henry Waxman (D-LA) and John Dingell (D-Michigan) (Chair of the House

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Energy and Commerce Committee) as principal co-sponsors of H.R.5141. During the co-sponsor drive, advocates constantly pointed out that in 1990, the CARE Act was passed by a 96-4 vote in the Senate, and was nearly unanimous in the House, as well.

This early recognition of bi-partisan support for the CARE Act provided just the right environment for the CAEAR Coalition's Atlanta delegation to facilitate a letter of support from House Minority Whip Newt Gingrich to the Ranking Republican on the House Energy and Commerce Committee, Thomas Bliley (R-Virginia). Early support among House Republicans was particularly important because Rep. Bliley's staff had raised concerns about the fast-track timeline not allowing for a Committee hearing prior to reauthorization. In response to this concern, the Reauthorization Coalition distributed a four-page description of the many opportunities for review and oversight of the CARE Act during the past two years, including a 1992 Senate Labor and Human Resources Committee Oversight Hearing, the HRSA's AIDS Advisory Committee's hearings and final report, NASTAD's national hearings and the community consensus documents developed by the four-title coalition and its individual members.

On the 26 and 27th, advocates also met with Senate Majority Leader George Mitchell, Ranking Republican on Senate Labor and Human Resources Committee, Senator Nancy Kassebaum, and the staff of Senate Minority Leader Bob Dole and Congressman Bliley. HHS Secretary Donna Shalala and Acting AIDS Policy Coordinator Patsy Flemming also wrote letters of support for reauthorization before the end of the 103rd Congress.

Bill Stalls in the Senate

While early bi-partisan support for S.2489 was crucial, it did not, in the end, prevent a small number of Republicans from preventing its passage. The CARE Act, like hundreds of other bills this session -- including health care reform -- got stuck in partisan gridlock in the final few days of the 103rd Congress.

As I mentioned above, due to obvious time constraints, our legislative strategy required that we by-pass the normal committee hearing process. However, in order to bring S.2489 to the Senate floor for a vote (at which point, with 64 co-sponsors, we were certain of victory) it required that we have unanimous consent in the Senate. In other words, any single Senator could place a hold on the bill, thereby preventing it from moving.

Before individual senators had the opportunity to place such a hold on the bill, however, both the Chair (Senator Kennedy) and the Ranking Republican on the Senate Labor and Human Resources Committee (Senator Kassebaum) had to OK the bill's release from Committee. Senator Kassebaum professed her support for the bill in numerous face-to-face meetings with advocates from Kansas and elsewhere. It was not clear, however, that Senator Kassebaum had formally released the bill from Committee until two nights before the end of the session. By that time, other Republicans -- including Senator Nickles (R-Oklahoma) -- had placed a hold on the bill. By the end of the day on Friday, October 7,

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we heard of at least four Senators who were planning on placing holds on the bill, and were also informed that the S. 2489 had been targeted for what is referred to as a "rolling hold." In other words, were we successful in getting some members to remove their holds (by addressing their particular concern or cutting some kind of legislative deal), other Republican members were prepared to place new holds. Despite the hard work of many of our Republican Senate co-sponsors, including Senators Hatch, Mack, Specter and Jeffords, by late Saturday night it was clear to us that we would not be successful.

Next Steps

In the next couple of weeks, members of the Executive Committee will be meeting by conference call to debrief, and will hopefully be able to meet with our four-title partners and the staff from other Washington-based groups to plan our joint strategy for January. Before leaving Washington on October 8th, members of the four-title Reauthorization Coalition met and reaffirmed our commitment to work as a coalition in support of the recommendations we put forth in our consensus paper. I know that early reauthorization of the CARE Act in 1995 will also be top priority for many D.C. groups, including AIDS Action Council and NAPWA.

I want to thank those of you who came to help walk the halls, stand outside the Senate chambers with buttons or flag down members as they tried to get on the subway. We were a force to be reckoned with, and I know that next year's effort will be all the easier because of your work this past month. I also want to thank those of you who were not able to come to D.C., who responded to urgent calls and Action Alerts. The last two weeks have taught us the strength of our Coalition's grassroots network. It also helped us identify some of the gaps, which we hope to work on between now and January.

The Coalition owes huge debt of gratitude to the staff at The Sheridan Group, who relinquished all control of their office for two solid weeks, while we used it as the unofficial reauthorization war room. Tom, Grayson and Kristin truly went above and beyond the call of duty, leading us through some very difficult days and nights together.

Finally, while the Coalition as whole will be sending a thank you letter to the House and Senate co-sponsors, it would also be good for local members to write your own members who co-sponsored either S. 2489 or H.R. 5141. In the next week or so, my office send you a copy of the legislation, as well as a final list of House and Senate co-sponsors.

Beginning on October 20, I will be out of the office for five weeks. During my absence, the CAEAR Coalition's Vice-Chair, Sandy Thurman (Atlanta) will be acting as Chair. You should continue to communicate with the The Sheridan Group or Sandy through your Regional Rep on the Executive Committee. My Assistant, Tom Zickgraf, may also be able to answer any questions you have. He can be reached at (415) 864-5855, x 3034.

CAEAR Coalition
c/o San Francisco AIDS Foundation
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HOUSE OF REPRESENTATIVES

ORIGINAL CO-SPONSORS: Waxman (D) -- Dingell (D) -- Greenwood (R)

Abercrombie (D)	Johnson -- GA (D)	Shays (R)
Ackerman (D)	Johnson -- TX (D)	Schenk (D)
Andrews -- NJ (D)	Johnston (D)	Shepherd (D)
Barca (D)	Kennedy (D)	Skaggs (D)
Barrett -- WI (D)	Kleczka (D)	Slaughter (D)
Becerra (D)	Kopetski (D)	Stark (D)
Beilenson (D)	Kraidler (D)	Stokes (D)
Berman (D)	Lantos (D)	Studds (D)
Bilbray (D)	Lazio (R)	Swett (D)
Bonior (D)	Leach (R)	Swift (D)
Brown (?) (D)	Lewis -- GA (D)	Synar (D)
Bryant (D)	Lowey (D)	Torkildsen (R)
Byrne (D)	Maloney (D)	Torrecelli (D)
Calvert (R)	Manton (D)	Torres (D)
Coleman (D)	Markey (D)	Towns (D)
Collins -- IL (D)	Matsui (D)	Tucker (D)
Conyers (D)	McCloskey (D)	Unsoeld (D)
Coppersmith (D)	McDermott (D)	Velazquez (D)
DeFazio (D)	McKinney (D)	Vento (D)
DeLauro (D)	Meehan (D)	Waters (D)
Dellums (D)	Meek (D)	Watt (D)
DeLugo (D)	Menendez (D)	Woolsey (D)
Deutsch (D)	Miller -- CA (D)	Wyden (D)
Dixon (D)	Mink (D)	Yates (D)
Durbin (D)	Moakley (D)	
Edwards -- CA (D)	Moran (D)	
Engel (D)	Morella (R)	
Eshoo (D)	Nadler (D)	
Evans (D)	Neal -- MA (D)	
Farr (D)	Neal -- NC (D)	
Fazio (D)	Norton (D)	
Filner (D)	Oliver (D)	
Flake (D)	Owens (D)	
Frank -- MA (D)	Pastor (D)	
Franks -- CT (R)	Payne -- NJ (D)	
Furse (D)	Pelosi (D)	
Gejdenson (D)	Penny (D)	
Gilman (R)	Rangel (D)	
Gonzalez (D)	Read (D)	
Green (D)	Reynolds (D)	
Gunderson (R)	Richardson (D)	
Gutierrez (D)	Romero-Barcelo (D)	
Hamburg (D)	Roybal-Allard (D)	
Harmon (D)	Rush (D)	
Hastings (D)	Sabo (D)	
Hilliard (D)	Sanders (I)	
Hinchey (D)	Sangmeister (D)	
Hochbrueckner (D)	Schumer (D)	
Jacobs (D)	Serrano (D)	
Jefferson (D)	Sharp (D)	

Democrats:	116
Republicans:	10
Independents:	1
TOTAL:	127

SENATE

ORIGINAL CO-SPONSORS: Kennedy (D) -- Hatch (R)

Akaka (D)	Pell (D)
Biden (D)	Pryor (D)
Bingaman (D)	Reid (D)
Boren (D)	Riegle (D)
Boxer (D)	Robb (D)
Bradley (D)	Rockefeller (D)
Breaux (D)	Sarbanes (D)
Bryan (D)	Sasser (D)
Bumpers (D)	Simon (D)
Campbell (D)	Specter (R)
Chafee (R)	Warner (R)
Cohen (R)	Wellstone (D)
Conrad (D)	Wofford (D)
D'Amato (R)	
Daschle (D)	
DeConcini (D)	
Dodd (D)	
Dorgan (D)	
Durenberger (R)	
Feingold (D)	
Feinstein (D)	
Ford (D)	
Glenn (D)	
Graham (D)	
Harkin (D)	
Hatfield (R)	
Hollings (D)	
Hutchinson (R)	
Inouye (D)	
Jeffords (R)	
Johnston (D)	
Kerrey (D)	
Kerry (D)	
Kohl (D)	
Lautenberg (D)	
Leahy (D)	
Levin (D)	
Lieberman (D)	
Mack (R)	
McCain (R)	
Metzenbaum (D)	
Mikulski (D)	
Mitchell (D)	
Moseley-Braun (D)	
Moynihan (D)	
Murkowski (R)	
Murray (D)	
Nunn (D)	
Packwood (R)	

Democrats:	50
Republicans:	14
TOTAL:	64

S F AIDS FOUNDATION

PRESENTS A REGIONAL FORUM ON: HIV/AIDS AND NATIONAL HEALTH CARE REFORM

Date:
Time:
Place:

Wednesday April 6, 1994
8:30 AM Until 1:00 PM
The Green Room at The War Memorial Building
401 Van Ness Ave. Second Fl., San Francisco, CA

The forum will cover:

- * An overview of the health care crisis for people with HIV/AIDS.
- * The details of the Clinton Health Security Act of 1993 and its impact on people with HIV/AIDS.
- * The elements of other key Congressional bills on health care reform and their impact on people with HIV/AIDS.
- * The current political and media climate on health care reform.
- * Actions everyone can take to influence the debate on behalf of people with HIV/AIDS.
- * We will provide extensive written materials on HIV/AIDS and national health care reform, including community organizing, advocacy, and media materials, to all participants. There will also be refreshments and light snacks.

Speakers:

Larry Levitt - White House Health Policy Adviser
Paul A. Di Donato - SFAF Public Policy Associate
Invited: *Congresswoman Nancy Pelosi*
Sandra Hernandez, M.D. - Director of Department of Public Health, City of S.F.
Anthony Iton, M.D. - Representative of Health Access & Consumer's Union

*** Spanish and A.S.L. Interpreting services will be provided***

Please complete the attached R.S.V.P. form in order to register for this FREE public forum.

Access: This facility is wheelchair accessible. It is also served by Public Transportation. MUNI lines 47 & 49 are the most direct. The nearest subway station (MUNI lines J,K,L,M) is Van Ness Ave., located 4 blocks south. The nearest BART station is Civic Center, transfer to MUNI to Van Ness or walk. Underground parking is available at the Civic Center Garage.



R.S.V.P. FAX FORM FOR THE:

**SAN FRANCISCO AIDS FOUNDATION
HIV/AIDS AND NATIONAL HEALTH CARE REFORM FORUM**

TO BE HELD AT:

**THE GREEN ROOM AT THE WAR MEMORIAL BUILDING
401 VAN NESS AVE. 2ND FLOOR, SAN FRANCISCO, CA 94102**

DATE & TIME:

WEDNESDAY APRIL 6, 1994. 8:30 AM TO 1:00 PM

NAME _____

ORGANIZATION _____

Number of people attending with you. _____

Will you need Spanish or A.S.L. Translation? _____

Do you currently receive SFAF's Policy Watch Bulletin? _____

If no, please let us know how to reach you. _____

Do you need additional information? _____

How can we reach you? _____

Please fax or mail this form to: Attn. Eduardo Hernandez

Fax Number: **415.487.3097**

Mailing address: **P.O. Box 426182, San Francisco, CA 94142-6182**

SF AIDS FOUNDATION

PRESENTA UN FORO REGIONAL CON EL TEMA DE: VIH/SIDA Y LA REFORMA AL SISTEMA NACIONAL DE SERVICIOS PARA LA SALUD

Fecha:
Hora:
Lugar:

Miercoles - 6 de Abril 1994
8:30 AM a 1:00 PM
"The Green Room" en el edificio " War Memorial "
401 Van Ness Ave. Segundo Piso, San Francisco, CA

El foro cubrira:

- * Un resumen de la crisis de servicios para la salud para personas con VIH/SIDA.
- * Detalles de Decreto Clinton de Seguridad de la Salud de 1993 y su impacto a personas con VIH/SIDA.
- * Los elementos de otros proyectos de ley del Congreso sobre la reforma de servicios para la salud.
- * El actual ambiente politico y en los medios de comunicacion sobre la reforma de servicios para la salud.
- * Acciones que cualquiera puede tomar para influenciar el debate a favor de las personas con VIH/SIDA.
- * Nosotros proveeremos a todos los participantes extenso material escrito sobre VIH/SIDA y la reforma al sistema nacional de servicios para la salud. Esto incluye escritos sobre organizacion comunitaria, de apoyo y materiales de los medios de comunicacion. Tambien habra comida ligera y refrescos.

Conferencistas:

Larry Levitt - Asesor a la Casa Blanca de normas sobre la salud

Paul A. Di Donato - Asociado de Normas Publicas del SFAF

Invitados:: *Congresista Nancy Pelosi*

Sandra Hernandez, M.D. - Directora del Departamento de Salud Publica de la Ciudad de S.F.

Anthony Iton, M.D. - Representante del Sindicato "Health Access & Consumer's Union"

*** Se proveeran servicios de interpretes en Espanol y A.S.L.***

Por favor complete la forma R.S.V.P. adjunta para registrarse para este foro que es GRATIS.

Acceso: Este edificio es accesible para personas en sillas de ruedas. Tambien es accesible por medio de transportacion publica. Las lineas 47 & 49 de MUNI son las mas directas. La estacion subterranea mas cercana a las lineas MUNI (J.K.L.M.) es " Van Ness Ave.", localizada 4 cuadras hacia el sur. La estacion mas cercana del "BART" es "Civic Center"; transborde a MUNI hacia "Van Ness " o camine. Existe estacionamiento subterraneo en el "Civic Center Garage."

S F AIDS FOUNDATION

R.S.V.P. FAX FORM FOR THE:

**SAN FRANCISCO AIDS FOUNDATION
HIV/AIDS AND NATIONAL HEALTH CARE REFORM FORUM**

TO BE HELD AT:

**THE GREEN ROOM AT THE WAR MEMORIAL BUILDING
401 VAN NESS AVE. 2ND FLOOR, SAN FRANCISCO, CA 94102**

DATE & TIME:

WEDNESDAY APRIL 6, 1994. 8:30 AM TO 1:00 PM

NAME _____

ORGANIZATION _____

Number of people attending with you. _____

Will you need Spanish or A.S.L. Translation? _____

Do you currently receive SFAF's Policy Watch Bulletin? _____

If no, please let us know how to reach you. _____

Do you need additional information? _____

How can we reach you? _____

Please fax or mail this form to: Attn. Eduardo Hernandez

Fax Number: **415.487.3097**

Mailing address: **P.O. Box 426182, San Francisco, CA 94142-6182**

EMA	Formula	Supplemental	% of Formula	1993-94 Total Award	% Increase
Aneheim, CA	\$1,426,850	\$1,201,097	84.18%	\$1,839,726	42.84
Atlanta, GA	\$4,066,062	\$3,422,739	84.18%	\$5,490,571	36.39
Baltimore, MD	\$2,232,355	\$1,691,083	75.75%	\$3,250,343	20.71
Bergen-Passaic, NJ	\$1,277,031	\$742,090	58.11%		
Boston, MA	\$3,091,876	\$3,863,159	124.95%	\$4,154,744	67.40
Chicago, IL	\$4,706,676	\$4,918,775	104.51%	\$7,390,763	30.24
Dallas, TX	\$3,445,177	\$3,490,467	101.31%	\$4,542,034	52.70
Denver, CO	\$1,626,755	\$1,749,129	107.52%		
Detroit, MI	\$1,623,489	\$1,226,070	75.52%	\$2,091,739	36.23
Fort Lauderdale, FL	\$3,555,421	\$3,259,178	91.67%	\$4,591,215	48.43
Houston, TX	\$5,676,753	\$4,456,839	78.51%	\$7,820,319	29.58
Jersey City, NJ	\$2,306,302	\$1,833,839	79.51%	\$3,618,220	14.42
Kansas City, MO	\$1,251,712	\$1,403,852	112.15%		
Los Angeles, CA	\$12,617,337	\$12,823,874	101.64%	\$19,190,269	32.57
Miami, FL	\$6,875,102	\$8,383,461	121.94%	\$9,716,264	57.04
Nassau-Suffolk, NY	\$1,403,882	\$1,483,086	105.64%	\$2,012,809	43.43
New Haven, CT	\$1,235,428	\$901,444	72.97%		
New Orleans, LA	\$1,691,877	\$1,551,455	91.70%	\$1,796,972	80.49
New York, NY	\$45,835,380	\$54,218,887	118.29%	\$44,469,219	125.00
Newark, NJ	\$5,166,261	\$1,842,919	35.67%	\$3,542,848	97.84
Oakland, CA	\$2,379,546	\$1,549,741	65.13%	\$2,602,816	50.96
Orlando, FL	\$1,319,944	\$1,395,643	105.74%		
Philadelphia, PA	\$3,479,453	\$3,895,483	111.96%	\$4,729,230	55.94
Phoenix, AZ	\$1,175,959	\$1,041,512	88.57%		
Ponce, PR	\$976,793	\$200,000	20.48%	\$1,280,364	-8.09
Riverside-San Bernadino, CA	\$1,299,021	\$1,102,989	84.91%		
St. Louis, MO	\$1,178,039	\$1,070,208	90.85%		
San Diego, CA	\$2,696,880	\$2,536,694	94.06%	\$3,761,979	39.12
San Francisco, CA	\$19,056,960	\$20,153,440	105.75%	\$27,217,076	44.07
San Juan, PR	\$4,561,223	\$3,894,834	85.39%	\$4,679,777	80.69
Seattle, WA	\$1,617,949	\$1,615,954	99.88%	\$2,824,570	14.49
Tampa/St. Pete, FL	\$1,955,256	\$1,349,056	69.00%	\$2,265,553	45.85
Washington, DC	\$5,225,866	\$4,102,846	78.51%	\$7,447,548	25.26
West Palm Beach, FL	\$1,959,886	\$1,622,656	82.79%		

April 27th
 San Mateo
 Testing
 Appropriations
 Shortfalls



SAN FRANCISCO AIDS FOUNDATION

VANCE YOSHIDA

President

Board of Directors

Work: 510/784-5624

FAX: 510/782-6520

Home: 415/591-1584

Office address: 25 Van Ness Ave., Suite 660, San Francisco, CA 94102

Mailing address: P.O. Box 426182, San Francisco, CA 94142-6182

LEISURE & ARTS

E.T. at Home: Megastar Confronts Destiny at 61

By RAYMOND SOKOLOV

Bel-Air, Calif.

"Shmucko," she said, with an amused glint in her legendary violet eyes. "You know I'm not going to answer that."

Absolutely. I knew I wasn't going to find out whether she slept in the nude or get her to compare her eight marriages or to give me the lowdown on how she manages to look so young at the onset of her seventh decade and her fiftieth something year as a major Hollywood star. But somehow it didn't seem sporting to spend two hours at home with the woman nobody calls Mrs. Larry Fortensky without showing a normal, healthy interest in invading her well-kept privacy.

But let's not exaggerate. Elizabeth Rosemond Taylor has not surrounded herself with goons and barbed wire. The discreet sheet-metal gate to her driveway is no more forbidding or unbreachable than many other closed entryways in this opulent community of mansions and high hedges west of Beverly Hills. Ms. Taylor does have four dogs, but three of them are lap dogs, and one of them, a snow-white Maltese named Sugar, can intimidate the German shepherd Mr. Fortensky brought to their marriage.

To be sure, the couple were married in one of the world's most closely guarded private domiciles, Michael Jackson's ranch near Santa Barbara. Even there the media's whirring helicopters made it hard for bride and groom to concentrate on personal business.

Here in Los Angeles, however, they sometimes venture out like other newlyweds. No driver. Just them. And her adoring public. Recently they "went out shopping for tiles, on Robertson, you know, where all those stores are. Cars honked, tires squealed, someone shouted, 'Hi, Liz.' It was all very friendly."

Here at home, the mood is casual, secure without benefit of visible hardware.

Out the window, a work crew is finishing up a green-tiled pool patio. And in this comfortable but unostentatious '50s house that once belonged to Nancy Sinatra, some very pretty things are, quite casually, on view.

Under the rectangular, beamed, recessed ceiling, amethyst geodes cover a big coffee table — some 15 scrumptious violet clusters and a delicate antique amethyst lady's flask, a gift from Chen Sam, loyal friend and publicist. Does Ms. Taylor collect amethysts because they match her eyes? Oh, no. "They're my birthstone."

Other treasures include various art-deco and art-nouveau *objets*, Lalique glass and such, tucked away at one end of the room, haphazardly, on shelves. Behind the couch, skied and scrunched together with a studied lack of theatricality, are some wonderful paintings. The ground rule is one can't say who painted them. Most are by French impressionists, some only routine pictures by great artists. Three or four are stunners, including a male self-portrait and a languorous, mannerist face of a woman by a painter active in Paris between 1906 and 1920.

Perhaps the most affecting work of all is a big drawing of three figures by one of the major artists of the century. It is sensitively hung between two windows, where the California light won't hit it in full force. One of the faces is done in a much darker line and jumps out of the picture plane. Ms. Taylor points this out. She comes by her eye naturally; her father was an art dealer in London.

That was "long ago in a spinning world," as it says on the opening intertitle of Ms. Taylor's first major film, "National Velvet." It was that gently feminist fable of a pubescent British girl's plucky near-win riding her horse while disguised as a man at England's Grand National steeplechase that vaulted the petite actress into perennial celebrity in 1944. None of her other movies, not even the two she won

best-actress Oscars for ("Who's Afraid of Virginia Woolf?" with her then-husband Richard Burton and "Butterfield 8") have stuck so permanently in the public mind.

Ms. Taylor did all the horseback riding in the film herself, except for the race. It took two weeks of repetitive shooting to film that, and 38 men ended up in the



hospital. She got to keep the horse, which became her main consolation in a cloistered childhood as a cinemoppet. She went to school at the studio, with other strlings, none of whom were her age. "I had 6 pals, no one to play with at recess."

When did she first know she was a star? "I saw my intrinsic value at 15, when I told L.B. Mayer to go to hell. He had sworn at my mother, and used language I never heard before. I was not reprimanded. I refused to apologize. When nothing happened, I realized it had to be for some monetary reason, since they weren't a bunch of sweethearts. It was the beginning of a cynical streak in me."

Lately, though, Ms. Taylor has thrown off the cynicism, sobered up with second stint at the Betty Ford center (where she

met her husband, a construction worker) and stepped out into the world militating for AIDS research, developing a line of perfumes with Elizabeth Arden and, most recently, designing costume jewelry with Avon.

For a famous wearer of big diamonds, she is discreetly accessorized with bracelets and hoop earrings during my visit. Only one of the Avon designs will be based on her jewelry collection, but that piece is amazing. Would I like to see it?

I would.

She picks up the phone and moments later a young man appears with a gray case the size of a CD jewel box. This is the real thing. It contains a diamond pendant created for Shah Jehan, who built the Taj Mahal. The diamond is flat and pale, the size of a quarter, set in rare gray jade that is inscribed in Persian.

Ms. Taylor holds it up and talks about the excitement of gems with a history, all the while holding herself stiffly because of constant back and neck pain. This is nothing new for her. It has kept her off horses and pushed her into addictive use of painkillers, one of the reasons she went to the Betty Ford center. Hers has been a life of chronic illness, many operations, two close brushes with death. In 1985, she decided to do something about major illness by co-founding the American Foundation for AIDS Research (AmFAR).

All these new activities get her out in the world much more than ever before. She pitches perfume. She will soon be hustling her Avon products. Millions heard her speak about AIDS at the Oscars this spring. Now she is planning to take her message to South Africa, at the invitation of Nelson Mandela. "It will be very hard for me, as a white woman, to talk about it. It's a very different situation there."

Into these serious thoughts jumps Sugar. And from the next room squawks the voice of Max, an African gray parrot with many words in his vocabulary and the ability to mimic everyone in the household. He shares this house not only with dogs and other parrots, but with a spectacular saltwater fish tank.

Ms. Taylor, who used to prowl earnestly through Edward G. Robinson's art collection, can now prowl playfully among her own familiar possessions. This famous clotheshorse meets the press in a waggish yellow jersey that reads: "Kissing a Smoker Is Like Licking an Ashtray." When reminded that Ronald Reagan is a neighbor on one of Bel-Air's winding roads, she quips: "Yes, he is round the bend, so to speak."

Asked why the very large copper bird cage in the living room is empty, she says, with a wild-eyed grin: "Because it's for ME. When I'm bad, they put me in it. And I say feed me, feed me."

But she is not bad now. Liz is good, and she is feeding herself very prudently, to stay in fighting trim for the serious fun ahead.

Sunnyside
Nurseries inc.

~~2177 Occidental Road~~

P.O. Box 4836

Hayward, California 94540



Mike Shriver

% SFAF

PO Box 426182

San Francisco, Ca

94142-6182



SAN FRANCISCO AIDS FOUNDATION P.O. BOX 426182, SAN FRANCISCO, CALIFORNIA 94142-6182

SFAF PUBLIC POLICY ROUNDTABLE
August 23, 1994

CURRENT TOPICS IN RESEARCH AND TREATMENT
PUBLIC POLICY

I. Welcome and Introductions

II. Speakers:

Anne Donnelly & David Lewis, Project Inform

Ron Baker, Editor, SFAF BETA

Derek Hodel, Gay Mens Health Crisis, GMHC

Virg Park, ACT UP Golden Gate

John James, Editor, AIDS TREATMENT NEWS

Margaret Chesney, Center for AIDS Prevention Studies, CAPS

Mark Milano, AIDS Cure Project New York

Mike Bellefountaine, AIDS Cure Project San Francisco

III. Community Questions and Answer



SAN FRANCISCO AIDS FOUNDATION

P.O. BOX 426182, SAN FRANCISCO, CALIFORNIA 94142-6182

**San Francisco Public Policy Working Group
Minutes of July 16, 1993 Meeting**

Present: Pat Dunn, Rafael Chang, Bob Nelson, Tom Zickgraf, Karen Weiss, Kerrington Osborn

City Budget: Bob Nelson reported on the need to continue to pressure the Board of Supervisors to enact legislation to create progressive tax revenues. He also informed the members of the working group that the Coalition for Public Health Services is continuing to meet. For more information about the Coalition for Public Health Services contact Bob at 864-7400.

NCG Proposal: Discussion occurred regarding Catholic Charities/Interreligious Coalition on AIDS application to Northern California Grantmakers to develop a program for advocacy efforts within San Francisco. Pat and Bob informed the members that the primary difference between BAHAN and this new program, is that BAHAN has a Bay Area focus and this program would only address San Francisco issues. The members present were very supportive of the proposed program and discussed how the working group meetings would provide an avenue for collaboration and support of the program.

Immigration: The Coalition for Immigrant Refugee Rights and Services will hold a meeting on Wednesday, July 28 to develop a long range plan to address issues around immigration. For more information please contact Pat Dunn at 487-3039.

GBAHPWG: The next meeting of the Greater Bay Area HIV Prevention Working Group will be held on Monday, August 9 from 10:00 AM to 2:00 PM, at the San Francisco AIDS Office at 25 Van Ness in their 5th floor training room. For more information contact Tom Zickgraf at 487-3034, or Mike Shriver at 863-4676.

Prevention Reform: Rafael Chang announced that a meeting to discuss AIDS prevention reform related to the needs of women and people of color was being held on Friday, July 16. Rafael Chang will report on this meeting at the next working group meeting.

HOPWA: Bob Nelson reported that AIDS Action Council is working closely with Senator Feinstein's office to increase the FY94 HOPWA appropriation to \$156 million. Title I cities will receive a reduction in HOPWA funds if HOPWA is not funded at \$156 million in FY94. This would be caused by the increase in the number of cities that become eligible to receive HOPWA funds.

AIDS Advocacy Response Network: Discussion occurred on the need to develop a national network to respond to federal legislative actions. Pat Dunn spoke on AIDS Action Council's attempts to form this type of national grassroots program. Pat will report on AIDS Action Council's progress at the next meeting.

The next San Francisco Public Policy Working Group meeting will be held on Friday, August 6 from 9:00 to 10:30 AM at Project Inform, 1965 Market Street, Suite 220.

The AIDS Foundation will provide food for the meeting.

25 VAN NESS AVENUE, SUITE 660 / 1170 MARKET STREET, 5TH FLOOR
SAN FRANCISCO, CALIFORNIA 94102
(415) 864-5855



ADVANCE

The monthly bulletin of the San Francisco AIDS Foundation • August 1993 • Vol. 4, No. 7

The act or process of moving or going forward. • • • • •

The Launch of SFAF's New Video PSA

New Vibrations

By Steve Martin



After months of planning and production, distribution of the San Francisco AIDS Foundation's new public service announcement, "New Vibrations," is finally underway.

The 30-second spot was produced in New York and has been in the editing process since early May with hopes of tailoring the video to five mediums: local television, national television, home video, movie theaters, and bars and nightclubs.

The PSA is a follow-up to the successful "Sex is Good" print advertisements that ran last year in both the San Francisco Examiner and the San Francisco Chronicle. The spot features black-and-white images of affectionate same-sex and different-sex couples, with the words "joy," "communication," "pleasure," "love," and "responsibility" interspersed between shots. The statement, "Use condoms. Get tested," and a toll-free number for the AIDS hotline end the PSA. A Spanish version of "New Vibrations" is also in the works.

In June, an unfinished "rough cut" version of the video was shown to public affairs directors of five Bay Area television stations, including KGO, KPIX, KRON, KOFY, and KBHK, for their feedback.

The directors were unanimous in their endorsement of the PSA, saying that it was clearly time to move ahead with more effective HIV/AIDS PSA's. Each public affairs director was anxious to secure their own station's commitment to air the spot.

At the national level, copies of "New Vibrations" have been sent to ABC, CBS, NBC, FOX, and all major cable networks. MTV has shown particular interest, while the largest cable company in New York City has committed to airing the PSA on the 17 cable stations they control.

San Francisco AIDS Foundation Campaign Coordinator Les Pappas, the creative director of the PSA, has overseen the project since its inception. He said that overcoming homophobia and condomphobia, as well as gaining the kind of



Images for the upcoming safe sex pamphlet "Good For Life." Aimed at gay, bisexual or questioning teens, it is due for release in late August.

See Page 3

VIDA Y MOVIMIENTO

Highlighting SFAF's Latino Client Services

By Dave Robb

About a year ago, the San Francisco AIDS Foundation began providing comprehensive case management services for San Francisco Latinos living with HIV and AIDS. The program adopted the name — “Vida y Movimiento,”



which translates as “Life and Movement” — already being used by its weekly support group for Latino men.

The name is fitting, as one of the main goals of the program is to give its clients the tools needed to take an active role in decision-making central to their living with HIV disease.

Miguel Ramirez, recently promoted to the position of Associate Director of Client Services, has overseen Vida y Movimiento since its inception. The program's staff also includes social workers Erik Dubón and Achintya Paez, and funding has been approved to hire a third social worker in September.

The program is unique in that it serves not only those living with AIDS, but anyone who tests HIV-positive, as well as their relatives, families, and lovers. According to Ramirez, most of the clients' needs center around financial matters — negotiating the often confusing terrain of benefits they're entitled to — and learning to access services having Spanish-speaking staff. Most of Vida y Movimiento's clients are either monolingual or speak little English.

“We make a real effort to empower clients,” said Ramirez, “rather than foster dependency. Our role is to inform clients of the services available and the options they have.”

In keeping with the program's mission to empower those it serves through involvement, a concerted effort is now underway to have Vida y Movimiento clients provide volunteer support to each other, and to others in San Francisco's Latino community.

As Ramirez puts it, “We're trying to expand on what we're able to do by taking advantage of the ‘natural Latino volunteer.’ Our clients really want to get involved and help each other.”

The volunteer support program takes many forms. Some clients might help by volunteering on the Foundation's Spanish-language AIDS Hotline; others act as “Guardian Angels,” providing support in the form of anything from initial orientation to programs and services available throughout the City to hospital visits or helping visiting family members find a place to stay.

Others will be involved in the production of a new “Vida y Movimiento” newsletter. The newsletter is intended to provide clients with information on a wide range of issues, such as treatment options — including alternative therapies — and local resources; and to increase awareness around various political issues surrounding HIV.

It may also serve as an outreach tool to inform others in the Latino community of the valuable services provided by the Vida y Movimiento program.

BAHAN and HIV Prevention Reform

Bay Area Roundtable Series Gets Underway

By Meghan Heather

building in San Rafael. Geoffrey Sackett, Co-chair of the Marin AIDS Advisory Commission, and Pat Dunn, the Coordinator for BAHAN, facilitated the meeting.

Pat Franks, Health Policy Analyst for the Institute for Health Policy Studies at the University of California at San Francisco, gave an overview on the status of HIV Prevention, then spoke on prevention reform on the state level. Franks reviewed the findings and recommendations of a report for which she was a co-investigator, “HIV Prevention in California: HIV Education and Prevention Evaluation.”

Mike Shriver, public policy director for 18th Street Services and chairperson of the Greater Bay Area HIV Prevention Working Group (GBAHPWG), followed by discussing prevention reform on the federal level. He spoke about the formation of GBAHPWG and its success in working with Nancy Pelosi to draft H.R. 1538, the Comprehensive HIV Prevention Act of 1993. The bill would, among other things, decentralize decision-making around HIV prevention, giving more discretion to states and cities to better use funding to target those at risk in their particular communities.

During the discussion that followed the presentations, many participants expressed their concern about the state management of federal money should H.R. 1538 prove successful. The overall message was clear: both the federal and state governments must redirect their efforts by effectively administering and providing funding for a crucial need surrounding this epidemic: HIV prevention and education.

BAHAN hopes to continue to address the growing need for state and federal funding and reform for HIV prevention. We are planning to hold another public policy roundtable on HIV prevention reform in the fall in the South Bay.

Other topics for future roundtables include women and HIV, and health care reform. For further information about BAHAN's activities, please contact Pat Dunn at 415-864-5855, ext. 3039.

REGINA ARAGON NEW POLICY DIRECTOR

By Ryan Clary

On July 1, Regina Aragón accepted the position of deputy director for public policy at the AIDS Foundation. She replaces René Durazzo, who was recently promoted to become deputy director for programs.

Aragón has worked for the San Francisco AIDS Foundation since March of 1991 as the state policy coordinator. In that role, she monitored and lobbied on HIV/AIDS funding and legislation.

As the chair of the Bay Area Needle Exchange Working Group, she was responsible for the introduction of needle exchange legislation by Assembly Speaker Willie Brown, Jr. and Senator Diane Watson in 1992. Her greatest achievement in that effort came when both bills passed the Legislature, although later vetoed by Governor Wilson. Both bills have been reintroduced this session.

As deputy director for policy, Aragón will continue the Foundation's efforts to expand federal AIDS funding as part of the CAEAR (Cities Advocating an Emergency AIDS Response) Coalition, a network of 25 cities hardest hit by the epidemic.

In mid-July, she met with members of California's congressional delegation to advocate full funding for the Ryan White CARE Act.

Aragón will also continue to manage the Foundation's work on national health care reform to ensure that any reform



proposal adequately addresses the particular needs of persons living with HIV.

"I look forward to working with the Foundation staff and the community to maintain and expand on our leadership role in the public policy arena," said Aragón.

Along with advocacy duties, Regina will oversee a department of five employees. She will also serve on the Foundation's management team, which makes key administrative and financial decisions for the agency.

Regina received her Bachelor's Degree in Third World Studies from the University of California at San Diego, and a Master's in Public Policy from the John F. Kennedy School of Government at Harvard University.

Before coming to the Foundation, she worked in Boston as director of the state policy advocacy program for the Alliance for Young Families, a coalition of health and human services agencies serving pregnant and parenting teens. She currently serves on the Board of Directors of the LIFE AIDS Lobby as the Northern California HIV Policy Chair.

New Vibrations

From Page 1

exposure that both local and national networks offer, have been the biggest successes of the project.

"Our goal from the beginning was to do something that went beyond current TV restrictions — something much more informative and direct that changed the rules," said Pappas.

"We wanted to present same-sex couples in a way that hasn't been done before in PSA's," added Pappas, who said that showing same-sex couples engaged in affectionate touch is "basically unheard of" since PSA's are strictly regulated.

Other accomplishments Pappas listed included getting Chromavision to produce the video, obtaining music rights from Warner Special Products and EMI for the use of Marky Mark's "Good Vibrations" soundtrack, and having The Body Shop, an international chain of stores specializing in body care products, agree to run the PSA in 130 of their U.S. stores.

In addition to television stations, lists of movie theaters and home video companies are being compiled and copies of the tape will be sent to those interested in screening the announcement. Local bars and nightclubs with video capability will receive copies of "New Vibrations" as well.

ADVANCE Vol 4 No 7

August 1993

ADVANCE is a monthly publication of the San Francisco AIDS Foundation, produced by the Communications Department and intended to highlight the programs, activities, and special events of the agency.

Comments and inquiries are welcomed. Please write to ADVANCE, S.F. AIDS Foundation, P.O. Box 426182, San Francisco, CA 94142-6182, or call 415/487-3048.

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Joe Fera

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Contributing Writers: Ryan Clary, Meghan Heather, Steve Martin, Dave Robb

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Statistics Update

	AIDS CASES	AIDS DEATHS	ESTIMATED HIV+
San Francisco	16,897	10,869	28,000
California	60,017	37,816	150,000
U.S.	289,320	182,305	1 - 1.5 million
World	2.5 million (est).	611,589(rptd.)	14 million

Sources: San Francisco Department of Public Health AIDS Office, California Office of AIDS, Centers for Disease Control and Prevention, World Health Organization.



SAN FRANCISCO AIDS FOUNDATION

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August

SPECIAL EVENTS

August 15 — AIDS Walk Thank-You Party, Hyatt Regency San Francisco, for those raising \$100 or more in this year's AIDS Walk.

August 20, 21, 22 & 28 — Hotline Training. Please call John Maguire at 864-5855, ext. 2060 for information.

Support Groups open to anyone impacted by HIV/AIDS:

Where: SFAF, 25 Van Ness, 3rd floor

Men of African Descent Support Group — Fridays 1:30 pm

Grupo de apoyo para Latinos (en español)/Latino Support Group (in Spanish) — Jueves/Thursday at 3:00 pm

Women's Support Group — Every Tuesday at 2:00 pm

Grupo de apoyo para Latinas (en español)/Latina Women's Support

Group (in Spanish) — Lunes/Mondays 11:00 am

Asian/Pacific Islander Support Group — Fridays at 3:30 pm.

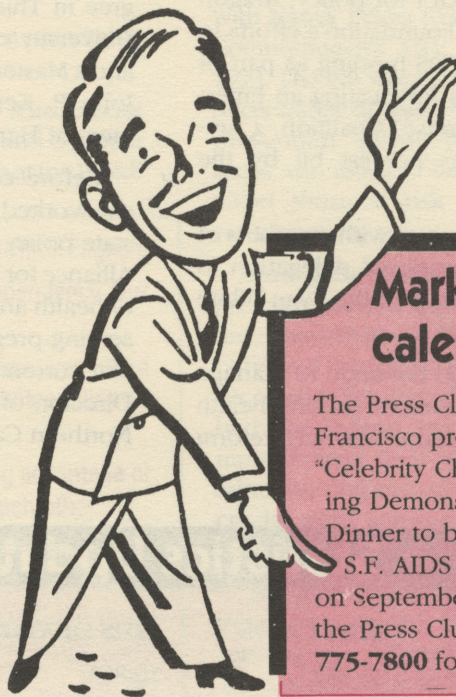
Service and Benefits Orientations:

HIV/AIDS and ARC Financial Benefits Orientation (for Clients): Every Thursday at 11:00 am

For more information about Special Events or Client Services, call (415) 864-5855.

Por favor llama a 864-5855 para información.

AIDS Information and Referral Hotline: English and Spanish: 863-2437 or toll-free: 1-800-367-2437; Tagalog/Filipino: 1-800-345-2437; TDD (Hearing impaired only) 864-6606.



Mark your calendar

The Press Club of San Francisco presents a "Celebrity Chef" Cooking Demonstration and Dinner to benefit the S.F. AIDS Foundation on September 17th at the Press Club. Call **775-7800** for details.



MEMORANDUM

Date: July 23, 1993

To: CAEAR Executive Committee cc: The Sheridan Group

From: Regina Aragón, SF AIDS Foundation *Regina*
René Durazzo, SF AIDS Foundation, Chairperson

Re: **EXECUTIVE COMMITTEE REVIEW OF THE SHERIDAN GROUP'S
1993-94 PROPOSAL/SCOPE OF WORK**

At our July 18th business meeting we agreed on the following timeline for the Executive Committee's review of The Sheridan Group's 1993-94 contract:

By Friday, July 30th: The Sheridan Group will submit to the Coalition its 1993-94 proposal, which will be based upon our July 18th discussion of the Coalition's 1993-94 priorities. To the extent possible, the proposal will be structured so as to give the Executive Committee options with respect to the total cost of the contract and the scope of activities across the major priority areas.

By Friday, August 6th: The Executive Committee will review the proposal, and will make a recommendation to the full Coalition. The Executive Committee will forward a copy of the proposal, with our recommendation, to the full Coalition in August. The full Coalition will consider and approve the proposal at its next full meeting, which is scheduled for October 26-27 in New Orleans (specifically to discuss reauthorization). Though the proposal would not be approved until late October, the assumption is that it would be retroactive to the beginning of the contract year, which runs from September to August.

The Executive Committee's conference call to discuss The Sheridan Group's proposal is set for Thursday, August 5th, 11:00 am EST. Please block at least an hour in your schedule so that the Executive Committee can have a detailed discussion of the proposal. A copy of the proposal will be sent to you before the 5th. Regina's assistant, Tom Zickgraf, will be contacting you to set up the conference call. If you have any questions, Tom can be reached at (415) 487-3034. Thank you.

FAX



San Francisco AIDS Foundation

TO: Mike Shriver
SENT TO FAX #: 863-4740
FROM: Tom Zickgraf
SENDER's PHONE# (415) 864-5855 ext. 3034
DATE: 11/2/93
NUMBER OF PAGES (including cover): 2
NOTES: Let me know if you have
any questions, or if we need to
change any of the arrangements.

San Francisco AIDS Foundation
P.O. Box 426182
San Francisco, CA 94142-6182
(415) 864-5855

Return FAX: (415) 487-3097



San Francisco AIDS Foundation
1170 Market St., 5th Floor
San Francisco, CA 94102

Tom Zickgraf
Assistant to the
Public Policy Director,
(415) 487-3034

MEMORANDUM

Date: 2 November 1993
To: Mike Shriver
Re: Travel to Atlanta

Here is the information regarding your travel to Atlanta for the CDC Prevention Reform meeting. I will bring the tickets with me to the GBAHPWG meeting on Thursday. I apologize for not getting this information to you sooner.

Flight Information

Sunday, November 14 Chicago to Atlanta
United Airlines Flight 1096 6:30 PM Departure
9:28 PM Arrive Atlanta

Monday, November 15 Atlanta to Chicago
United Airlines Flight 529 8:34 PM Departure
9:31 PM Arrive Chicago

I signed you up for United Airlines frequent flyer program. Your account number is 00610656870. The information will be sent to your office.

Lodging

Sunday, November 14 \$76.00 per night, government room rate
Atlanta Marriott Marquis King size bed, smoking room requested
265 Peachtree Center
(404) 521-0000

To avoid the hassle of reimbursement, SFAF will pre-pay your room. **Please remember to bring your letter of invite or some other type of documentation indicating that you are attending the CDC meeting in order to qualify for the discounted rate.**

Ground Transportation

Exit baggage claim and take the MARTA rail line north to the Peachtree Center Exit. It is about a 20 minute ride and the hotel is attached to the Peachtree Center mall. You can also take the Atlanta Airport Shuttle for \$8.00. The van ride will take about 30 minutes.

Mr. Michael D. Shriver
217 Church Street
San Francisco, CA 94114



Debra Kent
Individual Gifts Manager
San Francisco AIDS Foundation
P.O. Box 426182
San Francisco, CA 94142-6182



SAN FRANCISCO AIDS FOUNDATION

P.O. BOX 426182, SAN FRANCISCO, CALIFORNIA 94142-6182

July 8, 1993

Mr. Michael D. Shriver
217 Church Street
San Francisco, CA 94114

Dear Michael:

I hope this letter finds you well and enjoying the warm weather and the promise of an even better summer.

I am pleased to enclose the Foundation's latest annual report for your review. I think that you'll find it a moving testimonial to the hard work of our staff and volunteers, and to the many caring and compassionate people like yourself who so generously support our work.

It should also provide you with a poignant description of the more than 3,000 clients we now serve -- people from all walks of life and cultural backgrounds. Facing perhaps the biggest challenge of their lives, their strength and their courage are a constant source of inspiration and a compelling reminder of why the Foundation exists and why your support is so important.

I'm proud to let you know that our new early treatment campaign, featuring the donated work of photographer Annie Leibovitz, has been well received here and across the country. The ad campaign focuses on thirteen Bay Area individuals who are living with HIV. Their photographs and words of encouragement are inspirational. It is so important, especially in the twelfth year of the pandemic, to offer a sense of hope -- that with a renewed belief in the future and a helping hand, the quality of life *can* improve.

As a member of Partners in Caring, your monthly pledge means a great deal to the men, women and young adults who benefit from the Foundation's work. Thank you for continuing to stand with us to meet the challenges of HIV disease.

Sincerely,

Pat Christen

Pat Christen
Executive Director

P.S. Please take a moment to review and update the donor information form I have enclosed. It will help us keep you better informed about our programs. Please return it in the envelope provided. Thank you.

25 VAN NESS AVENUE, SUITE 660 / 1170 MARKET STREET, 5TH FLOOR
SAN FRANCISCO, CALIFORNIA 94102
(415) 864-5855

SAN FRANCISCO AIDS FOUNDATION

1993 Donor Update

◆ Please make any corrections needed ◆

Name/Address: Mr. Michael D. Shriver
217 Church Street
San Francisco, CA 94114
Salutation: Michael
Telephone: () _____ (please indicate if this is a business
number)

Listing Preference: Do you wish to continue to be listed in selected Foundation materials i.e., annual report, Partners in Caring listings, newsletter?

☐ Yes, you may list my/our names. Preferred listing, if different from above:

☐ No, please do not list my/our names

We would like to keep you informed about the Foundation's work. Please indicate areas of special interest to you. (Check as many as apply).

Public Policy

- ☐ Funding Issues
- ☐ Immigration/HIV
- ☐ Needle Exchange
- ☐ Community Action Alerts
- ☐ Public Policy Roundtable
- ☐ Other

Client Services

- ☐ Includes housing referrals, support groups, and case management

Communications

- ☐ New intervention campaigns
- ☐ Media Relations

Education

- ☐ Compass Project
- ☐ Hotline - Please send training information

Volunteer Services

- ☐ Please send application

Partners in Caring is the Foundation's monthly pledge program. As a member, your contribution helps to provide crucial and reliable support to people affected by AIDS and HIV disease. A monthly pledge of \$20 can provide two weeks of emergency shelter for a homeless individual with AIDS.

You can make your monthly pledge payments more conveniently by using our electronic funds transfer (EFT) option, or a MasterCard or Visa account. The EFT option debits your bank checking account on a monthly basis for the amount you choose. The credit card option charge does the same with your credit card account. *In either case, a minimum monthly pledge of \$10.00 or more is required.*

☐ Yes, I would like to make use of the EFT or MasterCard/Visa option. Please send me the appropriate materials.

☐ I would like to increase my monthly pledge to \$_____ per month.

By Facsimile
(415) 487-3097

Pat Christen
Executive Director
San Francisco AIDS Foundation
25 Van Ness Avenue, 6th Floor
San Francisco, CA 94102

Dear Pat:

On behalf of the Board of **Mobilization Against AIDS**, please accept our congratulations on your upcoming annual Leadership Recognition dinner.

We are aware that this year ~~SFAF~~ ^{SFAF has} struggled with unionization issues. Further, we are aware that the union organizers are planning to organize a picket/demonstration at the Leadership Recognition dinner, Thursday, May 11, 1995. This is deeply troubling to us.

Mobilization Against AIDS has not taken and does not intend to take a position on the unionization of SFAF because we feel it internal issue of determination. As an agency, we neither endorse the picket nor are able to cross a picket line. ^{is an}

In light of this situation, we request that the San Francisco AIDS Foundation donate the available seats at our table (4) to clients, volunteers and especially people living with HIV/AIDS so that they can attend the dinner.

Please know that we remain committed to the work of the San Francisco AIDS Foundation and sincerely acknowledge the effective, essential work of your agency. From public policy work to client services, housing and educational programs, the efforts of SFAF are indispensable.

We are saddened by this decision.

Please know our sincerest wishes for a successful event.

Sincerely,

Martha Nissen
Board Chair

Vincent Robinson
Board Vice-Chair

cc: Mike Shriver, Executive Director

DRAFT

Gerry 2
Ran 2
Rick 2
Lane?



**EMPLOYEES
INTERNATIONAL
UNION 790 A**

1390 Market Street #1118
San Francisco CA 94102
Phone: (415)575-1740
Fax: (415)431-6241

**Picket
In Support of
San Francisco AIDS Foundation
Union Employees**

Thursday, May 11

5:30 - 7:00 PM

Fort Mason Center

(Entrance at Buchanan Street, off Marina Blvd)

The San Francisco AIDS Foundation is holding their annual leadership recognition dinner. We will tell the leadership that we appreciate their support of the Foundation, and tell them they should use their influence to ask management to make the Foundation a friendly place for front-line workers, minorities and clients.

The leadership needs to know:

Employees voted Union a year ago but still do not have a contract.

Management continues to ignore the will of its employees and complaints of discrimination.

**It's time for a fair contract!
Help us deliver the message!**

Over

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1. Loss control
2. Loss perspective
3. Will we see an credibility
- 4.



SAN FRANCISCO AIDS FOUNDATION P.O. BOX 426182, SAN FRANCISCO, CALIFORNIA 94142-6182

May 17, 1995

Michael Shriver
Mobilization Against AIDS
584-B Castro Street
San Francisco, CA 94114

Dear Mr. Shriver : *Mike*

On behalf of the Board of Directors, staff, volunteers, and clients of the San Francisco AIDS Foundation, thank you for being a part of *Lifelines*, our eighth annual Leadership Recognition Dinner which was held on May 11, 1995. The Dinner was a wonderful success. The 1,000 Dinner guests and donors raised over \$375,000 to fund critical programs for Foundation clients who are living with HIV and AIDS.

This year's Dinner focused on the AIDS Foundation and its programs — each a lifeline to the growing number of people affected by HIV. In 1994, the volunteers who staffed the Foundation's Trilingual AIDS Hotline answered more than 95,000 calls from around the world. More than 2,500 HIV-positive clients sought direct assistance from the Foundation last year, thirty percent of who were homeless at the time of intake. And, the San Francisco HIV Prevention Project, one of the most effective AIDS prevention programs in the world, exchanged 1.5 million sterile syringes through more than 55,000 client contacts. These are just a few of the programs which you have helped to sustain through your generous support of our work.

Thank you for your commitment and compassion for the one in 25 San Franciscans who are infected with HIV.

Sincerely,

Vivian M. Stephenson

Vivian M. Stephenson
Chair, Board of Directors

*Love,
Jane*

Amount of Donation: \$2,500.00

Date received: April 12, 1995

(\$50 for each person who attended the Dinner is a non-deductible food and entertainment expense.)



CONFIDENTIAL

San Francisco
AIDS Foundation
Public Policy Department
P.O. Box 426182
San Francisco, CA 94142
(415) 864-5855, ext. 3034
Fax: (415) 487-3056

FAX

TO: Shaner

SENT TO FAX #: 863-4740

FROM: Regina Aragón

SENDER'S PHONE #: (415) 864-5855, ext. 3099

DATE: 7/13

NUMBER OF PAGES (INCLUDING COVER): 2

MESSAGE:



MEMORANDUM

TO: Steve Morin
FR: Regina Aragón *Regina*
DATE: 13 July 1995
RE: \$23 million Amendment to Increase FY 96 CARE Funding

Attached, for your information, are two documents the AIDS Foundation distributed yesterday to our 1,000 member grassroots network throughout Northern California and our media contact list. After distributing the news release, we have had direct conversations with our contacts at most of the gay press and expect to see substantial coverage of Nancy's efforts in those publications next week.

In light of my work in preparing these documents, as well as the briefings I received yesterday from Paul Di Donato who, as you know, was in the mark-up on Tuesday night, I must admit to being extremely dismayed by reports earlier today that there is a question as to the amount of the amendment and whether or not Nancy will pursue with Chairman Porter the need for language directing that these funds be used to offset formula losses resulting from changes in the Title I formula.

My understanding is that you have some doubt as to whether all of the \$23 million and the accompanying language are needed in light of the House reauthorization bill's delay of Title I formula changes until FY 1997. I believe that they are, and implore Nancy to do whatever she can to make this happen. With absolutely no guarantee that this particular House provision will stand, and considerable reason to think that it will not (given the Senate's strong push for "equity" through redistribution of funds), we simply cannot afford the risk of an earlier implementation absent both sufficient funding and authorizing language to carry out the hold harmless provision.

Moreover, even if the House provision should stand in the final reauthorization bill, as you know, this \$23 million is substantially less than both the President's FY 96 mark and advocates' estimate of actual need for Title I funding. While it may ultimately represent a real increase -- as opposed to hold harmless/level funding, is this not, ultimately, our goal? I'm fully confident that epicenters cities across the United States will be able to absorb this 6% increase given the enormous unmet service need that exists.

Again, I want to convey to Nancy and to you my sincere gratitude for her leadership and your work to increase funding for Title I. Please let me know if there is anything further that I or my staff can do to ensure that this increase is \$23 million and that the CAEAR Coalition's language is also included in the final amendment.