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Dear Representative:
(separate letter for use in the Senate)

As an American citizen concerned about HIV/AIDS issues, I write to request your support of the reauthorization of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act (hereinafter referred to as “the CARE Act”) in 2005. The CARE Act programs have worked with cities, states, and local community-based organizations to provide services annually to approximately 533,000 HIV-positive individuals who do not have sufficient health care coverage or financial resources to treat their HIV disease. Initially passed in 1990, reauthorized in 1996 and again in 2000, the CARE Act has always enjoyed wide bipartisan support from Congress and the Administration.

I am pleased that in June of 2004, President Bush announced his support for the reauthorization of this critical legislation. He reiterated his support in this year’s State of the Union address by saying, “Because HIV/AIDS brings suffering and fear into so many lives, I ask you to reauthorize the Ryan White Act.”

The CARE Act is a payer of last resort; designed to address the gaps left by Medicare, Medicaid, private insurance, and other publicly financed health care systems. It remains an essential part of our nation’s response to the domestic HIV/AIDS epidemic. This critical piece of legislation is set to expire September 30, 2005.

The enormity of the CARE Act’s success is reflected in the number of people still living with HIV/AIDS in this country, people who otherwise would have died without CARE Act services and treatment. It is partly because of the legislation’s success in saving lives, however, that the number of people needing sustained access to quality care and treatment is at an all-time high. The disease-related disabilities and financial toll of battling HIV/AIDS leave many individuals reliant on public aid for care. Federal commitment to these services is more critical than ever.

The cost-effectiveness and public health implications of enabling people to remain in care, out of the hospital, and receiving health and mental health services, has been widely demonstrated in public health research. Further, as HIV is a transmissible illness, providing care is also related to slowing the spread of the virus at the population level. Most recently, the Institute of Medicine’s report, *Public Financing and Delivery of HIV/AIDS Care: Securing the Legacy of Ryan White (May 13, 2004)*, examined both the importance of securing access to HIV/AIDS treatment and care, as well as the critical role that the CARE Act has served in providing such services.

There are both humanitarian and public health reasons for the continuation of this landmark piece of legislation. In short, the CARE Act has saved hundreds of thousands of lives and improved the health of countless others. The decrease in deaths brought about by quality health care, coupled with ongoing new infections, indicates that more people than ever are in need of the services of the CARE Act. We will need your help to ensure that it is reauthorized in a meaningful way, free of divisive amendments, so that we can provide the necessary care and treatment to those in need. Thank you for your time, effort, and consideration.

Sincerely,