

113TH CONGRESS
2D SESSION

H. R. 4260

To ensure that the Ryan White Comprehensive AIDS Resources Emergency Act program is as effective as possible in saving lives and preventing the spread of the HIV epidemic by ensuring that funding allocations are evidenced-based and by promoting greater utilization of patient-centered care.

IN THE HOUSE OF REPRESENTATIVES

MARCH 14, 2014

Mrs. ELLMERS (for herself, Mr. THOMPSON of Mississippi, and Ms. EDDIE BERNICE JOHNSON of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To ensure that the Ryan White Comprehensive AIDS Resources Emergency Act program is as effective as possible in saving lives and preventing the spread of the HIV epidemic by ensuring that funding allocations are evidenced-based and by promoting greater utilization of patient-centered care.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Ryan White Patient Equity and Choice Act”.

1 (b) TABLE OF CONTENTS.—The table of contents for
2 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Prioritization of evidence-based funding allocations to address the con-
tinuum of HIV care.

Sec. 3. Promotion of patient-centered care.

3 **SEC. 2. PRIORITIZATION OF EVIDENCE-BASED FUNDING AL-**
4 **LOCATIONS TO ADDRESS THE CONTINUUM**
5 **OF HIV CARE.**

6 (a) ENSURING FUNDING IS PRIORITIZED FOR AREAS
7 WHERE THE HIV EPIDEMIC IS GROWING.—Part E of
8 title XXVI of the Public Health Service Act is amended—

9 (1) by redesignating section 2689 of such Act
10 (42 U.S.C. 300ff–88) as section 2689C; and

11 (2) by inserting after section 2688 of such Act
12 (42 U.S.C. 300ff–87a) the following:

13 **“SEC. 2689. GENERAL PROVISIONS ON THE DISTRIBUTION**
14 **OF GRANTS.**

15 “Not later than September 30, 2014, the Secretary
16 shall—

17 “(1) submit to Congress a report on whether
18 the allocation of funding under the parts of this title
19 enables areas where the HIV epidemic is growing to
20 meet the need for medical services; and

21 “(2) include in such report a plan to ensure
22 that—

1 “(A) areas where the HIV epidemic is
2 growing are receiving sufficient funding to ex-
3 pand the provision of core medical services (as
4 described in section 2604(c)) to eligible individ-
5 uals;

6 “(B) rural areas with limited public trans-
7 portation are able to expand the use of medical
8 transportation services for eligible individuals in
9 need of such services; and

10 “(C) the level of funds under parts A and
11 B of this title in any State, per living individual
12 with HIV/AIDS, does not vary by more than 5
13 percent relative to such total level in any other
14 State.”.

15 (b) USE OF SERVICES TO ELIMINATE GAPS IN THE
16 CONTINUUM OF HIV CARE.—

17 (1) USE OF FUNDING FOR PART A.—Section
18 2604(c) of the Public Health Service Act (42 U.S.C.
19 300ff-14) is amended—

20 (A) in paragraph (2)(A)—

21 (i) in clause (i), by striking “and” at
22 the end;

23 (ii) in clause (ii), by striking the pe-
24 riod at the end and inserting “; and”; and

1 (iii) by adding at the end the fol-
2 lowing:

3 “(iii) approval of the waiver will posi-
4 tively contribute to the eligible area’s abil-
5 ity to ensure that all individuals eligible for
6 core medical services under this title have
7 been identified and are retained in care.”;
8 (B) in paragraph (3)—

9 (i) by striking subparagraph (M);

10 (ii) by redesignating subparagraphs
11 (A) through (L) as subparagraphs (B)
12 through (M), respectively; and

13 (iii) by inserting before subparagraph
14 (B), as so redesignated, the following:

15 “(A) HIV care continuum services de-
16 scribed in paragraph (4).”; and

17 (C) by adding at the end the following new
18 paragraphs:

19 “(4) HIV CARE CONTINUUM SERVICES.—The
20 services referred to in paragraph (3)(A) are as fol-
21 lows:

22 “(A) HIV and sexually transmitted disease
23 testing services described in section
24 2651(e)(1)(B).

1 “(B) HIV linkage to care services de-
2 scribed in section 2651(e)(1)(C).

3 “(C) Medical case management, including
4 care retention services and treatment adherence
5 services.

6 “(5) MEDICAL HOME.—

7 “(A) IN GENERAL.—The Secretary shall
8 ensure that each individual receiving core med-
9 ical services described in paragraph (3) through
10 a grant under this title has an identified ‘med-
11 ical home’ which includes a primary care team
12 led by an experienced HIV medical provider.

13 “(B) PRIMARY MEDICAL CARE AND MED-
14 ICAL CASE MANAGEMENT.—The Secretary shall
15 ensure that, wherever possible, individuals re-
16 ceiving primary medical care and medical case
17 management care coordination through a grant
18 under this title obtain such care and coordina-
19 tion through a medical home described in sub-
20 paragraph (A).”.

21 (2) USE OF FUNDING FOR PART B.—Section
22 2612(b) of the Public Health Service Act (42 U.S.C.
23 300ff–22(b)) is amended—

24 (A) in paragraph (2)(A)—

1 (i) in clause (i), by striking “and” at
2 the end;

3 (ii) in clause (ii), by striking the pe-
4 riod at the end and inserting “; and”; and

5 (iii) by adding at the end the fol-
6 lowing:

7 “(iii) approval of the waiver will posi-
8 tively contribute to the State’s ability to
9 ensure that all individuals eligible for core
10 medical services under this title have been
11 identified and are retained in care.”; and

12 (B) by striking paragraph (3) and insert-
13 ing the following:

14 “(3) CORE MEDICAL SERVICES.—For the pur-
15 poses of this subsection, the term ‘core medical serv-
16 ices’, with respect to an individual infected with
17 HIV/AIDS (including co-occurring conditions of the
18 individual) has the meaning given to such term in
19 section 2604(c)(3).

20 “(4) MEDICAL HOME.—Section 2604(c)(5) ap-
21 plies with respect to core medical services under this
22 title to the same extent and in the same manner as
23 section 2604(c)(5) applies with respect to core med-
24 ical services under part A.”.

1 (3) USE OF FUNDING FOR PART C.—Section
2 2651 of the Public Health Service Act (42 U.S.C.
3 300ff–51) is amended—

4 (A) in subsection (c)(2)(A)—

5 (i) in clause (i), by striking “and” at
6 the end;

7 (ii) in clause (ii), by striking the pe-
8 riod at the end and inserting “; and”; and

9 (iii) by adding at the end the fol-
10 lowing:

11 “(iii) that the approval of a waiver
12 will positively contribute to the grantee’s
13 ability to ensure that all individuals eligible
14 for core medical services under this title
15 have been identified and are retained in
16 care.”;

17 (B) in subsection (c), by striking para-
18 graph (3) and inserting the following:

19 “(3) CORE MEDICAL SERVICES.—For the pur-
20 poses of this subsection, the term ‘core medical serv-
21 ices’, with respect to an individual infected with
22 HIV/AIDS (including co-occurring conditions of the
23 individual) has the meaning given to such term in
24 section 2604(c)(3).

1 “(4) MEDICAL HOME.—Section 2604(c)(5) ap-
2 plies with respect to core medical services under this
3 title to the same extent and in the same manner as
4 section 2604(c)(5) applies with respect to core med-
5 ical services under part A.”;

6 (C) by amending subsection (e)(1)(B) to
7 read as follows:

8 “(B) testing individuals with respect to
9 HIV/AIDS and sexually transmitted diseases,
10 including tests—

11 “(i) to confirm the presence of HIV
12 and other sexually transmitted diseases;

13 “(ii) to diagnose the extent of defi-
14 ciency in the immune system; and

15 “(iii) to provide information on appro-
16 priate therapeutic measures for preventing
17 and treating—

18 “(I) the deterioration of the im-
19 mune system; and

20 “(II) conditions arising from
21 HIV/AIDS;”;

22 (D) by amending subsection (e)(1)(C) to
23 read as follows:

24 “(C) linkage to care services described in
25 paragraph (2);”;

1 (E) by amending subsection (e)(2) to read
2 as follows:

3 “(2) LINKAGE TO CARE SERVICES.—The serv-
4 ices referred to in paragraph (1)(C) shall assist indi-
5 viduals with HIV/AIDS in entering HIV medical
6 care shortly after a positive HIV test result, and
7 may include as appropriate—

8 “(A) referrals of individuals with HIV/
9 AIDS to appropriate providers of health and
10 support services, including, as appropriate—

11 “(i) to entities receiving amounts
12 under part A or B for the provision of
13 such services;

14 “(ii) to biomedical research facilities
15 of institutions of higher education that
16 offer experimental treatment for such dis-
17 ease, or to community-based organizations
18 or other entities that provide such treat-
19 ment; or

20 “(iii) to grantees under section 2671,
21 in the case of a pregnant woman;

22 “(B) educating individuals with HIV/AIDS
23 at the time of their diagnosis about the benefits
24 of HIV medical care for improving personal
25 health and preventing HIV transmission;

1 “(C) ensuring individuals with HIV/AIDS
2 attend their first doctor visit;

3 “(D) coordinating with a medical case
4 manager who will develop an HIV care plan;

5 “(E) assisting individuals with HIV/AIDS
6 to re-engage into HIV medical care if they have
7 dropped out of care; and

8 “(F) ensuring individuals with HIV/AIDS
9 have an identified medical home (as described
10 in subsection (e)).”.

11 (c) ENHANCING TREATMENT ADHERENCE THROUGH
12 THE PROVISION OF PHARMACEUTICAL SERVICES.—Sec-
13 tion 2616 of the Public Health Service Act (42 U.S.C.
14 300ff–26) is amended by adding at the end the following:

15 “(h) ENHANCING TREATMENT ADHERENCE
16 THROUGH THE PROVISION OF PHARMACEUTICAL SERV-
17 ICES.—

18 “(1) EXTENSIVE PHARMACY NETWORKS.—In
19 providing therapeutics pursuant to this section, a
20 State shall offer pharmaceutical services through ex-
21 tensive pharmacy networks, including specialty phar-
22 macies and pharmacies that focus on the HIV popu-
23 lation.

1 “(2) NO SINGLE RETAIL CHAIN.—A pharmacy
2 network under paragraph (1) shall not be limited to
3 a single retail chain.

4 “(3) MAIL ORDER SERVICES.—Pharmaceutical
5 services provided pursuant to paragraph (1) may in-
6 clude mail order services, but only if—

7 “(A) such mail order services are optional;
8 and

9 “(B) the patient continues to be able to
10 choose the services of a community or other in-
11 person pharmacist instead of mail order serv-
12 ices.”.

13 **SEC. 3. PROMOTION OF PATIENT-CENTERED CARE.**

14 (a) ESTABLISHMENT OF A PATIENT-CENTERED
15 MODEL OF CARE.—Section 2691 of the Public Health
16 Service Act (42 U.S.C. 300ff–101) is amended—

17 (1) in subsection (a)—

18 (A) in paragraph (1), by striking “and” at
19 the end;

20 (B) in paragraph (2)—

21 (i) by striking “to fund” and inserting
22 “fund”; and

23 (ii) by striking the period at the end
24 and inserting “; and”; and

25 (C) by adding at the end the following:

1 “(3) fund projects that research and promote
2 the utilization of patient-centered models of care.”;

3 (2) in subsection (b)—

4 (A) in paragraph (5), by striking “or” at
5 the end;

6 (B) in paragraph (6), by striking the pe-
7 riod at the end and inserting “; or”; and

8 (C) by adding at the end the following:

9 “(7) whether the funding will promote the in-
10 corporation of the principles of patient-centered
11 care, as described in subsection (f)(5), into the pro-
12 vision of support services under this title.”; and

13 (3) by adding at the end the following:

14 “(f) PATIENT-CENTERED MODEL OF CARE
15 PROJECTS.—

16 “(1) IN GENERAL.—Of the amount used under
17 subsection (a) for a fiscal year, the Secretary shall
18 use the greater of \$5,000,000 or an amount equal
19 to 20 percent of such amount, but not to exceed
20 \$7,000,000, to award grants to one or more States
21 for patient-centered model of care projects.

22 “(2) PROJECTS DESCRIBED.—Projects funded
23 under this subsection shall—

24 “(A) facilitate patient choice in the utiliza-
25 tion of eligible services by eligible individuals

1 through the use of Ryan White Savings Ac-
2 counts described in paragraph (3);

3 “(B) increase patient knowledge of, and
4 participation in, their care plan by facilitating
5 greater transparency about providers, care op-
6 tions, costs, and medical outcomes; and

7 “(C) provide for patient-based evaluation
8 of service providers.

9 “(3) RYAN WHITE SAVINGS ACCOUNTS.—

10 “(A) IN GENERAL.—Services provided
11 under this subsection for eligible individuals
12 shall be funded through individual savings ac-
13 counts—

14 “(i) to be known as Ryan White Sav-
15 ings Accounts; and

16 “(ii) to be established and overseen by
17 the State receiving the grant for the
18 project involved.

19 “(B) ACCOUNT DESCRIPTION.—The Sec-
20 retary shall ensure that each Ryan White Sav-
21 ings Account meets the following:

22 “(i) Eligible individuals, with appro-
23 priate coordination with their care pro-
24 viders, have discretion to choose the eligi-

1 ble services to be funded through the Ac-
2 count.

3 “(ii) Each account shall be used ex-
4 clusively for the purpose of paying for eli-
5 gible services.

6 “(iii) The balance of each Account
7 shall remain available for obligation until
8 such time as—

9 “(I) the individual is no longer
10 eligible to receive services; or

11 “(II) the project which relates to
12 such Account terminates.

13 “(iv) If an individual’s Account be-
14 comes unavailable for obligation because
15 the individual is no longer eligible for serv-
16 ices, or because the project terminates, as
17 described in clause (iii), the Secretary shall
18 make the remaining balance in the Ac-
19 count available for other projects under
20 this subsection.

21 “(4) ELIGIBILITY.—For purposes of this sub-
22 section:

23 “(A) INDIVIDUALS.—An individual is eligi-
24 ble to participate in a project under this sub-
25 section and receive services through the project

1 if the individual is eligible to receive services
2 under any provision of this title other than this
3 subsection.

4 “(B) SERVICES.—The term ‘eligible serv-
5 ices’, with respect to an eligible individual,
6 means—

7 “(i) core medical services (as defined
8 in section 2604(c)(3));

9 “(ii) pharmaceutical services described
10 in section 2616(h); and

11 “(iii) the following 2 types of support
12 services:

13 “(I) Case management services.

14 “(II) Medical transportation
15 services.

16 “(5) PRINCIPLES OF PATIENT-CENTERED
17 CARE.—The Secretary shall work to ensure that,
18 where appropriate, projects funded under this sec-
19 tion adhere to the following principles:

20 “(A) HIV care is customized and reflects
21 patient needs, values, and choices.

22 “(B) Patient safety is a visible priority.

23 “(C) Transparency is the rule in the care
24 of the patient.

1 “(D) The patient is the source of control
2 for their care.

3 “(E) All caregivers cooperate with one an-
4 other through a common focus on the best in-
5 terests and personal goals of the patient.

6 “(6) PATIENT SURVEY.—Each State receiving a
7 grant under this subsection shall—

8 “(A) conduct a survey on patient satisfac-
9 tion with services provided pursuant to the
10 grant; and

11 “(B) report the results of the survey to the
12 Secretary.

13 “(7) DEFINITIONS.—In this subsection:

14 “(A) The term ‘case management services’
15 means advice and assistance in obtaining med-
16 ical, social, community, legal, financial, and
17 other needed services.

18 “(B) The term ‘medical transportation
19 services’ means conveyance services provided,
20 directly or through a voucher, to a patient to
21 enable him or her to access health care serv-
22 ices.”.

23 (b) GENERAL PROVISIONS.—Part E of title XXVI of
24 the Public Health Service Act (42 U.S.C. 300ff–81 et

1 seq.) is amended by inserting after section 2689A, as
2 added by section 3, the following:

3 **“SEC. 2689B. GENERAL PROVISIONS ON THE PROMOTION**
4 **OF PATIENT-CENTERED CARE.**

5 “(a) IN GENERAL.—Not later than September 30,
6 2014, the Secretary shall submit to Congress a proposed
7 plan to incorporate the principles of HIV patient-centered
8 care described in section 2691(f)(5) into the provision of
9 services under all parts of this title.

10 “(b) CONTENTS.—The plan under subsection (a)
11 shall, at a minimum, include the following:

12 “(1) An assessment of current grantees’ utiliza-
13 tion of patient-centered care across all services pro-
14 vided under all parts of this title.

15 “(2) An analysis of—

16 “(A) existing models of patient-centered
17 care, including the projects funded under sec-
18 tion 2691(f); and

19 “(B) the feasibility of implementing these
20 models throughout programs and services fund-
21 ed under this title.”.

22 (c) GRANTEE UTILIZATION OF PATIENT-CENTERED
23 CARE.—Section 2602(b)(4) of the Public Health Service
24 Act (42 U.S.C. 300ff–12(b)(4)) is amended—

1 (1) in subparagraph (G), by striking “and” at
2 the end;

3 (2) in subparagraph (H), by striking the period
4 at the end and inserting “; and”; and

5 (3) by adding at the end the following:

6 “(I) assess the extent to which the prin-
7 ciples of HIV patient-centered care described in
8 section 2691(f)(5) are incorporated into the
9 provision of services within the eligible area.”.

○