

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.

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## 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

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## 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.”.

○