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14 of 97 DOCUMENTS

States News Service

February 1, 2007 Thursday

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HEADLINE: CONGRESSWOMAN WATERS URGES HRSA NOT TO IMPOSE CAP ON HOUSING ASSISTANCE FOR PEOPLE WITH HIV/AIDS

BYLINE: States News Service

DATELINE: WASHINGTON

BODY:

The following information was released by California Rep. Maxine Waters:

Today on Capitol Hill, Rep. Maxine Waters (CA-35), Chair of the Subcommittee on Housing and Community Opportunity of the House Financial Services Committee, sent a letter to Dr. Elizabeth Duke, Administrator of the Health Resources and Services Administration (HRSA) under the U.S. Department of Health and Human Services. The purpose of the letter was to express concerns about a proposed change to HRSA housing policy, which would impose a 24-month cap on the use of Ryan White CARE Act (RWCA) funds for short-term and emergency housing. The Congresswoman's letter urges HRSA to reconsider the proposed cap, which would create significant barriers to effective care and treatment for persons living with HIV/AIDS. The text of the letter follows:

I am concerned about the proposed amendment to the Health Resources and Services Administration (HRSA) housing policy published on December 6, 2006, which would impose a cumulative lifetime cap of 24 months on the use of Ryan White CARE Act (RWCA) funds for short-term and emergency housing. This proposed policy change would create significant barriers to effective care and treatment for persons living with HIV/AIDS.

Stable housing is essential for individuals with HIV/AIDS to achieve good medical outcomes. Under the recently enacted RWCA reauthorization, Congress confirmed that housing is an eligible activity for the 25% of RWCA dollars not reserved for core medical services. RWCA funds currently used for housing by Title I, II and IV grantees are small in relation to total RWCA funding but crucial in those communities that have prioritized housing for persons with HIV/AIDS.

As Chair of the Subcommittee on Housing and Community Opportunity of the House Financial Services Committee, I am acutely aware that a lack of affordable housing and severe rent burdens are serious problems in virtually every community across the country. In my own congressional district, for example, housing costs have spiraled, resulting in a deficit of more than 27,000 units of affordable housing for extremely low-income persons, including those living with the debilitating and impoverishing effects of HIV/AIDS. Sixty-six percent of extremely low-income households are severely rent-burdened, paying more than 50% of their income for rent. Stable and affordable housing options for low-income persons with HIV/AIDS are simply not available in many communities across the country.

The proposed policy amendment would have a devastating impact on people with HIV/AIDS by separating medical treatment from stable housing. Research data collected by both the Department of Housing and Urban Development (HUD) and the Centers for Disease Control (CDC) document the connection between stable housing and improved health outcomes for people with HIV/AIDS. Additional data supporting this connection was presented at HIV/AIDS and Housing Research Summits convened in 2005 and 2006 by the National AIDS Housing Coalition. The research presented included a study by the Mailman School of Public Health at Columbia University and Bailey House, Inc. which demonstrates that homeless people with HIV who receive housing assistance are almost four times more likely to

enter into medical care than those who receive case management only and twice as likely to receive appropriate, continuing care.

In addition, lifetime caps on housing support deny persons with HIV/AIDS the flexibility necessary to allow their treatment to respond to the cyclical and often unpredictable nature of the disease. HIV is characterized by episodic health crises interspersed with periods of relatively good health. The length of these health crises can vary greatly. Therefore, it is critical that adequate time be given for treatment in each crisis. Imposing time limits on housing support interferes with treatment during prolonged health crises and, consequently, jeopardizes the health of persons with HIV/AIDS who depend upon housing support.

The stated goal of the amendment of helping to "align the HRSA definition of short-term housing with the widely accepted program standard used by HUD" is not accomplished by the lifetime cap. Existing HUD-funded programs do not contain any lifetime caps. The Housing Opportunities for Persons With AIDS (HOPWA) program contains a 21-week annual limit on utilization of short-term assistance, and the Continuum of Care Homeless Assistance Program contains a general limitation of 24 months for transitional housing. However, neither of these limits are lifetime caps. Furthermore, these programs also contain exceptions for demonstrated medical or other special needs.

I urge HRSA to reconsider the proposed 24-month lifetime cap on the use of RWCA funds for short-term and emergency housing. However, if the proposed policy is implemented, I recommend the inclusion of language that would allow a waiver of limitations on housing services in situations in which there is medical documentation of an individual's need for housing. I also recommend that HRSA allow a 36-month stay in the implementation of any policy change imposing time limits on housing support as it relates to existing clients in order to provide time for individual clients and social service agencies to identify alternative housing options.

I thank you for your attention to my concerns, and I look forward to working with you to ensure stable housing and effective care and treatment for people living with HIV/AIDS.

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