

April 13, 2020

VIA ELECTRONIC SUBMISSION: Paperwork@hrsa.gov

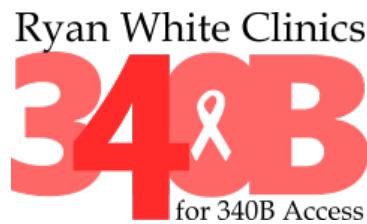
Information Collection Clearance Officer
Health Resources and Services Administration
5600 Fishers Lane
Room 14N136B
Rockville, MD 20857

**Re: Information Collection Request – Ryan White HIV/AIDS Program:
Allocation and Expenditure Forms, OMB Number 0915-0318—Revision**

Ryan White Clinics for 340B Access (RWC-340B) appreciates the opportunity to submit comments in response to the Information Collection Request (ICR), issued by the Health Resources and Services Administration (HRSA), entitled Ryan White HIV/AIDS Program: Allocation and Expenditure Forms and published in the Federal Register on Tuesday, February 11, 2020 (85 Fed. Reg. 7653, 7763). RWC-340B is a coalition of HIV/AIDS health care providers that receive funding under the Ryan White CARE Act, either through a primary grant or subgrant, and participate as “covered entities” in the federal 340B drug discount program (340B program). RWCs are at the front lines of caring for low-income and vulnerable patients suffering from HIV/AIDS.

RWC-340B members fully support transparency in government programs and work each day to support the national goals for ending the HIV/AIDS epidemic. Our members are concerned, however, that requiring grantees to report program income disbursements on the Expenditure Report might be used for purposes that are detrimental to the RWHAP program and the national goals of ending the HIV/AIDS epidemic. ***RWC-340B asks that HRSA not issue new reporting requirements on program income that would diminish RWHAP grant funding or in any way limit the flexibility afforded to Ryan White Clinics (RWCs) by program income to tailor the services RWCs provide to their communities.***

As you know, HRSA requires entities that receive funding under the Ryan White HIV/AIDS Program (RWHAP) Parts A, B, C, and D to collect financial information related to RWHAP grant funds and report this data to HRSA at the beginning and end of the grant budget period. The Allocations Report documents the expected allocation of the RWHAP grant funds at the beginning of the grant budget period, and the Expenditure Report documents the expenditures of the RWHAP grant award, along with any carryover dollars, at the end of the grant budget period. In the ICR, HRSA announced that it intends to revise the Expenditure Report to require RWHAP



grant recipients to report program income in addition to grant award and carryover amounts. The ICR states that,

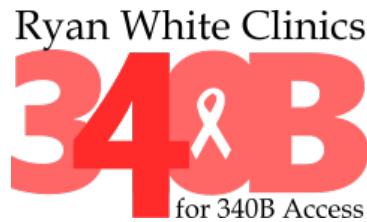
The primary purposes of these forms are to provide information on the number of grant dollars spent on various services and program components and oversee compliance with the intent of Congressional appropriations in a timely manner. In addition to meeting the goal of accountability to Congress, RWHAP clients, advocacy groups, and the general public, information collected through these reports is critical of HRSA, state, and local grant recipients, and individual providers to evaluate the effectiveness of the RWHAP. The addition of program income . . . to the A&E Reports will allow HRSA the ability to assess progress toward meeting the national goals for ending the HIV epidemic.¹

As you know, RWCs are highly successful in achieving high viral suppression rates and maintaining patients in care as compared to entities that are not funded under Ryan White grants.² Much of this success is due to the fact that RWCs are afforded flexibility to use program income to best serve their communities. Experts recognize that persons living with HIV/AIDS often need not only medical care, but also a wide array of social support services. Many of the services that RWCs provide are not reimbursed by any payer, even though these services enable people living with HIV/AIDS to access and remain in care. The 340B program allows RWCs to stretch their resources to support the full continuum of care that their patients need, from diagnosis, to linkage to care, to medication adherence and viral suppression. As such, RWC-340B opposes any new requirement that would undermine the chances for RWCs to continue to achieve this success on behalf of their patients.

RWC-340B is concerned that the information that HRSA intends to capture in the Expenditure Report about program income expenditures will only provide a one-time snapshot of short-term activities that are supported by program income and will not provide all of the information that HRSA needs to assess the significant beneficial impact that RWCs have on healthcare provided to HIV/AIDS patients and on stemming the spread of HIV/AIDS. Further, RWCs often struggle to meet federal requirements to spend all of their program income before spending the grant award, particularly RWCs that have reserves of program income from past periods. This may be the case even though these RWCs have long-term plans to spend the program income to enhance

¹ Information Collection Request – Ryan White HIV/AIDS Program: Allocation and Expenditure Forms, OMB Number 0915-0318—Revision 7763-7764 (Feb. 11, 2020).

² HRSA, *Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018*, available at <https://hab.hrsa.gov/sites/default/files/hab/data/datarports/RWHAP-annual-client-level-data-report-2018.pdf>. According to the 2018 Ryan White HIV/AIDS Program Annual Client-Level Data Report, the viral suppression rate for Ryan White patients was 87.1% in 2018. This exceeds the national average by 19.9 percentage points. See Norma S. Harris Et Al., *Vital Signs: Status of Human Immunodeficiency Virus Testing, Viral Suppression, and HIV Preexposure Prophylaxis — United States, 2013–2018*, Centers for Disease Control and Prevention, Dec. 6, 2019, available at <https://www.cdc.gov/mmwr/volumes/68/wr/mm6848e1.htm>.



services to patients. In addition, at least one state recently informed an RWC that net program income that the RWC had earned related to a Part B subgrant had to be paid to the state at the end of the grant budget period. We are concerned that HRSA's increasing emphasis on program income may embolden more Part A or Part B grantees to make such demands on subgrantees for net program income. It is also important to note that the Expenditure Report would not be reflective of RWC's long-term plans to invest program income to enhance the clinic's programs and services for HIV/AIDS patients. We are also troubled by HRSA's statement that the new reporting requirement supports "the intent of Congressional appropriations," suggesting that this information may be used to reduce funding of the RWHAP.

The new reporting requirements will greatly increase reporting burdens for Ryan White grantees. The ICR states that the increased reporting burden for Part C grantees will be an average of four hours. Many of our members receive Ryan White Part C grants and believe that this estimate is misleading, unrealistic and understated.

The Allocations Report and the Expenditures Report reflects the approved budget and allowable expenditures, respectively, for a grant during the grant period. Neither report is intended to reflect total expenditures to support RWHAP activities.

Program income expenditures are subject to a Ryan White clinic's budget approval process for a fiscal year. Fiscal years for most RWHAP funded organizations are different from the grant periods for grants received by that organization, adding to the complexity of the proposed reporting requirement. It is not practical for Ryan White clinics to track program income by service category as required on the proposed form. Providing information in this format will increase reporting burdens on Ryan White clinics but will not necessarily provide additional meaningful information on the utility of expenditures.

Lastly, the new reporting requirements appear to be duplicative of current reporting requirements. All federal grant recipients are currently required to report program income on their Federal Financial Report (FFR).³ Moreover, all federal grantees and subgrantees must follow accounting procedures under 45 C.F.R. § 75.302(b), which require that the source and use of program income for each grant and subgrant be tracked and reported separately.⁴ HRSA has access to these accounting records. RWCs, like other federal grantees and subgrantees, are already subject to detailed accounting and reporting requirements as a condition of receiving such funds. While RWC-340B members support transparency in government programs, it is important that they not be subject to additional duplicate paperwork requirements or other undue administrative burdens.

³ 45 C.F.R. § 75.302(b).

⁴ HRSA HAB, Frequently Asked Questions, March 21, 2016, available at <https://hab.hrsa.gov/sites/default/files/hab/Global/faq15031504.pdf>.



For the above reasons, RWC-340B asks that HRSA not issue new reporting requirements on program income that would diminish RWHAP grant funding or in any way limit the flexibility afforded to Ryan White Clinics (RWCs) by program income to tailor the services RWCs provide to their communities.

We appreciate your attention to this important matter. Please contact our President, Shannon Stephenson, with any questions. Shannon can be reached at ceo@cempa.org or (423) 648-9911.

Sincerely,

A handwritten signature in black ink that reads "Shannon Stephenson".

Shannon Stephenson
President