

## HR 4260

### Ryan White Patient Equity and Choice Act

**Congress:** 113 (2013–2015, Ended)

**Chamber:** House

**Policy Area:** Health

**Introduced:** Mar 14, 2014

**Current Status:** Referred to the Subcommittee on Health.

**Latest Action:** Referred to the Subcommittee on Health. (Mar 21, 2014)

**Official Text:** <https://www.congress.gov/bill/113th-congress/house-bill/4260>

## Sponsor

**Name:** Rep. Ellmers, Renee L. [R-NC-2]

**Party:** Republican • **State:** NC • **Chamber:** House

## Cosponsors (7 total)

Cosponsor	Party / State	Role	Date Joined
Rep. Johnson, Eddie Bernice [D-TX-30]	D · TX		Mar 14, 2014
Rep. Thompson, Bennie G. [D-MS-2]	D · MS		Mar 14, 2014
Rep. McKinley, David B. [R-WV-1]	R · WV		May 1, 2014
Rep. Rangel, Charles B. [D-NY-13]	D · NY		Jun 17, 2014
Rep. Clarke, Yvette D. [D-NY-9]	D · NY		Aug 1, 2014
Rep. Meeks, Gregory W. [D-NY-5]	D · NY		Sep 9, 2014
Rep. Moran, James P. [D-VA-8]	D · VA		Sep 9, 2014

## Committee Activity

Committee	Chamber	Activity	Date
Energy and Commerce Committee	House	Referred to	Mar 21, 2014

## Subjects & Policy Tags

### Policy Area:

Health

## Related Bills

No related bills are listed.

Ryan White Patient Equity and Choice Act - Amends the Public Health Service Act to require the Secretary of Health and Human Services (HHS) to report to Congress on whether the allocation of funding under the HIV Health Care Services Program enables areas where the HIV epidemic is growing to meet the need for medical services.

Restricts approval of a waiver allowing use of less than 75% of emergency relief, care grant, and early intervention funds for core medical services unless approval of the waiver will positively contribute to all eligible individuals being identified and retained in care.

Includes as core medical services HIV care continuum services consisting of early intervention HIV and sexually transmitted disease testing, referral, and case management services.

Requires HHS to ensure that: (1) individuals receiving such core medical services have an identified medical home that includes a primary care team led by an experienced HIV medical provider, and (2) those receiving HIV primary care and case management services obtain the care and coordination through the medical home approach.

Includes testing for other sexually transmitted diseases among early intervention services. Expands early intervention linkage-to-care services to include the following:

- education of those with HIV/AIDS at the time of diagnosis about the benefits of HIV care,
- ensuring attendance at first doctor visits,
- coordination with medical case managers,
- assistance to re-engage for those who have dropped out of care, and
- ensuring the identification of a medical home.

Requires states providing drug assistance to offer pharmaceutical services through extensive pharmacy networks, including specialty pharmacies and pharmacies that focus on the HIV population.

Adds as a criterion for award of grants for HIV care the degree to which funding will promote the incorporation of principles of patient-centered care into providing support services. Describes "patient-centered care" as care adhering to principles of customization to reflect patient needs, values, and choices; patient safety; transparency; patient control; and caregiver cooperation. Provides guidelines for funding patient-centered model of care projects, to be carried out through individual savings accounts known as Ryan White Savings Accounts.

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## **Actions Timeline**

- **Mar 21, 2014:** Referred to the Subcommittee on Health.
- **Mar 14, 2014:** Introduced in House
- **Mar 14, 2014:** Referred to the House Committee on Energy and Commerce.