

***ATTACHMENT:** 2000 Ryan White CARE Act Law Requirements (*the following was updated using the unofficial compilation of the Ryan White CARE Act, which includes the provisions of P.L. 109-415 signed December 19, 2006.* Abstracted from PDF File-www.HRSA.gov/hab

(e) REQUIREMENTS REGARDING IMPOSITION OF CHARGES FOR SERVICES.-

(1) IN GENERAL.-The Secretary may not make a grant under this part unless, subject to paragraph (5), the applicant for the grant agrees that-(A) in the case of individuals with an income less than or equal to 100 % of the official poverty line, the provider will not impose charges on any such individual for the provision of services under the grant;

(B) in the case of individuals with an income greater than 100 % of the official poverty line, the provider-

(i) will impose charges on each such individual for the provision of such services; and

(ii) will impose charges according to a schedule of charges that is made available to the public;

(2) LIMITATION ON CHARGES REGARDING INDIVIDUALS SUBJECT TO CHARGES. – With respect to the imposition of a charge for purposes of paragraph (1) (B) (ii), the Secretary may not make a grant under this part unless, subject to paragraph (5), the applicant for the grant agrees that-

(A) in the case of individuals with an income greater than 100 % of the official poverty line and not exceeding 200 % of such poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding 5 percent of the annual gross income of the individual involved;

(B) in the case of individuals with an income greater than 200 % of the official poverty line and not exceeding 300 % of such poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding 7 % of the annual gross income of the individual involved; and

(C) in the case of individuals with an income greater than 300 % of the official poverty line, the provider will not, for any calendar year, impose charges in an amount exceeding 10 % of the annual gross income of the individual involved.

(2) ASSESSMENT OF CHARGE.-With respect to compliance with the assurance made under paragraph (1), a grantee under this part may, in the case of individuals subject to a charge for purposes of such paragraph-

(A) assess the amount of the charge in the discretion of the grantee, including imposing only a nominal charge for the provision of services, subject to the provisions of such paragraph regarding public schedules regarding limitation on the maximum amount of charges; and

(B) take into consideration the medical expenses of individuals in assessing the amount of the charge, subject to such provisions.

(4) APPLICABILITY OF LIMITATION ON AMOUNT OF CHARGE.-The Secretary may not make a grant under section 2611 unless the applicant of the grant agrees that the limitations established in subparagraphs (C), (D), and (E) of paragraph (1) regarding the imposition of charges for services applies to the annual aggregate of charges imposed for such services, without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, co-payments, coinsurance, or other charges.

(5) WAIVER.-

(A) IN GENERAL.-The State shall waive the requirements established in paragraphs (1) through (3) in the case of an entity that does not, in providing health care services, impose a charge or accept reimbursement from any third-party payor, including reimbursement under any insurance policy or under any federal or state health benefits program.

(B) DETERMINATION.-A determination by the State of whether an entity referred to in subparagraph (A) meets the criteria for a waiver under such subparagraph shall be made without regard to whether the entity accepts voluntary donations regarding the provision of services to the public.