



Ryan White HIV/AIDS Program Part A

Supporting Medical Care, Treatment, and Support Services in
Communities Hardest Hit by HIV/AIDS

The CAEAR Coalition FY2020 Request for the Part A Base is **\$686.7 million**.

The CAEAR Coalition Supports New Resources for the *Ending the HIV Epidemic Initiative* to Target the 48 Highest HIV-Burdened Counties; Washington, DC; and San Juan, PR.

Part A Basics

Part A of the Ryan White Program funds medical care, treatment access, and support services in the 52 U.S. urban areas most adversely affected by HIV/AIDS. The program fills the gaps between comprehensive HIV care and the more limited services covered by public and private insurance. Part A jurisdictions marry the best of insurance coverage and community-driven service planning to address the HIV epidemic as it presents in each locality. Seventy three percent of all people living with HIV/AIDS in the U.S. reside in a metropolitan area served by Part A.

There are two types of Part A entities: Eligible Metropolitan Area (EMA) jurisdictions with over 2,000 living AIDS cases over the last five years, and Transitional Grant Area (TGA) jurisdictions with between 1,000 and 2,000 living AIDS cases over the last five years.

- Part A serves an estimated 300,000 people living with HIV/AIDS each year.
- Part A provides 2.6 million healthcare-related visits annually.
- More than 80 percent of Part A clients are people of color.
- Twenty-nine percent of Part A clients are women and more women receive medical care through Part A than any other Part.

Ending the HIV Epidemic Initiative

The CAEAR Coalition supports the *Ending the HIV Epidemic Initiative* funding that focuses on 48 counties; Washington, DC; and San Juan, Puerto Rico — key jurisdictions identified by the Centers for Disease Control and Prevention as sites in the U.S. with the highest number of new HIV diagnoses. All of them, with the exception of Cincinnati, OH, are located in Part A jurisdictions.

Core Services Requirement

The Ryan White Program requires that 75 percent of spending for Part A services be used on the following core medical services:

- Outpatient/ambulatory health services
- ADAP treatments
- AIDS pharmaceutical assistance (local)
- Oral health care
- Early intervention services
- Health insurance premium & cost sharing assistance
- Home health care
- Home and community-based health services
- Hospice services
- Mental health services
- Medical nutrition therapy
- Medical case management
- Substance abuse services-outpatient

Responding to Local Needs

Congress structured Part A of the Ryan White HIV/AIDS Program so that locally funded communities play central roles in determining how funds should be used to meet the needs of people living with HIV/AIDS in their areas. EMAs are required to have a local planning council with membership reflective of the local epidemic and comprised of local public health officials, community-based service providers, people living with HIV/AIDS, community leaders, and other funders like Medicaid representatives. At least one-third of planning council membership must be people living with HIV, consumers of Ryan White Program services. Part A planning councils develop needs assessments, keeping careful track of the number of clients who are transitioning to other payers for HIV care, and determine funding priorities based on the unmet service needs of the underinsured and insured.

Distribution of Part A Funds

The HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA) distributes Part A funds to the chief executive of the lead city or county in each jurisdiction based on the estimated number of people living with HIV in the jurisdiction. The grantee then distributes funds to local service providers based on the priorities developed by the planning council or other community input. There are 52 Part A jurisdictions in 26 states, Puerto Rico, and the District of Columbia that receive Part A funding. There are 24 EMAs and 28 TGAs. Part A funding includes formula and supplemental components, as well as Minority AIDS Initiative (MAI) funds. Two-thirds of the Part A base allocation is used for formula grants and one-third for supplemental awards. Formula grants are based on the reported number of living cases of HIV and AIDS. HRSA awards supplemental funding competitively, based on demonstrated need. *Ending the HIV Epidemic Initiative* funding will need to be distributed to the 48 counties, the District of Columbia and Puerto Rico through a specific mechanism outside of the Part A formula.

A Continuum of Care

Part A funds are used to support community-based care systems that provide outpatient health care and a range of critical support services. The guiding philosophy behind this integrated, comprehensive system of care is that people living with HIV/AIDS can best manage their illness and reap the benefits of treatment when their full set of care and related needs are met.

Ryan White HIV/AIDS Program Part A Grant Recipients

EMAs

Atlanta, GA
 Baltimore, MD
 Boston, MA
 Chicago, IL
 Dallas, TX
 Detroit, MI
 Ft. Lauderdale, FL
 Houston, TX
 Los Angeles, CA
 Miami, FL
 Nassau Suffolk, NY
 New Haven, CT
 New Orleans, LA
 New York, NY
 Newark, NJ
 Orlando, FL
 Philadelphia, PA
 Phoenix, AZ
 San Diego, CA
 San Francisco, CA
 San Juan, PR
 Tampa-St. Petersburg, FL
 Washington, DC
 West Palm Beach, FL

TGAs

Austin, TX
 Baton Rouge, LA
 Bergen-Passaic, NJ
 Charlotte-Gastonia, NC/SC
 Cleveland-Lorain-Elyria, OH
 Columbus, OH
 Denver, CO
 Ft. Worth, TX
 Hartford, CT
 Indianapolis, IN
 Jacksonville, FL
 Jersey City, NJ
 Kansas City, MO
 Las Vegas, NV
 Memphis, TN
 Middlesex-Somerset-Hunterdon, NJ
 Minneapolis-St. Paul, MN
 Nashville, TN
 Norfolk, VA
 Oakland, CA
 Orange County, CA
 Portland, OR
 Riverside-San Bernardino, CA
 Sacramento, CA
 San Antonio, TX
 San Jose, CA
 Seattle, WA
 St. Louis, MO

CAEAR Coalition

The Communities Advocating Emergency AIDS Relief (CAEAR) Coalition is the oldest national organization with a primary focus on the Ryan White HIV/AIDS Treatment Program. CAEAR is a membership organization which advocates for federal policy, legislation, regulations, and appropriations to serve the Part A, Part C and ADAP community mandates to meet the care, treatment, supportive, and prevention service needs of people living with HIV/AIDS and the organizations that serve them. CAEAR focuses on the healthcare evolution that the U.S. is going through and the evolving role of the Ryan White HIV/AIDS Treatment Program in that environment. CAEAR Coalition's proactive national leadership focuses on the nation's response to HIV/AIDS and how the components of the Ryan White HIV/AIDS Program can best address the service needs and improve the health status of people living with HIV as we strive to end the HIV/AIDS epidemic and prevent new HIV infections. CAEAR Coalition's members include Ryan White Program Part A, Part B, and Part C consumers, grantees, and providers, as well as the Part F AIDS Education and Training Centers. For more information, please visit www.caeer.org.