



Ryan White HIV/AIDS Program

For nearly three decades, the Ryan White HIV/AIDS Program has provided medical, pharmaceutical, and support services to low-income individuals living with HIV/AIDS who are uninsured or underinsured, without sufficient healthcare coverage or resources to access lifesaving care. As the largest discretionarily funded Federal program focused on domestic HIV/AIDS care, the Ryan White HIV/AIDS Program reduces the use of costly inpatient hospital care, increases access to HIV related health services for underserved populations, improves survival, and reduces HIV transmissions.

The Ryan White CARE Act was first enacted in 1990 and has been reauthorized four times—first in 1996 and again in 2000, 2006, and 2009. The Act is divided into parts, each designed to address a specific component or aspect of the HIV/AIDS epidemic. The federal agency responsible for implementing and managing Ryan White CARE Act programs is the HIV/AIDS Bureau (HAB) of the Health Resources and Services Administration (HRSA) in the Department of Health and Human Services (HHS). Since its enactment, the Ryan White HIV/AIDS program has created exemplary models of community-based care for people living with HIV/AIDS that have kept thousands of individuals alive and thriving. While much progress has been made, there is no cure, or vaccine, and the HIV/AIDS crisis remains a national healthcare emergency.

The success of the Ryan White Program is evidenced by the fact that individuals receiving HIV care through the program achieve higher viral suppression in comparison to the national average of 57.9 percent. In 2016, 84.9 percent of clients served by the Ryan White HIV/AIDS Program achieved viral suppression, which is an indication that the disease is well managed and that virally suppressed individuals are unable to infect others.

In FY 2018, the CAEAR Coalition asks Congress to make additional investments in the Ryan White HIV/AIDS Program by funding it at \$2.465 billion, an increase of \$145.8 million, distributed as follows:

· Part A: \$686.7 million (+\$30.8m)	· Part B (Care): \$437 million (+\$22.3m)
· Part B (ADAP): \$943.3 million (+\$43m)	· Part C: \$225.1 million (+\$24m)
· Part D: \$85 million (+\$9.9m)	· Part F/AETC: \$35.5 million (+\$1.9m)
· Part F/Dental: \$18 million (+\$4.9m)	· Part F/SPNS: \$34 million (+\$9m)

Need for HIV/AIDS Care and Treatment Continues to Grow

- The Centers for Disease Control and Prevention (CDC) has significantly increased efforts to expand HIV testing in hard-hit communities across the country. In 2016, there were

39,782 new HIV infections¹, a 5% decrease since 2011. However, the rates of HIV infection in communities of color are still increasing and disproportionately high.

- The CDC estimates that there were 1.2 million people living with HIV in the United States in 2015, with 1 in 8 unaware that they are HIV positive.² Of those, 162,500 (15%) had not received a diagnosis. These individuals are the highest priority for identification, testing, and linkage to care.
- According to the CDC, in 2014, the number of deaths of persons with HIV/AIDS in the U.S. was 15,591. The cumulative estimated number of deaths of persons with AIDS in the U.S., through 2014, was 704,032.³
- HHS *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents* documents the importance of early HIV/AIDS treatment resulting in HIV viral suppression both to the health and wellness of people already living with HIV, but also to reduce significantly the ability of infected individuals to infect others — which, if broadly implemented, could be the catalyst to propel the United States to the goal of getting to zero new HIV infections and the end of the HIV epidemic.

Ryan White HIV/AIDS Programs Addresses Unmet Need

- The Ryan White HIV/AIDS Program continues to play a critical role in addressing coverage gaps and affordability of healthcare for people living with HIV.
- With its payment of last resort requirement, Ryan White resources ensure access to care and treatment for those who remain underinsured and uninsured. Ryan White is the largest source of federal funding exclusively dedicated to HIV-related treatment, care, and support services, serving over 550,000 people living with HIV each year.⁴
- Individuals living with HIV who are in care and on treatment have a much higher chance of viral suppression, resulting in a drastic reduction in the ability to transmit HIV to their partners. According to the *2015 Ryan White HIV/AIDS Program Annual Client-Level Data Report*, over 84.9% of Ryan White clients have achieved viral suppression.

Part A: Grants to Cities and Communities

- Ryan White Part A provides funds for medical and support services in urban and suburban areas with high numbers of people living with HIV, as well as mid-sized cities that have emerging needs for assistance with their HIV-infected populations. The boundaries of funded jurisdictions are based on the Metropolitan Statistical Areas of the U.S. Census Bureau and may range in size from a single city or county to multiple counties and cross state boundaries.⁵
- More than 70% of all people living with HIV/AIDS in the U.S. reside in one of 52 Part A communities. Part A serves an estimated 300,000 people living with HIV/AIDS per year.

¹ <https://www.cdc.gov/hiv/statistics/overview/ata glance.html>

² Centers for Disease Control and Prevention (CDC). Today's HIV/AIDS Epidemic, July 2015, Available at: www.cdc.gov/nchhstp/newsroom/docs/factsheets/todaysepidemic-508.pdf.

³ <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>

⁴ Health Resources and Services Administration, HIV/AIDS Bureau. <https://hab.hrsa.gov/sites/default/files/hab/data/datareports/RWHAP-annual-client-level-data-report-2016.pdf>

⁵ *The Ryan White HIV/AIDS Program Overview and Impact of the Affordable Care Act*, Congressional Research Service, November 24, 2015, page 3. www.crs.gov R44282

- The current \$655.9 million in funding for Part A does not fully address the unmet need for medical care and support services for uninsured and underinsured people living with HIV/AIDS in these hard-hit Part A communities. The CAEAR Coalition urges Congress to increase **Part A** funding by \$30.8 million for a total of **\$686.7 million** in FY2018.
- Part A Grantees coordinate with state and community partners to provide support services left unaddressed by private insurance. The Ryan White HIV/AIDS Program allows localities to respond to unique characteristics of the HIV epidemic in their jurisdictions.

Part B: Grants to States

- Ryan White Part B provides grants to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and five jurisdictions in the Pacific. Grant funds may be used for drug treatments, home and community-based health care, and support services or health insurance coverage for low-income persons.⁶
- Part B: Care is currently funded at \$414.7 million and the Part B: AIDS Drug Assistance Program (ADAP) is funded at \$900.3 million. The CAEAR Coalition urges Congress to increase **Part B: Care** funding by \$22.3 million for a total of **\$437 million** and to increase **Part B: ADAP** funding by \$43 million for a total of **\$943.3 million**.
- According to the National Alliance of State and Territorial AIDS Directors (NASTAD), in 2015, 51% of HIV-positive people engaged in care and prescribed anti-retroviral (ARV) drugs were served by AIDS Drug Assistance Programs.

Part C: Grants to Community Health Centers and Clinics

- Over 255,000 persons living with HIV/AIDS receive medical care in Ryan White Part C-funded community health centers and clinics each year.
- The current \$201.1 million in funding allows **Part C** clinics to provide outpatient medical care to the 30,000+ people expected to enter care at those sites in the coming year. The CAEAR Coalition believes that an increase of \$24 million for a total of **\$225.1 million** in FY2018 is needed to address the growing demand on Part C programs.

Part D: Services for Women, Infants, Children, and Youth

- The current \$75.1 million in funding for Part D funds outpatient, ambulatory, family-centered primary, and specialty medical care for women, infants, children, and youth living with HIV. Part D funding is also used to provide support services to people living with HIV and their affected family members. Current **Part D** recipients are local, community-based organizations in 39 states and Puerto Rico. The CAEAR Coalition requests \$9.9 million in additional dollars in FY2018 for a total of **\$85 million**.

Part F: Grants to Dental Programs

- There are two Part F programs focused on funding oral health care for people living with HIV: Dental Reimbursement Program (DRP) and the Community-Based Dental Partnership Program (CBDPP). These programs fund services and the education and training for oral health providers.

⁶ *The Ryan White HIV/AIDS Program Overview and Impact of the Affordable Care Act*, Congressional Research Service, November 24, 2015, page 6. www.crs.gov R44282

- The current \$13.1 million in funding for **Part F: Dental Programs** supports the DRP and CBDPP Programs. The CAEAR Coalition requests \$4.9 million in additional dollars in FY2018 for a total of **\$18 million**.

Part F: Grants to AIDS Education and Training Centers (AETCs) and Special Projects of National Significance (SPNS) Program

- The AETCs are a national network of HIV clinical, educational, and health service experts who educate and train healthcare providers on the latest HIV/AIDS treatment and care approaches, technologies, and best practices for sustainable system solutions. They ensure the educational development of the health professional workforce to ensure practitioners keep current with clinical and technological advances and that high-quality services are maintained and increased in order to end the HIV epidemic in the U.S. The AETCs are the backbone of the nation's response to the HIV epidemic.
- The AETCs work with Ryan White Providers, including those at Federally Qualified Health Centers to help providers acquire new diagnostic skills to identify HIV positive persons and effective ways to link them to care. Through the efforts of AETCs Ryan White providers receive training on innovative HIV medication management protocols to ensure persons on antiretroviral therapy become virally suppressed, the education of HIV service providers is a crucial component in reducing HIV transmission.
- The SPNS Program supports the development of innovative models of HIV care and treatment to quickly respond to emerging needs of clients served by the Ryan White Program. These resources serve persons living with HIV with models of care that are evaluated for replication across the nation, providing critical tools to address gaps in linkage, retention, and viral load suppression amongst those most in need. Without this critical resource, the nation's service delivery system will be hampered in its ability to improve the health outcomes of our communities.
- The CAEAR Coalition applauds Congress' rejection of the \$59 million cut to the Ryan White HIV/AIDS Program in FY 2018 that would have eliminated the AETCs and SPNS. The charge that these programs were not essential to direct medical care was inaccurate, as both programs deliver important HIV-specific training to healthcare providers and capacity building for existing healthcare systems.
- For **Part F: AETCs**, the CAEAR Coalition requests **\$35.5 million**. This is a \$1.9 million increase from FY 2017. For **Part F: SPNS Program**, CAEAR Coalition requests **\$34 million**. This is a \$9 million increase from FY 2017.

CAEAR Coalition

The Communities Advocating Emergency AIDS Relief (CAEAR) Coalition is a national membership organization which advocates for federal policy, legislation, regulations, and appropriations to meet the care, treatment, support and prevention needs of people living with HIV/AIDS and the organizations that serve them, focusing on health care reform and the evolving role of the Ryan White Program. For more information, please visit www.caear.org.