



Ryan White HIV/AIDS Program

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, the HIV/AIDS crisis remains a national health care emergency.

The charge of the Ryan White CARE Act is to develop and sustain comprehensive systems of medical and supportive services for people living with HIV. The Ryan White program integrates and coordinates HIV care and access to essential services across funding streams and healthcare systems, while providing for local control of funding. It is the largest federal program focused exclusively on HIV care and treatment and remains an essential resource providing critical health services for people living with HIV/AIDS.

The Ryan White HIV/AIDS Program is currently funded at \$2.323 billion. As we look to FY2018 spending measures, the CAEAR Coalition asks Congress to grow this investment by funding the program at \$2.465 billion, an increase of \$141.8 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 (+\$20m)
· 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. Unfortunately, the number of new HIV infections annually in the U.S. remains unacceptably high. There were 37,600 new HIV infections in 2014.¹

¹ Centers for Disease Control and Prevention, *HIV Surveillance Report*, 2015; vol. 27. https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/hiv-incidence-fact-sheet_508.pdf

- Currently the CDC estimates that there are 1.2 million people living with HIV in the United States, with 1 in 8 unaware that they are HIV positive.² We also know that the newly infected are increasingly people of color, with very low incomes, and are living in underserved areas of the U.S.
- According to the CDC, in 2014, the number of deaths of persons with AIDS in the U.S. was 12,333. The cumulative estimated number of deaths of persons with AIDS in the U.S., through 2014, was 678,509.³
- 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 health care 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 512,000 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 83% 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.
- 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

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 Centers for Disease Control and Prevention, *HIV Surveillance Report*, 2015; vol. 27. <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/Publications/infographics/generalaudiencegraphic.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

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 \$205.1 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 \$20 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 AETCs, Dental, and SPNS

- The current \$33.6 million in funding for **Part F: AIDS Education and Training Centers (AETCs)** supports the training of healthcare providers to care for growing patient caseloads and to address the increasing complexities of treating those with co-morbidities and drug side effects. To address the growth of Part F: AETC Programs, the

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

CAEAR Coalition requests \$1.9 million in additional dollars in FY2018 for a total of **\$35.5 million**.

- The current \$13.1 million in funding for **Part F: Dental Programs** supports the Dental Reimbursement and Community-Based Dental Partnership Programs—programs that focus on providing oral health care for people living with HIV. The CAEAR Coalition requests \$4.9 million in additional dollars in FY2018 for a total of **\$18 million**.
- The current \$25 million in funding for **Part F: Special Projects of National Significance (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 HIV/AIDS Program. SPNS advances knowledge and skills in the delivery of health care and support services to underserved populations living with HIV. The CAEAR Coalition requests \$9 million in additional dollars in FY2018 for a total of **\$34 million**.

Funding Requests

As CAEAR Coalition’s partners at NASTAD noted, “The Ryan White program continues to provide vital enabling services that are either not covered or not fully covered by Qualified Health Plans (QHPs) and Medicaid. The program also continues as a vital safety net for the remaining uninsured, including those who fall into the ‘Medicaid gap’ as well as individuals categorically ineligible for federal programs.”

The CAEAR Coalition joins its partners at the AIDS Budget and Appropriations Coalition (ABAC) in thanking Congress for its strong bipartisan support for domestic HIV/AIDS programs across the federal government. With adequate funding in FY2018, the Ryan White Program will continue to aid the nation in its fight against HIV/AIDS and ensure that everyone has access to the proper prevention, care, and treatment options they need.

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.