Comprehensive Analysis of All Ryan White CARE Act Programs Shows Greater Funding Equity Among States/Territories

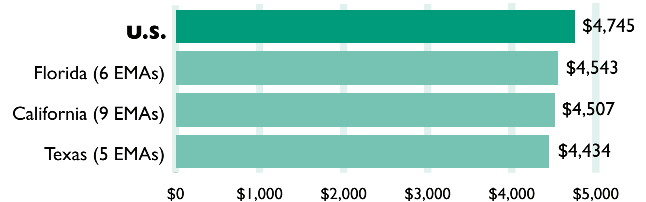
Data Show Title I States Have No Significant Funding Advantage

An analysis of all Ryan White CARE Act funding to states/territories as compared to the number of people living with AIDS in each jurisdiction finds remarkable consistency across the country. The data are in marked contrast to partial analyses of CARE Act funding, which have created the misperception among some that states with Title I Eligible Metropolitan Areas (EMAs) are unfairly advantaged in CARE Act funding and that the South is far below other regions in its funding per person living with AIDS.

The data show:

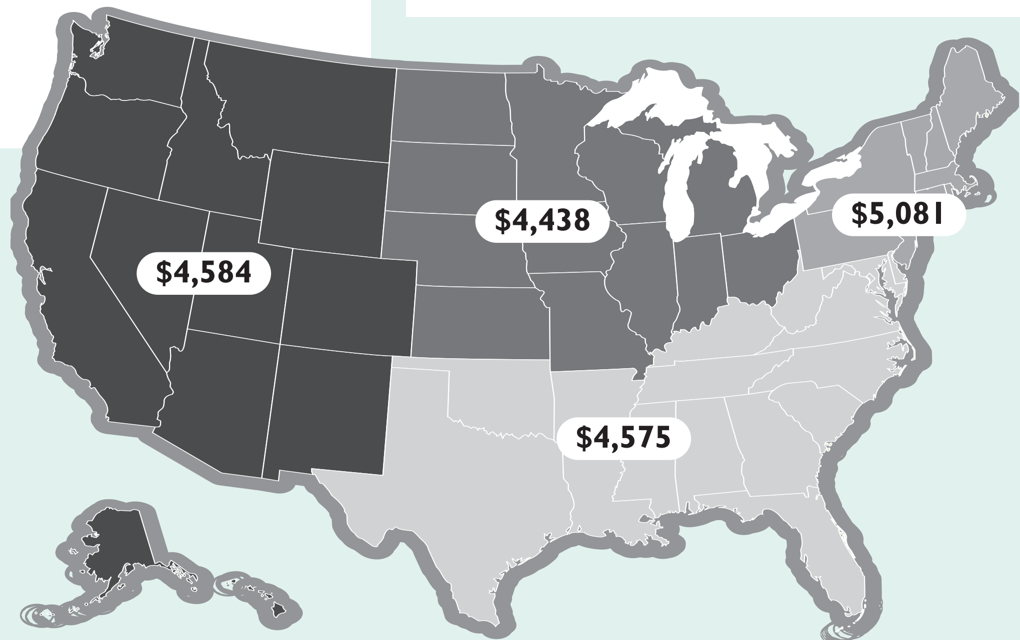
- **Of the ten states/territories with the highest funding per person living with AIDS, only three receive Title I funds.**

- **States with the most Title I EMAs receive funding per person living with AIDS at a rate below the national funding rate.**



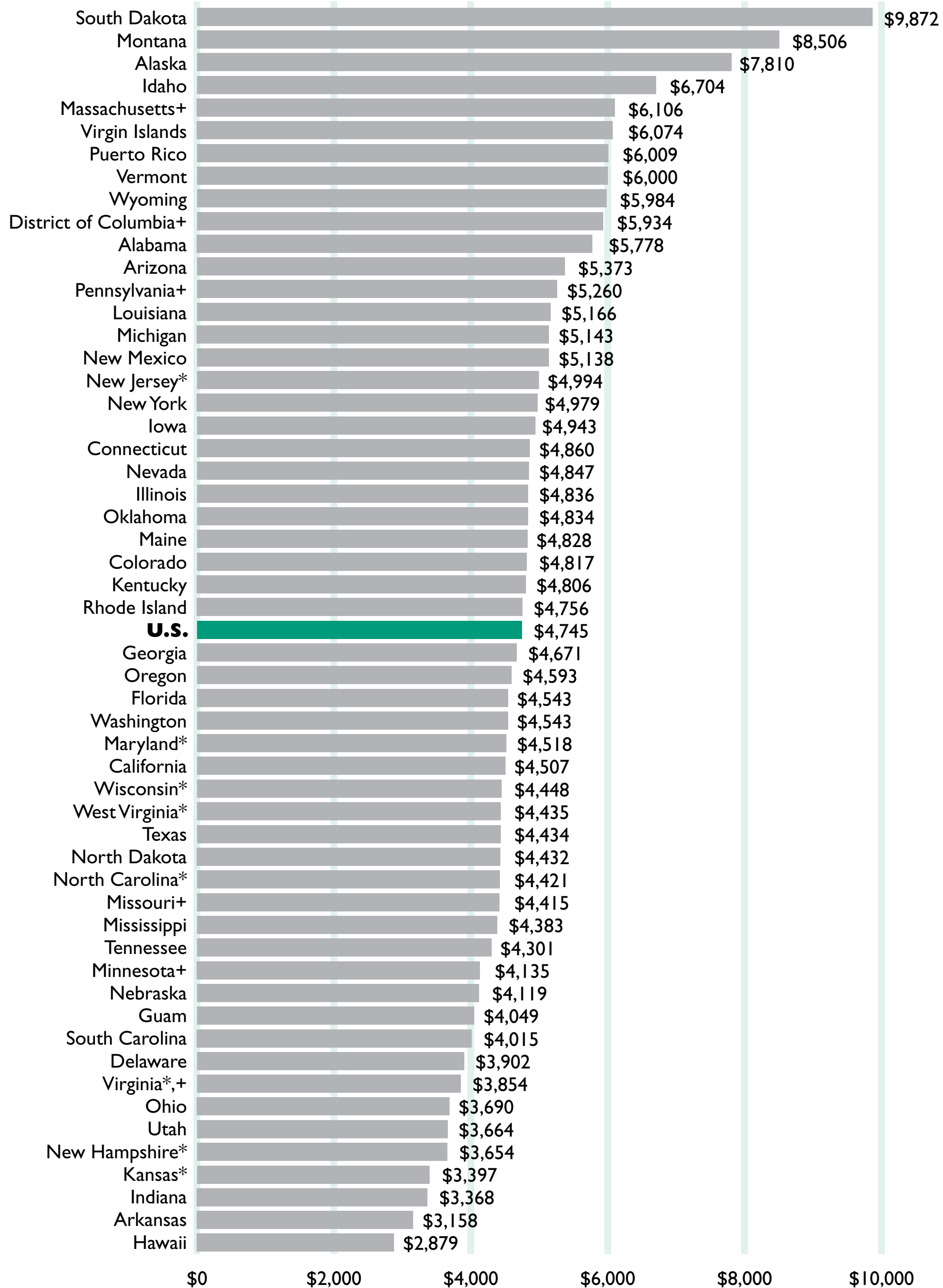
- **Funding per person living with AIDS in each of the four regions of the U.S. is within $350 of the national funding rate.**

U.S.: $4,745



Source: The data used to prepare these charts was downloaded from the Kaiser Family Foundation's State Health Facts website (www.statehealthfacts.org).

Ryan White CARE Act Funding Per Person Living with AIDS
All Titles and Components



Source: The data used to prepare this chart was downloaded from the Kaiser Family Foundation's State Health Facts website (www.statehealthfacts.org).

* This state received additional CARE Act funds from a Title I EMA centered outside the state and those funds are not reflected in this calculation.

\+ A portion of this state's Title I EMA funds included in this calculation were used to provide services for people living with HIV/AIDS in a jurisdiction(s) located in an adjacent state(s) that is a part of this state or territory's Title I EMA.

Key Facts about Ryan White CARE Act Funding Per Person Living with AIDS

- In 2004, the U.S. distributed $4,745 in Ryan White CARE Act funds for each person living with AIDS.[1]

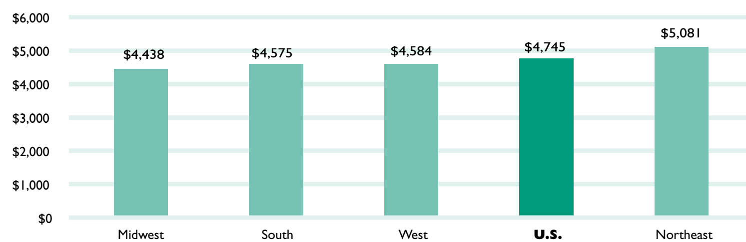
Comparison of Title I and non-Title I States and Territories

- The CARE Act funding per person living with AIDS for states/territories that are home to a Title I EMA is $4,799.[2]
- The CARE Act funding per person living with AIDS for states and territories that are not home to a Title I EMA is $4,356.[2]
- The four states with the highest funding per person living with AIDS are lower prevalence, non-Title I states with high enough caseloads to receive a guaranteed Title II base award of $500,000. (Note: some states with fewer cases receive a minimum Title II award of $200,000.)
- In 54% of the Title I states the funding per person living with AIDS is above the national funding rate, as compared to 47% of non-Title I states.

Funding by Region

- The four states with the highest funding per person living with AIDS are in the West: South Dakota, Montana, Alaska, and Idaho. The top ten includes five Western states, two Northeastern states, and one Southern state/territory plus two territories.
- Alabama is the Southern state with the highest funding per person living with AIDS. Alabama, with no Title I EMA, receives more funding per person living with AIDS than 21 of the 24 states/territories that are home to one or more Title I EMAs.
- The Midwest has the lowest percentage (33%) of states above the national funding rate.

Ryan White CARE Act Funding Per Person Living with AIDS By Region



All regions reflect the U.S. Census Bureau's regional definitions. Some calculations of CARE Act funding in the South have excluded Delaware and Maryland, which are included in the Census Bureau's list. With those states taken out of the equation, the per person living with AIDS funding in the South rises to $4588.

Source: The data used to prepare this chart was downloaded from the Kaiser Family Foundation's State Health Facts website (www.statehealthfacts.org).

Notes

The state calculations are based on the total amount of FY2004 CARE Act funds that each state received divided by the number of people living with AIDS in that state at the end of 2004. Averages for groups of states are based on the total FY2004 CARE Act funds that those states received divided by the total number of people living with AIDS in those states at the end of 2004.

1 This number reflects the FY2004 CARE Act funds distributed to the 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands divided by the total number of people with living with AIDS in those jurisdictions at the end of 2004.

2 The analysis of Title I funds does not reflect the distribution of Title I funds to EMA components outside of the state or territory where the central EMA jurisdiction is headquartered. For example all of the Title I funds for the Washington DC EMA are credited to the District of Columbia even though some of that funding is directed to counties in Virginia, Maryland, and West Virginia that are a part of the EMA. Thus, the funding rate for Title I states includes funds that flow to some non-Title I states and the funding rate for non-Title I states does not include Title I funds that flow into some of those states.

CARE Act Funding Analyses Must be Comprehensive

Analysis of Ryan White CARE Act funding by jurisdiction based on the number of people living with AIDS is a subject of discussion in the current reauthorization of the legislation. While the use of this variable has certain limitations—it does not account for variations in the costs of providing care or the costs of maintaining a care infrastructure in jurisdictions with few cases—it does offer a picture of how CARE Act funds are distributed among the states and territories in proportion to their AIDS burden.

Prior analyses have focused on Title I and/or Title II of the CARE Act only, but states and territories receive funding through multiple Titles and components. An accurate analysis of CARE Act funding per person living with AIDS must take into account all Titles and components of the CARE Act, rather than a selective analysis of certain aspects of the program. Title I, Title II, Title III, Title IV, and Part F all provide direct services to people living with HIV/AIDS and work together to address the needs of uninsured and underinsured people living with HIV/AIDS. For example, in an effort to increase HIV/AIDS services in areas outside of metropolitan areas, Congress included a provision in the 2000 CARE Act reauthorization requiring that providers in rural and underserved areas be given a preference under Title III. That change has successfully increased the resources available in rural areas. The preceeding analysis includes funding from all CARE Act titles and components and provides a complete picture of how CARE Act funds are distributed across the country.

Shifting Federal Funds Does NOT Solve the Problem of Inadequate State and Local Resources

HIV/AIDS service providers across the country need additional resources to meet the needs of people living with HIV/AIDS in their jurisdictions. The need for greater resources is exacerbated in some jurisdictions because they lack significant state, local and private support. Redirecting federal CARE Act resources to make up for the inadequate response from these other sectors does not solve any problems. Rather, it intensifies existing problems and creates disincentives for states and localities that have heretofore done their share to support these programs to continue to do so.

CAEAR Coalition's recommendations for CARE Act reauthorization promote an enhanced response to the domestic HIV/AIDS epidemic in our most vulnerable communities. Leading this response, CARE Act Title I EMAs and Title III clinics in highly impacted communities, as well as in areas of emerging need, continue to be on the front line, providing comprehensive services for uninsured and underinsured people living with HIV/AIDS. These safety-net providers must be strengthened over the next five years, while enhancing the nationwide foundation that the CARE Act has built over the last fifteen years.