

Ryan White Program Part C

Providing Health Care to People Living with HIV/AIDS in Underserved Communities

The Ryan White Program

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was first enacted in 1990 and has been reauthorized four times—first in 1996, then in 2000 and 2006, and most recently in 2009. Now referred to as the Ryan White HIV/AIDS Treatment Extension Act of 2009, the program is divided into different components, each of which is designed to address a specific aspect of the HIV/AIDS epidemic.

In FY 2008, Part C-funded health centers and clinics provided treatment and care to more than 248,070 people with HIV/AIDS. Sixty-one percent of those served are people of color and 44 percent are female. Also noteworthy, 44,892 patients accessed Part C services for the first time in FY 2008, including 14,132 who were newly-diagnosed with AIDS.

Part C Basics

Part C of the Ryan White Program is the primary means for targeting HIV medical services to underserved and uninsured people living with HIV/AIDS in the nation's rural and urban communities. Part C awards direct grants to over 380 community-based health centers and clinics that provide primary medical care to migrants, the homeless, the underinsured, underserved and uninsured across the nation. Part C programs are located in 49 states, Puerto Rico, the District of Columbia, and the US Virgin Islands.

Part C programs target the most vulnerable communities, including people of color, women, and low-income populations. The program also funds capacity building and planning grants to help organizations strengthen their ability to deliver care to people living with HIV/AIDS. In addition, Part C clinics are central to the nation's HIV testing initiatives, providing HIV counseling and testing to over 500,000 people each year.

Medical Care for the Underserved

Part C community health centers and clinics provide a range of health care services designed to help people with HIV learn their HIV status and then access appropriate medical care and services. Seventy-five percent of Part C grants must be spent on core medical services. Specific medical and support services provided by Part C clinics include:

- Medical assessment and on-going medical care;
- Laboratory testing related to antiretroviral therapies;
- Antiretroviral therapies and adherence support;
- Prevention and treatment of HIV-related opportunistic infections;
- Mental health services;
- Outpatient substance abuse treatment;
- Oral health care;
- Care for co-morbidities, including tuberculosis and Hepatitis B and C;
- Medical case management to ensure access to services and continuity of care;
- Nutritional and psychological services;
- Risk-reduction counseling to prevent HIV transmission; and
- HIV counseling and testing.



Planning and Capacity Building Grants

Planning and capacity building grants are critical tools for communities to explore the financial and program implications of starting or expanding primary health services. Planning grants are limited to one year and provide organizations with resources to plan for the provision of new, high quality comprehensive HIV primary health care services in rural or urban underserved areas and communities of color. Intended for a fixed period of one to three years, capacity building grants support efforts to strengthen organizational infrastructure and enhance capacity to develop, improve or expand high quality HIV primary health care services.



Part C is the primary method for delivering HIV care to rural areas. Approximately half of Part C providers serve rural communities. Frequently, Part C providers are the only means by which many persons receive HIV testing and care.

Funding Mechanism

The HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA) awards Part C funds directly to service providers through competitive grants in three categories: early intervention services, planning, and capacity building. In FY 2010, \$206.8 million was appropriated for the program. The following types of organizations are eligible for Part C grants:

- Community Health Centers, Migrant Health Centers, and Health Care for the Homeless sites funded under Section 330 of the Public Health Service (PHS) Act;
- Family planning grantees (other than states) funded under Section 1001 of the PHS Act;
- Comprehensive Hemophilia Diagnostic and Treatment Centers;
- Federally qualified health centers funded under Section 1905(1)(2)(b) of the Social Security Act;
- City and county health departments providing primary care;
- Out-patient primary care programs at community hospitals and medical centers; and
- Current public or private not-for-profit providers of comprehensive primary care for populations at risk for HIV.

Last updated December 22, 2009