The Ryan White Program is a Critical Component of the National Public Health Response to HIV

The past four years have delivered a new paradigm for ending AIDS in America that includes the understanding of viral suppression as critical not only to the health of those infected, but also in stopping new transmissions.¹ No other HIV-specific program in U.S. history has played a larger role in supporting viral suppression through linkage and retention in care than the Ryan White Program.

First created in 1990, the Ryan White Program (RWP) is the largest source of federal funding exclusively dedicated to HIV-related treatment, care, training and support services. The Program funds states, cities, clinics and nonprofit HIV service organizations to provide HIV care and treatment, as well as the essential support services that increase linkage and retention in care. Over 529,000 medically underserved people with HIV rely on these critical services.² This is almost half of the 1.1 million people living with HIV in the United States. The Program is currently funded at $2.319 billion in fiscal year 2014, down from its peak at $2.392 billion in FY 2012.³

The RWP is an Important Safety Net and Leverage Tool

Continued investment in the RWP can play an important role in stopping future transmissions, and in bending downward the cost curve of other federal care programs that share the vast burden of covering HIV/AIDS care in the United States, such as Medicaid and Medicare. In states that have elected not to expand Medicaid under the Affordable Care Act (21 states as of February 2014)⁴, the Ryan White Program is the only safety net available to ensure access to care and treatment for thousands of infected individuals. The RWP goes well beyond basic care and treatment, however. It also provides crucial care completion and support services that have proven effective in improving outcomes along the HIV care continuum. Where the RWP has been able to work hand-in-hand with early efforts of health reform, it has demonstrated that it can go beyond simply keeping the epidemic in check, and instead help end it. Massachusetts provides an illustration of this impact. After the state’s implementation of health care reform, 72% of

---

¹↑ Ryan White Program
²↑ Ryan White Program
³↑ Ryan White Program
⁴↑ Ryan White Program

---

FEDERAL FUNDING* FOR HIV/AIDS CARE BY PROGRAM, FY 2012

<table>
<thead>
<tr>
<th>Program</th>
<th>Amount (in billions)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan White</td>
<td>$2.4</td>
<td>16%</td>
</tr>
<tr>
<td>Medicare</td>
<td>$5.8</td>
<td>39%</td>
</tr>
<tr>
<td>Medicaid (federal share only)</td>
<td>$5.3</td>
<td>36%</td>
</tr>
<tr>
<td>Other</td>
<td>$1.3</td>
<td>9%</td>
</tr>
</tbody>
</table>

*Kaiser Family Foundation Graphic
Ryan White Fact Sheet (2012)
the HIV-positive population in the state is virally suppressed, compared with 25% nationally. In addition, annual new infections decreased by 46% between 2006 and 2011, compared with national data showing a flat-lining of new infections. In all states, the RWP is designated as the funder of last resort, thereby ensuring a focus on gaps and critical needs.

**Authorization and RWP Components**

Since its inception, the RWP has been reauthorized four times — 1996, 2000, 2006 and 2009—and consistently received substantial bipartisan support. The current authorization ended in 2013, but many legislators from both sides of the aisle, the Administration and the HIV community believe reauthorization to refine the program would be premature while health reform continues to evolve. Continued and sustained funding through annual appropriators, however, must be prioritized and should take into account both the growing number of HIV-infected individuals in the country who need RWP services to survive and the critical role of RWP in advancing public health.

Ryan White Program Parts include:

- **Part A:** Provides funding for eligible metropolitan areas (EMAs) with five years of cumulative AIDS cases totalling over 2,000 and transitional grant areas (TGAs) with cumulative cases between 1,000 and 1,999. Two-thirds of funding is distributed by formula, and one-third via competitive and supplemental grants based on “demonstrated need.”

- **Part B:** Provides funding to all 50 states, the District of Columbia and a number of territories. Funding supports care, treatment and other services deemed critical to supporting improved access and retention in care. The single largest component of funding under Part B goes to the AIDS Drug Assistance Program (ADAP), which ensures direct access to needed medications.

- **Part C:** Provides funding for comprehensive primary health care in outpatient settings delivered through an array of partners including, but not limited to, Federally Qualified Health Centers (FQHCs), community-based health facilities, rural health clinics, and health facilities operated by the Indian Health Service.

- **Part D:** Provides family centered outpatient care for women, infants, children and youth living with HIV/AIDS.

- **Part F:** Includes funding for AIDS Education Training Centers (AETCs) to ensure an adequate workforce for responding to HIV/AIDS, funding for dental care for individuals living with HIV and funding for the Special Programs of National Significance to address emerging needs.

**HIV Community Calls on Congress to Sustain Support of RWP; and Leverage RWP with Health Reform to End AIDS in the United States**

While the ongoing role of the RWP is likely to evolve over time, it is clear that the need for the program is not only continuing, but also growing. Of the 1.1 million people currently infected with HIV in the United States, only 66% are linked to care; only 37% are retained in care; and only 25% are virally suppressed. Over the next few years, critical work must be conducted to gather data and insight into how the RWP and the Affordable Care Act (ACA) interact prior to making any significant changes in budget or program infrastructure. While both the ACA and RWP are crucial to addressing HIV in the United States, it is only through the combined synergies of both, that our country can truly end AIDS in America.

Current and ongoing investments in the RWP are essential to ensuring that the successful infrastructure and models of care that have been developed to treat individuals living with HIV will continue. Maintaining these gains is critical not only in the context of ending the HIV epidemic, but also to help promote lessons learned that can be adapted to address other chronic illnesses and to serve as examples for new models of holistic care delivery, such as medical health homes. To close gaps in care and treatment, as well as to improve health outcomes and prevent new transmissions, Congress must ensure continued support and appropriations for the Ryan White Program.

---


3. AIDS Budget and Appropriations Coalition. FY 2015 appropriations for federal HIV/AIDS programs. February 13, 2014. (Available on request to dcrews@aidsunited.org.)

