THE RYAN WHITE PROGRAM

A Critical Component for Ending AIDS in America

Continued investment in the Ryan White Program will play an important role in stopping future transmissions.

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

The past five 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.

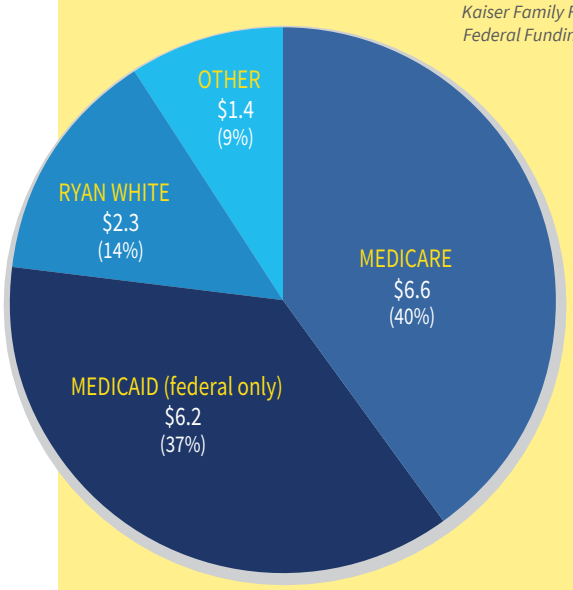
Now in its 25th year, the Ryan White Program (RWP) is the largest source of federal funding exclusively dedicated to HIV-related treatment, care, training and support services. The RWP funds states, cities, clinics and nonprofit HIV service organizations to provide HIV care and treatment, and the essential support services that increase linkage and retention in care. An estimated 536,000 people with HIV rely on these critical services.[2] This is almost half of the 1.2 million people living with HIV in the United States. The RWP is currently funded at $2.32 billion in fiscal year 2015, down from its peak at $2.4billion in FY 2012.[3]

The Ryan White Program is an Important Safety Net and Leverage Tool

Continued investment in the RWP will play an important role in stopping future transmissions and in bending downward the cost curve of Medicaid, Medicare and other federal care programs that share the vast burden of covering HIV/AIDS care in the United States. In states that have elected not to expand Medicaid under the Affordable Care Act (22 states as of March 2015)[4], the RWP is the only safety net available to ensure access to care and treatment for thousands of people living with HIV. The RWP goes well beyond basic care and treatment and provides crucial support services that improve care outcomes across the 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. For example, in Massachusetts, where health reform began years earlier, residents with HIV are twice as likely to be virally suppressed compared to all others living with HIV across the nation. In addition, these higher levels of viral suppression have allowed Massachusetts to experience a 37% decrease in new HIV infections since 2002, compared to many other states that have flat lined or increased in that same period.[5,6] In all states, the RWP is designated as the funder of last resort, thereby ensuring a focus on gaps and critical needs.

FEDERAL FUNDING FOR HIV/AIDS CARE BY PROGRAM,* FY 2014

Kaiser Family Foundation Graphic Federal Funding for HIV/AIDS Care in the U.S. (2014).



*In Billions

Authorization and RWP Components

Since its inception in 1990, the RWP has been reauthorized four times[7]—1996, 2000, 2006 and 2009—and consistently received bipartisan support. While the current authorization

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ended in 2013, many legislators from both sides of the aisle, the Administration and the HIV community believe reauthorization refining the program is premature until we know more about how health reform will reshape needs. Continued and sustained funding through annual appropriations, however, must be prioritized and should take into account both the growing number of people living with HIV 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.

In the 2014 and 2015 President's Budget, requests have been made to merge Parts C and D; while some believe this may streamline administrative burden in the field, others fear such an approach could undermine the limited services available for women and children. Overall, many advocates have argued any such restructuring should wait until full re-authorization and be based on further consultation with implementing partners.

HIV Community Calls on Congress to Sustain Support of RWP

While the role of the RWP is evolving, it is clear that the need for the program is growing. Of the 1.2 million people living with HIV in the United States, only 40% are retained in care; and only 30% are virally suppressed.[8] The RWP, when working in parallel with health reform, is a critical tool to addressing this substantial need. Significant restructuring of the program through reauthorization should wait while the field begins to better gauge the impact of the Affordable Care Act (ACA) on services and needs. However, what we do know is that while both the ACA and RWP are crucial to addressing HIV in the United States, it is only through the combined support of both that our country can truly end AIDS in America.

Current and ongoing investments in the RWP are essential to ensuring that people living with HIV get the care they need to be healthy. Maintaining progress made in the course of this epidemic is critical to ending the HIV epidemic, and can be adapted to address other chronic diseases. 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.

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[3] AIDS Budget and Appropriations Coalition. FY 2016 appropriations for federal HIV/AIDS programs. February 4, 2015. (Available on request to dcrews@aidsunited.org.)

[4] The Advisory Board Company. Where the states stand on Medicaid expansion. February 27, 2015. http://www.advisory.com/daily-briefing/resources/primers/medicaidmap

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[7] HRSA. A living history website: reauthorization. http://hab.hrsa.gov/livinghistory/legislation/reauthorization.htm

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