

THE RYAN WHITE HIV/AIDS PROGRAM

PROGRAM FACT SHEETS: JANUARY 2013

PART B: GRANTS TO STATES AND TERRITORIES

Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 provides grants to States and U.S. Territories. Part B grants include a base grant, the AIDS Drug Assistance Program (ADAP) award, ADAP supplemental funds, and ADAP Emergency Relief grants, funding for Emerging Communities, and, upon request, additional funds for Minority AIDS Initiative activities. Eligible grantees may also apply for Supplemental Part B funding.

ELIGIBILITY

All 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the 6 U.S. Pacific Territories/Associated jurisdictions are eligible for funding. Emerging Communities are defined as those reporting between 500 and 999 cumulative reported AIDS cases over the most recent 5 years.

GRANTEES

Grantees are State departments of health or other State entities that implement and manage State public health programs.

SERVICES

Part B funds core medical services and support services. Core medical services include outpatient and ambulatory health services, ADAP, AIDS pharmaceutical assistance, oral health care, early intervention services, health insurance premium and cost-sharing assistance, home health care, medical nutrition therapy, hospice services, home and community-based health services, mental health services, outpatient substance abuse care, and medical case management, including treatment-adherence services.

Support services must be linked to medical outcomes and may include outreach, medical transportation, linguistic services, respite care for caregivers of people with HIV/AIDS, referrals for health care and other support services, case management, and residential substance abuse treatment services.

THE RYAN WHITE HIV/AIDS PROGRAM WORKS WITH CITIES, STATES, AND LOCAL COMMUNITY-BASED ORGANIZATIONS TO PROVIDE SERVICES TO AN ESTIMATED 529,000 PEOPLE EACH YEAR WHO DO NOT HAVE SUFFICIENT HEALTH-CARE COVERAGE OR FINANCIAL RESOURCES TO COPE WITH HIV DISEASE. THE MAJORITY OF RYAN WHITE HIV/AIDS PROGRAM FUNDS SUPPORT PRIMARY MEDICAL CARE AND ESSENTIAL SUPPORT SERVICES. A SMALLER BUT EQUALLY CRITICAL PORTION IS USED TO FUND TECHNICAL ASSISTANCE, CLINICAL TRAINING, AND RESEARCH ON INNOVATIVE MODELS OF CARE. THE RYAN WHITE HIV/AIDS PROGRAM, FIRST AUTHORIZED IN 1990, IS CURRENTLY FUNDED AT \$2.35 BILLION.

Grantees are required to spend at least 75 percent of their Part B grant funds on core medical services and no more than 25 percent on support services.

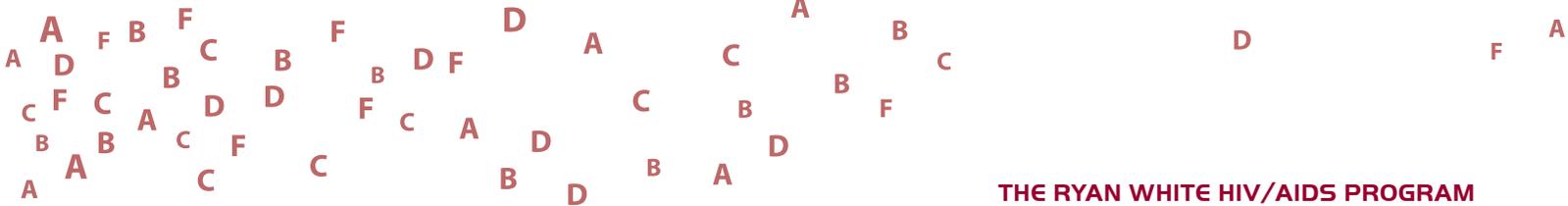
IMPLEMENTATION

Part B providers may include public or nonprofit entities. For-profit entities are eligible only if they are the sole available providers of quality HIV care in the area.

Many States provide some services directly; others subcontract with HIV Care Consortia, which are associations of public and nonprofit health-care and support service providers and community-based organizations that plan, develop, and deliver services for people living with HIV disease. Services provided through a consortium are considered support services.



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FUNDING CONSIDERATIONS

Part B funding is distributed using formula and other select criteria.

- Base Part B grants are awarded using a formula based on reported living cases of HIV/AIDS in the State or Territory. States with more than 1 percent of total HIV/AIDS cases reported in the United States during the previous 2 years must provide matching funds with their own resources using a formula outlined in the legislation. Approximately \$423.1 million was appropriated in FY 2012.

- Additional Part B funds are “earmarked” for State ADAPs, which primarily provide HIV-related medications. Fundable services include treatment adherence as well as health insurance coverage with acceptable prescription drug benefits. Five percent of the ADAP earmark is reserved for additional funding to States and Territories that have a severe need for medication assistance. Approximately \$900.0 million was appropriated for Part B ADAP.
- A competitive supplemental grant program authorized in 2006 and based on demonstrated need criteria is available.