

Questions and Answers on the Proposed FY 2015 Consolidation of the Ryan White HIV/AIDS Program Parts C and D

April 23, 2014

What is the purpose for the proposed consolidation of the Ryan White HIV/AIDS Program Parts C and D in fiscal year 2015?

The HIV/AIDS epidemic has significantly changed since the Ryan White HIV/AIDS Program was first established. For example, the likelihood of perinatal HIV transmission has diminished. In response to the changing national HIV epidemiology, client needs, and the National HIV/AIDS Strategy, the Part D Program has evolved to closely resemble the Part C Program structure.

Therefore, in order to better target resources to improve patient outcomes along the HIV care continuum, the President's fiscal year (FY) 2015 budget consolidates Part D funding within the Part C program and increases the overall investment to \$280 million – \$4 million more than previously invested into Parts C and D combined – into the Part C Program. The consolidation will expand the focus on women, infants, children, and youth across all of the funded grantees and will increase points of access for the population. In addition, the consolidation of the Part D program within the Part C program will result in increased efficiencies, reduced duplication of effort and reporting/administrative burden among currently co-funded grantees, and allow more funding to be available for direct patient care services. In 2014, 67 percent of Part D programs funded by the Ryan White HIV/AIDS Program are dually-funded by the Part C program. The consolidated program will continue to provide increased access to allowable services under Part C that meet the needs of the Part D community.

How will the consolidation of Part C and Part D help populations, namely Women, Infants, Children and Youth (WICY) maintain access to HIV care and treatment?

Ensuring women, infants, children and youth living with HIV receive adequate health care services remains a priority for the Ryan White HIV/AIDS Program (RWHAP). As such, the President's budget proposal for FY 2015 supports an expansion of HIV care and treatment for vulnerable populations, including women, infants, children and youth.

In order to better target resources to improve patient outcomes, the President's Budget reallocates Part D funding to the Part C program, and increases the overall investment – more than previously invested into Part C and D combined – into Part C services. The FY 2015 Presidential Budget for the consolidated Part C Program of the Ryan White HIV/AIDS Program will be \$280 million. This funding is \$4 million above FY 2014 investments in both Part C and D combined. In addition, through greater efficiencies, like a reduced administrative burden, even greater resources could be made available for patient care.

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau's (HAB) data show that nationally nearly 97% of women and more than 77% of children aged 13 and younger are served by Parts A, B, or C grantees or a combination of RWHAP Parts, including Part D.

What will happen to the current Part D grantees, many of whom have been serving patients since the beginning of the HIV epidemic?

Should the President's budget proposal for FY 2015 be enacted, all Part D programs that meet the [Part C Program eligibility](#) for grant funding are encouraged to apply. HRSA intends to hold a grant competition for all the existing Part D areas, but under the Part C program. Therefore, all existing Part D grantees, Part C grantees, and other entities that can provide services in those areas will be encouraged to apply.

If the epidemiological data indicates that the need for HIV services to the WICY population is reduced, why expand the Part C program at all?

The HIV/AIDS epidemic has changed since the Ryan White HIV/AIDS Program was first established. The previous challenges of perinatal HIV transmission and limitations for HIV care and treatment addressed by the Ryan White HIV/AIDS Program Part D have been significantly addressed by the expansion of antiretroviral treatment options. While the number of children born with HIV in this country decreases, women of color and youth, particularly young men of color having sex with men (MSM), continue to be disproportionately affected by HIV. Therefore, it is critical that HRSA maintains its support for these and other vulnerable populations. The expansion of the Part C program will help treat the most vulnerable populations in areas of greatest need across the country and will increase points of access for care for these populations.