



# Ryan White HIV/AIDS Program

PROGRAM FACT SHEET | OCTOBER 2014



## PART B: AIDS DRUG ASSISTANCE PROGRAM

**P**art 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) base award, ADAP supplemental funds, 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.

The ADAPs provide FDA-approved prescription medications for eligible people with HIV who have limited or no prescription drug coverage or who need assistance with insurance premiums and cost-sharing. The ADAP funds are distributed by a formula based on living HIV/AIDS cases; ADAP Supplemental funds are a 5% set-aside for states with severe need. ADAP funds also may be used to purchase health insurance for eligible clients or to pay for services that enhance access, adherence, and monitoring of drug treatments.

Client eligibility is determined by the state and territory and includes financial and medical eligibility criteria. Financial eligibility is usually determined as a percentage of the Federal Poverty Level (FPL). Medical eligibility is a diagnosis of HIV-infection. Clients must provide proof of current state residency. ADAPs are required to recertify client eligibility every six months. Ryan White HIV/AIDS Program Part B grantees and subgrantees actively engage in assessing both client eligibility for and the cost effectiveness of Marketplace Qualified Health Plans (QHPs) and Medicaid expansion where applicable.

### GRANTEES

Grantees are state departments of health or other state governmental entities that implement and manage state public

THE RYAN WHITE HIV/AIDS PROGRAM WORKS WITH CITIES, STATES, AND LOCAL COMMUNITY-BASED ORGANIZATIONS TO PROVIDE SERVICES TO AN ESTIMATED 536,000 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 \$2.32 BILLION.

health programs. Grants are awarded to all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the six U.S. Pacific territories.

### SERVICES

ADAPs provide FDA-approved prescription medications for the treatment of HIV disease and related opportunistic infections. Program funds may also be used to purchase health insurance and assist with insurance cost-sharing for eligible clients and for services that enhance access to, adherence to, and monitoring of medication treatments.

## IMPLEMENTATION

Current legislation requires that each grantee must cover all classes of approved HIV antiretrovirals on their ADAP formulary. However, the ADAP in each state and territory is unique in that it decides which medications will be included in its formulary and how those medications will be distributed.

## FUNDING CONSIDERATIONS

- ▶ Congress designates a portion of the Ryan White HIV/AIDS Program Part B appropriation for the ADAP base. This distinction is important, because other Part B spending decisions are made locally. Five percent of the total ADAP base, however, is reserved for supplemental grants to states and territories that have demonstrated severe need that prevents them from providing medications consistent with Public Health Service guidelines.
- ▶ A formula based on the number of reported living HIV/AIDS cases in the state or territory in the most recent calendar year is used to award ADAP funds. Approximately \$900 million was appropriated to ADAP in FY 2014.

## INCREASING DEMAND

Pressure on ADAP resources has increased substantially.

- ▶ Factors contributing to an increased demand include the economic downturn, increased HIV testing, HHS guidelines for earlier HIV treatment, more effective medications, and increased HIV prevalence.

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- ▶ Steady growth in the number of eligible clients combined with rising costs of complex HIV/AIDS treatments sometimes results in states experiencing greater demand for ADAP services than available resources can cover. In these instances, ADAPs have implemented cost-containment strategies, including waiting lists for medications.
- ▶ An ADAP waiting list is a mechanism used to limit access to ADAP when funding is not available to provide medications to all eligible persons requesting enrollment in that state. The ADAP verifies overall eligibility for the program and places eligible individuals on a waiting list, as necessary, prioritized by a predetermined criterion. ADAP manages the waiting list to bring clients into the program as funding becomes available.
- ▶ HRSA continues to work to ensure that everyone who is eligible for ADAP is receiving medications. HRSA works with its grantees to ensure clients, HIV service providers, and affected communities are informed and educated on other means of accessing medications, including enrollment in Patient Assistance Programs (PAPs).

