



Ryan White HIV/AIDS Program

PROGRAM FACT SHEET | DECEMBER 2016



PART B: AIDS DRUG ASSISTANCE PROGRAM

Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to states and territories to improve the quality, availability, and organization of HIV health care and support services. The AIDS Drug Assistance Program (ADAP) is a state- and territory-administered program authorized under Part B that provides U.S. Food and Drug Administration (FDA)-approved medications to low-income people living with HIV who have limited or no health coverage from private insurance, Medicaid, or Medicare. ADAP funds may also be used to purchase health insurance for eligible clients and for services that enhance access to, adherence to, and monitoring of drug treatments.

RECIPIENTS

Recipients are the chief elected officials of a state/territory, who designate the state department of health or another entity to implement and manage the Ryan White HIV/AIDS Program Part B grant. All 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the five U.S. Pacific territories/associated jurisdictions are eligible for Part B funding.

CLIENT ELIGIBILITY

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. Medical eligibility is a diagnosis of HIV.

- ▶ Clients must provide proof of current state residency.
- ▶ ADAPs are required to recertify client eligibility every six months and must meet the Health Resources and Services Administration's (HRSA) minimum requirements for recertification.

THE RYAN WHITE HIV/AIDS PROGRAM PROVIDES A COMPREHENSIVE SYSTEM OF HIV PRIMARY MEDICAL CARE, MEDICATIONS, AND ESSENTIAL SUPPORT SERVICES FOR LOW-INCOME PEOPLE LIVING WITH HIV WHO ARE UNINSURED OR UNDERINSURED. THE PROGRAM AWARDS GRANTS TO STATES, COUNTIES/CITIES, AND LOCAL COMMUNITY-BASED ORGANIZATIONS TO PROVIDE HIV CARE AND TREATMENT SERVICES TO MORE THAN HALF A MILLION PEOPLE EACH YEAR—APPROXIMATELY HALF OF ALL THOSE DIAGNOSED WITH HIV IN THE UNITED STATES. THE PROGRAM ALSO FUNDS CLINICIAN TRAINING, QUALITY IMPROVEMENT, AND THE DEVELOPMENT OF INNOVATIVE MODELS OF CARE TO IMPROVE HEALTH OUTCOMES AND REDUCE HIV TRANSMISSION. THE RYAN WHITE HIV/AIDS PROGRAM, FIRST AUTHORIZED IN 1990, WAS FUNDED AT \$2.32 BILLION IN FISCAL YEAR (FY) 2016.

ADAP IMPLEMENTATION

The Ryan White HIV/AIDS Program legislation requires that each ADAP must cover at least one drug from each class of HIV antiretroviral medications on their ADAP formulary. Ryan White HIV/AIDS Program funds may only be used to purchase FDA-approved medications. Within these requirements, each ADAP decides which medications to include on its formulary and how those medications will be distributed.

HRSA requires that ADAP eligibility criteria be consistently applied across the state or territory, and all formulary medications and ADAP-funded services must be equally and consistently available to all eligible enrolled people throughout the state or territory.

FUNDING CONSIDERATIONS //

- ▶ Part B base and ADAP base awards are determined using a formula based on reported living cases of HIV in the state or territory in the most recent calendar year for which data is available. Approximately \$413.1 million was appropriated for Part B base in FY 2016.
- ▶ ADAP base awards provide access to HIV-related medications through the purchase of medication and the purchase of health insurance coverage. Approximately \$900.3 million was appropriated to Part B ADAP in FY 2016.

- ▶ ADAP supplemental funds are a five percent set-aside of the ADAP base award, which is for those states and territories that meet the eligibility criteria as outlined in the Ryan White HIV/AIDS Program statute and that choose to apply for additional funding to address a severe need for medication.
- ▶ ADAP Emergency Relief Funding is a competitive grant intended for states and territories that can demonstrate the need for additional resources to prevent, reduce, or eliminate waiting lists, including through cost-containment measures.

