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. Within the Ryan White HIV/AIDS Program Part B grant, there are—

- A base grant for core medical and support services
- The AIDS Drug Assistance Program (ADAP) award
- The ADAP Supplemental award
- The Part B Supplemental award for recipients with demonstrated need
- Minority AIDS Initiative funding for outreach and education to improve minority access to medication assistance programs, including ADAP
- Supplemental grants to states with Emerging Communities

**RECIPIENTS**

Recipients are the chief elected official of a state or territory, who designates the state department of health or another state entity to implement and manage the Ryan White HIV/AIDS Program Part B grant.

**ELIGIBILITY**

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. Emerging Communities funding is distributed to the state or territory for communities that report between 500 and 999 cumulative reported AIDS cases over the most recent five years.

**SERVICES**

Part B funds must be used to provide core medical and support services for people living with HIV. The specific allowable services funded by each state/territory are determined at the state/territory level based on a needs assessment and available funding. Core medical services include the following:

- ADAP
- AIDS pharmaceutical assistance
- Early intervention services
- Health insurance premium and cost sharing assistance for low-income individuals
- Home and community-based health services
Home health care
Hospice services
Medical case management, including treatment-adherence services
Medical nutrition therapy
Mental health services
Oral health
Outpatient and ambulatory medical care
Substance use disorder outpatient care

Support services must be linked to medical outcomes and may include outreach, medical transportation, linguistic services, respite care for caregivers of people living with HIV, referrals for health care and other support services, nonmedical case management, and residential substance use disorder treatment services. Recipients 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. In addition, all Part B recipients and subrecipients must vigorously pursue enrollment in available health coverage options for eligible clients.

FUNDING CONSIDERATIONS

- Part B base awards 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 are available. Approximately $413.1 million was appropriated for Part B base in FY 2016.

- The ADAP base awards provide access to HIV-related medications through the purchase of medication and the purchase of health insurance coverage. A limited amount of ADAP funds can be used to pay for services that enhance access, adherence, and monitoring of drug treatments. Of the ADAP appropriation, five percent is reserved for additional funding to states and territories that have a severe need for medication assistance, which they can apply for through ADAP Supplemental. Approximately $900.3 million was appropriated to Part B ADAP in FY 2016.

A competitive supplemental grant program, ADAP Emergency Relief Funds, was authorized in 2006 and is available based on demonstrated need criteria.