



The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—approximately 519,000 people in 2018—received services through the RWHAP. The RWHAP funds grants to states, cities/counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations. The RWHAP, first authorized in 1990, was funded at \$2.3 billion in fiscal year (FY) 2019.

Part B of the Health Resources and Services Administration's (HRSA) 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 with HIV who have limited or no health coverage from private insurance, Medicaid, or Medicare. ADAP funds also may 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 or territory who designate the state department of health or another state entity to implement and manage the Ryan White HIV/AIDS Program (RWHAP) Part B grant. All 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the six U.S. Pacific territories/associated jurisdictions are eligible for ADAP funding as a component of their Part B funding.

### CLIENT ELIGIBILITY

Client eligibility for ADAP is determined by the state and territory and includes financial, medical, and current state residency eligibility criteria. Financial eligibility is usually determined as a percentage of the Federal Poverty Level. Medical eligibility is a diagnosis of HIV.

- ▶ ADAPs are required to recertify client eligibility every six months and must meet HRSA's minimum requirements for recertification.

### ADAP IMPLEMENTATION

HRSA's RWHAP legislation requires that each ADAP must cover at least one drug from each class of HIV antiretroviral medications on their ADAP formulary. ADAP 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 grants and ADAP base grants 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 \$414.7 million was appropriated for Part B base in FY 2020.

- ▶ The ADAP base grants 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 2020.
- ▶ ADAP supplemental grants are a five percent set-aside of the ADAP base grant and are used to address a severe need for medication by states and territories that meet the eligibility criteria as outlined in the RWHAP statute and choose to apply for this additional funding.
- ▶ ADAP Emergency Relief Funding is a competitive supplemental grant program intended for states and territories that can demonstrate the need for additional resources to prevent, reduce, or eliminate ADAP waiting lists, including through cost-containment measures.