Part B of HRSA’s 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:

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

**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 Part B grant.

**ELIGIBILITY**

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 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
- Medical case management, including treatment adherence services

The Health Resources and Services Administration’s (HRSA) 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 and underserved. More than 551,000 people received services through the Ryan White HIV/AIDS Program in 2016. The Ryan White HIV/AIDS Program funds grants to states, cities/counties, and local community-based organizations to provide care and treatment services to people living with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations. The Ryan White HIV/AIDS Program, first authorized in 1990, was funded at $2.36 billion in fiscal year (FY) 2017.
Medical nutrition therapy
Mental health services
Oral health care
Outpatient and ambulatory health services
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, foodbank, housing, and residential substance use disorder 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 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 $411.5 million was appropriated for Part B base in FY 2017.

- The ADAP base grants 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 2017.

- 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.