



HRSA's Ryan White HIV/AIDS Program Part B: Grants to States and Territories

Program Fact Sheet | September 2021



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—nearly 568,000 people in 2019—receive services through the RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care, treatment, and support services for people with HIV to improve health outcomes and reduce HIV transmission. The RWHAP, first authorized in 1990, was funded at \$2.4 billion in fiscal year (FY) 2020.

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part B provides grants to states and territories to improve the quality, availability, and organization of HIV health care and support services. The RWHAP Part B funding includes—

- Base grants for core medical and support services
- AIDS Drug Assistance Program (ADAP) grants and ADAP supplemental grants for recipients with demonstrated need
- Minority AIDS Initiative grants for education and outreach to improve access to medication assistance programs, including ADAP, for minorities
- Grants to states with emerging communities
- Competitive Part B supplemental grants for recipients with demonstrated need
- Competitive ADAP Emergency Relief Fund grants

Recipients and Eligibility

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 RWHAP Part B grant.

All 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, Republic of the Marshall Islands, Commonwealth of the Northern Mariana Islands, Republic of Palau, and Federated States of Micronesia receive Part B grants. HRSA also gives funding to the state or territory for emerging communities, which are 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 with HIV. The specific allowable services funded by each state or territory are determined at the state or territory level and are based on a needs assessment and available funding.

Part B recipients must use at least 75 percent of their funding on core medical services and no more than 25 percent on support services. Support services must be linked to medical outcomes. In addition, all Part B recipients and subrecipients must vigorously pursue enrollment in available health coverage options for eligible clients.

Core Medical Services	Support Services
<ul style="list-style-type: none">■ AIDS Drug Assistance Program Treatments■ AIDS Pharmaceutical Assistance■ Early Intervention Services	<ul style="list-style-type: none">■ Child Care Services■ Emergency Financial Assistance■ Food Bank/Home Delivered Meals■ Health Education/Risk Reduction

Core Medical Services	Support Services
<ul style="list-style-type: none"> ■ 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 ■ Medical Nutrition Therapy ■ Mental Health Services ■ Oral Health Care ■ Outpatient/Ambulatory Health Services ■ Substance Abuse Outpatient Care 	<ul style="list-style-type: none"> ■ Housing ■ Linguistic Services ■ Medical Transportation ■ Non-Medical Case Management Services ■ Other Professional Services ■ Outreach Services ■ Psychosocial Support Services ■ Referral for Health Care and Support Services ■ Rehabilitation Services ■ Respite Care ■ Substance Abuse Services (residential)

A waiver for the 75 percent core medical services requirement is permitted if there are no waiting lists for ADAP and core medical services are available to all individuals identified as eligible in an applicant's service area.

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. Congress appropriated approximately \$414.7 million for the Part B base in FY 2021.
- Part B Supplemental grants are for recipients with demonstrated need, who choose to apply, to supplement the HIV care and treatment services provided by RWHAP Part B.
- The ADAP base grants provide access to HIV-related medications through the purchase of medication and health care coverage. A limited amount of ADAP funds can be used to pay for services that enhance access, adherence, and monitoring of drug treatments. Five percent of ADAP appropriations is reserved for additional funding to states and territories that have a severe need for medication assistance. They can apply for this through ADAP Supplemental grants. Congress appropriated approximately \$900.3 million for Part B ADAP in FY 2021.
- 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.

