



## Ryan White HIV/AIDS Program

PROGRAM FACT SHEET | DECEMBER 2016



### PROGRAM OVERVIEW

**H**IV has taken an enormous toll since the first cases were reported in the United States in June 1981.<sup>1</sup> More than 704,000 people infected with HIV have died, and many others are living with HIV or caring for people affected by the disease.<sup>2</sup> An estimated 39,500 people were diagnosed with HIV in the United States in 2015, and more than 1.2 million people in the United States are living with HIV.<sup>3</sup> Of those people, about 13 percent, or one in eight, did not know they were infected.<sup>4</sup> HIV has hit hardest among those who are low income, uninsured or underinsured, or from racial or ethnic minority populations.

In 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act—the legislation that created the Ryan White HIV/AIDS Program—to improve the quality and availability of HIV care and treatment for low-income, uninsured, and underinsured individuals and families affected by HIV. The CARE Act was amended and reauthorized in 1996, 2000, and 2006; in 2009, it was reauthorized as the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111–87).

The Ryan White HIV/AIDS Program is administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau.

#### RYAN WHITE HIV/AIDS PROGRAM CLIENTS // // //

The Ryan White HIV/AIDS Program serves more than 500,000 people living with HIV each year—approximately

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.

half of all people diagnosed with HIV in the United States. In 2015, more than 65 percent of Program clients were living at or below 100 percent of the federal poverty level.

In 2015, more than two-thirds of clients were from racial or ethnic minority populations, with 47 percent identifying as black/African American and more than 22 percent identifying as Hispanic/Latino. In the same year, approximately 71 percent of program clients were male, more than 27 percent were female, and slightly more than 1 percent were transgender.

<sup>1</sup> Centers for Disease Control and Prevention (CDC). 1981. *MMWR*, Vol. 30, No. 21; June.

<sup>2</sup> CDC. 2016. HIV Surveillance Report, Diagnoses of HIV Infection in the United States and Dependent Areas, 2015, Vol. 27; Table 13b. November. [www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf](http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf).

<sup>3</sup> CDC. 2016. HIV in the United States: At a Glance; December. [www.cdc.gov/hiv/statistics/overview/ataglance.html](http://www.cdc.gov/hiv/statistics/overview/ataglance.html).

<sup>4</sup> *Ibid.*

## RYAN WHITE HIV/AIDS PROGRAM PARTS // // // // //

The Ryan White HIV/AIDS Program is the payor of last resort. Program funds may not be used for services if another state or federal payor is available. The Program eliminates duplication with other federal programs. The Ryan White HIV/AIDS Program is divided into five Parts, following the authorizing legislation.

**Part A** funds medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are counties/cities that are the most severely affected by the HIV epidemic. In 2015, 73 percent of people living with HIV were in EMAs and TGAs.

Approximately \$655.1 million was appropriated to Part A in FY 2016.

**Part B** administers funds for states and territories to improve the quality, availability, and organization of HIV health care and support services. Recipients include all 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and the five U.S. Pacific territories/associated jurisdictions. In addition, Part B also includes grants for the AIDS Drug Assistance Program (ADAP).

Approximately \$413.1 million was appropriated for Part B base in FY 2016, and approximately \$900.3 million was appropriated to Part B ADAP in FY 2016.

**Part C** administers funds for local, community-based organizations to provide comprehensive primary health care and support services in an outpatient setting for people living with HIV through Early Intervention Services program grants. Part C also funds Capacity Development grants, which help organizations more effectively deliver HIV care and services.

Approximately \$204.8 million was appropriated to Part C in FY 2016.

**Part D** administers funds for local, community-based organizations to provide outpatient, ambulatory, family-centered primary and specialty medical care for women, infants, children, and youth living with HIV. Part D funding may also be used to provide support services to people living with HIV and their affected family members.

Approximately \$75 million was appropriated to Part D in FY 2016.

**Part F** funds support clinician training, technical assistance, and the development of innovative models of care to improve health outcomes and reduce HIV transmission. These programs include—

- ▶ **The Special Projects of National Significance (SPNS) Program**, which supports the development of innovative models of HIV care and treatment to quickly respond to the emerging needs of clients served by the Ryan White HIV/AIDS Program. SPNS advances knowledge and skills in the delivery of health care and support services to underserved populations living with HIV. Through its demonstration projects, SPNS evaluates the design, implementation, utilization, cost, and health-related outcomes of treatment models and promotes the dissemination and replication of successful interventions. Approximately \$25 million was appropriated to Part F SPNS in FY 2016.
- ▶ **The AIDS Education and Training Centers (AETC) Program**, which supports a network of eight regional centers (and more than 130 local affiliated sites) and national centers that conduct targeted, multidisciplinary education and training programs for health care providers treating people living with HIV. The AETC Program also funds a Physician Assistant/Nurse Practitioner Program. Approximately \$33.6 million was appropriated to Part F AETC Program in FY 2016.
- ▶ **The Minority AIDS Initiative**, which Congress established in 1999 under the Ryan White HIV/AIDS Program Parts A, B, C, and D, improves access to HIV care and health outcomes for disproportionately affected minority populations, including black/African-Americans.

All Ryan White HIV/AIDS Program Parts may support the provision of oral health services. However, two Part F programs focus on funding oral health care for people with HIV:

- ▶ **The HIV/AIDS Dental Reimbursement Program (DRP)** expands access to oral health care for people living with HIV while training additional dental and dental hygiene providers. To achieve its goals, DRP provides reimbursements to accredited dental schools, schools of dental hygiene, and postdoctoral dental education programs.
- ▶ **The Community-Based Dental Partnership Program** increases access to oral health care services for people living with HIV and administers education and clinical training for dental care providers, especially those practicing in community-based settings.

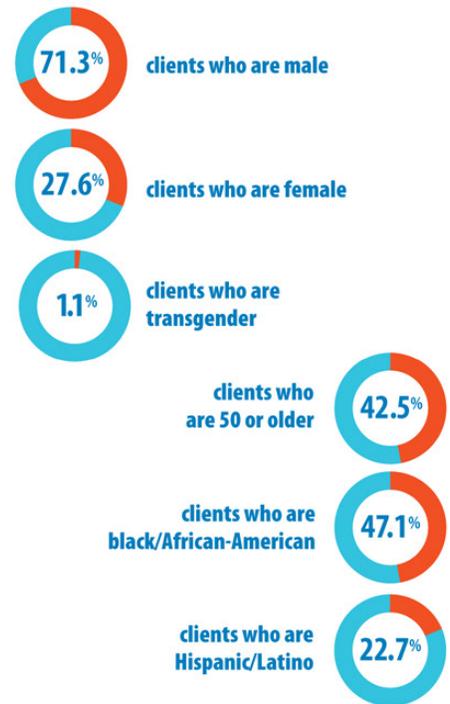
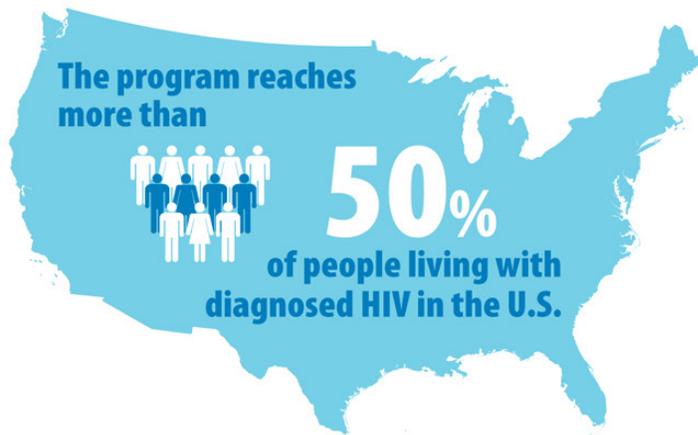
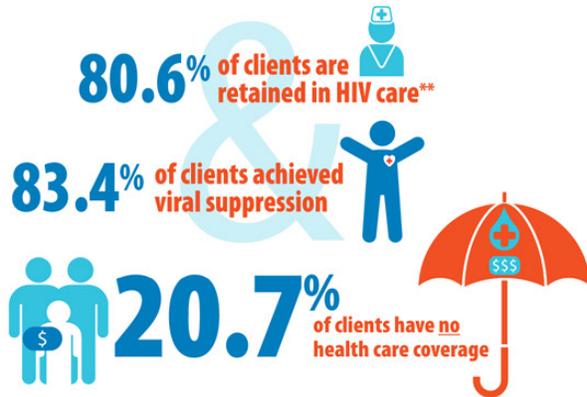
Approximately \$13.1 million was appropriated to Part F Dental Programs in FY 2016.



# Ryan White HIV/AIDS Program\*

## BY THE NUMBERS

\*2015 numbers as reported in the *Ryan White HIV/AIDS Program Annual Client-Level Data Report*; 2015 is the most recent year for which data are available.



\*\*Retention in care is based on data for people living with HIV (PLWH) who had at least one outpatient ambulatory medical care (OAMC) visit by September 1 of the measurement year, with a second visit at least 90 days later. Viral suppression is based on data for PLWH who had at least one OAMC visit and at least one viral load test during the measurement year and whose most recent viral load test result was less than 200 copies/mL.

Data source: *Ryan White HIV/AIDS Program Annual Client-Level Data Report, 2015.*



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