HRSA
Ryan White & Global HIV/AIDS Programs

HRSA's Ryan White HIV/AIDS Program

PROGRAM FACT SHEET | JANUARY 2018



PROGRAM OVERVIEW

HIV has taken an enormous toll since the first cases were reported in the United States in June 1981.[1] An estimated 39,800 people were diagnosed with HIV in the United States in 2016, and more than 1.1 million people in the United States are living with HIV.[2] Of those people, one in seven did not know they were infected.[3] HIV has hit hardest among those who are low income, uninsured, 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 underserved people living with 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 ////

In 2016, HRSA's Ryan White HIV/AIDS Program served more than 551,000 people living with HIV—that's more than half of all people diagnosed with HIV in the United States. In 2016, approximately 63 percent of Program clients were living at or below 100 percent of the federal poverty level.

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.

In 2016, nearly three-quarters of Ryan White HIV/AIDS Program clients were from racial or ethnic minority populations, with approximately 47 percent identifying as black/African American and approximately 23 percent identifying as Hispanic/Latino. In the same year, more than 71 percent of Program clients were male, more than 27 percent were female, and slightly more than 1 percent were transgender.

[1] Centers for Disease Control and Prevention (CDC). 1981. *MMWR*, Vol. 30, No. 21; June.
[2] CDC. 2016. HIV in the United States: At a Glance; January. HYPERLINK "http://www.cdc.gov/hiv/statistics/overview/ataglance.html" www.cdc.gov/hiv/statistics/overview/ataglance.html.
[3] *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. Approximately 71 percent of people living with HIV are in EMAs and TGAs.

Approximately $654.3 million was appropriated to Part A in FY 2017.

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, the U.S. Virgin Islands, and the six U.S. Pacific territories/associated jurisdictions. In addition, Part B also includes grants for the AIDS Drug Assistance Program (ADAP).

Approximately $411.5 million was appropriated for Part B base in FY 2017, and approximately $900.3 million was appropriated to Part B ADAP in FY 2017.

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 $200.6 million was appropriated to Part C in FY 2017.

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 $74.9 million was appropriated to Part D in FY 2017.

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 2017.
- **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 $33.5 million was appropriated to Part F AETC Program in FY 2017.
- **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 American populations.

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:

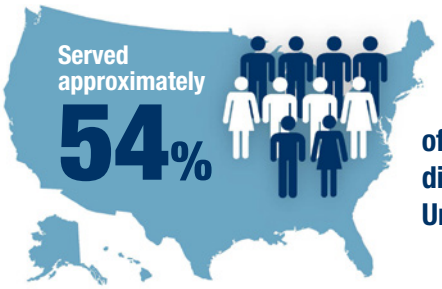
- **The HIV/AIDS Dental Reimbursement Program (DRP)** expands access to oral health care for people living with HIV while training additional dental and dental hygiene providers. To achieve its goals, DRP provides reimbursements to accredited dental schools, schools of dental hygiene, and postdoctoral 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 2017.

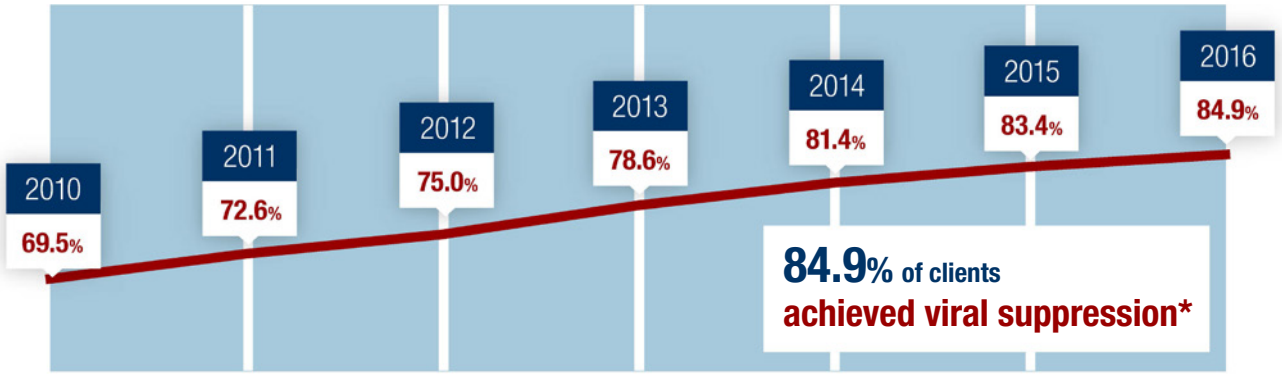
HRSA'S RYAN WHITE HIV/AIDS PROGRAM

BY THE NUMBERS: 2016

Served
551,567
people

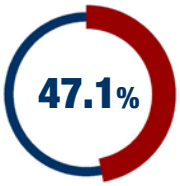


of people living with diagnosed HIV in the United States

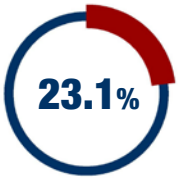


84.9% of clients
achieved viral suppression*

73.3% of clients were
racial/ethnic minorities**



of clients identified as **Black/African American**



of clients identified as **Hispanic/Latino**

44.4% of clients were
aged 50 years and older





62.8% of clients were
living at or below 100% of the Federal Poverty Level

*Viral suppression is based on data for people living with HIV who had at least one outpatient ambulatory health services 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.

**Clients self-identified as 26.7% White and less than 2% each American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and persons of multiple races. Hispanics/Latinos can be of any race.

Data sourced from 2016 Ryan White HIV/AIDS Program Annual Client-Level Data Report.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION, HIV/AIDS BUREAU
5600 FISHERS LANE | MAIL STOP 09SWH03 | ROCKVILLE, MD 20857
301-443-1993 | HAB.HRSA.GOV

HRSA Ryan White & Global HIV/AIDS Programs