



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. Within the Ryan White HIV/AIDS Program (RWHAP) Part B grant, there are—

- ▶ Base grants for core medical and support services
- ▶ AIDS Drug Assistance Program (ADAP) grants
- ▶ ADAP Supplemental grants
- ▶ 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 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, 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 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 Treatments
- ▶ 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 Services
- ▶ Medical Case Management, including Treatment Adherence Services
- ▶ Medical Nutrition Therapy
- ▶ Mental Health Services
- ▶ Oral Health Care
- ▶ Outpatient/Ambulatory Health Services
- ▶ Substance Abuse Outpatient Care

Support services must be linked to medical outcomes and may include outreach, medical transportation, linguistic services, food bank/home delivered meals, housing, non-medical case management, psychosocial support services, referral for health care and support, rehabilitation services, respite care, and substance abuse services (residential). 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 \$414.7 million was appropriated for Part B base in FY 2020.
- ▶ Part B Supplemental grants are for recipients with demonstrated need to supplement the HIV care and treatment services provided by the states/territories through the RWHAP Part B—HIV Care Program who chose to apply.
- ▶ 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 2020.
- ▶ 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.