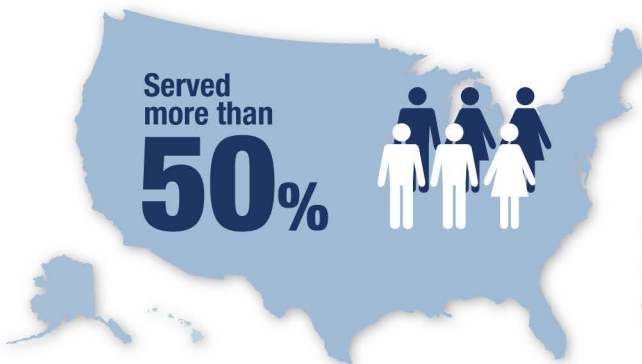


HRSA'S RYAN WHITE HIV/AIDS PROGRAM

BY THE NUMBERS: 2018

Served **533,758** clients in 2018



73.7% of clients were racial/ethnic minorities**



46.1% of clients were aged 50 years and older



61.3% of clients were living at or below 100% of the Federal Poverty Level

*Viral suppression is based on data for people 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 26.3% 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 [2018 Ryan White HIV/AIDS Program Annual Client-Level Data Report](#).



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 535,000 people in 2017—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 \$2.34 billion in fiscal year (FY) 2018.

HIV has taken an enormous toll since the first cases were reported in the United States in June 1981.¹ An estimated 38,700 people were diagnosed with HIV in the United States in 2017, 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 (RWHAP)—to improve the quality and availability of HIV care and treatment for low-income, uninsured, and underserved people 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 RWHAP is administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau.

RYAN WHITE HIV/AIDS PROGRAM CLIENTS

In 2017, HRSA's RWHAP served approximately 535,000 people with HIV—more than half of all people diagnosed with HIV in the United States; approximately 62.8 percent of RWHAP clients were living at or below 100 percent of the federal poverty level.

Nearly three-quarters of RWHAP clients in 2017 were from racial or ethnic minority populations, with approximately 47.1 percent identifying as black/African American and approximately 23.1 percent identifying as Hispanic/Latino. In the same year, 71.1 percent of RWHAP clients were male, 27.1 percent were female, and 1.8 percent were transgender.

RYAN WHITE HIV/AIDS PROGRAM PARTS

The RWHAP is the payor of last resort. The Program eliminates duplication with other federal programs, because Program funds may not be used for services if another state or federal payor is available. The RWHAP 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 cities/counties that are the most severely affected by the HIV epidemic. Approximately 73 percent of people with HIV are in EMAs and TGAs, and approximately \$655.9 million was appropriated to Part A in FY 2019.
- ▶ **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 includes grants for the AIDS Drug Assistance Program (ADAP). Approximately \$414.7 million was appropriated for Part B base in FY 2019, and approximately \$900.3 million was appropriated to Part B ADAP in FY 2019.

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

² CDC. 2017. HIV in the United States: At a Glance; January. www.cdc.gov/hiv/statistics/overview/ata glance.html.

³ Ibid.

- ▶ **Part C** administers funds for local, community-based organizations to provide comprehensive primary HIV medical care and support services in an outpatient setting for people 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 \$201.1 million was appropriated to Part C in FY 2019.
- ▶ **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 with HIV. Part D funding also may be used to provide support services to people with HIV and their affected family members. Approximately \$75.1 million was appropriated to Part D in FY 2019.
- ▶ **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 RWHAP. SPNS advances knowledge and skills in the delivery of health care and support services to underserved populations 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 2019.
 - ▶ **The AIDS Education and Training Centers (AETC) Program**, which supports a network of eight regional centers (and more than 130 local affiliated sites) and two national centers that conduct targeted, multidisciplinary education and training programs for health care providers treating people with HIV. Approximately \$33.6 million was appropriated to Part F AETC Program in FY 2019.
 - ▶ **The Minority AIDS Initiative**, which Congress established in 1999 under RWHAP 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 RWHAP Parts may support the provision of oral health services. However, two Part F programs focus on funding oral health care for people with HIV:

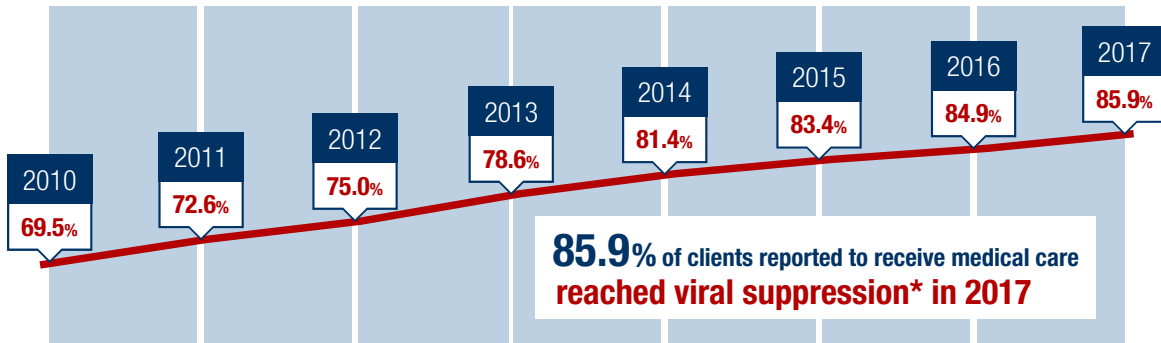
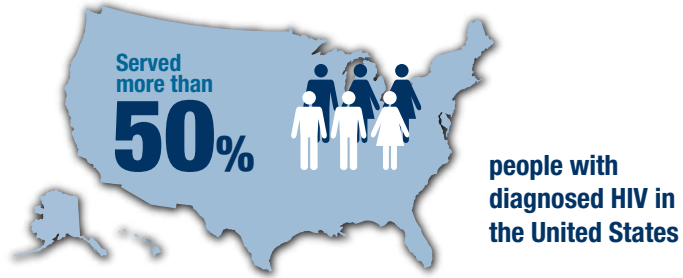
- ▶ **The HIV/AIDS Dental Reimbursement Program (DRP)** expands access to oral health care for people with HIV while training additional dental and dental hygiene providers. To achieve its goals, DRP provides reimbursements to accredited dental schools, schools of dental hygiene, and postdoctoral dental education programs.
- ▶ **The Community-Based Dental Partnership Program** increases access to oral health care services for people 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 2019.

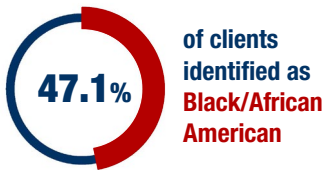
HRSA'S RYAN WHITE HIV/AIDS PROGRAM

BY THE NUMBERS: 2017

Served **534,903** clients in 2017



73.6% of clients were racial/ethnic minorities**



45.2% 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 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.

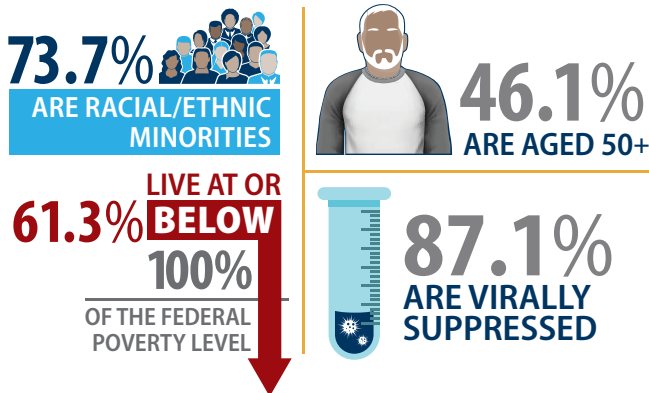
Data sourced from: 2017 Ryan White HIV/AIDS Program Annual Client-Level Data Report.



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—receive services through RWHAP each year. 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.



Ryan White HIV/AIDS Program Fast Facts: Program Clients



More details about RWHAP clients are outlined below:

- **The majority of clients served by RWHAP are low income.** The data show that 61.3 percent of clients are living at or below 100 percent of the federal poverty level (FPL), and 89.8 percent of RWHAP clients live at or below 250 percent of the FPL. Nearly all clients served have an income at or below 400 percent of the FPL.
- **The RWHAP serves a diverse population.** Nearly three-quarters of clients are from racial/ethnic minority populations, with 47.1 percent of clients identifying as black/African American and 23.2 percent identifying as Hispanic/Latino.
- **The majority of RWHAP clients are male.** Among all clients served by RWHAP, 71.6 percent are male, 26.5 percent are female, and 1.9 percent are transgender.
- **The RWHAP client population is aging.** People aged 50 years and older account for 46.1 percent of all RWHAP clients.

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication

daily as prescribed and reach and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. Among RWHAP clients receiving HIV medical care in 2018, 87.1 percent are virally suppressed,* which is an increase from the 69.5 percent viral suppression observed in 2010.

RWHAP delivers a broad range of services to ensure people with HIV are able to access and remain in care. The most frequently used services are-

- Outpatient ambulatory health services
- Medical case management, including treatment adherence services
- Non-medical case management services
- Oral health care
- Medical transportation
- Mental health services
- Food bank/home-delivered meals
- Health education/risk reduction
- Referral for health care and supportive services
- Health insurance premium and cost sharing assistance for low-income individuals

In addition, the RWHAP Part B AIDS Drug Assistance Program provides approximately 268,000 clients with HIV-related medications and/or health care coverage assistance.

* Viral suppression is defined as a viral load result of less than 200 copies/mL at most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.