



Ending the Epidemics: Support Ryan White Program Funding

Overview

The Ryan White Program serves more than 500,000 people — over half of the people living with HIV (PLWH) in the United States who have been diagnosed. The Ryan White Program is crucial to meet the health care needs of PLWH and improve health outcomes. Part B of the Ryan White Program funds state health departments to provide care, treatment and support services and the AIDS Drug Assistance Program (ADAP) for low-income uninsured and underinsured individuals living with HIV.

Ryan White Part B works with all parts of the Ryan White Program to create medical homes for people living with HIV. Part A of the Ryan White Program provides grant funding for medical and support services for population centers most impacted by the HIV epidemic. Part C directly funds comprehensive and effective HIV care and treatment. Part D provides family-centered, comprehensive care to women, infants, children, and youth living with HIV. Part F funds Special Projects of National Significance, AIDS Education and Training Centers, and dental programs. Funding for the all parts of Ryan White Program is integral to meeting the nation’s goals and to ending the HIV epidemic.

Ryan White Part B Base Funding

FY2017 Final Appropriations	\$414.7 million
NASTAD Request	\$437 million

Ryan White Part B ADAP Funding

FY2017 Final Appropriations	\$900.3 million
NASTAD Request	\$943.3 million

Ryan White Part B Base and ADAP Funding

Services provided through Ryan White Part B and ADAP are paramount to ending the HIV epidemic. There is conclusive scientific evidence that a person living with HIV who is on antiretroviral therapy (ART) and is durably virally suppressed (defined as having a consistent viral load of less than <200 copies/ml) does not sexually transmit HIV. In 2015, 83% of Ryan White Program clients had reached viral suppression. This figure far exceeds the national PLWH viral suppression rate of 30%. This demonstrates the unique success of Ryan White in accelerating health outcomes for disproportionately impacted populations. Among the services necessary to improve health outcomes are linkage to, and retention in, care, as well as access to medications that suppress viral loads and thereby reduce transmission which leads to fewer new HIV infections.

Part B services are essential to retention in care and adherence to medication. With the access to medication and insurance provided through ADAP, the Ryan White Part B program is crucial to preventing new infections and improving health outcomes. This supportive system of care enables people to remain in care and adherent to medication. Underfunding the Ryan White Program system of care will only serve to exacerbate existing structural challenges such as the disproportionate impact of HIV on communities of color, greater poverty, lack of employment and educational opportunities, and lack of access to vital care and treatment services.

Appropriations must continue for the Ryan White Program.

NASTAD and the HIV community are ensuring that the Ryan White Program integrates with health system reforms and helps to ensure improved outcomes and leverage other resources in order to be cost effective and reach the most vulnerable individuals. The HIV community retains the Ryan White Program expertise, services and models of care that have successfully resulted in better health outcomes along the HIV care continuum, including viral suppression, which ultimately reduces new infections. All parts of the Ryan White Program must continue to receive robust funding.

Health Reform and Ryan White Part B

The progression of health reform has enhanced health coverage to many uninsured persons living with HIV. Since the passage of the Affordable Care Act (ACA), tens of thousands of people living with HIV (PLWH) have gained access to public and private health insurance. This presents an unparalleled opportunity to decrease HIV hepatitis infection rates, increase early access to care and treatment, and promote health equity. It is difficult to overstate the important role the ACA plays in the lives of people living in poverty and whose health status put them beyond the reach of the health market.

As our nation's health care system and public health programs continue to grow and change, ADAPs themselves have undergone and continue to experience significant transformations in their structure and service provision to ensure access to care and treatment for PLWH. This includes assisting clients in accessing new forms of medications and medical coverage as well as maintaining vital services that strengthen those available through the Ryan White Program. ADAPs' nimble and progressive approach has positioned the program as a sustainable model for optimizing health outcomes for the clients ADAPs serve and as a critical component of the broader health system.