



HRSA's Ryan White HIV/AIDS Program Program Overview

Program Fact Sheet | September 2021

More than four decades ago, in June 1981, the first cases of HIV were reported in the United States.¹ In 2019, more than 36,800 people were diagnosed with HIV in the United States. Approximately 1.2 million people in the United States are living with HIV, and approximately 13 percent of them do not know they have it.²

Once a deadly disease, HIV is now a manageable, chronic condition if there is access to high-quality health care, support services, and appropriate medical treatment. 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 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

HRSA's RWHAP provided services to nearly 568,000 people in 2019—more than half of all people diagnosed with HIV in the United States. In 2019, 88.1 percent of RWHAP clients were virally suppressed, up from 69.5 percent virally suppressed in 2010.

Nearly three-quarters of RWHAP clients in 2019 were from racial/ethnic minority populations, with approximately 46.6 percent identifying as Black/African American and approximately 23.3 percent identifying as Hispanic/Latino. In the same year, 71.6 percent of RWHAP clients were male, 26.2 percent were female, and 2.3 percent were transgender. In 2019, 60.7 percent of RWHAP clients were living at or below 100 percent of the federal poverty level.

Ryan White HIV/AIDS Program Parts

The RWHAP has five statutorily defined Parts that provide funding for medical and support services, medications, technical assistance, clinical training, and the development and dissemination of innovative HIV care strategies. The RWHAP is the payor of last resort. The program eliminates duplication with other federal programs because RWHAP funds may not be used for services if another state or federal program is available.

- **Part A** funds medical and support services to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). EMAs and TGAs are cities and counties most severely affected by the HIV epidemic. Approximately 72 percent of all people with diagnosed HIV in the United States live in EMAs and TGAs. Congress appropriated approximately \$655.9 million for the Part A Program in fiscal year (FY) 2021.

- **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, U.S. Virgin Islands, American Samoa, Republic of

¹ Centers for Disease Control and Prevention (CDC). 1981. "Pneumocystis Pneumonia—Los Angeles." *MWWR*, 30 (21). https://www.cdc.gov/mmwr/preview/mmwrhtml/june_5.htm.

² CDC. 2019. "HIV in the United States and Dependent Areas." www.cdc.gov/hiv/statistics/overview/ata glance.html. Accessed August 27, 2021.



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—nearly 568,000 people in 2019—receive services through the RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care, treatment, and support services for people with HIV to improve health outcomes and reduce HIV transmission. The RWHAP, first authorized in 1990, was funded at \$2.4 billion in fiscal year (FY) 2020.

the Marshall Islands, Commonwealth of the Northern Mariana Islands, Republic of Palau, and Federated States of Micronesia. In addition, Part B funds AIDS Drug Assistance Program (ADAP) grants. Congress appropriated approximately \$414.7 million for Part B base in FY 2021 and approximately \$900.3 million for Part B ADAP in FY 2021.

- **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. Congress appropriated approximately \$201.1 million for the Part C Program in FY 2021.
- **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 may be used to provide support services to people with HIV and their affected family members. Congress appropriated approximately \$75.1 million for the Part D Program in FY 2021.
- **Part F** funds support clinician training, technical assistance, and the development of innovative HIV care strategies to improve health outcomes and reduce HIV transmission. These programs include—
 - › **The AIDS Education and Training Centers (AETC) Program**, which is a national network of HIV experts who support eight regional centers (and more than 130 local affiliated sites) and two national centers and provide tailored education and training, clinical consultation, and technical assistance to health care providers. Congress appropriated approximately \$33.6 million for the Part F AETC Program in FY 2021.
 - › **The Special Projects of National Significance (SPNS) Program**, which supports the development and evaluation of innovative HIV care, treatment, and support strategies and interventions for dissemination to and replication in RWHAP-funded recipients and the broader public health community. Congress appropriated approximately \$25 million for the Part F SPNS Program in FY 2021.
 - › **The Minority AIDS Initiative**, which Congress established in 1999, improves access to HIV care and health outcomes for disproportionately affected minority populations, including Black/African Americans. Funding is appropriated by RWHAP Parts A, B, C, and D with the purpose defined in each part of the legislation.

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. 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.

Congress appropriated approximately \$13.1 million for the Part F Dental Programs in FY 2021.

Ending the HIV Epidemic in the U.S.

The federal *Ending the HIV Epidemic in the U.S.* (EHE) initiative aims to reduce the number of new HIV infections in the United States by 90 percent by 2030. Through the RWHAP and HRSA's Health Center Program, the agency has a leading role in helping diagnose, treat, prevent, and respond to end the HIV epidemic. Congress appropriated approximately \$105 million for the RWHAP EHE in FY 2021.

HRSA'S Ryan White HIV/AIDS Program

By the Numbers: 2019

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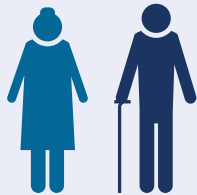
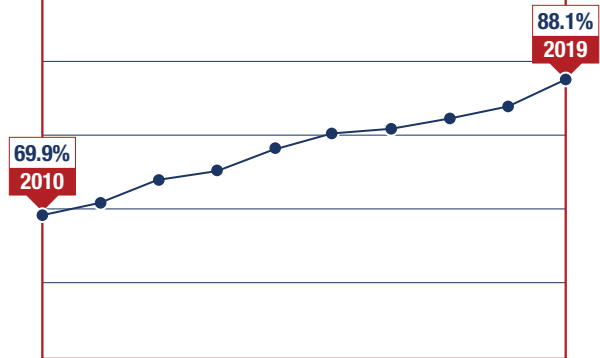
567,803 clients in **2019**

MORE THAN 50% of people with diagnosed HIV in the United States



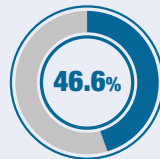
88.1% of clients receiving HIV medical care

reached viral suppression* in 2019

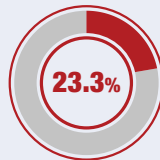


46.8% of clients were aged 50 years and older

73.4% of clients were racial/ethnic minorities**



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



of clients identified as **Hispanic/Latino**

60.7% 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 26.6% 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 [2019 Ryan White HIV/AIDS Program Annual Client-Level Data Report](#).

