

Ryan White Program Part A

Supporting Medical Care and Support Services in Communities Hardest Hit by HIV/AIDS

The Ryan White Program

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was first enacted in 1990 and has been reauthorized four times—first in 1996, then in 2000 and 2006, and most recently in 2009. Now referred to as the Ryan White HIV/AIDS Treatment Extension Act of 2006, the program is divided into different components, each of which is designed to address a specific aspect of the HIV/AIDS epidemic.

Part A Basics

Part A of the Ryan White Program funds health care and support services for uninsured and underinsured persons living with HIV and AIDS in 56 U.S. urban areas most adversely affected by the HIV/AIDS epidemic. Part A serves an estimated 200,000 people living with HIV/AIDS each year, providing nearly three million healthcare-related visits. Approximately two-thirds of Part A clients are people of color and 30 percent are women. More than 70 percent of all people living with HIV/AIDS in the U.S. reside in a metropolitan area served by Part A.

There are two types of Part A entities: eligible metropolitan area (EMA) jurisdictions with over 2,000 living AIDS cases over the last five years, and transitional grant area (TGA) jurisdictions with between 1,000 and 2,000 living AIDS cases over the last five years. Support for EMAs and TGAs is structured the same way, but there are a few key differences in the provisions that apply to these entities.

A Continuum of Care

Communities use Part A funds to support community-based care systems that provide outpatient health care and a range of critical support services. The guiding philosophy behind this integrated, comprehensive system of care, built in many communities over the past 20 years, is that people living with HIV/AIDS can best manage their illness and reap the benefits of HIV treatments when their full set of care and related needs are met. The most recent reauthorization mandated that each Part A jurisdiction spend a minimum of 75% of funds on the core medical services defined below.

Core Services Requirement

The Ryan White Program requires that 75% of spending for Part A services be used on the following core medical services:

- Outpatient/ambulatory health services;
- ADAP treatments;
- AIDS pharmaceutical assistance;
- Oral health care;
- Early intervention services;
- Health Insurance premium & cost sharing assistance;
- Home health care;
- Home and community-based health services;
- Hospice services;
- Mental health services;
- Medical nutrition therapy;
- Medical case management; and
- Outpatient substance abuse services

“The CARE Act supports a system of care. It extends way beyond the prescription—it extends to a total commitment to providing comprehensive care that addresses many patient needs in order to achieve optimal outcomes.”

— Marla J. Gold, M.D., Professor and Dean,
Drexel University School of Public Health in testimony before the House Labor/HHS Appropriations Subcommittee.



Responding to Local Needs

Realizing that each community has different service needs and gaps in care, Congress structured Part A of the Ryan White Program so that local communities play a central role in determining how funds should be used to meet the needs of people living with HIV/AIDS in their areas.

The Ryan White HIV/AIDS Extension Modernization Act requires the use of a planning council in each EMA and for TGAs that were funded under previous versions of the legislation. Planning council membership must be reflective of the local epidemic and is comprised of local public health officials, community-based service providers, people living with HIV/AIDS, community leaders, and others; at least one-third of planning council membership must be consumers of Ryan White Program services. The planning councils develop needs assessments and funding priorities for use of Part A funds within parameters set by the authorizing statute. The establishment of planning councils is optional in newly-designated TGA jurisdictions.

Distribution of Part A Funds

The HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA) distributes Part A funds to the chief executive of the lead city or county in each jurisdiction. The grantee then distributes funds to local service providers based on the priorities developed by the planning council or other community input.

There are 56 Part A jurisdictions in 24 states, Puerto Rico, and the District of Columbia that receive Part A funding. There are 24 EMAs and 32 TGAs. Part A funding includes formula and supplemental components, as well as Minority AIDS Initiative (MAI) funds targeted for services to minority populations. Two-thirds of the base Part A award is used for formula grants and one-third for supplemental awards. Formula grants are based on the estimated number of living cases of HIV and AIDS. HRSA awards supplemental and MAI grants competitively based on demonstration of severe need and other criteria. Formula, supplemental, and MAI awards are currently announced and disbursed on a staggered schedule.

56 Part A Jurisdictions

Italics indicate EMA jurisdictions; underlined jurisdictions will lose their TGA status in FY 2011; an asterisk () indicates a jurisdiction in a state with maturing HIV data that reports its data to HRSA; a plus (+) indicates a jurisdiction in a state with maturing HIV data that reports its data to CDC.*

- *Atlanta, GA+*
- *Austin, TX*
- *Baltimore, MD**
- *Baton Rouge, LA*
- *Bergen-Passaic, NJ*
- *Boston, MA and NH**
- Caguas, PR
- *Charlotte, NC*
- *Chicago, IL**
- *Cleveland, OH*
- *Dallas, TX*
- *Denver, CO*
- *Detroit, MI*
- Dutchess County, NY
- *Ft. Lauderdale, FL*
- *Ft. Worth, TX*
- *Hartford, CT*
- *Houston, TX*
- *Indianapolis, IN*
- *Jacksonville, FL*
- *Jersey City, NJ*
- *Kansas City, MO*
- *Las Vegas, NV*
- *Los Angeles, CA**
- *Memphis, TN*
- *Miami, FL*
- *Middlesex-Somerset-Hunterdon, NJ*
- *Minneapolis-St. Paul, MN*
- *Nashville, TN*
- *Nassau-Suffolk, NY*
- *New Haven, CT*
- *New Orleans, LA*
- *New York, NY*
- *Newark, NJ*
- *Norfolk, VA*
- *Oakland, CA**
- *Orange County, CA**
- *Orlando, FL*
- *Philadelphia, PA+*
- *Phoenix, AZ*
- *Ponce, PR*
- *Portland, OR**
- *Riverside-San Bernardino, CA**
- *Sacramento, CA**
- *San Antonio, TX*
- *San Diego, CA**
- *San Francisco, CA**
- *San Jose, CA**
- *San Juan, PR*
- Santa Rosa/Petaluma, CA*
- *Seattle, WA+*
- *St. Louis, MO**
- *Tampa-St. Petersburg, FL*
- Vineland-Millville-Bridgeton, NJ
- *Washington, DC - MD and VA**
- *West Palm Beach, FL*

Last updated January 4, 2010