

Program Overview

HRSA's Ryan White HIV/AIDS Program



Program Fact Sheet | September 2022

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 562,000 people in 2020—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 for people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to increase health equity, stop HIV stigma, and reduce health disparities by caring for the whole person and addressing their social determinants of health. The RWHAP, first authorized in 1990, was funded at nearly \$2.5 billion in fiscal year 2022.



More than four decades ago, in June 1981, the first cases of HIV were reported in the United States.¹ In 2020, more than 30,600 people were diagnosed with HIV in the United States. Approximately 1.2 million people in the United States were living with HIV at the end of 2019, and approximately 13 percent of them did not know they had it.²

Today, HIV is now a manageable, chronic condition if a person has access to health care, support services, and medication. 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 562,000 people in 2020—more than half of all people diagnosed with HIV in the United States. In 2020, 89.4 percent of RWHAP clients were virally suppressed, a significant increase from 69.5 percent virally suppressed in 2010.

Nearly three-quarters of RWHAP clients in 2020 were from racial and ethnic minorities. Data in 2020 show 46.6 percent of clients were Black/African American people, and 23.6 percent of clients were Hispanic/Latino people. In the same year, 72.0 percent of RWHAP clients were male, 25.9 percent were female, and 2.1 percent were transgender. In 2020, 60.9 percent of RWHAP clients were people living at or below 100 percent of the federal poverty level.

Ryan White HIV/AIDS Program Parts

There are five statutorily defined Parts of RWHAP. Each has a different funding purpose, including providing medical and support services, medications, technical assistance, clinical training, and the development and dissemination of innovative HIV care and treatment 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 payor is available.

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

² CDC. 2020. "HIV in the United States and Dependent Areas." www.cdc.gov/hiv/statistics/overview/ata glance.html. Accessed August 1, 2022.

Part A funds Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) to provide medical and support services. 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 \$670.5 million for the Part A Program in fiscal year (FY) 2022.

Part B funds 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 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 \$443.9 million for Part B base in FY 2022 and approximately \$900.3 million for Part B ADAP in FY 2022.

Part C funds 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 \$205.5 million for the Part C Program in FY 2022.

Part D funds 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 \$76.8 million for the Part D Program in FY 2022.

Part F funds support clinician training, technical assistance, and the development of innovative HIV care and treatment strategies to improve health outcomes and reduce HIV transmission. These programs include—

- The **AIDS Education and Training Center (AETC) Program**, which is a national network of HIV experts that supports eight regional centers (and more than 130 local affiliated sites) and two national centers to provide tailored education and training, clinical consultation, and technical assistance to health care providers. Congress appropriated approximately \$34.4 million for the Part F AETC Program in FY 2022.
- 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 2022.
- The **Minority AIDS Initiative**, which Congress established in 1999, help RWHAP recipients improve access to HIV care and health outcomes for minority populations. 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 provide 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 \$13.4 million for the Part F Dental Programs in FY 2022.

Ending the HIV Epidemic in the U.S.

The federal *Ending the HIV Epidemic in the U.S. (EHE)* initiative is an ongoing effort to reduce the number of new HIV infections in the United States by 90 percent by 2030. Through the RWHAP and the Health Center Program, HRSA has a leading role in helping diagnose, treat, prevent, and respond to end the HIV epidemic. Congress appropriated approximately \$125 million for HRSA's HIV/AIDS Bureau EHE activities in FY 2022.

HRSA's Ryan White HIV/AIDS Program

By the Numbers: 2020

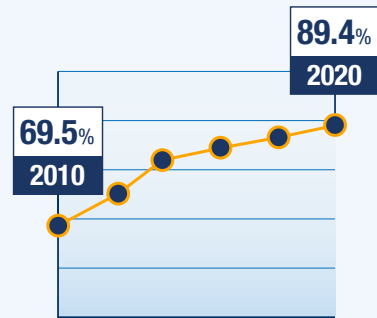
RYAN WHITE HIV/AIDS PROGRAM (RWHAP) SERVED

561,416 clients in 2020

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

89.4%

of RWHAP clients receiving HIV medical care reached viral suppression* in 2020



6.9% TEMPORARY HOUSING



4.8% UNSTABLE HOUSING

47.9%

of RWHAP clients are aged 50 and older



60.9%

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

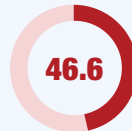


73.6%

of clients are from racial/ethnic minority populations**



23.6% of clients identified as **Hispanic/Latino**



46.6% of clients identified as **Black/African American**

* 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 [2020 Ryan White HIV/AIDS Program Annual Client-Level Data Report](#).

