ENACTED IN 1990 AND NAMED FOR A BOY WITH HEMOPHILIA who was a courageous public face in the early days of the HIV epidemic, the Ryan White HIV/AIDS Program is the nation’s safety net program for people with HIV. Reauthorized several times with strong bipartisan support, the program is a cornerstone for much of our country’s progress against HIV.

1.1 MILLION AMERICANS ARE LIVING WITH HIV and almost half receive services from the Ryan White Program. Four in five of the program’s 535,000 clients have other forms of health insurance and rely on the program to assist with cost-sharing to prevent interruptions in care and to cover services inadequately covered by insurance.

The goal of HIV treatment is to achieve viral suppression, meaning that when a person takes their antiretroviral therapy (ART) medication as instructed, the level of virus in their blood is below 200 copies/mL. When people are virally suppressed, they can stay healthy and live an essentially normal lifespan. Additionally, people who are virally suppressed cannot transmit HIV to others sexually, so supporting people to achieve and maintain viral suppression is our most important way to stop further transmission.

The program serves an especially vulnerable population and provides essential services to get and keep people with HIV engaged in care and adherent to ART. By law, the program is the payer of last resort and cannot cover services that could be covered by public or private insurance.

CDC research from the Medical Monitoring Project (MMP) shows that low-income people served in centers funded by the Ryan White Program have better outcomes than low-income persons served in centers not funded by the program. Services that support engagement in care include:

• Case management, care coordination, and insurance navigation
• Medical transportation, emergency housing, and legal services
• Mental health, substance use disorder, and oral health services
• Cost-sharing assistance

Additionally, the program expands the capacity of the health system to provide quality HIV care by:

• Developing models of integrated care
• Monitoring HIV outcomes
• Training the medical and non-medical workforce
• Ensuring that quality HIV care is available in all parts of the country

THE RYAN WHITE HIV/AIDS PROGRAM IS LEADING THE WAY IN GETTING PEOPLE WITH HIV VIRALLY SUPPRESSED BY ENSURING STABLE ACCESS TO HIV PRIMARY CARE AND MEDICATION, ALONG WITH CRITICAL SUPPORT SERVICES.
The Ryan White Program is administered by the HIV/AIDS Bureau of the Health Resources and Services Administration (HRSA). For FY 2019, Congress appropriated $2.32 billion for the program. More than 80% of funding is awarded to states and territories and heavily impacted metropolitan areas through Parts A and B. Nearly $900 million was earmarked by Congress for the AIDS Drug Assistance Program (ADAP) to ensure access to lifesaving HIV medications. ADAP programs provide assistance to more than half of all people with HIV on ART in the US.

HIV does not affect all groups equally. It is concentrated in the southern US and disproportionately impacts gay and bisexual men, transgender people (especially transgender women), people who inject drugs, racial/ethnic minorities, and people with low incomes. The Ryan White Program reduces disparities in HIV health outcomes. Nearly two-thirds of clients live at or below the federal poverty level and approximately three-fourths are racial/ethnic minorities. HRSA research shows that in recent years, disparities in viral suppression and other outcomes have been reduced along lines of age, race, and gender.

### THE VAST MAJORITY OF RYAN WHITE PROGRAM CLIENTS HAVE VERY LOW INCOMES

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<th>FEDERAL POVERTY LEVEL (%FPL)</th>
<th>62.8%</th>
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**NOTES:** Data presented are for the 50 states, District of Columbia, Guam, Puerto Rico, and the US Virgin Islands.

**SOURCE:** HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program (ADAP) data.

### THE 116TH CONGRESS may choose to reauthorize the program (the last authorization lapsed in 2013) to adapt the program to broader health system changes and HIV clinical advances. With or without a new authorization, however, the program remains critically important for meeting the health care needs of people with HIV and addressing new challenges, such as responding to an aging population of people with HIV (more than half of whom are over age 50) and developing models of care for meeting the health care needs of people with HIV who use drugs as we grapple with a growing opioid crisis.

### TO LEARN MORE


For information on federal investments in HIV programs, see U.S. Federal Funding for HIV/AIDS: Trends Over Time, November 2017, available at kff.org/hivaids/.

For information and interactive maps that visualize the impact of the HIV epidemic on communities across the US, visit AIDSVu.org.

For a wealth of federal resources on the Ryan White HIV/AIDS Program, see the HIV/AIDS Bureau of the Health Resources and Services Administration at hab.hrsa.gov.