

Ryan White HIV/AIDS Program:

The Program's Parts Work Together to Make It Effective

It Supports a Nationwide Standard of High-Quality HIV Care

Ryan White was a boy with hemophilia from Indiana who died of AIDS in 1990. His namesake program, the Ryan White HIV/AIDS Program (RWHAP), was enacted by Congress in that same year. It was established as an emergency response to fears that large numbers of uninsured, sick, and dying people with AIDS would overwhelm our hospitals and health care system. The RWHAP provides funding to states, urban areas, and community-based organizations to create an outpatient network of medical and support services to serve the needs of individuals with HIV, and to provide HIV medications to those who cannot afford them. It is designated as a payer of last resort and cannot pay for services if insurance or another source of coverage is available. A primary goal of the program is to provide cost-effective medical care and prevent avoidable, high-cost interventions. The program's wraparound services, such as medical transportation, medical case management, and other support services address barriers to care, help reduce overall costs, and minimize the burden on the healthcare system. Since its inception, the program has prohibited coverage of inpatient care. To make the best use of limited resources, the program involves affected communities in setting local services priorities. The RWHAP funds services in all fifty states, the District of Columbia, and the U.S. territories.

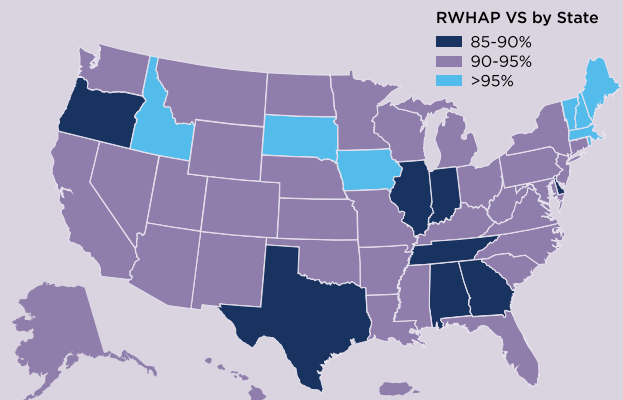
The RWHAP has evolved with the epidemic and U.S. healthcare system, enabling the nation to move beyond the crisis of the early years of the HIV epidemic in America. Today, effective treatments are available and people with HIV have greater access to Medicaid, Medicare, and private insurance, yet the RWHAP still serves as the glue that holds the HIV care system together. It:

- serves as the primary source of HIV clinical services for the one in five RWHAP clients who are uninsured,
- ensures access to HIV antiretroviral therapy (ART): the AIDS Drug Assistance Program (ADAP) is the largest single component of the RWHAP and funds access to ART and

91% OF RYAN WHITE HIV/AIDS PROGRAM CLIENTS HAVE ACHIEVED HIV VIRAL SUPPRESSION

People with HIV receiving RWHAP services have higher viral suppression (VS) across all U.S. states and the District of Columbia compared to an estimated 65% viral suppression for all people with diagnosed HIV in the U.S. in 2023.

The RWHAP is the only payer that has already met the Ending the HIV Epidemic (EHE) Initiative goal of achieving 90% viral suppression by 2030.



Sources: HRSA HIV/AIDS Bureau, *Ryan White HIV/AIDS Program Annual Data Report/ Ryan White HIV/AIDS Program Services Report, 2023*, and CDC, *National HIV Prevention and Care Objectives: 2025 Update, April 29, 2025*.

THE INDIVIDUAL PARTS OF THE PROGRAM FIT TOGETHER TO CREATE A SAFETY NET

The diverse populations and the varying health care resources across the country make delivering quality HIV care everywhere a challenge. The Parts of the RWHAP form a coordinated response:

Part A: Funds heavily impacted metropolitan areas to provide medical care and support services for people with HIV

Part B: Funds states and territories to improve the quality of and access to HIV health care

The largest component, the **AIDS Drug Assistance Program (ADAP)** provides antiretroviral therapy (ART) and other medications to people with HIV

Part C: Funds health centers (FQHCs) and medical clinics to provide primary care and HIV medical care to address gaps in local capacity to deliver these services

Part D: Supports outpatient, family-centered care for low-income women, infants, children, and youth with HIV

Part F: Provides clinical training and technical assistance to providers through the **AIDS Education and Training Center (AETC) Program**, it develops innovative models of HIV care and treatment through the **Special Projects of National Significance (SPNS) Program**, and through the **HIV/AIDS Dental Program** it trains oral health care providers and funds services to reduce barriers to dental care for people with HIV

Ending the HIV Epidemic (EHE) Initiative: Supports President Trump's initiative to end the HIV epidemic

CRITICAL ROLES OF THE RYAN WHITE HIV/AIDS PROGRAM

Ensures access to HIV services for persons who are uninsured

Payer of last resort, covering services only when another source of coverage is not available

Prevents people from dropping out of care by **making coverage affordable**

Supports the **integration of care** across payers

Monitors HIV outcomes

Equips the workforce to stay current in evolving standards of care

enables states, when cost-effective, to purchase more comprehensive insurance coverage,

- **ensures coverage is affordable:** The program assists with co-payments that are out-of-reach for the low-income people in the program, **88% of whom have income below 250% of poverty** or \$39,125 for a single person in 2025,
- **covers services when insurance coverage is insufficient:** This includes mental health and substance use disorder (SUD) services, and care coordination and navigation services, and
- **sets standards and trains the HIV workforce** to deliver quality HIV services.

The RWHAP has been an unequivocal success. In 2023, the program served an estimated 576,040 of the 1.2 million people with HIV in the U.S. **HIV viral suppression, the clinical goal of HIV treatment, approaches 91% for people receiving services from the program compared to 65% for all people with diagnosed HIV in the U.S.** According to a **KFF analysis for 2018**, viral suppression was higher for persons receiving RWHAP services in addition to Medicaid, Medicare, or private insurance, compared to having insurance alone. When people are virally suppressed, they are unable to transmit the virus to others (Undetectable = Untransmittable), supporting efforts to prevent new cases of HIV. The program's structure, adaptability, local-level administration, and approach to engaging affected communities creates a cost-effective health care safety net for individuals with a serious, life-threatening health condition.

It Will Be Important to Protect What Makes the RWHAP Successful if it Moves into the Agency for a Healthy America (AHA)

The Trump Administration has proposed creating the Agency for a Healthy America (AHA) and according to the President's FY 2026 budget request, proposes to move the RWHAP into this agency, along with other components of the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMHSA), and some parts of the Centers for Disease Control and Prevention (CDC) Division of HIV Prevention (substantial parts of this Division already have been eliminated). While there may be potential for strengthening collaboration, there is also cause for concern.

The President's budget, if enacted, would eliminate Part F of the RWHAP. Part F includes the **Special Projects of National**

Significance (SPNS) Program that supports demonstration projects to facilitate adaptations to HIV care models in response to clinical advances and policy changes; the **HIV/AIDS Dental Program** that trains oral health providers to provide HIV care and funds oral health services given its often unrecognized clinical importance for HIV care; and the **AIDS Education and Training Center (AETC) Program** that operates a network of regional clinical education centers to train and update physician and non-physician clinical healthcare providers (both HIV specialists and primary care providers) in often rapidly changing HIV clinical practices.

Additionally, **the budget also would eliminate President Trump's Ending the HIV Epidemic (EHE) Initiative.** The EHE Initiative provides critical additional resources for the RWHAP, the Health Centers Program, and HIV prevention that build capacity and cover unmet needs in high-need jurisdictions. It also has been a critical contributor to recent progress at reducing new cases of HIV and improving HIV outcomes. The Administration already has eliminated the RWHAP Data Program and among the eliminated portions of the CDC Division of HIV Prevention was the team that operates the Medical Monitoring Project (MMP) that provided a nationally representative picture of the care experience of people with HIV. These changes will weaken our national collective ability to monitor and respond to the HIV epidemic.

THE TIME IS NOW

Thirty-five years ago, at a time of high death rates and without effective ART, Congress established the RWHAP in response to a pressing crisis. Since that time, the program has provided critical leadership and has built an infrastructure to support HIV care in both large metropolitan areas and underserved rural areas. A strong and vibrant RWHAP is also needed to extend the strong outcomes achieved by the program to the one in five people with diagnosed HIV who are not yet receiving HIV care. As Congress contemplates fundamental changes in how federal health care programs are funded and administered, protecting, and reinforcing this critical program can keep the darkest periods of the HIV epidemic from returning.

TO LEARN MORE

For additional background information, see:

The Ryan White HIV/AIDS Program Annual Data Report/ Ryan White HIV/AIDS Program Services Report, 2023 (this has been removed from the HRSA website, but is available at the CHIDP link below).

To learn more about technical assistance and training resources for the RWHAP, see the Target Center <https://careacttarget.org/content/about-us>.

For hyperlinked citations, see the CHIDP link below.