

# TRAINING

## Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Overview

July 19, 2023



LOS ANGELES COUNTY  
COMMISSION ON HIV



# Learning Objective

Learn about the landmark law that established lifesaving care for people living with HIV in the United States.



## 30 Years and Counting

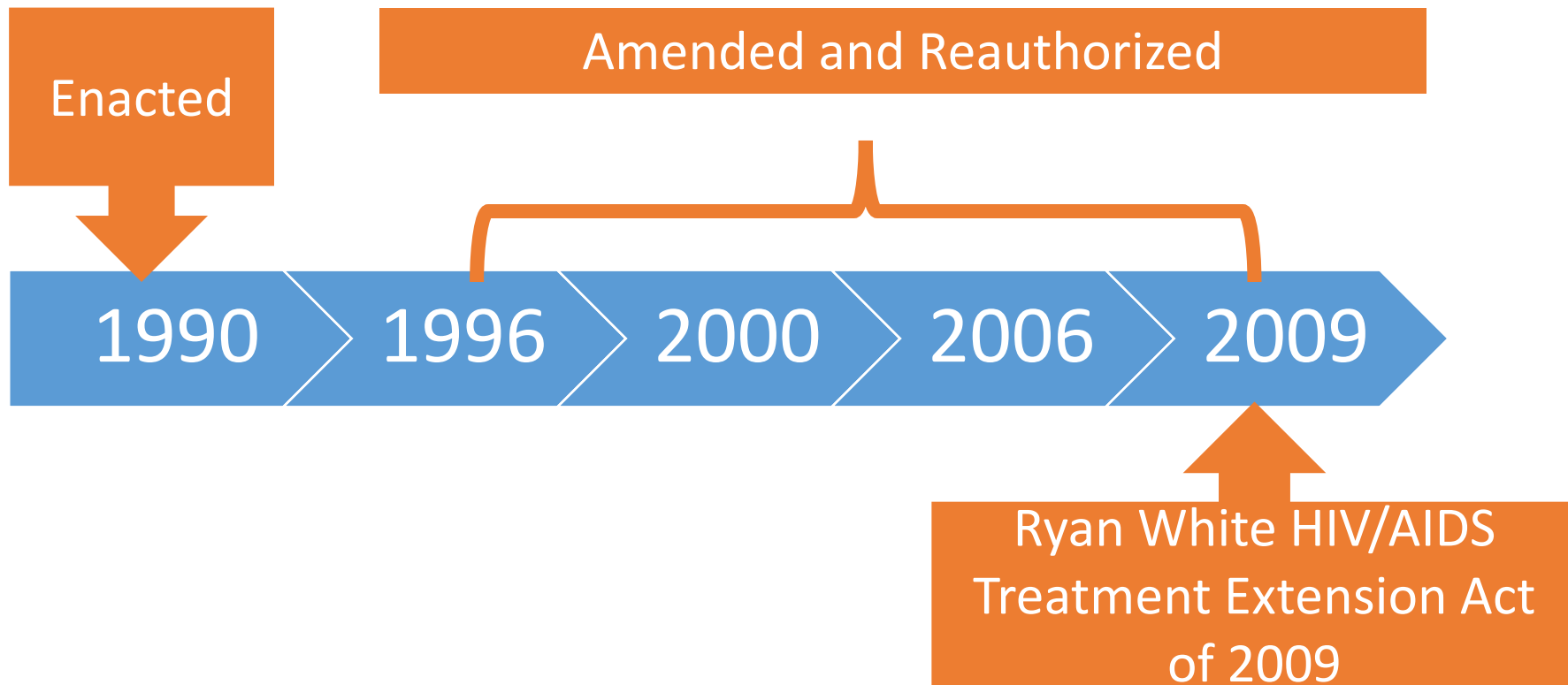
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August 18, 2020 marked the 30th anniversary of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act.

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Landmark legislation created the largest Federal program focused exclusively on providing care and treatment services to people with HIV, called the Ryan White HIV/AIDS Program.

# Ryan White CARE Act Brief Timeline



# Revised Purpose of Ryan White Legislation

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- No longer “emergency relief” for overburdened health care systems
- Now “Revise and extend the program for providing life-saving care for those with HIV/AIDS”
- “Address the unmet care and treatment needs of persons living with HIV/AIDS by funding primary health care and support services that enhance access to and retention in care”

# Ryan White Treatment Extension Act

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- Largest Federal government program *specifically designed* to provide services for people living with HIV/AIDS
- Third largest Federal program serving people living with HIV/AIDS – after Medicaid and Medicare
- Enacted as the Ryan White Comprehensive AIDS Resources Emergency Act in 1990
- Amended in 1996, 2000, 2006, 2009 – no longer an “emergency” act



- The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving health care to people who are geographically isolated, economically or medically vulnerable.
- Oversees and administers the Ryan White CARE Act dollars.

# Ryan White Programs:

## RWHAP Part A (Division of HIV & STD Programs)

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- Funding for 52 eligible metropolitan areas (EMAs) and Transitional Grant Areas (TGAs) that are severely & disproportionately affected by the HIV epidemic
  - **24 EMAs** ( $\geq 2,000$  cases of AIDS reported in past 5 years and  $\geq 3,000$  living cases)
  - **28 TGAs** – (1,000-1,999 cases reported in past 5 years and  $\geq 1,500$  living cases)
- Administered by the Division of Metropolitan HIV/AIDS Programs (DMHAP), Health Resources Services Administration (HRSA)
- Carryovers not allowed; temporary special waiver only due to COVID



# Ryan White Programs: Part B

## (State Office of AIDS)

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- Grants to all 50 States, DC, Puerto Rico, territories and jurisdictions:
  - Base Award
  - Supplemental (competitive) Award
  - AIDS Drug Assistance Program (ADAP)
  - Supplemental ADAP Award
  - Grants to Emerging Communities (500-999 new cases in past 5 years)
- Administered by the Division of State HIV/AIDS Programs (DSHAP)

# Parts C & D and Part F Dental Services

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- **Part C:** Funding to local community-based organizations, community health centers, health departments, and hospitals to support comprehensive primary health care and support services in an outpatient setting
  - Planning grants and capacity development grants to more effectively deliver HIV care and services
- **Part D:** family-centered HIV primary medical and support services for women, infants, children, and youth living with HIV and their affected family members
- **Part F:** Special Projects of National Significance, AIDS Education Training Centers, Dental Reimbursement Programs and Community Based Dental Partnership

# Part F Minority AIDS Initiative (MAI)

- Congress authorized MAI in 1999 to improve access to HIV care and health outcomes for disproportionately affected minority populations
- Allowable uses of MAI funds vary by Part
- RWHAP Part A programs receive MAI formula grants to use for core medical and related support services designed to improve access and reduce disparities in health outcomes
- Formula is based on the number of racial and ethnic minority individuals with HIV/AIDS in the jurisdiction
- Carryover allowed for 1 year only

# Other Part F Programs

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- **Special Projects of National Significance (SPNS):**  
supports the development of innovative models of care and effective delivery systems for HIV care, and the dissemination of successful models
- **HIV/AIDS Education and Training Centers (AETCs):**  
supports a network of regional centers that conduct targeted, multidisciplinary education and training programs for health care providers serving PLWH

# **Legislative Context: Facts and Factors Important to the Commission on HIV**



# Factors Affecting HIV/AIDS Services Nationally & Locally

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1. Epidemic continues, especially among traditionally underserved populations – but important progress in prevention. *HIV health disparities persist!*
2. Because of available and emerging therapies, people with HIV/AIDS can live long and productive lives
3. Treatment IS prevention – virally suppressed PLWH rarely infect other people – which means an increased focus on coordination and collaboration between prevention and care
4. Changes in the larger health care system and financing affect HIV services
5. Policy and funding increasingly are determined by clinical outcomes
6. Social determinants of health, racism and stigma must be addressed in order to end HIV

# Medical Model

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## Major focus on core medical services (medical model)

- 75% of funds must be spent on core medical services (waiver available)
- Support services must contribute to positive clinical outcomes
- Refinements to service categories and definitions in 2016 (HRSA Program Clarification Notice (PCN)) #16-02)

# Core Medical Services: Parts A & B

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1. AIDS Drug Assistance Program (ADAP) Treatments
2. Local AIDS Pharmaceutical Assistance Program (LPAP)
3. Early Intervention Services (EIS)
4. Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
5. Home and Community-Based Health Services
6. Home Health Care
7. Hospice Services
8. Medical Case Management, including Treatment Adherence Services
9. Medical Nutrition Therapy
10. Mental Health Services
11. Oral Health Care
12. Outpatient/Ambulatory Health Services
13. Substance Abuse Outpatient Care

**75%**



# Support Services

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- **Must be:**

- ≤25% of total service expenditures
- Needed to achieve medical outcomes

25%

- **Medical outcomes** = outcomes affecting the *HIV-related clinical status* of an individual with HIV/AIDS
- Commissioners need to know allowable service categories and service definitions
- DHSP and Commission need to be able to link funded support services to positive medical outcomes

# Support Services: Parts A & B

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1. Child Care Services
2. Emergency Financial Assistance
3. Food Bank/Home Delivered Meals
4. Health Education/Risk Reduction
5. Housing
6. Linguistic Services
7. Medical Transportation
8. Non-Medical Case Management Services
9. Other Professional Services [e.g., Legal Services and Permanency Planning]
10. Outreach Services
11. Psychosocial Support Services
12. Referral for Health Care and Support Services
13. Rehabilitation Services
14. Respite Care
15. Substance Abuse Services (residential)

# Limits on Non-Service Funding

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- **Focus:** maximize funding for direct services
- **10% administrative cap** for administrative costs, including DHSP Clinical Quality Improvement Program, and Commission operational costs

**Q & A**



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