# Ryan White HIV/AIDS Program Legislation

The Ryan White HIV/AIDS Program is the largest federal program focused specifically on providing HIV care and treatment services to people living with HIV. Working with cities, states, and local community-based organizations, the Program provides a comprehensive system of care for people living with HIV who are uninsured or underinsured. A smaller but critical portion of the Program is used to fund technical assistance, clinical training, and the development of innovative models of care.

The legislation was first enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. It has been amended and reauthorized four times in 1996, 2000, 2006, and 2009. The Ryan White HIV/AIDS Program legislation has been amended with each reauthorization to accommodate new and emerging needs, such as an increased emphasis on funding core medical services and changes in funding formulas.

View the Ryan White HIV/AIDS Program legislation (PDF - 1.3 MB). The full Ryan White HIV/AIDS Program legislation is codified at title XXVI of the Public Health Service (PHS) Act (PDF - 4.2 MB)

## Ryan White HIV/AIDS Program Legislation Overview

The legislation is divided into several portions called Parts. The purpose is to provide a flexible structure under which this national program can address HIV care needs on the basis of:

- Different geographic areas (metropolitan areas, states, and communities across the nation)
- Varying populations hit hardest by the HIV epidemic
- Types of HIV-related services
- Service system needs (for example, technical assistance for programs, training of clinicians, or research on innovative models of care).

Legislative provisions (called Sections) address planning and decision-making, types of grants that are available, how funds may be used, requirements for entities submitting applications for funding, and available technical assistance to help programs run more effectively.

The Ryan White HIV/AIDS Program is administered by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).

## Ryan White HIV/AIDS Program Legislation Highlights as Amended in 2009

Following is a summary of select provisions in the 2009 legislation:

- The 2009 Ryan White HIV/AIDS Program legislation continues the Ryan White HIV/AIDS Program through fiscal year 2013 and beyond, so long as Congress appropriates funds.
- Minority AIDS Initiative (MAI) funds under Parts A and B are distributed according to a formula (based on the distribution of populations disproportionately impacted by HIV/AIDS) and coincide with grant cycles under each Part.
- Part A authorizes grant awards to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). When TGAs lose their eligibility status, the state in which the former TGA is located shall receive a one-time transfer of funds.

## Related Resources

Ryan White HIV/AIDS Program Policy Notices and Program Letters

Legislative information about Ryan White HIV/AIDS Program from the Library of Congress

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- Part A recipients are required to determine not only the size and demographics of HIV infected individuals but also those individuals who are unaware of their HIV status. One-third of Part A supplemental grants are to be based on the area's ability to demonstrate its success in identifying individuals with HIV who are unaware of their status and bringing attention to their status.
- Part A and Part B grant recipients must develop comprehensive plans that include a strategy for identifying individuals with HIV who do not know their status and helping them seek medical services. The strategy must focus on reducing barriers to routine testing and disparities in access to services for minorities and underserved communities.
- The law eliminates hold harmless protections for Part A and Part B grant recipients after fiscal year 2013.
- The law retains Part A and Part B unobligated balances (UOB) provisions, with the trigger for the penalty provisions set at 5% of unobligated formula funds.
- Part D funds may not be used for primary care services if payments for such services can be provided from other sources (including titles XVIII, XIX, and XXI of the Social Security Act). Public and nonprofit private entities funded under Part D can provide care through memoranda of understanding in addition to contracts.

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