

Examining the Ryan White Program: Is the Money Following the Epidemic?

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The AIDS Institute



Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Describe the Congressional appropriations process and current funding status for the Ryan White HIV/AIDS Program.
2. Compare where the Ryan White Program funding is being distributed by each Program Part and how much each state/territory is receiving per HIV case count.
3. Evaluate how current supplemental funding is being distributed, and discuss ideas on how to distribute funding to areas with unmet need.

Funding Outlook for the Ryan White HIV/AIDS Program

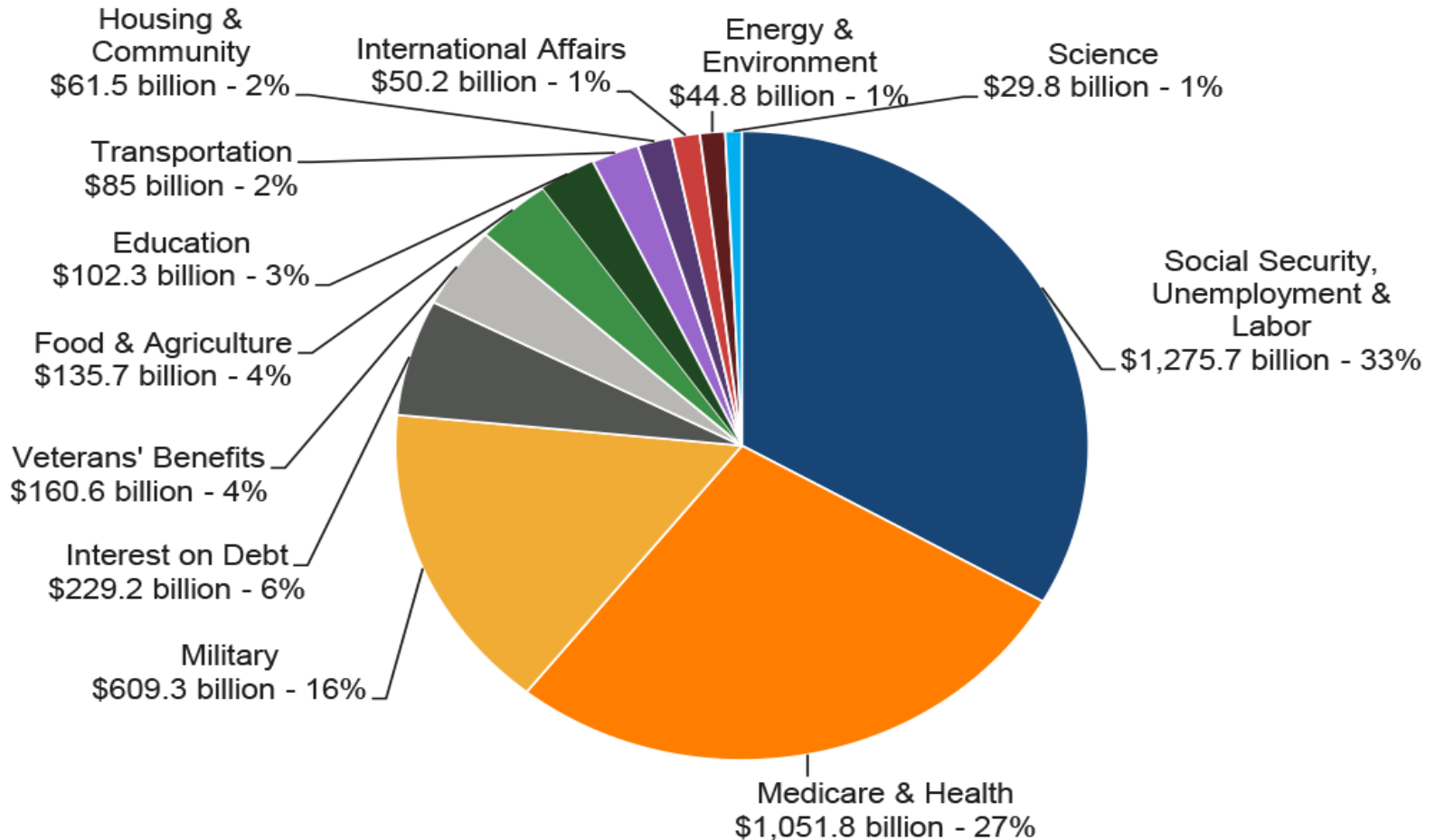
Nick Taylor

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Key Advocacy Messages for Congress

- The Ryan White Program still acts as the payer of last resort serving over 512,000 uninsured and underinsured people living with HIV/AIDS in the U.S.
- Program continues to offer critical services to managing HIV: case management, mental health and substance use services, adult dental services, transportation, legal, and nutritional support services
- People retained in care and treatment have higher chance of being virally suppressed
 - Over 81 percent of people in Ryan White Program are virally suppressed
 - Only 30 percent of people living with HIV nationally have achieved viral suppression
- Even with ACA, the program is still needed across the country
 - Some states have not expanded Medicaid leaving Ryan White has the sole source of support for some people living with HIV

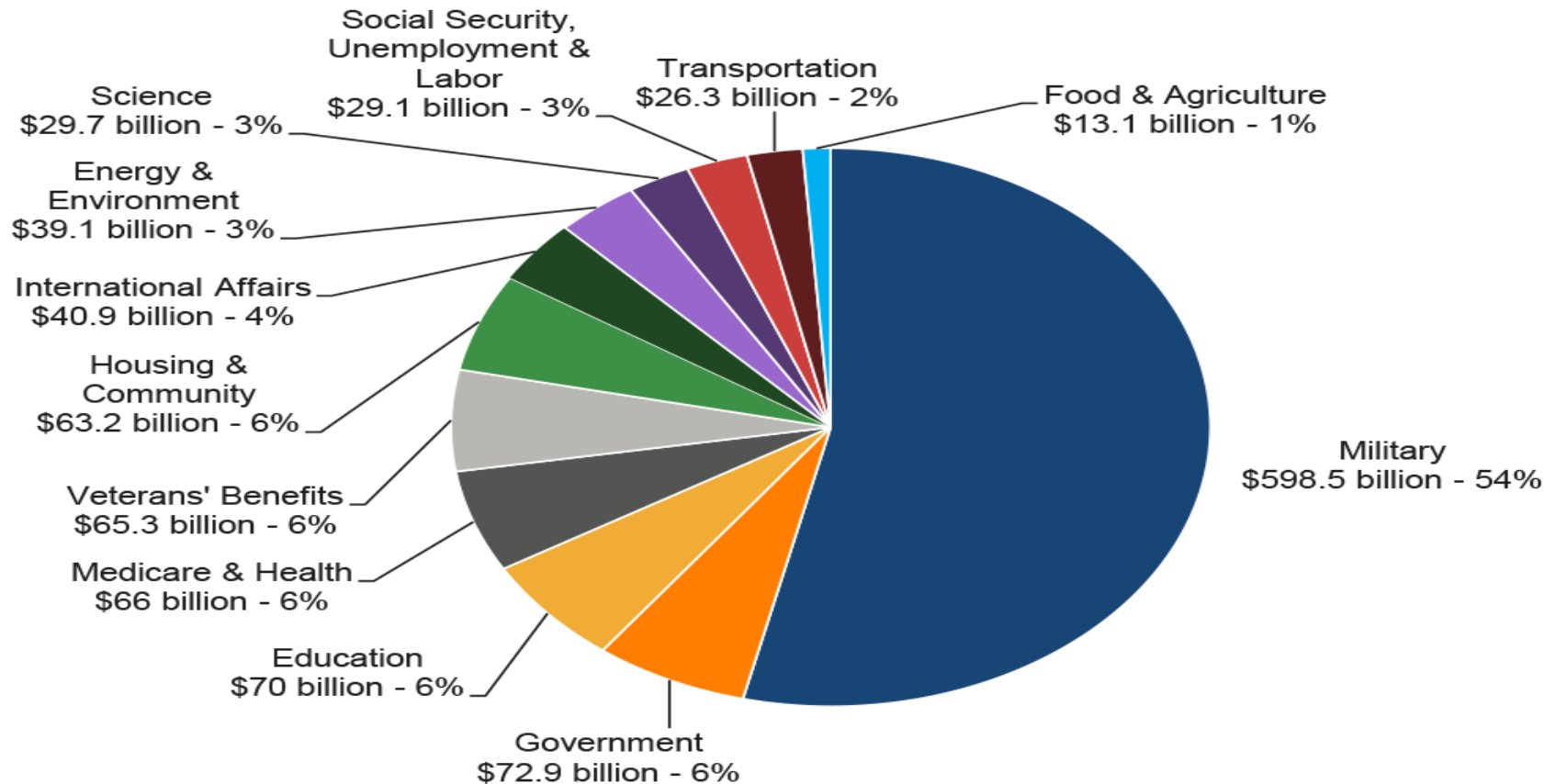
Total Spending in FY2015 - \$3.8



Source: OMB, National Priorities Project

Competing Interests in Discretionary Funding

Discretionary Spending 2015: \$1.11 Trillion



Source: OMB, National Priorities Project

Budget Control Act and Sequestration

- The Budget Control Act of 2011 (BCA) was enacted to cut the deficit by \$2.4 trillion over 10 years
 - Discretionary spending caps of \$917 billion in savings over 10 years
 - Created the Joint Select Committee on Deficit Reduction (the Supercommittee) to find additional \$1.2 trillion in cuts for same period
- Failed to agree on way forward, so automatic across-the-board cuts (sequestration) took effect in 2013 for discretionary and some mandatory programs
- BCA also sets discretionary budget caps through 2021

Table 2.**Limits on Discretionary Budget Authority for Fiscal Years 2017 Through 2021**

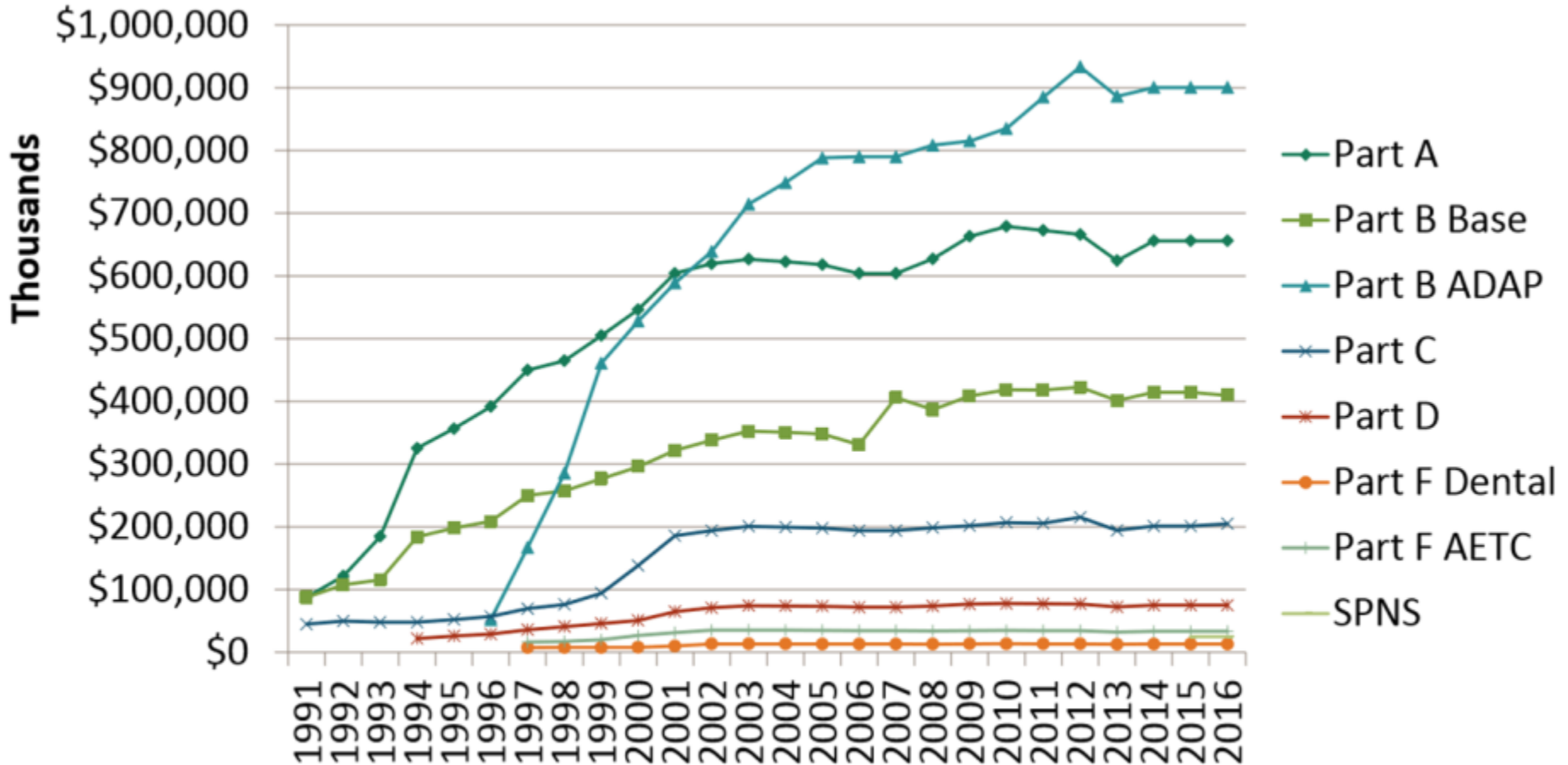
Millions of Dollars

	2017	2018	2019	2020	2021
Caps Originally Set in the Budget Control Act					
Defense	590,000	603,000	616,000	630,000	644,000
Nondefense	541,000	553,000	566,000	578,000	590,000
Total	1,131,000	1,156,000	1,182,000	1,208,000	1,234,000
Estimated Effect of Automatic Spending Reductions^a					
Defense	-53,932	-53,960	-53,957	-53,953	-53,949
Nondefense	-37,469	-37,401	-36,300	-35,094	-34,778
Total	-91,401	-91,361	-90,257	-89,047	-88,727
Changes Enacted in the Bipartisan Budget Act of 2015					
Defense	15,000	n.a.	n.a.	n.a.	n.a.
Nondefense	15,000	n.a.	n.a.	n.a.	n.a.
Total	30,000	n.a.	n.a.	n.a.	n.a.
Estimate of Revised Caps					
Defense	551,068	549,040	562,043	576,047	590,051
Nondefense	518,531	515,599	529,700	542,906	555,222
Total	1,069,599	1,064,639	1,091,743	1,118,953	1,145,273

Bipartisan Budget Act of 2015

- Bipartisan Budget Act of 2013, which provided sequester relief for fiscal years 2014 & 2015 was set to expire
- Congress was pressured to lift caps for at least FY2016
- Without a budget deal, sequestration would have taken full effect, cutting non-defense discretionary (NDD) funding by \$37 billion
- Eliminated about 90 percent of the sequestration budget cuts for NDD programs in fiscal year 2016, and about 60 percent of them in 2017

Ryan White HIV/AIDS Program Appropriations History FY1991-2016



Source: HRSA HAB

President Obama's FY2017 Budget Request

- The Administration makes positive investments in the Ryan White Program:
 - Increases total Ryan White Program funding by \$9 million, for a total of nearly \$2.3 billion
 - Flat funds most parts of the Program, including:
 - \$655 million for Part A
 - \$414 million for Part B care programs
 - \$900 million for the AIDS Drug Assistance Program (ADAP)
 - Over \$46 million for Part F AETCs and Dental program

President's FY2017 Budget Continued...

Ryan White Part D:

- Budget request proposes to eliminate dedicated funding for Part D and would consolidate Parts C and D
- President has requested consolidation for the past several fiscal years
 - Congress has rejected the proposal every year
- Part D funded programs are uniquely tailored to address the needs of women and youth

Ryan White SPNS:

- Budget request increases SPNS funding by \$9 million for a demonstration project to increase hepatitis C testing and care and treatment for people co-infected with HIV and HCV
- New HCV infections have increased by 150% between 2010 and 2013 and 1 in 4 people living with HIV is also co-infected with HCV

FY2017 Appropriations

- Both the House and Senate passed all 12 spending bills in committee.
- Both House and Senate Labor-HHS appropriations bills had lower overall allocations compared to FY2016:
 - House bill was \$569 million less
 - Senate bill was \$270 million less
- Increased pressure in both bills to increase funding for NIH, Zika, and the opioid crisis
 - Democrats wanted emergency funding for Zika and the opioid crisis

FY2017 Appropriations

Senate Labor-HHS bill:

- For the first time in several years, the Committee passed a bipartisan bill
- Flat funded HIV prevention at CDC, increased NIH funding by \$2 billion
- Cut CDC STD and TB funding, cut the HHS Secretary's Minority AIDS Initiative Fund
- Most of Ryan White Program flat funded
- However, the bill cut two aspects of the program:
 - Eliminated SPNS program (-\$25 million)
 - Cut Part C by \$4 million
- Last year the Senate proposed to eliminate SPNS as well – we successfully restored funding in final FY2016

FY2017 Appropriations

Ryan White SPNS program:

- The program develops innovative service models for HIV care to respond to the needs of Ryan White Program clients
- Current SPNS projects include:
 - Evidence-informed interventions to improve health outcomes along the HIV Care Continuum
 - Use of social media to improve engagement, retention, and health outcomes along the HIV Care Continuum
 - Workforce capacity building for integrating HIV primary care in community health care settings
 - Culturally appropriate interventions of outreach, access and retention among Latino(a) populations
 - Building a medical home for multiply diagnosed HIV-positive homeless populations
 - Enhancing engagement and retention in quality HIV care for the Transgender Women of Color Initiative
- The Community is working to restore this funding

FY2017 Appropriations

Ryan White Part C:

- In honor of World AIDS Day in 2011, the Administration provided \$15 million in additional funding for Ryan White Part C programs
- After first two years of this additional funding:
 - 271 Part C clinical sites receiving additional funding
 - Enrollment of over 43,000 patients into care
- HRSA has continued to provide this funding to Part C since 2011, and the \$4 million increase by Congress to Part C in FY2016 filled the shortfall HRSA faced in maintaining the “World AIDS Day” funding.
- Community is also working to restore this cut

FY2017 Appropriations

House Labor-HHS bill:

- Partisan bill mostly voted on party lines
- Flat funds all CDC HIV, STD, and Hepatitis prevention programs
- Fully funds all parts of the Ryan White Program
- Increases NIH funding by \$1.25 billion
- Completely eliminates:
 - Title X family planning programs (-\$286 million)
 - Teen Pregnancy Prevention Program (-\$101 million)
- Cuts funding to many aspects of the ACA
- Flat funding in the both the House and Senate for most of the Ryan White Program should be seen as a win.

Where Are We Now?

- Unclear how the Senate and House will reconcile their differences in the Labor-HHS bills
 - Nearly a \$300 million difference in how much the House and Senate allocated towards their respective bills
- Fiscal year ends September 30, 2016
- Due to party conventions, extra long recess, and presidential elections there is very little time Congress is in session
- Mostly likely scenario – continuing resolution
 - Timing unclear – could fund government until end of 2016, could be longer
- Timing could shift depending on who wins the White House or what party is in the majority in the Senate

FY2018?

- The Bipartisan Budget Act expires at the end of this fiscal year
- Sequestration and budget caps will be back next year unless Congress comes up with a new plan
 - If no plan is developed it will mean potentially less money for Labor-HHS bill and HIV/AIDS programs
- In the New Year we'll have a new Congress
 - We will need to educate new members of Congress and their staff to ensure that HIV/AIDS remains a priority
- New president will be sworn in next year
 - Clinton has been supportive of the Ryan White Program in past
 - Unclear Trump's stance on the program
- Unclear how budget process will play out in early next year

What's the Community Doing?

- The AIDS Budget and Appropriations Coalition (ABAC) advocates for adequate resources for domestic HIV/AIDS programs across the federal government
- Activities have included:
 - Multiple Hill visits with members of the Budget and Appropriations Committees, HIV/AIDS champions, and leadership on the Hill
 - Sent community letters to the Administration and Congress
 - Support “Dear Colleague” letters on the Hill
 - Social media campaigns - #NoHIVcuts and #FundHIV
 - Will continue to meet with congressional offices until a final spending measure is developed

Conclusions

- We continue to operate in tough budgetary times; many Republicans want to see cuts to non-defense discretionary programs
- With ACA, some on the Hill can continue to question the need for the Ryan White Program
- Despite these obstacles, the Program continues to be fully funded every year – a sign that most of the Hill continue to see value in the Program
- Health outcomes from the Program continue to surpass national rates
- Future of the Program (i.e., reauthorization) may depend on makeup of the next Administration and Congress

Thank you

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Examining Current Ryan White Program Funding

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How is RW Funding Distributed?

1. Ryan White HIV/AIDS Program funding framework
2. Overview of The AIDS Institute's Analysis of FY 2015 RWHAP Funding
3. Results

RWHAP Funding Framework

Law provides:

- Formula awards to jurisdictions based on living HIV/AIDS case counts:
 - Part A & Part B base funding
 - ADAP base funding
- Competitive grants based on demonstrated need:
 - Part A & Part B supplementals
 - ADAP supplemental (5% of base)
 - Part C & Part D
- Other competitive grants, e.g., Minority AIDS Initiative, ADAP Emergency Relief, Special Programs of National Significance

RW Funding Award Analysis

- National HIV/AIDS Strategy calls for federal funding to follow the epidemic and be distributed to areas most in need
- Goals of The AIDS Institute's Analysis:
 - show where current RW funding is going to determine if it is following the epidemic;
 - inform and motivate a discussion about how RW funding is being distributed and how it can be better allocated in the future

Methodology

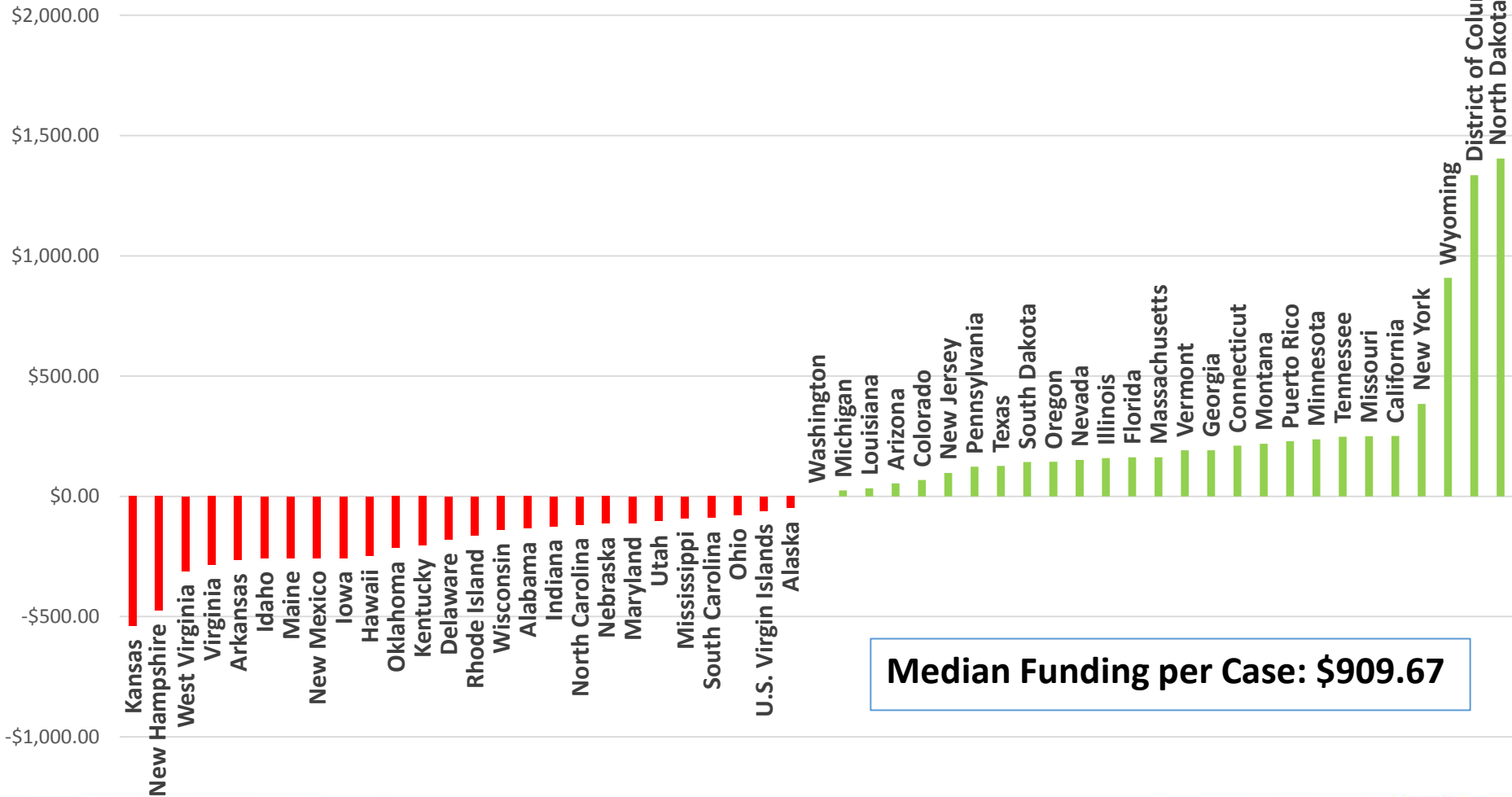
- **Examined FY 2015 base & supplemental funding awards**
 - by program part
 - per HIV/AIDS case count
 - nationwide by jurisdiction (*excluded 6 jurisdictions with low case counts: Guam, Palau, American Samoa, Northern Mariana Islands, Federated States of Micronesia, & Marshall Islands*)
- **Analyzed the funding:**
 1. per case above/below median for Parts A&B (except ADAP)
 2. per case above/below median for Part B ADAP
 3. total Part B Supplemental & total ADAP Supplemental
 4. total Part C & total Part D
 5. per case above/below median for Parts A-D (except ADAP)

Methodology (cont'd)

- **Ranked jurisdictions 3 ways:**
 1. A-D funding per case
 2. A&B funding per case
 3. ADAP funding per case
- **Data Limitation:**
 - Do not have data breaking down Part A awards and Part B Emerging Community awards distributed to multiple jurisdictions
 - Credited such awards to only one jurisdiction; so some jurisdictions' funding amounts shown are higher than actually received while others are lower than actual

Results: Parts A&B

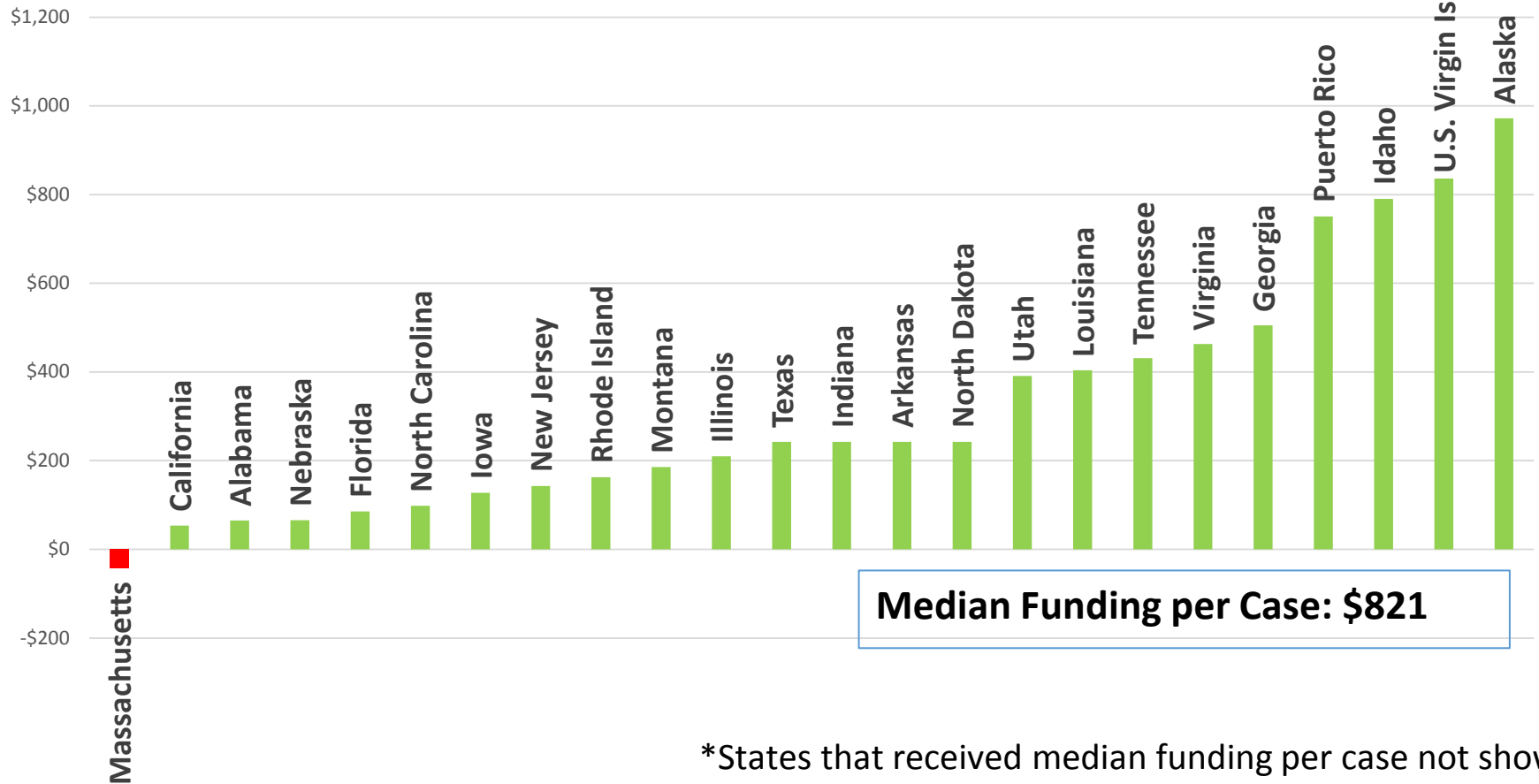
Total A&B Funding Per Case Above/Below Median



Median Funding per Case: \$909.67

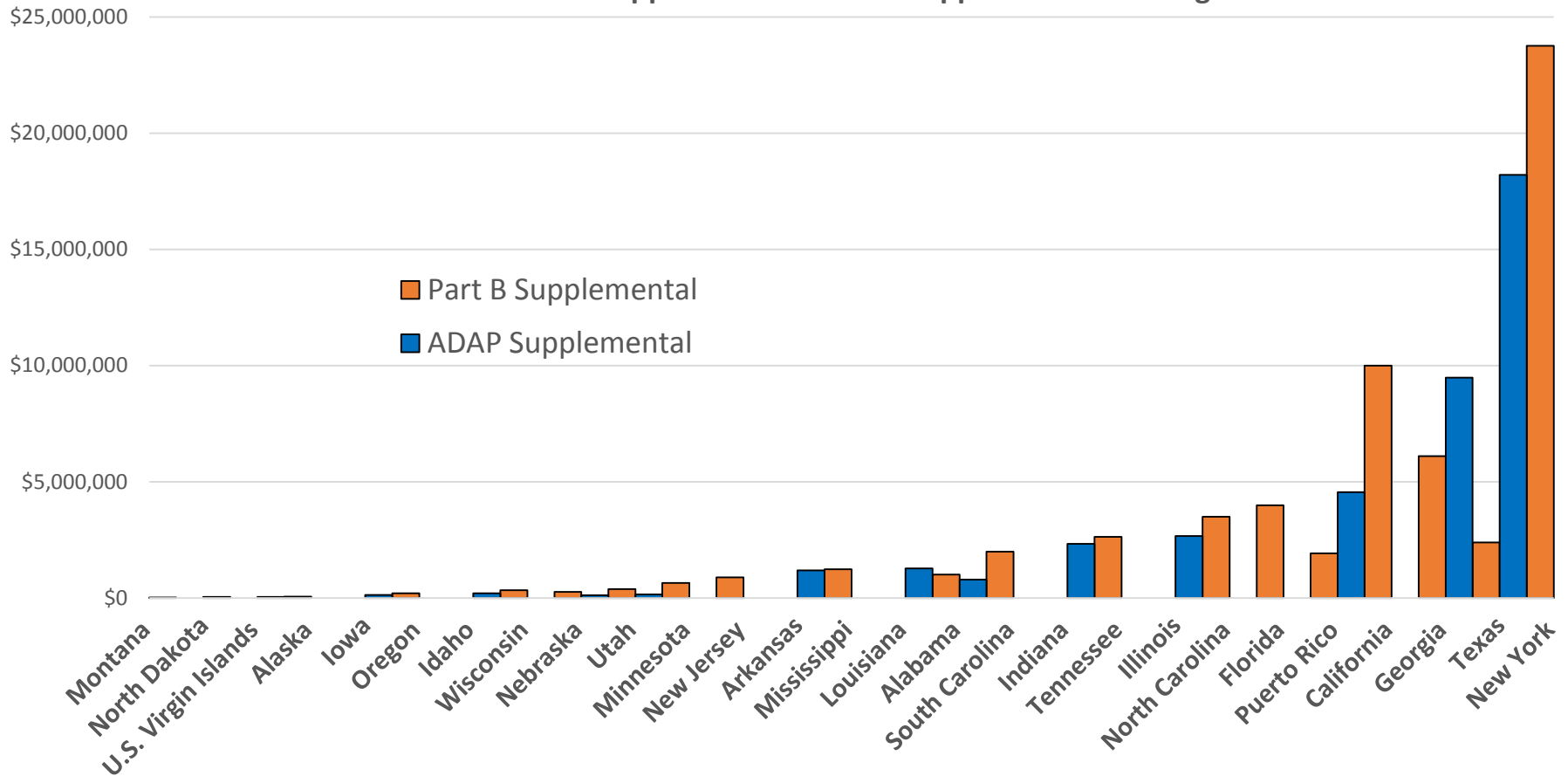
Results: Part B ADAP

Part B ADAP Funding Per Case Above/Below Median



Results: Part B & ADAP Supplemental

Part B Supplemental & ADAP Supplemental Funding

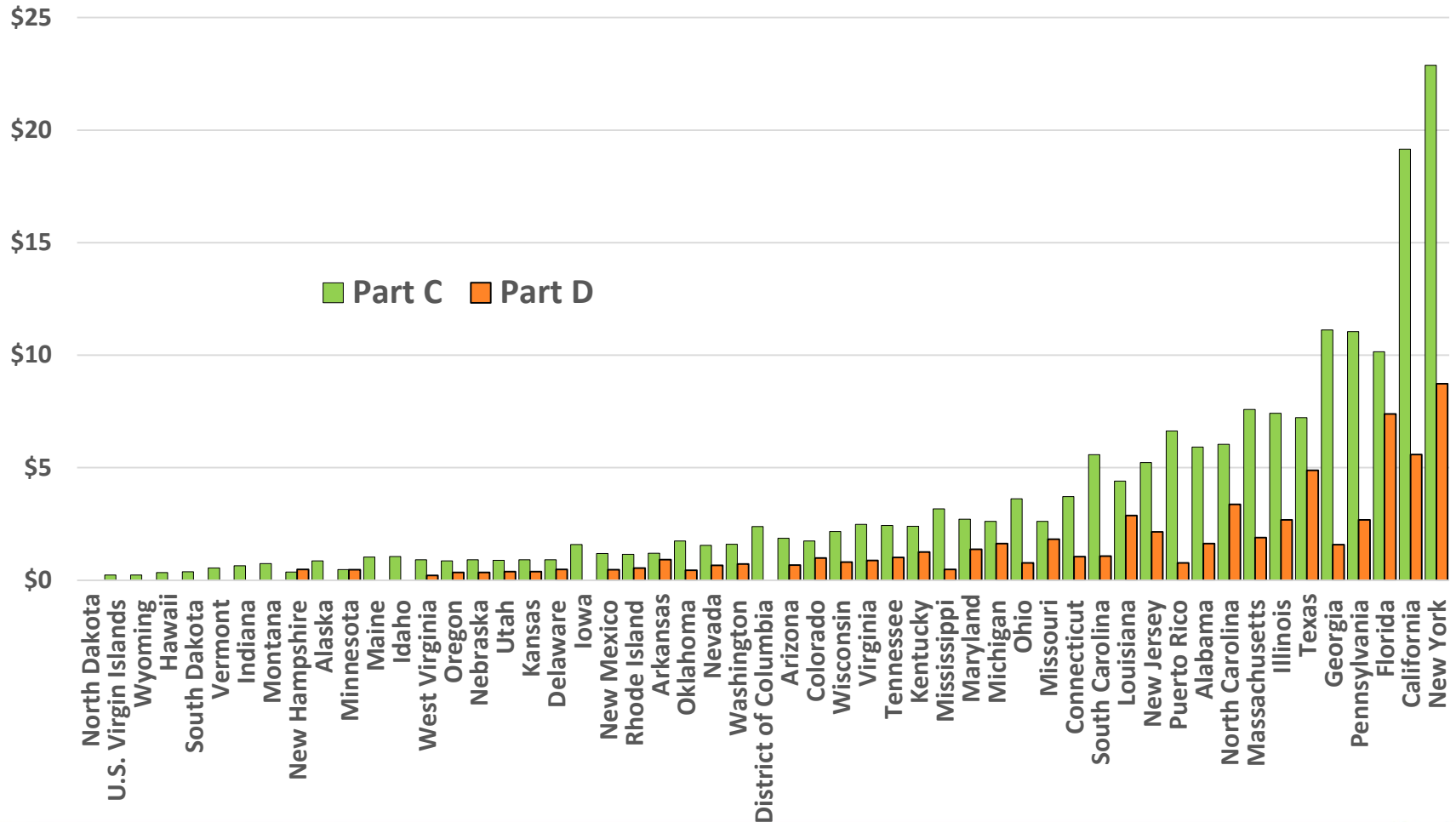


*Excludes states that did not receive Part B supplemental or ADAP supplemental

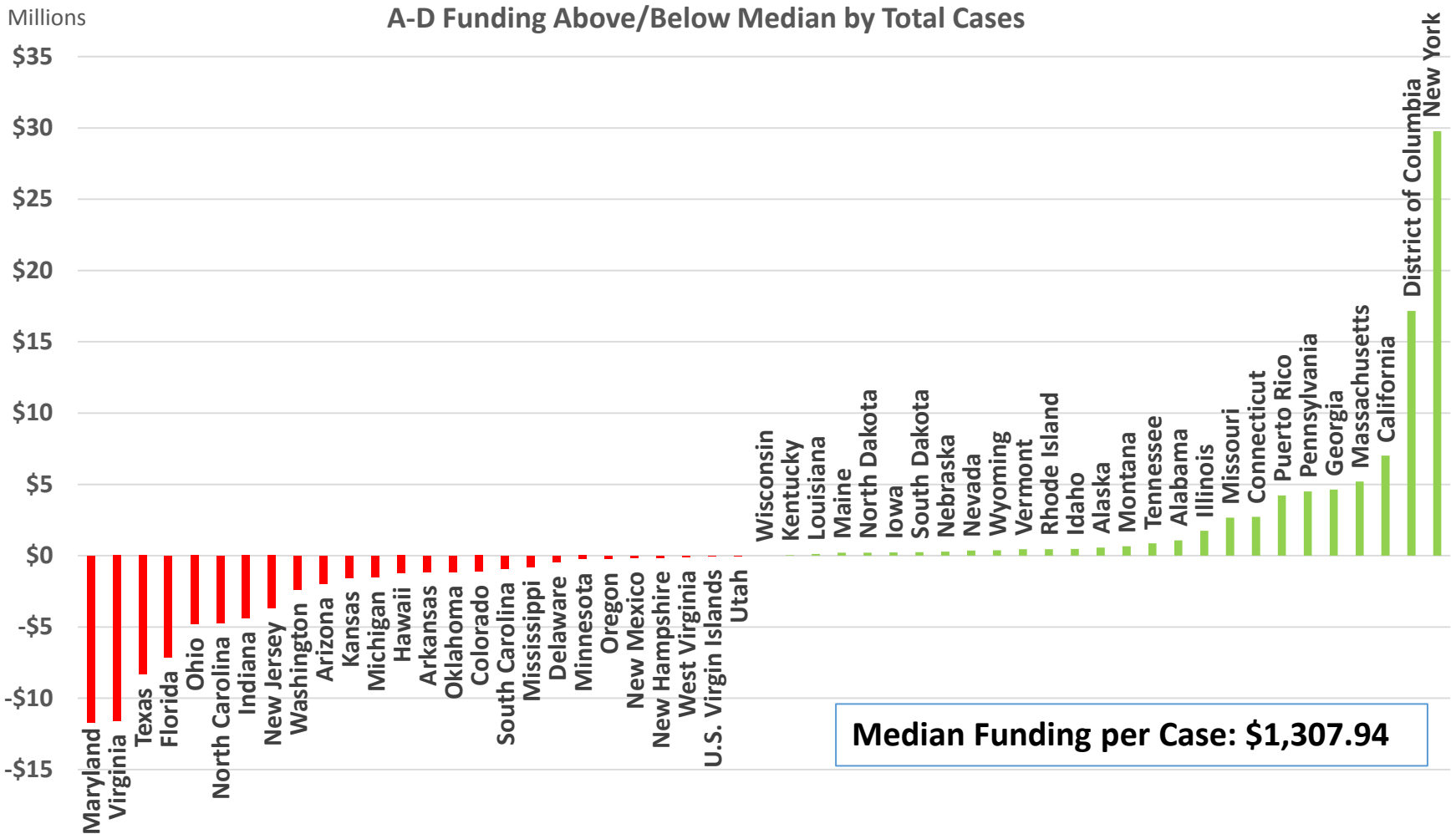
Results: Parts C & D

Parts C & D Total Funding

Millions



Results: Parts A-D



Rankings: Parts A-D

State	A-D per Case Count	A&B per Case Count	B-ADAP per Case Count		State	A-D per Case Count	A&B per Case Count	B-ADAP per Case Count
Montana	1	10	15		Utah	28	33	9
Wyoming	2	3	24		Minnesota* +	29	8	24
District of Columbia* +	3	2	24		Oregon* +	30	18	24
Vermont	4	13	24		West Virginia* -	31	51	24
North Dakota	5	1	10		South Carolina* - -	32	31	24
Alaska	6	28	1		New Mexico	33	46	24
Idaho	7	48	3		Florida	34	15	20
South Dakota	8	19	24		U.S. Virgin Islands	35	29	2
Massachusetts* + -	9	14	53		Mississippi* -	36	32	24
Connecticut	10	11	24		Colorado	37	23	24
New York	11	4	24		Michigan	38	26	24
Puerto Rico	12	9	4		New Jersey* - -	39	22	17
Missouri* ++	13	6	24		Texas	40	20	13
Rhode Island* +	14	40	16		Delaware* -	41	41	24
Maine	15	47	24		New Hampshire* -	42	52	24
Nebraska	16	35	21		Arizona* -	43	24	24
Pennsylvania* + +	17	21	24		North Carolina* +	44	36	19
Georgia* +	18	12	5		Washington* -	45	27	24
Iowa	19	45	18		Oklahoma	46	43	24
Alabama	20	38	22		Arkansas* -	47	49	11
California	21	5	23		Ohio* +	48	30	24
Tennessee* +	22	7	7		Maryland* - -	49	34	24
Illinois* -	23	16	14		Indiana* - -	50	37	12
Nevada* +	24	17	24		Hawaii	51	44	24
Louisiana	25	25	8		Kansas* -	52	53	24
Kentucky* - +	26	42	24		Virginia* -	53	50	6
Wisconsin* -	27	39	24					

Observations

- Part B & ADAP supplemental awards push some jurisdictions above median
- Important to consider all Part A, B (non-ADAP), C and D funding together
- Looking at funding above/below the median multiplied by case count shows the magnitude of funding differentials

Examples:

- Montana's A-D funding per case was \$1,490 above median but \$660,000 in total
- New York's A-D funding per case was \$227 above median but \$29.8 million in total

Thank you!

Complete analysis available on
The AIDS Institute's website:

<http://bit.ly/1NCrliq>

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Ensuring Ryan White HIV/AIDS Program Funding Aligns with Needs

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How Can Funding Align More with Needs?

- Non-Formula Funding
 - Under Current Law
 - Parts A & B Supplemental Funding
 - Parts C & D
 - Requires changes in law
 - ADAP Supplemental & Emergency Relief Funding
- Change Law through Reauthorization Process
 - Distribute Funding based on different factors
 - Case Counts and other factors:
 - Death Rate
 - Viral Suppression Rate
 - Number of Clients using Ryan White Program
 - Insurance Coverage
 - Cost of care
 - Poverty Rate
 - Examine the Part Structure
 - Change proportion of Supplemental Funding and Factors for Distribution

Non-Formula Funding Opportunities

- The AIDS Institute prioritizing opportunities under current law
- Part A Supplemental
 - HRSA examining improvements, but need legislative changes
 - In the meantime, any opportunities?
 - Current law of basing on need and testing and linkage to care is not working as intended
- Part B (Non-ADAP) Supplemental
 - Distributed Based on Need
 - Factors Include (Similar to Part A Supplemental):
 - Prevalence
 - Increasing case numbers, including those in emerging populations
 - Cost and complexity of delivering care
 - Uninsured rates
 - Other access limitations
 - Impact of homelessness, co-morbidities and justice involvement
 - Impact of reductions in base awards

Part B Supplemental

- Due to end of hold harmless available funding has grown
 - 2013: \$15.4 million
 - 2014: \$44.6 million
- Due to unobligated Part B funds (including ADAP) funding has grown even more
 - 2015: \$61.4 million
 - 2016: \$167 million
- Not all states apply
- Not all states eligible due to unobligated funds

Part B Supplemental Awards: 2014

- 27 states applied for and received funding in 2014
 - AL did not apply nor did other states in need
- Highest awards:
 - NY: \$12.2 million or 27 percent of the total
 - FL: \$7.6 million or 17 percent of the total
 - TX: \$3.5 million or 8 percent of the total
- Question grant award criteria
 - Community letters to HRSA
 - Is the funding going to where it is needed?

Part B Supplemental Awards: 2015

- DC, MA, MD, Micronesia & Virgin Islands not eligible in 2015
- 18 states applied for and received funding
 - including 3 that did not receive funding in the previous year (AL, MS, and NE)
- 12 states did not receive funding in 2015 but did in 2014
 - (CO, CT, DE, IL, IN, IA, LA, MI, ND, SD, VA, in addition to MA, which was ineligible)
- Highest awards:
 - NY: \$23.8 million or 39 percent of the total
 - CA: \$10 million or 16 percent of the total
- After grant score, HRSA runs through formula
 - Why? Not in the law
 - Opportunity to reexamine current practices

Part B Supplemental Awards: 2016

- AL, AR, NH, MA, WA, Northern Mariana Islands & American Samoa not eligible in 2016
- Concerted effort to encourage states to apply
- Available funding: \$167 million
 - Cap award at \$30 million
 - How was that number developed?
- Awards will be announced in September
- Opportunities for further review
 - Funding pool may continue to grow

Part C & D Awards

- Part C Grants
 - Direct grants to clinics for services to underserved populations
 - Preference for grantees in areas with increased HIV/AIDS burden
 - HRSA must consider in determining awards:
 - Balance in allocations between rural and urban areas
 - Supporting early intervention in rural areas
 - Underserved areas
- Part D Grants
 - Direct grants to providers for family-centered health care and supportive services for women, infants, children and youth
 - HRSA has broad discretion in directing Part D funds
- Both will be recompeted
 - Opportunity to review distribution of funding

ADAP Supplemental

- 5% set-aside for states demonstrating “severe need”
- \$41.3 million to 16 states in 2015
 - In 2014 it was to 26 states
 - Highest Awards in 2015
 - TX: \$18.2 million
 - GA: \$9.5 million
- Severe need determined based on one of following:
 - Client population <200% federal poverty level
 - Formulary limitations affecting availability of core ARTs
 - Waiting lists, enrollment caps, expenditure caps
 - Unanticipated increase in eligible individuals
 - Prescribed in law

ADAP Emergency Relief Funds

- Pool of money set aside for ADAP through appropriations
- \$75 million to 17 states in 2015
- Awards made to eliminate or prevent ADAP waiting lists, and to fund cost-cutting or cost-saving activities
- Funded activities include steps to enroll ADAP clients in insurance plans, as cost-saving measures.
- Highest Awards:
 - GA: \$10.3 million
 - VA: \$10.2 million
 - PR: \$9.6 million
- Not included in Ryan White Program law; can be changed through appropriations or incorporated into law

The Future

- If we are going to meet the goals of the National HIV/AIDS Strategy need to examine Ryan White Program funding distribution
- Analysis of funding demonstrates current funding is not distributed equitably or on need
- Environment has changed, mostly due to ACA
 - Some disparities have increased
- Difficult to increase overall appropriations
 - Need to look at distributing funding in different ways
 - No one wants to lose funding

The Future

- Most in HIV/AIDS community seem to support status quo
- Need leadership for change
 - Next Administration?
- Continue to encourage HRSA to examine current practices and look towards improvements
- Impact of 340B funding
- Change eventually needs to occur
 - If we don't come up with proposals, decisions will be made for us

Thank You

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