

# Module 1: Understanding the Legislation

## GETTING READY: NOTES FOR TRAINERS

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### MODULE SCOPE

#### Purpose

To familiarize Ryan White HIV/AIDS Program (RWHAP) Part A planning council/planning body (PC/PB) members with the legislation authorizing the RWHAP, its various “Parts,” why it is needed, and how it has evolved over the years as the epidemic has changed and new treatments have been developed.

#### Content Overview

##### History and Evolution of RWHAP Legislation

- RWHAP as a Major Source of Funding for HIV Care in the U.S.
- Appropriations over Time by RWHAP Part
- Purpose of the Legislation
- RWHAP and the HIV Timeline
- Evolution of the Legislation in the Context of a Changing Epidemic and Advances in Treatment

##### Overview of RWHAP Parts

- Uses of RWHAP funds
- Description of each RWHAP Part
- Importance of Collaboration across RWHAP Parts

##### Understanding Part A

- Funding for Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)
- Similarities between RWHAP Part A and Part B
- How RWHAP Part A works
- Types of Fundable Services
- How the Recipient and PC/B collaborate
- Flow of decision making and funds

#### Learning Objectives

Following training, participants will be able to:

1. Describe how the RWHAP legislation evolved from 1990 to 2009 to reflect changes in the epidemic and advances in prevention and treatment
2. Identify the 3 largest sources of funding for HIV care and treatment in the U.S.
3. Identify and differentiate the 5 RWHAP Parts
4. Describe at least 3 important similarities between Part A and Part B
5. Describe at least 4 key characteristics of Part A

## USING THE MODULE

### Suggested Uses

- As an introduction to the RWHAP for potential members of the PC/PB or its committees or caucuses, or interested community stakeholders
- As an initial part of your orientation for new PC/PB members
- As part of the orientation for new PLWH committee or caucus members or non-PC/PB members who serve on committees
- As part of the training new PC/PB support staff and recipient staff who have no previous experience with RWHAP

### Localizing the Module

- Insert the name and/or logo of your PC/PB and your Eligible Metropolitan Area (EMA) or Transitional Grant Area (TGA) onto the slides
- Add to your PowerPoint the name and affiliation of your area AIDS Education and Training Center (AETC) representative
- Ask someone who has been involved in the RWHAP for a long time to help present the timeline and talk about how the system of care developed in your area
- Ask representatives of local organizations providing services under other RWHAP Parts to participate in the training, perhaps describing their programs or having a panel discussion of how the RWHAP Parts collaborate in your EMA or TGA

### EQUIPMENT AND MATERIALS CHECKLIST

- PowerPoint projector and laptop
- Easel pad, markers, and tape
- Copies of participant materials for Activities
- Copies of Quick Reference Handout

### MATERIALS FOR THIS MODULE

- PowerPoint Slides: Understanding the Legislation
- Activity 1.1 Evolution of the Ryan White HIV/AIDS Program (RWHAP)—Discussion Questions
- Activity 1.2 What's My RWHAP "Part"? Quiz (with Answer Sheet)
- Quick Reference Handout 1.1: RWHAP Timeline

## BACKGROUND INFORMATION FOR TRAINERS

### Focus and Importance of Module 1

PC/PB members, recipient staff, and PC/PB support staff all need a broad understanding of the legislation authorizing the Ryan White HIV/AIDS Program, which defines and guides the work of the PC/PB as well as the recipient and subrecipients (service providers). Because coordination is a legislative responsibility for both PC/PB and recipient, they need to understand not only RWHAP Part A, but also the other RWHAP Parts and how they relate to Part A.

This module provides core information about the current legislation, how it evolved from the original Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 to reflect changes in the epidemic and in available treatments, and what the different RWHAP Parts are and how they operate and relate to each other, with a special focus on Part A.

### Key Concepts and Terms

*This module introduces many RWHAP related terms, defined in the PowerPoint slides. Here is some additional information to provide history and context that are important for this module and may need clarification during the training. (Key Concepts and Terms are designed primarily for the trainer, but can also be provided to participants as a handout).*

**RWHAP Part:** The main sections of the RWHAP legislation are now called Parts. Until the 2006 reauthorization, they were called Titles. Older documents may still refer to them as Titles.

**EMAs and TGAs:** The service areas for RWHAP Part A programs are Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs). Before the 2006 reauthorization, all RWHAP Part A areas were called EMAs. The requirements for RWHAP Part A designation were changed in 2006:

An **EMA** is required to have at least 2,000 cases of AIDS reported and confirmed during the most recent five calendar years for which data are available and at least 3,000 living cases of AIDS as of the most recent calendar year for which such data are available

A **TGA** is required to have at least 1,000 but fewer than 2,000 cases of AIDS reported and confirmed during the most recent five calendar years for which data are available and a cumulative total of 1,500 or more living cases of AIDS as of the end of the most recent calendar year for which such data are available.

Five new TGAs were established under the new criteria, and about half of the RWHAP Part A programs that were previously EMAs became TGAs. Since that time, one additional TGA has been designated.

The 2006 reauthorization also specified that a TGA would lose RWHAP Part A funding only after it failed for three consecutive years to meet the TGA new cases requirement and also failed “to have a cumulative total of 1,500 or more living cases of AIDS (reported to and confirmed by the Director of the Centers for Disease Control and Prevention) as of December 31 of the most recent calendar year for which such data is available.”<sup>1</sup> An EMA would lose that status if it failed for three consecutive fiscal years to meet the EMA new cases requirement and also failed “to have a cumulative total of 3,000 or more living cases of AIDS” reported and confirmed.<sup>2</sup>

The 2006 legislation also specified that the boundaries of an existing EMA or TGA would be those in effect as of fiscal year 1994 or—if designated after 2006—the original boundaries

in effect when they first received RWHAP Part A funding. Since 2006, several areas have lost their RWHAP Part A funding. These requirements were maintained under the 2009 legislation.

**Planning Council/Planning Body (PC/PB):** As first explained in this module and discussed in much greater detail later in the *Training Guide*, RWHAP Part A EMAs are legislatively required to have planning councils that are decision-making bodies with legislatively-defined roles and responsibilities. This includes deciding how Part A program funds will be used. Part A TGAs are no longer required to have planning councils, but are strongly encouraged by HRSA/HAB to maintain them. If a TGA chooses to have some other form of planning body, HRSA/HAB encourages having that TGA planning body have roles, responsibilities and membership as much like a planning council as possible, though a TGA planning body is an advisory rather than a decision-making group. Throughout the *Training Guide*, the same sound practices recommended for planning councils are also recommended for TGA planning bodies, unless otherwise indicated. When the acronym *PC/PB* is used, it refers specifically to *RWHAP Part A planning councils* and *RWHAP Part A TGA planning bodies*.

**CEO and Recipient:** RWHAP Part A funds are awarded to the Chief Elected Official (CEO) “of the city or urban county that administers the public health agency that provides outpatient and ambulatory services to the greatest number of individuals with AIDS” within the EMA or TGA. [§2602(a)(1)] This is usually the Mayor or the Chair of the County Board of Supervisors. The CEO is therefore the *recipient*. However, most CEOs designate an agency to administer the program, and the person responsible for administration is also referred to as the *recipient*. Prior to 2015, both were typically referred to as the *grantee*. The term *recipient* is now preferred, as specified in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, included in the Code of Federal Relations in 45 CFR 75, often referred to as the Uniform Guidance. It is helpful

for PC/PB members or others involved with RWHAP to be familiar with the preferred terms, since they are used in HRSA/HAB documents.

**Subrecipient:** The term *subrecipient* is used for entities that are awarded funds by the recipient to provide HIV services to clients. This is the more precise term, as used in the Uniform Guidance, for what are also called *service providers*.

**Administrative Agent or Administrative Agency:** Many RWHAP Part A recipient agencies administer their programs directly. However, sometimes the recipient subcontracts with another agency, often a nonprofit organization, to carry out some of the administrative tasks, such as contracting, monitoring, and technical assistance to sub-recipients. Such entities are called *administrative agents* or *administrative agencies*.

**Ryan White CARE Act as Title XXVI of the Public Health Service Act:** Prior to 2006, the authorizing legislation for the RWHAP was called the Ryan White Comprehensive AIDS Resources Emergency Act. The name was changed to the Ryan White HIV/AIDS Treatment Modernization Act in 2006 and to the Ryan White HIV/AIDS Treatment Extension Act in 2009. The new names reflect the transition from providing emergency care early in the epidemic when effective treatments were not available, to providing ongoing medical and support services that can enable a person living with HIV to live a near normal life span. The legislation is now frequently identified as Title XXVI (HIV Health Care Services Program) of the Public Health Service Act, enacted in 1944 and amended many times. It authorizes numerous public health-related functions within what is now the Department of Health and Human Services (HHS).

## For More Information

### Additional Resources

- [Planning Council Primer](#) [2018 update]
- The Ryan White HIV/AIDS Program—A Living History, on the Health Resources and Services Administration HIV/AIDS Bureau (HRSA/HAB) website, especially:
  - [Legislation](#)
  - [Timeline](#)
- [Current RWHAP legislation](#), the Ryan White HIV/AIDS Treatment Modernization Act of 2009 (also Section XXVI of the Public Health Service Act)
- [Fact Sheets](#) on each RWHAP Part, as well as an overview, available on the HRSA/HAB website

### Related Training Guide Resources

- Module 2: Roles and Responsibilities of RWHAP Part A Planning Councils/Planning Bodies (PC/PBs) and Recipients—builds on Module 1’s discussion of Part A

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*For links to the resources listed above, go to [www.targetHIV.org/planning-chatt/module1](http://www.targetHIV.org/planning-chatt/module1)*

## References

- 1 The requirement is 1,400 cases if an unobligated balance penalty has not occurred “as of the end of the most recent fiscal year for which such data is available.” See the legislation, Section 2609(c)(2)(A and B).
- 2 See the legislation, Section 2601 (b).