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

How Can Funding Align More with Needs?

- 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

Non-Formula Funding Opportunities

- 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
  - 20 states applied and all received funding
- 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 B Supplemental Awards: 2016

- Total Awards: $105 m (from HRSA Data Warehouse, does not represent full award)
- Highest Awards:

  NY: $29.2 m
  CA: $16.7 m
  PR: $14.3 m
  IA: $6.9 m
  DC: $6 m
  MS: $5.9 m

- Other States: NC, RI, NE, TN, TX, VA, WI, GA, SC, MT, ID, UT, NJ, AK
- 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

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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 loose 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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