The Ryan White Program Must Continue To Provide Needed Care and Services

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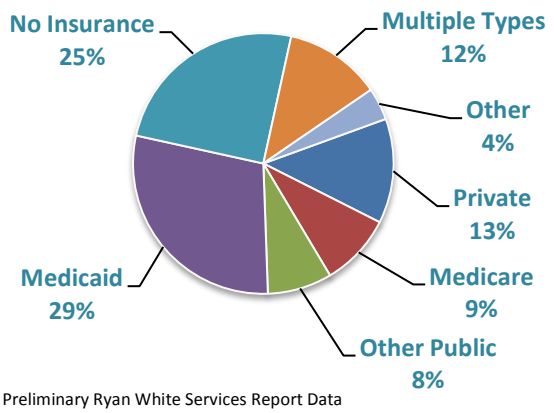
The U.S. response to the HIV/AIDS epidemic is at a pivotal moment with the tools in hand to create an AIDS-free generation. The NIH funded study, HIV Prevention Trials Network (HPTN) 052, named by *Science Magazine* as the "breakthrough of the year" in 2012 demonstrated that Antiretroviral therapy (ART) can, reduce HIV transmission by as much as 96% when used effectively by a person with HIV. The Ryan White Program provides ART along with comprehensive HIV and primary medical care and other essential services for vulnerable populations, including low-income adults, women, youth, children, and families. The Ryan White Program's comprehensive and effective medical home model of care improves the health of people with HIV and dramatically reduces new infections. HIV is an communicable infectious disease, and when left untreated it poses a serious public health threat for individuals and their communities. A comprehensive approach to addressing the HIV epidemic includes preventing new infections, prolonging life and promoting health and wellness for those already living with HIV. Investments in the Ryan White Program are essential to improving the health outcomes of individuals with HIV/AIDS, as well as the community's overall public health.

Insurance Status of HIV-Positive Clients in the Ryan White Program, 2010



2010 Preliminary Ryan White Services Report Data

The Ryan White Program

- Is the largest source of federal discretionary funding solely to the HIV epidemic.
- provides medical care, treatment and medications together with supportive services to 546,000 low-income people with HIV/AIDS.
- is funded at $2.2 billion; was first enacted by Congress in 1990 as an emergency fund and reauthorized four times; current authorization ends on September 30, 2013 with no sunset provision allowing Congress to continue to funding without legislative action via annual Congressional appropriations.
- Local grants have historically been allocated in a flexible manner based on local needs and priorities.
- provides comprehensive, family-centered medical services for children,
- youth, women, and families.

The Ryan White HIV/AIDS Program will continue to play a critical role for thousands of our nation's most vulnerable citizens even after full implementation of the Affordable Care Act (ACA) by providing ***coverage completion*** to address gaps in essential services, ensure affordability of comprehensive care, and to provide HIV services to uninsured individuals. Approximately 75% of those served by Ryan White Programs have access to some type of health insurance, but require Ryan White support to access a number of essential care and financial support services that are not covered by insurance.

"My name is Cassandra…. I learned I was HIV positive in 1985…. During those twenty-seven years, I have struggled with and continue to struggle with many health problems. To name a few: depression, insulin dependent diabetes, liver disease, arthritis, hepatitis C and neuropathy…I currently receive my medical treatment through Medicare, and receive counseling and case management through Ryan White. This package has allowed me to have complete coverage and the services provided by Ryan White were instrumental in my getting healthy and remaining stable."

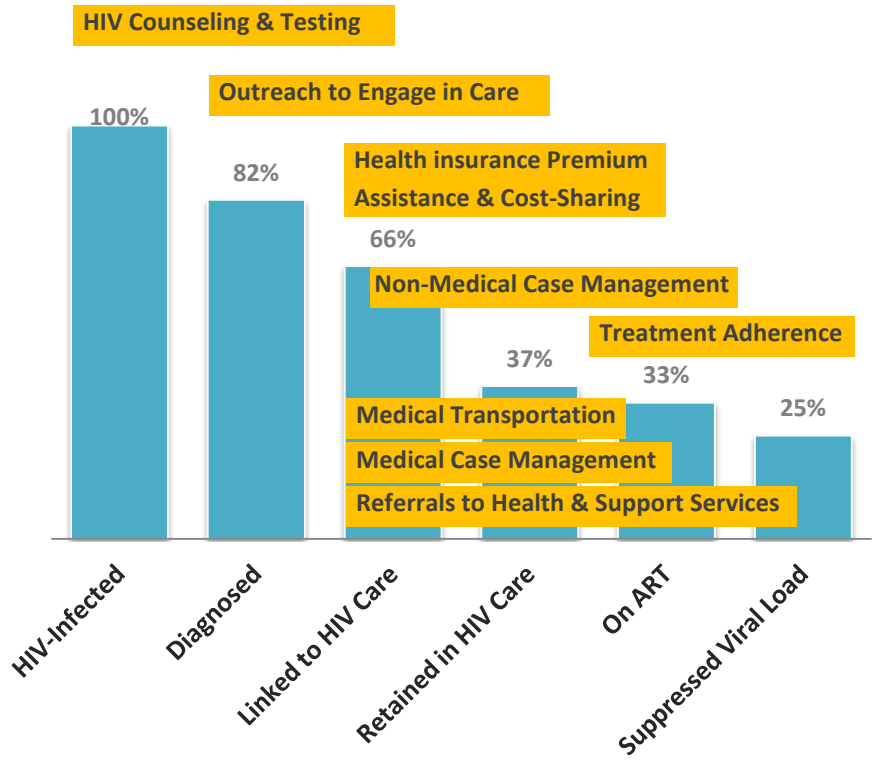
Ryan White Program Client

The Ryan White HIV/AIDS program will also continue support people with HIV/AIDS living in states as they choose whether to implement key provisions of the ACA. Each state will establish a uniquely, tailored health service system, and access to these systems of care will vary nationwide for low-income people with HIV/AIDS. In short, the Ryan White Program will

need to continue its role as the payer of last resort for low-income, uninsured and under-insured people with HIV/AIDS throughout the ACA implementation period and beyond.

Continuing investment in the Ryan White HIV/AIDS program is essential to ensure that the U.S. builds on the success of program in reaching out to, testing and diagnosing people with HIV/AIDS; linking them to and retaining them in care; and ensuring effective treatment adherence that will both improve and save their lives and to help end the HIV/AIDS epidemic.

Select Examples of Ryan White Program Services Along The HIV Treatment Cascade



Sources: Adapted from CDC "HIV in the United States–The Stages of Care" July 2012; Service Definitions from HRSA, HAB, 2012 Annual Ryan White HIV/AIDS Program Services Report (Rsr) Instruction Manual.

Ryan White Program Impact on the HIV Treatment Cascade: The HIV treatment cascade is an estimate of the number of individuals living with HIV in the US who are engaged in the continuum of care from diagnosis through viral suppression. This analysis found that just 1 in 4 individuals with HIV who are in care achieve the sought-after outcome of complete viral suppression. The treatment cascade provides a framework for policy makers and stakeholders to focus efforts to improve retention in HIV care, the use of antiretrovirals and effective treatment adherence that results in optimal viral suppression. The cascade is also being used by states and local jurisdictions to analyze and evaluate their progress in improving health and treatment outcomes. By design, the Ryan White Program is ideally situated to best improve and implement regional responses to the HIV care challenges illustrated by the cascade.

Moving Forward: We have been fighting HIV and AIDS for more than 30 years. We now have the knowledge and means to end the HIV Epidemic but only if we commit the necessary resources and remain vigilant in our efforts. That means increasing the number of people with HIV with fully suppressed viral loads , which will require appropriate investments in those Ryan White services that will ensure success – referrals to health and support services, medical and non medical prevention and treatment adherence and transportation support. Since its inception, the Ryan White Program has effectively responded to the needs of those most affected by this epidemic. If we are going to end the HIV epidemic, we must fully fund and ensure the future of the Ryan White Program.

Massachusetts Case Study – Health Care System Reforms in Conjunction with the Ryan White Program Lead to Improved Individual and Public Health Outcomes as well as Cost Savings:
In 2006, Massachusetts enacted state-level health care system reforms that later became the basis for many of the reforms included in the Affordable Care Act (ACA). These reforms included an individual insurance mandate; expansion of the state's Medicaid Program; and expanded access to subsidized private insurance. Massachusetts had already expanded access to Medicaid for low-income, non-disabled persons with HIV who earn under 200% of the Federal Poverty Level (FPL) in 2001 through an 1115 Medicaid Waiver. The combination of these reforms have translated into significant improvements in individual and public health outcomes as well as reduced health care costs in Massachusetts. The majority of people living with HIV in Massachusetts now have access to health care coverage and medications. The annual number of new HIV diagnoses has decreased significantly over the past ten years, across all racial/ethnic groups and exposure mode groups. Resources from the Ryan White Program have been used to address coverage gaps in vital HIV care, treatment, and support services and have supported insurance affordability. ***These reforms have saved the state approximately $2.0 billion in HIV healthcare expenditure over the past 10 years.***

-Center for Health Law and Policy Innovation of Harvard Law School