



HRSA's Ryan White HIV/AIDS Program Part B: AIDS Drug Assistance Program

Program Fact Sheet | September 2021



The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—nearly 568,000 people in 2019—receive services through the RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care, treatment, and support services for people with HIV to improve health outcomes and reduce HIV transmission. The RWHAP, first authorized in 1990, was funded at \$2.4 billion in fiscal year (FY) 2020.

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) Part B provides grants to states and territories to improve the quality, availability, and organization of HIV health care and support services. Under RWHAP Part B, the AIDS Drug Assistance Program (ADAP) provides U.S. Food and Drug Administration (FDA)-approved medications to low-income people with HIV who have limited or no health coverage from private insurance, Medicaid, or Medicare. Grant recipients may also use ADAP funds to—

- Purchase health care coverage for eligible clients.
- Provide services that improve access to, adherence to, and monitoring of drug treatments.

Recipients and Eligibility

Recipients are the chief elected officials of a state or territory, who designate the state department of health or another state entity to implement and manage the RWHAP Part B grant.

All 50 states, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, American Samoa, Republic of the Marshall Islands, Commonwealth of the Northern Mariana Islands, Republic of Palau, and Federated States of Micronesia receive ADAP funding as a component of their Part B grant.

Client Eligibility

The state or territory decides client eligibility for ADAP based on the following criteria:

- Medical eligibility: HIV diagnosis
- Financial eligibility: Usually determined as a percentage of the federal poverty level

ADAP Implementation

HRSA's RWHAP legislation requires that each ADAP must cover at least one drug from each class of HIV antiretroviral medications on its ADAP formulary. ADAP funds may be used only to purchase FDA-approved medications. Within these requirements, each ADAP decides which medications to include on its formulary and how those medications will be distributed.

HRSA requires that ADAP eligibility criteria be applied consistently across the state or territory, and all formulary medications and ADAP-funded services must be equitably and consistently available to all eligible enrolled people throughout the state or territory.

Funding Considerations

- Part B base grants and ADAP base grants are determined using a formula based on reported living cases of HIV in the state or territory in the most recent calendar year for which data are available. Congress appropriated approximately \$414.7 million for the Part B base in FY 2021.

- The ADAP base grants provide access to HIV-related medication through the purchase of medication and health care coverage. Congress appropriated approximately \$900.3 million for Part B ADAP in FY 2021.
- Five percent of ADAP appropriations is reserved for additional funding to states and territories that have a severe need for medication assistance. The states and territories that meet the eligibility criteria can choose to apply for this through ADAP Supplemental.
- ADAP Emergency Relief Funding is a competitive supplemental grant program intended for states and territories that can demonstrate the need for additional resources to prevent, reduce, or eliminate ADAP waiting lists, including through cost-containment measures.

