Program Overview

HRSA's Ryan White HIV/AIDS Program



Program Fact Sheet | August 2026

The Health Resources and Services Administration's (HRSA) 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. RWHAP provided services to over 600,000 people in 2024—more than half of all people with diagnosed HIV in the United States. First authorized in 1990, RWHAP funds grants to states, cities, counties, local community-based organizations, and clinics to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. In 2024, 91.4 percent of RWHAP patients receiving HIV medical care were virally suppressed, which means they cannot sexually transmit HIV, can manage their HIV as a chronic condition, and can live longer and healthier lives.

HRSA
Ryan White HIV/AIDS Program

More than four decades ago, in June 1981, the first cases of HIV were reported in the United States.[1] In 2024, over 38,000 people were diagnosed with HIV in the United States. Nearly 1.2 million people in the United States had HIV in 2024.[2] Today, people with HIV who take HIV medication as prescribed and reach viral suppression cannot sexually transmit HIV and can live longer and healthier lives.

In 1990, Congress enacted the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act—the legislation that created the Ryan White HIV/AIDS Program (RWHAP)—to improve the quality and availability of HIV care and treatment for low-income people with HIV. The CARE Act was amended and reauthorized in 1996, 2000, and 2006; in 2009, it was reauthorized as the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111–87). The RWHAP is administered by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB).

Ryan White HIV/AIDS Program Clients

HRSA's RWHAP provided services to over 600,000 people in 2024—more than half of all people diagnosed with HIV in the United States. In 2024, 91.4 percent of RWHAP patients were virally suppressed, a significant increase from 69.5 percent virally suppressed in 2010. People aged 50 years and older accounted for 47.4 percent of all RWHAP clients in 2024. In 2024, 59.3 percent of RWHAP clients lived at or below 100 percent of the federal poverty level.

Ryan White HIV/AIDS Program Parts

The RWHAP is composed of five statutorily defined Parts. Each has a different funding purpose, including providing core medical and support services, medications, workforce and capacity development, training and technical assistance, and developing, evaluating, and replicating innovative HIV care and treatment strategies to improve access to care and increase viral suppression. The RWHAP is the payor of last resort, and the program eliminates duplication with other federal programs because RWHAP funds may not be used for services if another state or federal payor is available.

[1] Centers for Disease Control and Prevention (CDC). 1981. "Pneumocystis Pneumonia—Los Angeles." MMWR, 30(21). https://www.cdc.gov/mmwr/preview/mmwrhtml/june_5.htm.
[2] CDC. 2026. "HIV Diagnoses, Deaths, and Prevelance." https://www.cdc.gov/hiv-data/nhss/hiv-diagnoses-deaths-prevalence.html. Accessed September 18, 2026.

Part A funds Eligible Metropolitan Areas (EMA's) and Transitional Grant Areas (TGA's) to provide medical and support services. EMA's and TGA's are cities and counties most severely affected by the HIV epidemic. Approximately 72 percent of all people with diagnosed HIV in the United States live in EMA's and TGA's . Congress appropriated approximately $680.8 million for RWHAP Part A in fiscal year (FY) 2026.

Part B funds all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, 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 to support HIV care and treatment to low income people with HIV. In addition, Part B funds AIDS Drug Assistance Program (ADAP) grants. Congress appropriated approximately $464.6 million for the RWHAP Part B base in FY 2026 and approximately $900.3 million for Part B ADAP in FY 2026.

Part C funds local community-based organizations and clinics to provide comprehensive primary HIV medical care and support services in an outpatient setting for people with HIV through Early Intervention Services program grants. Part C also funds Capacity Development grants, which help organizations deliver HIV care and services more effectively. Congress appropriated approximately $209 million for RWHAP Part C in FY 2026.

Part D funds local community-based organizations and clinics to provide outpatient, family-centered HIV primary medical care for women, infants, children, and youth with HIV. Part D funding may be used to provide support services to people with HIV and their affected family members. Congress appropriated approximately $78 million for RWHAP Part D in FY 2026.

Part F provides funds for the following programs:

- The **AIDS Education and Training Center (AETC) Program** is a network of HIV experts that supports and enhances the delivery of comprehensive HIV prevention, care, and treatment by providing training and technical assistance to health care organizations and members of the health care team. Congress appropriated approximately $34.9 million for the RWHAP Part F AETC in FY 2026.
- The **Special Projects of National Significance (SPNS) Program,** through an implementation science framework, develops, evaluates, and replicates innovative, evidence-informed strategies and interventions for HIV care, treatment, and support to improve health outcomes, increase viral suppression, and reduce HIV transmission, enabling people with HIV to live longer and healthier lives. Congress appropriated approximately $25 million for the RWHAP Part F SPNS in FY 2026.
- The **Minority AIDS Initiative** was codified in 2006 and provides additional funding under the RWHAP Parts A, B, C, D, and F to improve access to HIV care and health outcomes for racial/ethnic minority populations disproportionately affected by HIV.

All RWHAP Parts may provide oral health services. However, two Part F programs focus on funding oral health care for people with HIV:

- The **HIV/AIDS Dental Reimbursement Program (DRP)** expands access to oral health care for people with HIV while training additional dental and dental hygiene providers. DRP provides reimbursements to accredited dental schools, schools of dental hygiene, and postdoctoral dental education programs.
- The **Community-Based Dental Partnership Program** increases access to oral health care services for people with HIV and administers education and clinical training for dental care providers, especially those practicing in community-based settings. Congress appropriated approximately $13.6 million for the Part F Dental Programs in FY 2026.

Ending the HIV Epidemic in the U.S. (EHE)

The EHE is an ongoing federal initiative focused on reducing new HIV infections in the United States. HRSA's HIV/AIDS Bureau's (HAB) EHE initiative role focuses on reaching people with HIV who are newly diagnosed or who are not routinely engaged in HIV care and linking them to essential HIV care and treatment and support services. Congress appropriated approximately $165 million for HRSA HAB EHE activities in FY 2026.

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Ryan White HIV/AIDS Program