



## **Ryan White Part D Elimination Proposal - PWN-USA Talking Points**

*March 25, 2014*

**Background:** Part D of the Ryan White HIV/AIDS Program provides family-centered primary and specialty medical care and supportive services to underinsured women, infants, children and youth living with HIV.

This March, the President's proposed budget for 2015 was released, proposing the elimination of Part D, and an expanded budget for Part C (which funds medical and early intervention services for people living with HIV). Some existing Part D programs would be eligible to apply for Part C funding. However, there may be some Part D grantees that are not eligible to apply; other Part D programs may not have the capacity to apply for Part C funds. In addition, it is unclear what portion of the Part C dollars in the new proposal would fund services for the women, infant, children and youth population, as well as what range of services will be covered under the new proposal.

### **Key Issues:**

- **All parts of the Ryan White Program serve women, and need to offer women-centered services.** Part D grew out of a need to tailor, and fund, specific services for women and families. This need is still very real -- but it does not let other parts of Ryan White off the hook in their responsiveness to the care and service needs of women. Women-centered services are needed across all parts of Ryan White.
- **The Ryan White Program is successful at retaining people with HIV in care and should be maintained, not eliminated, as the Affordable Care Act (ACA) changes the landscape of care.** Although only 41% of women living with HIV nationally are retained in care, the Ryan White HIV/AIDS Program retains 77% of its female clients in care, according to a recent report by the Health Resources and Services Administration (HRSA). In addition, Part D has helped drastically reduce rates of vertical HIV transmission through proactive outreach to and coordinated care for pregnant women living with HIV and their families. Eliminating Part D could negatively impact those outcomes, thus expanding gaps in the HIV care continuum at a critical moment when health care delivery for people living with HIV is already changing due to ACA implementation.

**Affordable Care Act (ACA) implementation is currently underway, and stakeholders need time to determine what the future of the Ryan White Program should look like.** It will take time to assess how the Ryan White Program and other services may most effectively complement ACA implementation to meet the care, support and treatment needs of people living with HIV (PLHIV), and to meet the goals of the National HIV/AIDS Strategy to increase retention in care, improve health outcomes for PLHIV, and reduce HIV-related health disparities. The proposal to consolidate Ryan White Part D into Ryan White Part C has the potential to radically transform services and destabilize existing comprehensive care models, created by Part D programs, which provide primary and subspecialty medical care and support services to the women, infant, children and youth population.

- **Supportive services are essential for many women to be able to remain in HIV care.** Achieving the best health outcomes for women, adolescents and children living with HIV requires access to supportive services including medical and non-medical case management, peer-based programming, transportation, housing, childcare, mental health and substance use services, food vouchers and other

vital services. When these are absent, women living with HIV are likely to face increased barriers to staying in medical care, thereby contributing to gaps in the HIV care continuum. Programs delivering these supportive services for women are at risk of being cut under the proposed elimination of Part D.

- **Community-based organizations may be at risk if Ryan White Part D is eliminated.** One-third of all Part D programs may face particularly catastrophic program cuts without this vital funding. 67% of Part D-funded programs currently receive Part C funding. What about the remaining 33% of programs that do not? Further, a number of services provided through Part D funding are subcontracted through community-based organizations. Part C programs tend to be administered by clinics. If Part D becomes subsumed under Part C, there is a risk that community-based providers who have developed years of culturally relevant expertise may not be funded to provide these services.
- **Administrative problems cannot be solved by cutting vital services.** More paperwork, site visits, oversight, and other facets of administrative burden take people away from the work of care, and these very real barriers need to be addressed. But administrative concerns should not be solved by cutting essential programs for women living with HIV.
- **In closing:** Ryan White Part D is a vital source of funding for services focused on women and families. However, it is necessary that women's unique needs be addressed across all parts of the Ryan White Program, and across the full spectrum of HIV care and services in the U.S.

#### Resources:

- <http://hab.hrsa.gov/data/reports/continuumofcare/resultsretention.html>
- <http://www.cdc.gov/nchstp/newsroom/2012/Continuum-of-Care-Graphics.html>
- <http://hab.hrsa.gov/livinghistory/programs/Part-D.htm>
- <http://kff.org/hivaids/state-indicator/funding-by-part/>
- <http://www.preventionjustice.org/another-miracle-baby-a-still-broken-system/>
- <http://hab.hrsa.gov/abouthab/files/partdfacts2012.pdf>
- <http://hab.hrsa.gov/livinghistory/programs/funding/part-d.htm>

