

## The Ryan White Program: A Life Saving, Public Health Success

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- **The Ryan White Program supports a comprehensive system of care with a public health approach to managing HIV infection serving as a critical source for high quality HIV care.**
  - In 1990, Congress created with strong bipartisan support the Ryan White Program as a public health intervention urgently needed to address a spiraling HIV epidemic.
  - Twenty-five years later, the program provides medical and supportive care to 500,000 individuals annually, and has played a critical role in stabilizing the domestic HIV epidemic. Nearly 75% of people with HIV receiving care do so at Ryan White-funded clinics.
  - The Ryan White Program positively impacts communities across the U.S. by preventing and managing an infectious disease. Effective HIV treatment suppresses the virus in the body keeping patients healthy and reducing their risk of transmitting the virus to others to near zero.
- **Despite progress in HIV treatment and prevention, HIV infection continues to be an urgent public health problem.**
  - HIV treatment is now safer, simpler, and more effective. Clinical treatment guidelines recommend that patients start treatment upon diagnosis to optimize individual and public health outcomes.
  - Individuals at increased risk for HIV infection can significantly reduce their risk of acquiring HIV infection by regularly taking an antiretroviral drug referred to as Pre-Exposure Prophylaxis or PrEP.
  - Despite these advances, an estimated 1.2 million individuals are living with HIV in the U.S. and an estimated 40,000 new infections occur annually. An estimated 40% of individuals living with HIV are estimated to be in engaged in care and just 30% are virally suppressed – the clinical goal of treatment.
- **The comprehensive, effective HIV care supported by the Ryan White Program results in higher rates of patient viral suppression, a critical outcome for both individuals and the public health.**
  - Patients receiving care at Ryan White-funded clinics are more likely to be virally suppressed despite serving a complex and low income patient population. Nationally, from 2013 to 2015, the viral suppression rate among Ryan White clients increased from 78.6% to 83.4%.
  - Many patients also have serious co-occurring conditions. One survey found on average 37% of patients at Ryan White clinics had a serious mental illness and 35% had a substance use disorder. The Centers for Disease Control and Prevention estimates that approximately 30% of individuals living with HIV also have hepatitis C.
  - Nearly two-thirds of Ryan White clients lived on incomes below the federal poverty level and nearly 90% lived on incomes below 200% of the poverty level in 2015.
- **The Ryan White Program’s flexibility allows it to adapt to local needs and support the services most important to improving individual and public health outcomes in a community or state.**

- **The flexibility of the program has been important to its ability to respond to both emerging and changing health needs**, such as the opioid epidemic that has increased the number of hepatitis C and HIV infections in many parts of the nation, and the availability of curative hepatitis C treatment.
- ***The flexibility of the program helps it to adapt to the changing health care environment.***
  - The Ryan White Program continues to be the only source of comprehensive HIV care and treatment for many low-income patients in the 19 states that have not expanded Medicaid.
  - As a public health program, Ryan White has long played a key role in supporting services and medications not covered or inadequately covered by health insurance. This has long been a critical program function even prior to the Affordable Care Act.
  - Key services include premium and cost sharing support and case management. These services allow patients living with HIV to access the treatment and medical care they need to stay healthy and to reduce their risk of transmitting HIV to others.
- **The Ryan White Program takes a “population health” approach by focusing on the needs of people living with HIV in their communities and by helping to address non-clinical needs that impact health outcomes, such as food, housing and transportation.** The program serves key populations impacted by HIV, including African American men and women, gay men and transgender individuals, adolescents, pregnant women and individuals who inject drugs.
- **The Ryan White Program** and its support of the comprehensive care and services required to manage HIV infection **continues to be critical to improving both individual and public health** and to getting us closer to ending the HIV epidemic in the U.S.
  - States that have expanded health insurance coverage to all or nearly all of their residents have leveraged both insurance and Ryan White Program funds to more effectively address the needs of individuals living with HIV in their state, improving both patient and public health outcomes.
  - Sustaining the Ryan White Program while expanding access to health insurance coverage will help to dramatically lower the number of new HIV infections in the U.S. and bring us closer to ending the HIV epidemic in the U.S.
- **Keeping patients with HIV healthy reduces their overall healthcare expenses and prevents costly new HIV infections.**
  - Early and ongoing access to HIV care and treatment prevents disease progression and the need for more costly services. One study found the costs were 2.6 times higher for patients treated at the later stages of disease.
  - The comprehensive services provided by Ryan White programs often include lab work, STD/TB/Hepatitis screening, ob/gyn care, dental care, mental health and substance abuse treatment, and case management. The price for supporting these services is much lower than the high cost of just one hospital or emergency department visit for illness related to untreated HIV/AIDS.
  - Effective HIV care and treatment reduces the transmission risk of individuals with HIV and in doing so prevents new HIV infections. While HIV is treatable, it is not yet curable. The estimated lifetime medical costs for a 35-year old newly diagnosed with HIV infection is \$326,500.