

# **Ryan White CARE Part B Program**

## **Legislative Briefing**

**January 2011**

**Developed by:**

**Ryan White CARE Part B Program**

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**Nevada State Health Division**

**Department of Health and Human Services**

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**Department of Health and Human Services  
Nevada State Health Division  
Ryan White CARE Part B Program  
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**Mission**

The mission of the Ryan White Comprehensive AIDS Resource Emergency (CARE) Program is to provide life-saving medications, essential primary care, and support services for low-income, underinsured, and uninsured people living with HIV/AIDS in Nevada. The program is for those who do not have sufficient health care coverage or financial resources for coping with HIV/AIDS. The Ryan White Program fills gaps in care not covered by other sources and is a payer of last resort.

**Federal Legislation**

The Ryan White CARE Act Program, including ADAP, is funded through the Ryan White CARE Act which is administered by the Health Resources and Services Administration (HRSA); ADAP also receives Nevada State General Funds. The Ryan White CARE Act was reauthorized by Congress in 2009 as the Ryan White HIV/AIDS Treatment Extension Act, and signed by President Obama on October 30, 2009. This Federal bill extends the Ryan White Care Act for an additional four years.

**Goals**

CARE Act services are intended to reduce the use of more costly inpatient care, increase access to care for underserved populations, and improve quality of life for those affected by the epidemic. The state of Nevada's CARE program works with sub grantees and contractors to ensure that services are provided to people living with HIV/AIDS (PLWHA). CARE program funds are utilized to provide a variety of services, including:

- Providing medications to treat HIV/AIDS (through the AIDS Drug Assistance Program, ADAP);
- Increase access to primary health care for underserved populations;
- Improve retention in primary health care;
- Consortia services;
- Health insurance coverage;
- Home and community-based services; and
- Improve quality of life for those infected and affected by HIV/AIDS.

**Program Components**

The Nevada Ryan White CARE Program addresses these goals by developing, managing, and supporting a number of programmatic components. The AIDS Drug Assistance Program (ADAP) is the primary program component and funding priority in Ryan White CARE. Core and Support services are implemented as funds are

available. The Core and Support services listed below represent allowable service categories under the HRSA guidance. The U.S. Department of Housing and Urban Development (HUD) funds Housing Opportunities for People with AIDS (HOPWA).

AIDS Drug Assistance Program (ADAP)

ADAP is for uninsured Nevada residents to receive life-saving HIV/AIDS medications.

The Ryan White CARE Program also provides insurance premium and /or co-pay assistance, and Medicare Part D premium and/or co-pay assistance to assure clients have access to HIV/AIDS medications.

Core Services

Outpatient/ambulatory medical care, mental health services, medical case management services (including treatment adherence), medical nutrition therapy, substance abuse services.

Support Services

Case management (non-medical), health education/risk reduction, housing services, linguistic services, psychosocial support services, referral for health care, and treatment adherence counseling.

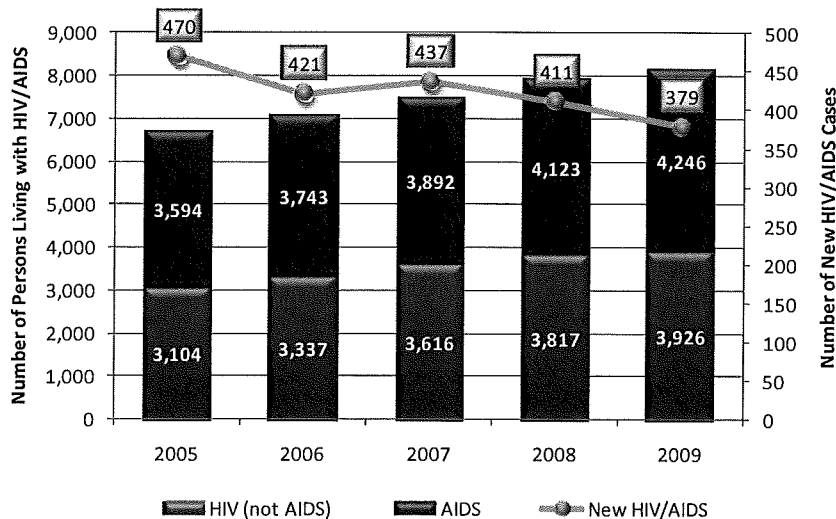
Housing Opportunities for People with AIDS (HOPWA)

HOPWA funds are used to prevent and eliminate homelessness among people living with HIV/AIDS in Nevada. Services include, but are not limited to, the acquisition, rehabilitation, or new construction of housing units; costs for facility operations; rental assistance; and short-term payments to prevent homelessness.

**Eligibility**

Client income must not exceed 400% of federal poverty level guidelines - approximately \$43,320 for a single person. A client may own a single-family owner occupied home and an automobile (two if married). Additional assets of the client may not exceed \$4,000. Retirement accounts may not currently provide income unless applicant is over 59.5 years of age. Lab tests for T-cell and viral load must be done every six months. Ryan White eligibility recertification is mandated every six months. Necessary documents must be provided at each recertification.

**Burden of HIV/AIDS in Nevada**



- In 2009, Nevada was estimated to have 8,172 people living with HIV/AIDS in the state.

- Nevada’s largest population of people with HIV/AIDS has historically been white Men who have Sex with Men (MSM). The state is observing emerging subpopulations of Heterosexual, African American, Hispanic, and Aging.
- From 2005 to 2009 there was an increase among all races and ethnicities among persons living with HIV in Nevada. The most significant increase was among White Non-Hispanic which increased 53% from 3,774 cases living with HIV/AIDS in 2005 to 4,332 in 2009. This increase was followed by Blacks which increased 24% during this same time period, Hispanics which increased 20%.
- Among persons living with HIV/AIDS in Nevada trends indicate individuals are living longer with HIV/AIDS, as there is a significant increase among older individuals living with the disease.

The most significant annual increases were among 55-64 year olds (47% increase); followed closely by 65+ year olds (46% increase), 13-24 year olds (40%), 45-54 year olds which increased 30%, 35 to 44 year olds (19%) and less than 13 year olds (9%).

- Although heterosexual contact only accounted for 16% of the new HIV infections in 2009, it increased 35% in prevalence between 2005 and 2009. <sup>1</sup>

### **Funding and Utilization**

The Ryan White CARE Act program receives funding from four sources. The main source of program funding is the federal Ryan White CARE Act Part B grant. The federal funds include an ADAP earmark of 73% of the total award. The Ryan White program receives State General Funds in part for the Maintenance of Effort (MOE) requirement to the federal funding, for the Aids Drug Assistance Program, and Medicare Part D clients State Pharmacy Assistance Program (SPAP). The Ryan White program also receives program income in the form of pharmaceutical rebates. The U.S. Department of Housing and Urban Development (HUD) funds Housing Opportunities for People with AIDS (HOPWA).

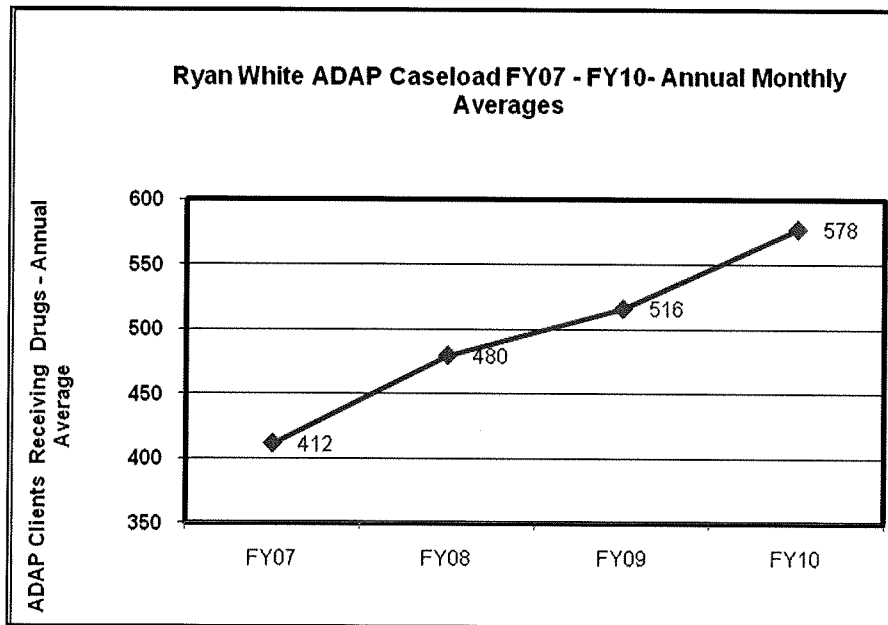
Ryan White CARE Act Part B Grant – \$8,339,054.00  
ADAP, Consortia and Direct Services.

State General Funds – \$1,904,351.00  
ADAP funding.

Program Income/Rebates – \$ 625,911.00  
ADAP funding.

Housing Opportunities for People with AIDS (HOPWA) - \$257,000  
U.S. Department of Housing and Urban Development (HUD) funding. <sup>2</sup>

Program enrollment and utilization has steadily increased over the past several years. Every 75 clients on ADAP costs the program approximately \$1,000,000.



Cost containment measures, such as the State Pharmacy Assistance Program (SPAP)/Medicare Part D enrollment and Continuation of Benefits (COB) Program have helped mitigate increasing program costs while assuring clients have access to lifesaving medications. **Total Ryan White Part B Program Enrollment is over 1500 clients, with the potential to cost the program \$19 million per year if every client was enrolled in and utilizing ADAP.**<sup>3</sup>

## **2008-2010 Medication Programs UTILIZATION**

Year	ADAP Average Cost/ month/client	ADAP Average Monthly caseload of clients receiving medication	% increase 08-10 ADAP	SPAP Average Cost/ month/ client	SPAP Average Monthly caseload of clients receiving medication	% increase 08-10 SPAP	COB Average Cost/ month /client	COB Average Monthly caseload of clients receiving medication	% increase 08-10 COB	Wait List
2008	\$1,089	506		\$549	29		\$252	60		N/A
2009	\$1,114	539		\$405	83		\$261	95		N/A
2010	\$1,059	588	14%	\$357	133	78%	\$304	102	41%	N/A

### References

- <sup>1</sup> Nevada State Health Division HIV/AIDS Reporting System (HARS)
- <sup>2</sup> 2010 Nevada Ryan White Part B Financial Statement Reports
- <sup>3</sup> Catalyst Pharmacy Benefit Manager (PBM) Executive Summary December 2010