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ALABAMA AT BIRMINGHAM.

Center for AIDS Research (CFAR)

Ryan White Funding 101

Part C and the 340B Program



Learning Objectives

1. The History of Ryan White
2. The Ryan White Parts
3. Ryan White Part C Application
4. After the Award
5. Target HIV
6. Overview of the 340B Program



Who was Ryan White?

- Ryan White was a 13 year old boy diagnosed with AIDS following a blood transfusion in December 1984.
- When he tried to return to school, he faced tremendous AIDS-related discrimination.
- Ryan and his mother began to rally for his right to attend school – gaining national attention – and became the face of public education about his disease.
- Ryan White died in April 1990, only 1 month before his high school graduation.

The History of The Ryan White Program

- In August 1990, Congress passed legislation bearing his name – The Ryan White Comprehensive AIDS Resource Emergency (CARE) Act.

HRSA AIDS Programs Appropriations

Ryan White CARE Act Appropriations	FY 1991 Funding
Title I: (Part A) - Emergency Relief	\$87,831,000
(STATE)	(\$87,831,000)
Title II: (Part B) - HIV Care	\$87,831,000
Title III: (Part C) - Early Intervention	\$44,891,000
Total Ryan White Funding	\$220,553,000
Non-Ryan White Appropriations	FY 1991 Funding
Pediatric AIDS Demonstrations	\$19,518,000
AIDS Education and Training Centers	\$17,078,000
Facilities Construction (1610b)	\$4,029,000
Total Non-Ryan White Funding	\$40,625,000
Total HRSA Appropriations	FY 1991 Funding
Total:	\$261,178,000

The History of The Ryan White Program

FY 2011-FY 2020 Appropriations by Program

Program* ↕	FY 2011 ↕	FY 2012 ↕	FY 2013 ↕	FY 2014 ↕	FY 2015 ↕	FY 2016 ↕	FY 2017 ↕	FY 2018 ↕	FY 2019 ↕	FY 2020 ↕
Part A: (Title I) - Emergency Relief	\$680,117,000	\$673,659,000	\$631,850,000	\$656,961,000	\$655,220,000	\$655,083,000	\$654,296,000	\$655,876,000	\$655,876,000	\$655,876,000
Part B: (Title II) - HIV Care	\$1,322,218,000	\$1,374,904,000	\$1,301,612,000	\$1,328,523,000	\$1,315,005,000	\$1,313,416,000	\$1,311,837,000	\$1,309,251,000	\$1,315,005,000	\$1,315,005,000
(ADAP- non-add)	(\$885,000,000)	(933,299,000)	(\$886,313,000)	(\$900,313,000)	(\$900,313,000)	(\$900,313,000)	(\$900,313,000)	(\$894,559,000)	(\$900,313,000)	(\$900,313,000)
Part C: (Title III) - Early Intervention	\$207,997,000	\$217,519,000	\$196,877,000	\$207,977,000	\$204,179,000	\$204,831,000	\$200,585,000	\$201,079,000	\$201,079,000	\$201,079,000
Part D: (Title IV) - Women, Infants, Children & Youth	\$78,215,000	\$78,069,000	\$73,263,000	\$73,297,000	\$73,008,000	\$74,997,000	\$74,907,000	\$75,088,000	\$75,088,000	\$75,088,000
Part F: AIDS Education and Training Centers	\$34,607,000	\$34,542,000	\$32,390,000	\$33,275,000	\$33,349,000	\$33,571,000	\$33,530,000	\$33,611,000	\$33,611,000	\$33,611,000
Part F: Dental Reimbursement	\$13,511,000	\$13,485,000	\$12,646,000	\$12,991,000	\$13,020,000	\$13,106,000	\$13,090,000	\$13,122,000	\$13,122,000	\$13,122,000
SPNS					\$25,000,000	\$24,970,000	\$24,940,000	\$25,000,000	\$25,000,000	\$25,000,000
Ending the HIV Epidemic Initiative										\$70,000,000
Total: Ryan White CARE Act:	\$2,336,665,000	\$2,392,178,000	\$2,248,638,000	\$2,313,024,000	\$2,318,781,000	\$2,319,974,000	\$2,313,185,000	\$2,313,027,000	\$2,318,781,000	\$2,388,781,000



The Ryan White Parts

- Part A –Hard Hit Urban Areas and Planning councils
- Part B-States and Territories
- Part B-AIDS Drug Assistance Program (ADAP)
- Part C-Community Based Early Intervention
- Part D- Women, Infants, Children, Youth
- Part F-Dental Programs, HIV/AIDS Clinical Training, Global HIV/AIDS Programs/SPNS Models of Care



Ryan White Part C Application

HRSA Grants Index

- <https://www.hrsa.gov/grants/index.html>
1. Find your Funding Opportunity
 - Read the Title, Program Description, and Eligibility Requirements very carefully
 2. Complete Mandatory Registrations
 - DUNS, SAM, and Grants.gov
 3. Determine your Eligibility
 4. Follow the Application Process

After the Award

- Data Reporting via the RSR (Ryan White Services Report)
 - <https://targethiv.org/searches?search=RSR>
 - Identifying and Defining Data Elements
 - Data for reporting
 - Data for quality improvement and evaluations
 - Identifying data sources
 - Where does the data you need reside? Is it a single source like an EMR or is it in several different sources which can complicate full collection of data
 - How is the data generated? Is it clear within your organization who collects the data, who validates the data, who generates reports for reporting to sponsor?
 - Communicating the data
 - How is the data used to inform your program about how you are doing and where you need to go (strategic planning)
- <https://targethiv.org/library/essential-steps-data-flow-collect-it-manage-it-report-it-and-use-it>

After the Award Continued

- Financial Reporting
 - Primary reporting requirements for financials
 - Allocations Report- used by grant recipients to report their “expected” uses of Ryan White HIV/AIDS Program Funds. Done during the first 90 days of budget year
 - Expenditures Report-used by grant recipients to report their “actual” use of Ryan White HIV/AIDS Program funds
 - This expenditure report has recently been expanded to include use of program income
 - Financial Status Report (FSR)-A report that is required to be submitted within 90 days after the end of the budget period that serves as documentation of the financial status of grants according to the official accounting records of the recipient organization.

Target HIV

Tools for HRSA's Ryan White HIV/AIDS Program

- <https://targethiv.org>
- Target HIV's Library of resources covers topics such as planning, fiscal management, and medical & support services
- The Calendar shows Ryan White specific events occurring Nation Wide (and online)
- Connect with others through community forums, and get help through technical assistance



Overview of the 340B Program

HRSA's Office of Pharmacy Affairs provides drug discounts to certain federal grant recipients, federally qualified health center look-alikes, and qualified hospitals, allowing these entities to save a significant amount of funds by lowering the price of medications.

- **The 340B Program enables covered entities to stretch scarce federal resources** as far as possible, reaching more eligible patients and providing more comprehensive services.
- **Manufacturers participating in Medicaid** agree to provide outpatient drugs to covered entities at significantly reduced prices.
- **Eligible health care organizations/covered entities** are defined in statute and include HRSA-supported health centers and look-alikes, Ryan White clinics and State AIDS Drug Assistance programs, Medicare/Medicaid Disproportionate Share Hospitals, children's hospitals, and other safety net providers. [See the full list of eligible organizations/covered entities.](#)

Getting started with 340B

To participate in the 340B Program, eligible organizations/covered entities must register and be enrolled with the 340B program and comply with all 340B Program requirements. Once enrolled, covered entities are assigned a 340B identification number that vendors verify before allowing an organization to purchase 340B discounted drugs.

<https://www.hrsa.gov/opa/eligibility-and-registration/index.html>

340B prime Vendor program is a valuable resource to get started

<https://www.340bpvp.com/>

Benefits of a 340B program

- Stretch scarce federal resources
 - Revenue generated allows grantees to expand their annual operating budgets to include expanded services to existing patients
- Reach more eligible patients
 - 340B program income can be used to expand community outreach initiatives to identify new patients and link them to care
- Provide more comprehensive services
 - 340B program income can be used to expand the types of services provided beyond what is budgeted under the federal award

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Thank You!
Any Questions?