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Ryan White Program

Impact of the ACA and Health System Change on the Iowa Safety Net

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Introduction

This is a report that inventories all the information we have collected on the finances, providers, and patients affected by The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White). This information was collected as part of a study funded by The Commonwealth Fund to study the implications of the Affordable Care Act (ACA) on safety net health care providers.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Pub.L. 111-87) originally known as The Ryan White CARE Act (Pub.L. 101-381) authorizes grants from the federal government to states for the provision of health care and support services to persons and families affected by the Human Immunodeficiency Virus ("HIV") and unable to afford the appropriate health services. Ryan White funds are administered by the Iowa Department of Public Health HIV/AIDS Program. The Ryan White program is divided into several parts. Part A, which Iowa does not receive, provides emergency assistance to eligible metropolitan areas.[1]

Part B funds are used for home and community-based services, continuation of health insurance, direct health and support services, and the AIDS Drug Assistance Program ("ADAP").[2] Six organizations in Iowa are funded from Part B (Table 1). Part C funding supports outpatient primary care and early intervention services.[3] Four organizations in Iowa are funded from Part C (Table 1). Part D funding, which Iowa does not receive, supports services to women, infants, and youth with either HIV or AIDS.[4] Iowa also receives funding for AIDS Education and Training Centers and the Dental Reimbursement Program, which provides access to dental care.[5]

Table 1. Organizations receiving Ryan White HIV/AIDS program funding by part for 2009.

Funding Program	Number of Organizations
Part A	0
Part B	4
Part C	4
Part D	0
Total:	8

Source: Health Resource and Services Administration, 2009. Note: one organization received funding from both programs.

The Ryan White program is a payer of last resort for the low income HIV/AIDS population. Program eligibility requires Iowa residency, a confirmed diagnosis of either HIV or AIDS, a household income equal to or less than 200 percent of the Federal Poverty Level ("FPL"), and ineligibility for other financial assistance.[6] In Iowa, four HIV Care Consortia, comprising twelve agencies, offer funded services.[7]

Additionally, six different organizations received Ryan White funding in 2009. As shown in Table 2, one organization is a hospital, three are community and mental health centers, and one is a community-based organization.[8]

Table 2. Organizations providing Ryan White HIV/AIDS program services by Type for 2008.

Organization Type	Number
Hospitals	1
Community & Mental Health Centers	3
Community-Based	1
Health Departments	0
Other	1
Total:	6

Source: Health Resource and Services Administration, 2009

Four clinics provide the outpatient primary care and early intervention services for Iowans covered by Part C.[9] Services offered at the participating clinics include: medical and non-medical case management, oral health care, medical nutrition therapy, mental health services, substance abuse outpatient care, and prescription assistance.[10] Case management services are available regardless of income level.[11]

Funding and Expenditures

In Fiscal Year 2010, total federal funding for Iowa's Ryan White program equaled $5.3 million ($4.5 million in Fiscal Year 2009).[12] Part B accounted for $3.6 million and the remaining $1.6 million funded Part C.[13] Part B can be further broken down into Base funding of $1.3 million; ADAP funding of $1.5 million; and ADAP Supplemental funding of $226,797 (Table 3).[14] ADAP's total budget in Fiscal Year 2010 was $3.5 million because it is also funded by the State, ADAP Emergency funding, and Drug Rebates (Table 4).[15] The Iowa Legislature appropriated $539,868 for the Ryan White ADAP program in 2010 ($244,579 in 2009).[16]

Table 3. Distribution for Iowa's Ryan White Part B Funding by component

Funding Source	Amount	Percent
ADAP	$1,487,050	43
ADAP Supplemental	$226,797	8
Base and emerging communities	$1,258,207	5
Supplemental	$37,181	14
ADAP Emergency Funding	$664,928	19
Total	**$3,674,163**	**100**

Source: Kaiser Family Foundation, 2011

The Fiscal Year 2009 expenditures for HIV/AIDS-related primary care services equaled $69,768[17]; Expenditures for early intervention services equaled $27,143[18] ; Support services costs totaled $48,161[19]; and Case management expenditures equaled $550,748.[20]

Table 4. Distribution for Iowa's Ryan White ADAP budget by source for Fiscal Year 2010.

Funding Source	Amount	Percent
ADAP	$1,487,050	43
ADAP Supplemental	$263,978	8
Part B Base	$169,139	5
State	$498,868	14
ADAP Emergency Funding	$664,928	19
Drug Rebates	$400,000	11
Total	**$3,483,963**	**100**

Source: Kaiser Family Foundation, 2011

Providers

As mentioned earlier, six organizations received Ryan White Part B funding in 2009. Twelve agencies provide case management services, transportation, in addition to assistance with medical bills and substance abuse treatments.[21] The list of agencies funded by Part B is shown in Table 5.[22]

Table 5. Ryan White Part B providers for Iowa in 2009.

Provider Name	City	Provider Name	City
Siouxland Community Health Center	Sioux City	Cedar Valley Hospice	Waterloo
Nebraska AIDS Project	Omaha	Dubuque Visiting Nurse Association	Dubuque
Mid-Iowa Community Action Agency	Marshalltown	Linn County Aging & Disability Resource Center	Hiawatha
Mid-Iowa Community Action Agency	Ames	Iowa Center for AIDS Resources and Education Services	Iowa City
Fort Dodge Area HIV/AIDS Coalition	Fort Dodge	University of Iowa Health Care, Dept. of Internal Medicine	Iowa City
North Iowa Community Action, Inc.	Mason City	AIDS Project Quad Cities, Inc.	Davenport
AIDS Project Central Iowa	Des Moines		

Source: Iowa Department of Public Health, Bureau of HIV, STD, and Hepatitis.

Population Served

In Fiscal Year 2008, one thousand eight hundred fifteen cases of either HIV or AIDS was reported in Iowa, and the Ryan White program served 1,854 duplicated clients who were HIV positive.[23] Seventy-six percent of program beneficiaries were males, 23 percent were females, and 0.7 percent were transgender persons (Table 6).[24] No one younger than 12 years of age was served (Table 7).[25] Three percent of beneficiaries were in the 13 to 24 age range (Table 7).[26] The 25 to 44 and 45 to 64 age ranges accounted for a majority of persons served with 53 percent and 41 percent, respectively (Table 7).[27] Two percent of the beneficiaries were older than 65 (Table 7).[28]

Table 6. Distribution of HIV positive duplicated clients in Iowa for 2008.

Sex	Number	Percent
Male	1,415	77
Female	430	23
Total:	1,845	100

Source: Health Resource and Services Administration, 2009

Table 7. Age Distribution for HIV positive duplicated clients for Iowa in 2008.

Age Range (years)	Number	Percent
<2	0	0
2-12	<10	*
13-24	59	3
25-44	948	51
45-64	802	43
65+	42	2
Total	**1,851**	**100**

Source: Health Resource and Services Administration, 2009.

Note: percentage might not equal 100 due to rounding. For categories containing <10 cases, the exact number is not reported.

ADAP benefits were received by a total of 478 persons in Fiscal year 2007.[29] Eighty-one of those beneficiaries were newly served that year.[30] By 2012, ADAP benefits were received by 488 individuals. Three hundred seventy-two males and 105 females were beneficiaries in 2007.[31] Similar to the HIV positive clients, in 2012 no ADAP clients were younger than twelve, five percent were in the 13 to 24 age range, ninety-three percent of ADAP clients were in the combined 25 to 44 and 45 to 64 age groups (56 and 39%, respectively), and only two percent of ADAP clients were older than 65 (Table 8).[32] Fifteen percent decline in the number of ADAP clients age 13-24 from 2007. Four percent increase from 2007 in the 25 to 44 age range; and six percent decline from 2007 in the 45 to 64 age range. Since July 2009, the ADAP program has been closed to new enrollees and people are currently placed on a waiting list.[33]

Table 8. Distribution of ADAP clients by age for Iowa in 2012.

Age Range (years)	Number	Percent
<2	0	0
2-12	0	0
13-24	24	5
25-44	234	48
45-64	220	45
65+	10	2
Total	488	100

Source: Kaiser Family Foundation.

Nine hundred one duplicated clients had household incomes equal to or less than 100 percent of FPL (Table 9).[34] Another 491 people receiving services had incomes between 101 and 200 percent of FPL (Table 9).[35]

Table 9. Distribution for HIV positive duplicated Iowa clients by income for 2008.

Income (% of FPL)	Number	Percent
≤100	901	49
101-200	491	26
Total	1,392	100

Source: Health Resource and Services Administration, 2009. Note: percentages might not equal 100 due to rounding.

The majority of unduplicated clients in 2008 were white (67%, Table 10).[36] African Americans were the second most common racial group in 2008 accounting for 21 percent of the duplicated clients (Table 10). Similarly, white was the most common racial classification for ADAP clients and African Americans were the second most common racial group for clients (Table 10).

Table 10. Distribution of Ryan White duplicated clients by race/ethnicity for Iowa in 2008 and ADAP beneficiaries for Fiscal Year 2008.

Race/Ethnicity	Number of Clients[9]	Percent	Number of ADAP Clients	Percent
White	1,233	67	327	69
African American	393	21	86	18
Hispanic	147	8	51	11
Asian	21	1	10	2
Native Hawaiian/Pacific Islander	0	0	0	0
American Indian/Alaska Native	10	0.5	Insufficient Data	N/A
Multiracial	35	2	0	0
Unknown/Unreported	11	0.6	N/A	N/A
Total	**1,839**	**100**	**474**	**100**

Source: Health Resource and Services Administration, 2009. Note: percentages might not equal 100 due to rounding.

Regarding the most common insurance status for 2008, HIV-positive clients were either privately insured or uninsured (27% for each group, Table 11). The percentage of uninsured decreased and the privately insured increased compared to 2007 (30% and 25%, respectively).[37] The second most common insurance for HIV-positive clients in 2008 was Medicare (Table 11). In comparison, the uninsured were, by far, the most common group of ADAP clients (64%) in 2011 (Table 11).[38]

Table 11. Distribution of HIV positive duplicated Iowa clients by insurance status for Fiscal Year 2008 and unduplicated Iowa ADAP clients for 2011.

Insurance Status	Number of Clients	Percent	ADAP Clients	Percent
Private	483	27	85	18
Medicaid	258	14	19	4
Medicare	333	18	66	14
Other Public	218	12	N/A	
Other Insurance	17	1	N/A	
No Insurance	496	27	301	64
Unknown	49	3	N/A	
Total	**1,805**	**100**	**471**	**100**

Sources: Health Resource and Services Administration, 2009 for HIV-positive clients and the National Alliance of State & Territorial AIDS Directors for ADAP clients.

Note: percentages (for HIV-positive clients) might not equal 100 due to rounding; N/A= not available.

Ryan White beneficiaries visited clinics a total of 19,739 times in Fiscal Year 2007.[39] In comparison, a total of 22,387 clinic visits were made in fiscal year 2008 (a 13% increase from 2007; Table 12).[40] Case management was the most frequently used service in both 2007 and 2008 with 13,171 and 14,189 visits, respectively (an 8% increase; Table 12).[41] Outpatient medical care totaled 5,462 visits in 2007 and 6,641 visits in 2008 (a 22% increase; Table 12).[42] Oral health care accounted for 601 visits in 2007 and 731

visits in 2008 (a 22% increase; Table 12); Mental health services accounted for 476 visits in 2007 (increasing 58% in 2008, Table 12); and Substance Abuse accounted for 29 visits in 2007 (increasing 148% in 2008, Table 12).[43]

Table 12. Distribution of visits by core service type for Ryan White beneficiaries in Iowa during 2008.

Service Type	Number of Visits	Percent
Medical Case Management	14,189	63
Substance Abuse	72	0.3
Oral Health	731	3
Ambulatory/outpatient medical care	6,641	30
Mental Health	754	3
Total:	**22,387**	**100**

Source: Health Resource and Services Administration, 2009. Note: percentages might not equal 100 due to rounding.

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