March 2009

RYAN WHITE CARE ACT

Implementation of the New Minority AIDS Initiative Provisions

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Highlights

Highlights of GAO-09-315, a report to congressional committees

Why GAO Did This Study

The Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (CARE Act) makes federal funds available to assist individuals affected by HIV/AIDS. The Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA) awards CARE Act funding to grantees that include states, territories, and metropolitan areas. Because minorities have been disproportionately affected by HIV/AIDS, the CARE Act's Minority AIDS Initiative (MAI) provides funding through five parts (A, B, C, D, and F) of the act with the goal of reducing HIV-related health care disparities among minorities.

The reauthorization of CARE Act programs changed the process by which HRSA awards MAI grants under Part A (funding for metropolitan areas) and Part B (for states and territories) from a formula based solely on demographics of the metropolitan area, state, or territory to a competitive process. The CARE Act requires GAO to report on MAI and related issues. This report provides information on (1) the effect on grantees and service providers of the new competitive process for awarding Part A and B MAI funds, (2) the types of services grantees funded under MAI, and (3) barriers to minorities obtaining services from HIV/AIDS programs that were identified by grantees. GAO surveyed CARE Act grantees and interviewed selected grantee and HRSA officials. GAO also reviewed Part A and B MAI applications.

View GAO-09-315 or key components.
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What GAO Found

The new competitive process for Parts A and B altered MAI funding amounts from what they would have been under the old formula-based process, increased administrative requirements for grantees, and resulted in continued funding for existing initiatives to reduce health disparities for minorities. In determining the award amounts under the new process, HRSA considered the number of minorities with HIV/AIDS living in the grantee metropolitan area, state, or territory, along with the MAI applications grantees were required to file. The quality of the grant applications sometimes resulted in considerable differences in grantees' share of MAI funds from what they would have received under the old process. Part A and B grantees that received MAI funding told us that the administrative requirements increased significantly because of the new process. All Part A and B grantees that applied for MAI funding received it, but some Part B grantees decided that the administrative requirements, including a separate application for MAI funds, were not worth the amount of funds that they expected to receive and therefore chose not to apply. Grantees generally funded the same service providers and initiatives to reduce minority health disparities as they had in prior years.

After the reauthorization of CARE Act programs, MAI grantees continued to fund a range of core medical services, which include essential medical care services, and support services, which are services needed for individuals with HIV/AIDS to achieve their medical outcomes. Consistent with HRSA guidance, the types of services funded under MAI generally did not differ from services provided with other CARE Act funds. The five services Part A grantees funded most frequently were medical case management, outpatient and ambulatory health services, outreach services, substance abuse outpatient care, and mental health services—outreach services being the only support service among these. Part B grantees used MAI funds for efforts associated with the CARE Act-funded HIV/AIDS drug program, Part C and D grantees funded a range of core medical and support services with MAI funds, and Part F grantees used MAI funds for education efforts targeting health care professionals who are from, or primarily serve, minority communities.

Grantees identified many barriers that make it more difficult for minorities to obtain services from HIV/AIDS programs, including those funded by the CARE Act. Barriers to HIV/AIDS care can delay or prevent individuals' timely entrance into, or continuation of, core medical or support services, thus reducing the likely success of care. The barriers grantees identified included the presence of other diseases that impact immune systems, housing issues, and poverty.

In commenting on this report, HHS suggested that we identify the law authorizing Ryan White programs as either Title XXVI of the Public Health Service Act (PHSA) or the Ryan White HIV/AIDS program. We continue to refer to the law authorizing Ryan White programs as the CARE Act, but have clarified that it refers to Title XXVI of PHSA.