

TITLE II: GRANTS TO STATES AND TERRITORIES

Title II of the Ryan White CARE Act provides grants to all 50 States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five newly eligible U.S. Pacific Territories and Associated Jurisdictions.* Title II also funds the AIDS Drug Assistance Program (ADAP) and grants to States for Emerging Communities—those reporting between 500 and 1,999 AIDS cases over the most recent five years.* Title II funds may be used to provide a variety of services, including:

- n Ambulatory health care;
- n Home-based health care;
- n Insurance coverage;
- n Medications;
- n Support services;
- n Outreach to HIV-positive individuals who know their HIV status;*
- n Early intervention services;* and
- n HIV Care Consortia, which assess needs and contracts for services.

FUNDING

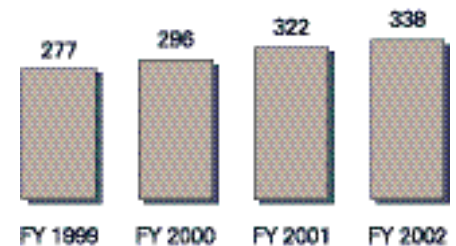
In FY 2002, \$977.4 million in Title II funds was awarded, of which \$639 million was earmarked for the AIDS Drug Assistance Program (ADAP).

- n Base Title II grants are awarded to States and Territories using a formula that, historically, has been based on reported AIDS cases. HIV prevalence (AIDS cases and HIV infections that have not yet progressed to AIDS) will be used to calculate grants as soon as data are adequate for doing so*. CARE Act provisions also require that States with more than one percent of total AIDS cases reported in the United States during the previous two years must contribute a match with their own resources, according to a formula outlined in the legislation.
- n Additional Title II funds are “earmarked” for State AIDS Drug Assistance Programs (ADAPs), which primarily provide medications. Fundable services also include treatment adherence and support, as well as health insurance coverage with prescription drug benefits.* Three percent of the ADAP earmark is reserved for grants to States and Territories with severe need for medication assistance.*
- n Title II supports \$10.0 million in supplemental grants to States for Emerging Communities—cities with between 500 and 1,999 reported AIDS cases in the most recent five years.*

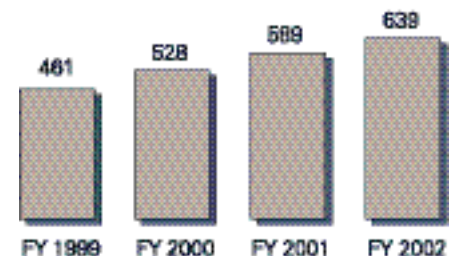
* A new provision under the CARE Act Amendments enacted in October 2000.

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act programs work with cities, States and local community-based organizations to provide services to approximately 533,000 individuals each year who do not have sufficient health care coverage or financial resources for coping with HIV disease. The majority of CARE Act funds support primary medical care and essential support services. A smaller, but equally critical portion is used to fund technical assistance, clinical training and research on innovative models of care. The CARE Act, first authorized in 1990, is currently funded at \$1.9 billion.

Ryan White CARE Act Title II Base Appropriations
FY 1999–FY 2002
(in millions of dollars)



Ryan White CARE Act Title II ADAP “Earmark”
FY 1999–FY 2002
(in millions of dollars)

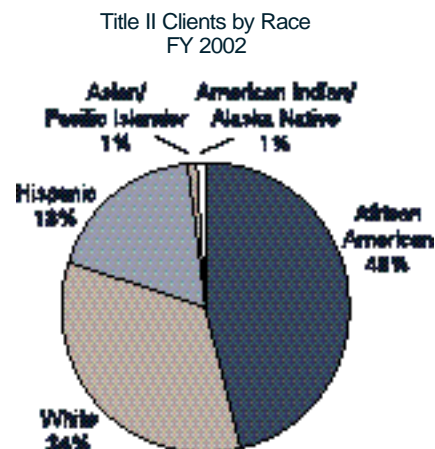


- n Title II supports \$7 million for the Minority AIDS Initiative to increase minority participation in ADAPs.
- n For the first time, two newly eligible U.S. Pacific Territories (American Samoa and the Commonwealth of the Northern Mariana Islands) and three Associated Jurisdictions (the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau) will each receive a \$50,000 Title II award.*

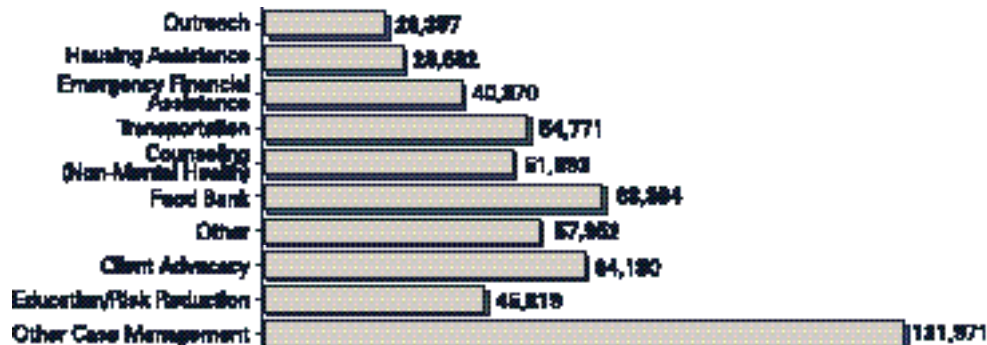
PROVIDERS

Title II providers may include public or nonprofit entities. For-profit entities are eligible only if they are the sole available providers of quality HIV care in the area.

Most States provide some services directly, while others work through subcontracts with Title II HIV Care Consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops, and delivers services for people living with HIV disease.



Duplicated Title II Clients Served, by Support Service
FY 2002



* A new provision under the CARE Act Amendments enacted in October 2000.