

# NASTAD

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

## *Ryan White CARE Act Issue Profile #6*

### **Update on the Title II Priority for Women, Infants and Children**

---

The Ryan White CARE Act, as reauthorized in 1996, requires states to utilize a percentage of Title II dollars to provide health and support services to women, infants and children. The proportion of Title II dollars—including ADAP funding—that are utilized for these populations must be equal to the proportion that these groups, as a whole, make up of the state's living AIDS cases. A new proposal under consideration would require states to utilize Title II resources according to the proportion of living AIDS cases that each distinct group—women, infants and children—separately represent in the jurisdiction.

While well intentioned, this priority, or set-aside, may confound state efforts to equitably distribute Title II resources to the areas and populations where they are most needed. Furthermore, a mandated set-aside for women, infants and children is not necessary, considering existing states efforts to coordinate HIV/AIDS care for these populations. For example:

- Increases in *base* Title II funding for care and support services have not kept pace with the relatively large increases in Title II ADAP funding. This funding pattern impacts on a state's ability to comply with the current funding priority for women, infants and children, let alone a more specific set-aside. Nationally, women and children represent about 20% and less than 1%, respectively, of all ADAP clients. However, women represent a higher percentage of clients served with Title II base dollars. For example, in **New York State**, women constitute 50% of clients served with Title II base funds but only 25% of ADAP clients. For this reason, as federal ADAP dollars under Title II continue to increase dramatically while Title II base funding increases only incrementally, the percentage of Title II money overall that is targeted to these populations actually declines.
- Statutorily, Ryan White CARE Act funds are the payer of last resort. States are already required to ensure that individuals who are eligible for other programs—including Medicaid and the State Children's Health Insurance Program (SCHIP)—receive services through those programs. It is important to note that the percentage of

children and infants living with HIV served by Ryan White Title II programs is very small, since most are covered through the entitlement programs mentioned above. Therefore, requiring states to utilize limited Ryan White resources in proportion to the specific number of infants and children living with AIDS in their jurisdictions—without considering these other sources of healthcare coverage—would result in a duplication of services and a waste of valuable resources for the poor and uninsured.

**This NASTAD *Ryan White CARE Act Issue Profile* was produced through the support of a grant from The George Gund Foundation.**