



**AIDS CARE AND TREATMENT**  
**IN OUR NATION**  
ryanwhiteaction.org

## FACTS AT A GLANCE

### The Need

- ★ HIV/AIDS remains a leading cause of death among Americans between the ages of 16 and 54.
- ★ About 1.1 million people in the U.S. are living with HIV or AIDS.
- ★ Another 40,000 people become infected with HIV each year.
- ★ The CDC estimates there are 211,000 people with HIV/AIDS in the U.S. who are not receiving drug treatment, but should be.
- ★ While the number of AIDS deaths has declined (3 percent decrease from 1999 through 2003), the number of AIDS diagnoses has increased (an estimated 4 percent during the same period).
- ★ Because of funding variations, the care and treatment provided for HIV/AIDS patients varies widely from state to state.
- ★ Nine states currently have waiting lists for people in need of drugs.
- ★ Some communities report up to a six-month waiting period for a primary care visit.
- ★ In other states, including Mississippi and Tennessee, people with AIDS are losing their health care coverage including drug coverage due to state Medicaid cutbacks.
- ★ Newly infected people are increasingly likely to be poor, to be members of a minority community, and to have inadequate access to healthcare.
- ★ While the vast majority of AIDS cases are still in urban areas, more and more people in rural areas, like in the South, are being infected.

### The Program

- ★ The Ryan White CARE Act programs work with states, cities, clinics, hospitals and local community-based organizations to provide care and treatment to low-income, uninsured or underinsured people with HIV/AIDS and their families.
- ★ CARE Act programs are the "payer of last resort." They fill gaps in care not covered by other resources.
- ★ By helping to fund the distribution of expensive, lifesaving medications, the Ryan White CARE Act has been an integral part of an effort that has decreased AIDS deaths in the United States from a peak of about 50,000 in 1995 to only about 18,000 in 2003.



- ★ CARE Act services increase access to care for underserved populations, improve the quality of life for those affected by the epidemic and by providing earlier access to care and treatment, reduces the use of more costly health care services such as in-patient care.
- ★ The Act was named in memory of Ryan White, an Indiana teenager who contracted AIDS at age 13 from a blood transfusion and died in 1990, and who became a leading public spokesperson on the needs of people with AIDS.
- ★ The Ryan White CARE Act was originally approved in 1990 and has been renewed twice since then, in 1996 and 2000 – each time with wide bipartisan support.

### **What Services are Provided?**

- ★ Ambulatory health care
- ★ Home-based health care
- ★ Insurance coverage
- ★ Medications
- ★ Support services
- ★ Outreach, testing and referral to identify HIV-positive individuals who know their HIV status
- ★ Dental care
- ★ Technical assistance and education for providers
- ★ Demonstration projects

### **Who Benefits?**

- ★ CARE Act programs reach more than 500,000 individuals each year.
- ★ In 2004, the CARE Act assisted about 136,000 people through its AIDS Drug Assistance Programs (ADAPs).
- ★ About half of the people who receive CARE Act benefits are African-American, while about 20 percent are Hispanic.
- ★ Women account for nearly one-third of the people receiving services funded by the Ryan White CARE Act.
- ★ Eighty percent of the people receiving assistance from ADAPs have annual incomes less than around \$19,500 (around 200 percent of the federal poverty level), and 51 percent have incomes less than approximately \$9,700.
- ★ A majority of people served by the CARE Act are uninsured, with only small percentages reporting some other source of coverage (15% private; 9% Medicare; 7% Medicaid and less than 1% with both Medicare and Medicaid).