



**U.S. Department of Health and Human Services
Health Resources and Services Administration**

REPORT TO CONGRESS

**RYAN WHITE HIV/AIDS PROGRAM
PARTS A AND B SUPPLEMENTAL AWARDS
Fiscal Year 2022**

Executive Summary

This report to Congress is in response to sections 2603(e) and 2620(d) of title XXVI of the Public Health Service (PHS) Act. This report provides Congress with information on the distribution of fiscal year (FY) 2022 Parts A and B supplemental funds to Ryan White HIV/AIDS Program (RWHAP) recipients and other statutorily required information as indicated below.

Section 2603(e) of the PHS Act states:

Not later than 45 days after the awarding of supplemental funds under this section, the Secretary shall submit to Congress a report concerning such funds. Such report shall include information detailing—

- (1) the total amount of supplemental funds available under this section for the year involved;*
- (2) the amount of supplemental funds used in accordance with the hold harmless provisions¹ of subsection (a)(4);*
- (3) the amount of supplemental funds disbursed pursuant to subsection (b)(2)(C);*
- (4) the disbursement of the remainder of the supplemental funds after taking into account the uses described in paragraphs (2) and (3); and*
- (5) the rationale used for the amount of funds disbursed as described under paragraphs (2), (3), and (4).*

Similarly, section 2620(d) of the PHS Act states:

Not later than 45 days after the awarding of supplemental funds under this section, the Secretary shall submit to Congress a report concerning such funds. Such report shall include information detailing—

- (1) the total amount of supplemental funds available under this section for the year involved;*
- (2) the amount of supplemental funds used in accordance with the hold harmless provisions² of section 2618(a)(2);*
- (3) the amount of supplemental funds disbursed pursuant to subsection (c);*
- (4) the disbursement of the remainder of the supplemental funds after taking into account the uses described in paragraphs (2) and (3); and*
- (5) the rationale used for the amount of funds disbursed as described under paragraphs (2), (3), and (4).*

This report presents information on RWHAP Parts A and B supplemental awards that the Health Resources and Services Administration disbursed to eligible recipients in FY 2022. This report reflects the award amounts available, as directed by statute, from appropriated resources and unobligated balances after accounting for the minimum allotments provision and addressing service declines or disruptions in service. It also details the impact of COVID-19 pandemic FY 2020 and FY 2021 flexibilities on FY 2022 RWHAP Parts A and B supplemental awards.

¹ Hold harmless provisions expired in FY 2013.

² Ibid.

Table of Contents

Executive Summary	1
Table of Contents	2
List of Tables	2
Acronym List	3
Introduction	4
Overview	5
Supplemental Funds Distributed to RWHAP Parts A and B	6
RWHAP Part A: Grants to Eligible Metropolitan Areas and Transitional Grant Areas	6
RWHAP Part B: Grants to States.....	7
Supplemental Funds Used for Minimum Allotments	8
Supplemental Funds Used to Address Disruption of Services	8
RWHAP Part A: Grants to Eligible Metropolitan Areas and Transitional Grant Areas	8
RWHAP Part B: Grants to States.....	8
Supplemental Funds Used to Address Changes in Eligibility	8
Final Supplemental Awards by Recipient	9
RWHAP Part A: Grants to Eligible Metropolitan Areas and Transitional Grant Areas	9
Rationale Used for Disbursement of Funds	12
RWHAP Part A: Grants to Eligible Metropolitan Areas and Transitional Grant Areas ...	12
RWHAP Part B: Grants to States and U.S. Territories	13
Conclusion	14

List of Tables

Table 1: Accounting of the FY 2022 RWHAP Supplemental Pool of Funds.....	6
Table 2: FY 2022 RWHAP Part A Supplemental Awards	9
Table 3: FY 2022 RWHAP Part B Supplemental Awards.....	11

Acronym List

EMA	Eligible Metropolitan Area
FFR	Federal Financial Report
FY	Fiscal Year
HRSA	Health Resources and Services Administration
PHS Act	Public Health Service Act
RWHAP	Ryan White HIV/AIDS Program
TGA	Transitional Grant Area
UOB	Unobligated Balances

Introduction

As required by sections 2603(e) and 2620(d) of title XXVI of the Public Health Service (PHS) Act, as amended, this report describes supplemental funds that the Health Resources and Services Administration (HRSA) disbursed to eligible recipients under the Ryan White HIV/AIDS Program (RWHAP) Parts A and B in fiscal year (FY) 2022.

Section 2603(e) of the PHS Act states:

Not later than 45 days after the awarding of supplemental funds under this section, the Secretary shall submit to Congress a report concerning such funds. Such report shall include information detailing—

- (1) the total amount of supplemental funds available under this section for the year involved;*
- (2) the amount of supplemental funds used in accordance with the hold harmless provisions³ of subsection (a)(4);*
- (3) the amount of supplemental funds disbursed pursuant to subsection (b)(2)(C);*
- (4) the disbursement of the remainder of the supplemental funds after taking into account the uses described in paragraphs (2) and (3); and*
- (5) the rationale used for the amount of funds disbursed as described under paragraphs (2), (3), and (4).*

Similarly, section 2620(d) of the PHS Act states:

Not later than 45 days after the awarding of supplemental funds under this section, the Secretary shall submit to Congress a report concerning such funds. Such report shall include information detailing—

- (1) the total amount of supplemental funds available under this section for the year involved;*
- (2) the amount of supplemental funds used in accordance with the hold harmless provisions⁴ of section 2618(a)(2);*
- (3) the amount of supplemental funds disbursed pursuant to subsection (c);*
- (4) the disbursement of the remainder of the supplemental funds after taking into account the uses described in paragraphs (2) and (3); and*
- (5) the rationale used for the amount of funds disbursed as described under paragraphs (2), (3), and (4).*

RWHAP provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV who are uninsured and underinsured in the United States. RWHAP Part A provides grants to eligible metropolitan areas (EMA) and transitional grant areas (TGA) disproportionately affected by HIV. RWHAP Part B provides grants to states/territories to improve the quality, availability, and organization of HIV health care and support services. This includes providing access to Food and Drug Administration-

³ Ibid.

⁴ Ibid.

approved HIV-related medications through the AIDS Drug Assistance Programs.⁵ This report presents information on RWHAP Parts A and B supplemental awards that HRSA disbursed to eligible recipients in FY 2022.

Overview

The purpose of supplemental funding is to develop and/or enhance access to the HIV care and treatment services that Parts A and B recipients provide through their formula grants. Both formula and supplemental funding directly support the U.S. Department of Health and Human Services' goals to protect and strengthen equitable access to high quality and affordable healthcare. Per statute, one-third of the amount available for RWHAP Part A grants is set aside for Part A supplemental funding. One-third of the increase between the FY 2006 and the current RWHAP Part B appropriation, less the direct appropriation for the AIDS Drug Assistance Programs, is set aside for Part B supplemental funding.

The pool of funds that HRSA uses for supplemental funding varies from year to year based on the size of the appropriations and other factors. For both RWHAP Parts A and B, the pool of funds set aside for supplemental funding increases by offsets and penalties that result from available prior year unobligated balances (UOB). For Part B, the supplemental funding amount also increases by amounts that result from the recouping of prior year funds (75 percent obligation penalties). Other factors that affect the amount available for distribution include changes in recipient eligibility and the amount of funds that recipients need to address service declines or disruptions in service. Sections 2603(b)(2)(C) and 2620(c) of the PHS Act direct the Secretary of Health and Human Services to provide funds to jurisdictions to address the disruption of services due to reductions in formula grant amounts, referred to as priority funding.

There are also several legislative mandates that can reduce the amount available for supplemental funding. For example, HRSA may reduce the RWHAP Part A supplemental pool by \$500,000 and the amount of the last formula award per TGA in the event that TGA becomes ineligible and such funds are transferred to the RWHAP Part B formula. This did not occur in FY 2022. HRSA may also reduce the RWHAP Part B supplemental pool by amounts needed to meet minimum funding requirements for formula grants. Finally, HRSA may reduce both Parts A and B supplemental pools by amounts needed to meet the priority funding requirement. Table 1 provides an accounting of the FY 2022 supplemental pool of funds.

⁵ The RWHAP also includes Part C, which provides grants to local community-based organizations; Part D, which provides grants to family-centered care to women and children living with HIV; and Part F, which provides grants to support research and technical assistance. This report focuses on Parts A and B of the RWHAP.

Table 1: Accounting of the FY 2022 RWHAP Supplemental Pool of Funds

	Part A	Part B
Supplemental set-aside	\$192,791,306	\$37,729,333
+ Unobligated balances	\$14,342,232	\$9,511,204
+ Penalty reductions from formula awards	\$0	\$0
Supplemental pool of funds (before reductions)	\$207,133,538	\$47,240,537
- Transfer of Part A funds to Part B due to loss of TGA	\$0	--
- Part B funds required to meet Part B base minimums	--	(\$1,627,682)
- Priority funds	(\$10,601,757)	(\$6,836,088)
Supplemental pool of funds (after reductions)	\$196,531,781	\$38,776,767
+ Priority funds	\$10,601,757	\$6,836,088
Supplemental pool of funds (includes priority funding)⁶	\$207,133,538	\$45,612,855

RWHAP Parts A and B supplemental funding goes to eligible applicants (EMAs, TGAs, states, and U.S. territories) based on the jurisdiction’s response to the Notice of Funding Opportunity announcement’s six demonstrated need criteria, as defined in the RWHAP statute. Jurisdictions are eligible, so long as they did not incur a UOB penalty.⁷

Supplemental Funds Distributed to RWHAP Parts A and B

RWHAP Part A: Grants to Eligible Metropolitan Areas and Transitional Grant Areas

The total amount of FY 2022 supplemental funds available for distribution under RWHAP Part A was \$207,133,538 (including \$10,601,757 in priority funding). This amount included the supplemental set-aside of \$192,791,306 (one-third of EMA and TGA formula funding) and \$14,342,232 in RWHAP Part A formula and supplemental UOB. All RWHAP Part A recipients apply for and receive supplemental funding based on their Objective Review Committee score.

The Consolidated Appropriations Act, 2021 (Pub. L. 116-260), Division M, section 307 gave HRSA the authority to waive Part A UOB penalties for grants awarded in FY 2020 and FY 2021 that recipients incurred because of the COVID-19 pandemic.⁸ Due to normal financial management and accounting practices and timelines, there is a delay in when these penalties can be determined. HRSA assessed and applied these penalties in FY 2022 as follows:

HRSA determined the FY 2022 Part A UOB penalties based on the final Federal Financial Report (FFR) submitted by the grant recipients after the close of FY 2020. However, HRSA did

⁶ HRSA included priority funds in the final supplemental award.

⁷ All recipients were eligible for FY 2022 supplemental funding. Due to the COVID-19 pandemic, HRSA waived UOB penalties per the authority provided under the Consolidated Appropriations Act, 2021 (Pub. L. 116-260), Division M, section 307.

⁸ See <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/penalties-waivers-program-letter.pdf>.

not apply any penalties that resulted from Part A formula fund UOBs reported in the final FY 2020 FFR during the FY 2022 award cycle, as would have been normal practice. Instead, HRSA used the authority in the Consolidated Appropriations Act, 2021 to waive FY 2020 UOB penalties for 14 Part A recipients, totaling \$603,336. Otherwise, HRSA would have added funds from penalties to the FY 2022 Part A supplemental pool and all 14 recipients would have been ineligible for FY 2022 supplemental funding.

RWHAP Part B: Grants to States

The total amount of FY 2022 supplemental funds available for distribution under RWHAP Part B was \$45,612,855 (including \$6,836,088 in priority funding). This amount included the supplemental set-aside of \$37,729,333 (one-third of the increase in the FY 2022 RWHAP Part B appropriation as compared to the FY 2006 appropriation) and \$9,511,204 in RWHAP Part B UOB. Per statute (see Supplemental Funds Used for Minimum Allotments below), HRSA decreased the FY 2022 supplemental pool by \$1,627,682 to meet the minimum allotments for FY 2022 RWHAP Part B base awards.

Unlike RWHAP Part A recipients, not all RWHAP Part B recipients apply for supplemental funding. In FY 2022, 29 RWHAP Part B recipients submitted supplemental applications totaling \$151,871,159, far exceeding the \$45,612,855 available. Applicants received funding based on their Objective Review Committee score, with individual awards ranging from 22 to 70 percent of their recommended amount.⁹

The Consolidated Appropriations Act, 2021 (Pub. L. 116-260), Division M, section 307 gave HRSA the authority to waive Part B UOB penalties and 75 percent obligation penalties for grants awarded in FY 2020 and FY 2021 that recipients incurred because of the COVID-19 pandemic.¹⁰ Due to normal financial management and accounting practices and timelines, there is a delay in when these penalties can be determined. HRSA assessed and applied these penalties in FY 2022 as follows:

HRSA determined the FY 2022 Part B UOB penalties based on the final FFR submitted by the grant recipients after the close of FY 2020. However, HRSA did not apply any UOB penalties that resulted from Part B formula fund UOBs reported in the final FY 2020 FFR during the FY 2022 formula award cycle, as would have been normal practice. Instead, HRSA used the authority in the Consolidated Appropriations Act, 2021 to waive FY 2020 UOB penalties for nine Part B recipients, totaling \$40,529. Otherwise, HRSA would have added funds from penalties to the FY 2022 Part B supplemental pool and all nine recipients would have been ineligible for FY 2022 supplemental funding.

HRSA determined the 75 percent obligation penalties in the same year that HRSA awarded the funds, after the grant recipient submitted the interim FFR. HRSA waived any 75 percent obligation penalties that resulted from a recipient's inability to obligate 75 percent of its FY 2021 award as reported on its interim FFR, and funds that HRSA would have recouped due to those

⁹ Recommended amount is based on the application requested amount and the Objective Review Committee's review of the supplemental application.

¹⁰ See footnote 8.

penalties were not available for use in the FY 2022 award cycle. HRSA used the authority in the Consolidated Appropriations Act, 2021 to waive FY 2021 75 percent obligation penalties for 11 Part B recipients, totaling \$110,127,172. Otherwise, HRSA would have added those funds to the FY 2022 Part B supplemental pool of funds.

Supplemental Funds Used for Minimum Allotments

The minimum allotments provision provides that states and U.S. territories receive a minimum RWHAP Part B base award. There is no minimum allotment provision for RWHAP Part A. Subsection 2618(a)(1) of the PHS Act provides that subject to the amounts made available under section 2623, no territory's base award (excluding Guam and the Virgin Islands) will be less than \$50,000. Additionally, states with fewer than 90 cases of AIDS receive a minimum of \$200,000 in base funding, and states with greater than 90 cases of AIDS receive a minimum of \$500,000 in base funding. In FY 2022, 14 out of 59 RWHAP Part B base awards fell under minimum funding requirements. Of the RWHAP Part B supplemental pool of funds, HRSA used \$1,627,682 to meet this requirement.

Supplemental Funds Used to Address Disruption of Services

Sections 2603(b)(2)(C) and 2620(c) of the PHS Act direct the Secretary of Health and Human Services to provide priority funding to jurisdictions to address the disruption of services due to reductions in formula grant amounts.

RWHAP Part A: Grants to Eligible Metropolitan Areas and Transitional Grant Areas

Priority funding that HRSA awarded to 15 EMAs and four TGAs in FY 2022 totaled \$10,601,757. HRSA included priority funding as part of each individual recipient's final supplemental award.

RWHAP Part B: Grants to States

Priority funding that HRSA awarded to six RWHAP Part B recipients in FY 2022 totaled \$6,836,088. HRSA included priority funding as part of the individual recipient's final supplemental award.

Supplemental Funds Used to Address Changes in Eligibility

Section 2610(c)(2) of the PHS Act requires that if a currently funded TGA under section 2609 ceases to be a transitional area (loses TGA status) due to not meeting the required number of reported living AIDS cases for 3 consecutive years,¹¹ HRSA must transfer and make available an amount equal to the total amount of a formula grant that HRSA made to the TGA for the

¹¹ Section 2609(c)(2) of the PHS Act.

preceding FY plus \$500,000 for grants pursuant to section 2618(a)(1). This is in addition to the amounts that are available for such grants under section 2623 of the PHS Act. HRSA did not make any transfers in FY 2022.

Final Supplemental Awards by Recipient

RWHAP Part A: Grants to Eligible Metropolitan Areas and Transitional Grant Areas

To be eligible, RWHAP Part A jurisdictions must have spent at least 95 percent of their award as reported on their most recent final FFR. In FY 2022, the RWHAP Part A supplemental awards totaled \$207,133,538. Of this amount, HRSA distributed \$196,531,781 to EMAs and TGAs and \$10,601,757 to those recipients eligible for priority funding (see Table 2).

Table 2: FY 2022 RWHAP Part A Supplemental Awards

EMA/TGA Name	Supplemental Amount	Priority Funding	FY 2022 Final RWHAP Part A Supplemental Award ¹²
EMAs			
Atlanta, GA	\$9,345,134	\$0	\$9,345,134
Baltimore, MD	\$4,765,149	\$721,227	\$5,486,376
Boston, MA	\$4,567,495	\$0	\$4,567,495
Chicago, IL	\$8,216,598	\$306,362	\$8,522,960
Dallas, TX	\$6,116,510	\$0	\$6,116,510
Detroit, MI	\$3,107,141	\$0	\$3,107,141
Fort Lauderdale, FL	\$4,950,538	\$32,633	\$4,983,171
Houston, TX	\$7,630,959	\$0	\$7,630,959
Los Angeles, CA	\$14,262,184	\$0	\$14,262,184
Miami, FL	\$8,339,494	\$51,220	\$8,390,714
Mineola, NY	\$1,692,592	\$252,579	\$1,945,171
New Haven, CT	\$1,641,518	\$246,842	\$1,888,360
New Orleans, LA	\$2,436,091	\$363,603	\$2,799,694
New York, NY	\$27,333,994	\$4,130,393	\$31,464,387
Newark, NJ	\$3,625,559	\$552,346	\$4,177,905
Orlando, FL	\$3,470,771	\$0	\$3,470,771
Philadelphia, PA	\$6,664,726	\$1,033,150	\$7,697,876

¹² The final supplemental award includes the supplemental amount and priority funding.

EMA/TGA Name	Supplemental Amount	Priority Funding	FY 2022 Final RWHAP Part A Supplemental Award¹²
Phoenix, AZ	\$3,281,782	\$0	\$3,281,782
San Diego, CA	\$3,772,478	\$0	\$3,772,478
San Francisco, CA	\$4,540,829	\$708,788	\$5,249,617
San Juan, PR	\$3,104,080	\$469,530	\$3,573,610
Tampa, FL	\$3,303,053	\$71,457	\$3,374,510
Washington, DC	\$9,992,784	\$785,611	\$10,778,395
West Palm Beach, FL	\$2,213,137	\$340,131	\$2,553,268
TGAs			
Austin, TX	\$1,704,533	\$0	\$1,704,533
Baton Rouge, LA	\$1,452,146	\$0	\$1,452,146
Charlotte, NC	\$1,978,115	\$0	\$1,978,115
Cleveland, OH	\$1,554,886	\$0	\$1,554,886
Columbus, OH	\$1,545,111	\$0	\$1,545,111
Denver, CO	\$2,517,541	\$0	\$2,517,541
Fort Worth, TX	\$1,635,348	\$0	\$1,635,348
Hartford, CT	\$921,574	\$111,605	\$1,033,179
Indianapolis, IN	\$1,504,797	\$0	\$1,504,797
Jacksonville, FL	\$1,900,103	\$0	\$1,900,103
Kansas City, MO	\$1,436,811	\$0	\$1,436,811
Las Vegas, NV	\$2,235,276	\$0	\$2,235,276
Memphis, TN	\$2,106,492	\$0	\$2,106,492
Minneapolis, MN	\$1,965,751	\$0	\$1,965,751
Nashville, TN	\$1,458,786	\$0	\$1,458,786
New Brunswick, NJ	\$839,392	\$103,208	\$942,600
Norfolk, VA	\$1,756,166	\$0	\$1,756,166
Oakland, CA	\$2,307,304	\$0	\$2,307,304
Paterson, NJ	\$1,205,990	\$144,278	\$1,350,268
Portland, OR	\$1,331,410	\$0	\$1,331,410
Sacramento, CA	\$1,128,128	\$0	\$1,128,128
Saint Louis, MO	\$1,997,810	\$0	\$1,997,810
San Antonio, TX	\$1,894,925	\$0	\$1,894,925
San Bernardino, CA	\$2,710,476	\$0	\$2,710,476
San Jose, CA	\$1,069,501	\$0	\$1,069,501
Santa Ana, CA	\$2,173,180	\$0	\$2,173,180

EMA/TGA Name	Supplemental Amount	Priority Funding	FY 2022 Final RWHAP Part A Supplemental Award ¹²
Seattle, WA	\$2,363,332	\$0	\$2,363,332
Secaucus, NJ	\$1,462,301	\$176,794	\$1,639,095
Totals	\$196,531,781	\$10,601,757	\$207,133,538

RWHAP Part B: Grants to States and U.S. Territories

RWHAP Part B recipients must submit an application to receive RWHAP Part B supplemental funding. To be eligible, they must have spent at least 95 percent of their prior year award as reported on their most recent final FFR. In FY 2022, 29 recipients applied for and received a total of \$45,612,855 in RWHAP Part B supplemental funding. Of this amount, HRSA distributed \$38,776,767 to all states and U.S. territories that applied for RWHAP Part B supplemental funding, and \$6,836,088 to recipients eligible for priority funding (see Table 3 below).

Table 3: FY 2022 RWHAP Part B Supplemental Awards

State/Territory	Supplemental Amount	Priority Funding	FY 2022 Final RWHAP Part B Supplemental Award ¹³
Alaska	\$123,768	\$0	\$123,768
Arizona	\$2,309,815	\$0	\$2,309,815
California	\$2,250,912	\$0	\$2,250,912
Colorado	\$647,234	\$0	\$647,234
Connecticut	\$1,630,169	\$346,943	\$1,977,112
Delaware	\$450,915	\$107,039	\$557,954
Florida	\$2,385,928	\$0	\$2,385,928
Georgia	\$2,354,658	\$0	\$2,354,658
Guam	\$62,499	\$0	\$62,499
Idaho	\$1,429,457	\$0	\$1,429,457
Indiana	\$2,264,245	\$0	\$2,264,245
Iowa	\$1,747,127	\$0	\$1,747,127
Kansas	\$1,684,988	\$0	\$1,684,988
Maine	\$52,250	\$0	\$52,250
Maryland	\$752,230	\$1,065,024	\$1,817,254
Michigan	\$266,296	\$0	\$266,296
Nebraska	\$2,319,026	\$0	\$2,319,026

¹³ Ibid.

State/Territory	Supplemental Amount	Priority Funding	FY 2022 Final RWHAP Part B Supplemental Award¹³
Nevada	\$1,322,849	\$0	\$1,322,849
New Jersey	\$1,467,786	\$1,215,505	\$2,683,291
New York	\$2,226,674	\$4,093,789	\$6,320,463
North Carolina	\$1,975,547	\$0	\$1,975,547
Rhode Island	\$209,581	\$0	\$209,581
South Carolina	\$2,399,744	\$0	\$2,399,744
Tennessee	\$922,785	\$0	\$922,785
Texas	\$2,337,448	\$0	\$2,337,448
Utah	\$154,977	\$0	\$154,977
Vermont	\$313,761	\$7,788	\$321,549
Virginia	\$769,751	\$0	\$769,751
West Virginia	\$1,944,347	\$0	\$1,944,347
Total	\$38,776,767	\$6,836,088	\$45,612,855

Rationale Used for Disbursement of Funds

RWHAP Part A: Grants to Eligible Metropolitan Areas and Transitional Grant Areas

HRSA distributed awards based on recipient documentation and evidence of six criteria uniformly applied in evaluating the merits of applications. Applicants competing for federal funds received an objective and independent review performed by a committee of experts who were qualified by training and experience in particular fields or disciplines related to the program under review. The six criteria and corresponding point values were as follows:

- **Need** – The extent to which the application demonstrates a comprehensive understanding of the needs of clients in the jurisdiction and associated contributing factors to the needs. This includes activities related to the Early Identification of Individuals with HIV/AIDS (66 points).
- **Response** – The extent to which the proposed project responds to the “Purpose” included in the program description. The strength and clarity of the community input process and coordination of funding streams. The extent to which the activities described in the application are capable of addressing the need in the jurisdiction and attaining the project objectives, including how services are funded, prioritized, and population-tailored for Minority AIDS Initiative populations (12 points).
- **Evaluative measures (Clinical Quality Management)** – Clear identification of the changes that have been made to the clinical quality management program, and a description of how clinical quality measure data have improved patient care, health outcomes, patient satisfaction, and/or changes to service delivery (2 points).

- **Impact** – Strength and completeness of the HIV Care Continuum Services Table which includes each step as a percentage of the number of people with diagnosed HIV, baseline indicators for each step, desired target outcome to be achieved during the budget period, and how RWHAP-funded services will aid in achieving the desired target outcomes. A clear demonstration of an understanding of changes over a 3-year period in the HIV care continuum, while describing the impact on the program and how the impact was addressed (10 points).
- **Resources and capabilities** – The extent to which project personnel are qualified by training and/or experience to implement and carry out the project. The capabilities of the applicant organization and the quality and availability of facilities and personnel to fulfill the needs and requirements of the proposed project (5 points).
- **Support requested** – The reasonableness of the proposed budget in relation to the objectives, complexity of activities, and anticipated results (5 points).

These are important factors in determining the ability of the recipients to manage their HIV resources and programs effectively in terms of planning and prioritization, quality, and fiscal processes. The administrative factors require recipients to provide evidence of their ability to manage their budgets and to have clinical quality management programs established that assure that HIV care and treatment services are reaching the intended clients for the highest quality of care. Planning Councils and Planning Bodies provide input and recommendations to recipients for the use of funds to create and support a service delivery system.

RWHAP Part B: Grants to States and U.S. Territories

HRSA distributes awards based on recipient documentation and evidence of six criteria that are uniformly applied in evaluating the merits of applications. Applicants competing for federal funds received an objective and independent review performed by a committee of experts who were qualified by training and experience in particular fields or disciplines related to the program under review. The six criteria and point values were as follows:

- **Need** – The extent to which the application demonstrates the problem and associated contributing factors (45 points).
 - The comprehensiveness of the narrative in describing the demonstrated need in a specific area or areas as required by the RWHAP legislation (e.g., epidemiology including data on access to medications, need for HIV-related services, emerging populations, comorbid factors, and access to health care) (30 points).
 - The strength of the applicant’s narrative in using relevant data to justify the demonstrated needs (15 points).
- **Response** – The extent to which the proposed project responds to the “Purpose” included in the program description. The extent to which proposed goals, objectives, and activities demonstrate a comprehensive approach to addressing the problem and overcoming identified barriers (20 points).
 - Methodology and Implementation Plan Narrative (15 Points).
 - Resolution of Challenges (5 points).
- **Evaluative measures** – The extent to which the proposed plan will support project evaluation and continuous quality improvement. The extent to which the proposed plan

will be able to assess whether program objectives have been met and that identified outcomes are attributable to the project (10 points).

- **Impact** – The extent to which the proposed services and projected client-level outcomes in the implementation plan narrative clearly demonstrate their potential to positively impact the HIV care continuum (10 points).
- **Resources and capabilities** – The extent to which project personnel proposed in the budget are qualified by training and/or experience to implement and ensure success of the project. The extent to which the capabilities of the applicant organization, and the quality and availability of facilities and personnel, demonstrate an ability to fulfill the needs and requirements of the proposed project (5 points).
- **Support requested** – The reasonableness of the proposed budget for the period of performance in relation to the objectives and the anticipated results (10 points).

These are important factors in determining the ability of the recipients to manage their HIV resources and programs effectively in terms of planning and prioritization, quality, and fiscal processes. The administrative factors require recipients to provide evidence of their ability to manage their budgets and to have clinical quality management programs established that assure that HIV care and treatment services are reaching the intended clients for the highest quality of care.

Conclusion

This report summarizes the distribution of FY 2022 supplemental funds for RWHAP Parts A and B recipients. These recipients are EMAs and TGAs disproportionately affected by HIV, as well as states and U.S. territories that use supplemental funds to develop and/or enhance access to a comprehensive continuum of high quality care and treatment services for low-income people with HIV. HRSA distributed supplemental funding based on recipient documentation and evidence of meeting stated criteria after accounting for any relevant statutory transfers, minimum allotments, and service declines or disruptions.



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

February 14, 2023

The Honorable Bernie Sanders
Chairman
Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

Dear Chairman Sanders:

I am pleased to provide you with the Fiscal Year (FY) 2022 Ryan White HIV/AIDS Program (RWHAP) Parts A and B Supplemental Awards Report to Congress. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in Sections 2603(e) and 2620(d) of Title XXVI of the Public Health Service Act.

The purpose of RWHAP Parts A and B supplemental funding is to provide additional funding necessary to support RWHAP Part A and B recipients delivering HIV care and treatment services. The report provides information on the distribution of those funds. It includes details on (1) the amount of supplemental funds used in accordance with the minimum allotments provision, (2) the amount of supplemental funds disbursed to eligible metropolitan areas and transitional grant areas under RWHAP Part A or to states under RWHAP Part B to address service decline or disruption of services due to reduction in formula grant amounts, (3) the impact of COVID-19 pandemic FY 2020 and FY 2021 flexibilities on FY 2022 supplemental awards, and (4) the amounts awarded and the rationale for disbursement.

I hope you find this information helpful.

Sincerely,

/Melanie Anne Egorin/

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

February 14, 2023

The Honorable Bill Cassidy, M.D.
Ranking Member
Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

Dear Senator Cassidy:

I am pleased to provide you with the Fiscal Year (FY) 2022 Ryan White HIV/AIDS Program (RWHAP) Parts A and B Supplemental Awards Report to Congress. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in Sections 2603(e) and 2620(d) of Title XXVI of the Public Health Service Act.

The purpose of RWHAP Parts A and B supplemental funding is to provide additional funding necessary to support RWHAP Part A and B recipients delivering HIV care and treatment services. The report provides information on the distribution of those funds. It includes details on (1) the amount of supplemental funds used in accordance with the minimum allotments provision, (2) the amount of supplemental funds disbursed to eligible metropolitan areas and transitional grant areas under RWHAP Part A or to states under RWHAP Part B to address service decline or disruption of services due to reduction in formula grant amounts, (3) the impact of COVID-19 pandemic FY 2020 and FY 2021 flexibilities on FY 2022 supplemental awards, and (4) the amounts awarded and the rationale for disbursement.

I hope you find this information helpful.

Sincerely,

/Melanie Anne Egorin/

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

February 14, 2023

The Honorable Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Representative Pallone:

I am pleased to provide you with the Fiscal Year (FY) 2022 Ryan White HIV/AIDS Program (RWHAP) Parts A and B Supplemental Awards Report to Congress. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in Sections 2603(e) and 2620(d) of Title XXVI of the Public Health Service Act.

The purpose of RWHAP Parts A and B supplemental funding is to provide additional funding necessary to support RWHAP Part A and B recipients delivering HIV care and treatment services. The report provides information on the distribution of those funds. It includes details on (1) the amount of supplemental funds used in accordance with the minimum allotments provision, (2) the amount of supplemental funds disbursed to eligible metropolitan areas and transitional grant areas under RWHAP Part A or to states under RWHAP Part B to address service decline or disruption of services due to reduction in formula grant amounts, (3) the impact of COVID-19 pandemic FY 2020 and FY 2021 flexibilities on FY 2022 supplemental awards, and (4) the amounts awarded and the rationale for disbursement.

I hope you find this information helpful.

Sincerely,

/Melanie Anne Egorin/

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

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DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

February 14, 2023

The Honorable Cathy McMorris Rodgers
Chair
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Chair Rodgers:

I am pleased to provide you with the Fiscal Year (FY) 2022 Ryan White HIV/AIDS Program (RWHAP) Parts A and B Supplemental Awards Report to Congress. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in Sections 2603(e) and 2620(d) of Title XXVI of the Public Health Service Act.

The purpose of RWHAP Parts A and B supplemental funding is to provide additional funding necessary to support RWHAP Part A and B recipients delivering HIV care and treatment services. The report provides information on the distribution of those funds. It includes details on (1) the amount of supplemental funds used in accordance with the minimum allotments provision, (2) the amount of supplemental funds disbursed to eligible metropolitan areas and transitional grant areas under RWHAP Part A or to states under RWHAP Part B to address service decline or disruption of services due to reduction in formula grant amounts, (3) the impact of COVID-19 pandemic FY 2020 and FY 2021 flexibilities on FY 2022 supplemental awards, and (4) the amounts awarded and the rationale for disbursement.

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Sincerely,

/Melanie Anne Egorin/

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

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DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

February 14, 2023

The Honorable Kamala D. Harris
Vice President of the United States
President of the Senate
Washington, DC 20510

Dear Madam Vice President:

I am pleased to provide you with the Fiscal Year (FY) 2022 Ryan White HIV/AIDS Program (RWHAP) Parts A and B Supplemental Awards Report to Congress. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in Sections 2603(e) and 2620(d) of Title XXVI of the Public Health Service Act.

The purpose of RWHAP Parts A and B supplemental funding is to provide additional funding necessary to support RWHAP Part A and B recipients delivering HIV care and treatment services. The report provides information on the distribution of those funds. It includes details on (1) the amount of supplemental funds used in accordance with the minimum allotments provision, (2) the amount of supplemental funds disbursed to eligible metropolitan areas and transitional grant areas under RWHAP Part A or to states under RWHAP Part B to address service decline or disruption of services due to reduction in formula grant amounts, (3) the impact of COVID-19 pandemic FY 2020 and FY 2021 flexibilities on FY 2022 supplemental awards, and (4) the amounts awarded and the rationale for disbursement.

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Sincerely,

/Melanie Anne Egorin/

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

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DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

February 14, 2023

The Honorable Kevin McCarthy
Speaker of the House of Representatives
Washington, DC 20515

Dear Mr. Speaker:

I am pleased to provide you with the Fiscal Year (FY) 2022 Ryan White HIV/AIDS Program (RWHAP) Parts A and B Supplemental Awards Report to Congress. This report was prepared by the Health Resources and Services Administration, and it is being submitted in accordance with the report requirement in Sections 2603(e) and 2620(d) of Title XXVI of the Public Health Service Act.

The purpose of RWHAP Parts A and B supplemental funding is to provide additional funding necessary to support RWHAP Part A and B recipients delivering HIV care and treatment services. The report provides information on the distribution of those funds. It includes details on (1) the amount of supplemental funds used in accordance with the minimum allotments provision, (2) the amount of supplemental funds disbursed to eligible metropolitan areas and transitional grant areas under RWHAP Part A or to states under RWHAP Part B to address service decline or disruption of services due to reduction in formula grant amounts, (3) the impact of COVID-19 pandemic FY 2020 and FY 2021 flexibilities on FY 2022 supplemental awards, and (4) the amounts awarded and the rationale for disbursement.

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