



Quick Reference Handout 1.1: Ryan White HIV/AIDS Program Timeline

YEAR	EVENT OR ACTION
1986	<ul style="list-style-type: none"> ▶ Robert Wood Johnson AIDS Health Services Program begins 5-year funding in 11 communities ▶ HRSA starts its first HIV/AIDS Program, AIDS Service Demonstration Grants to replicate the San Francisco Model, beginning with 4 and later expanding to 24 grantees
1987	<ul style="list-style-type: none"> ▶ AZT becomes the first drug for HIV/AIDS treatment approved by the Food and Drug Administration (FDA) ▶ Federal AZT Reimbursement Program begins
1988	<ul style="list-style-type: none"> ▶ First Pediatric AIDS Service Demonstration Grants support programs targeting children and their families, becoming the framework for what became the RWHAP Title IV/Part D program for women, children, infants, and youth
1989	<ul style="list-style-type: none"> ▶ HRSA makes its first Low-Prevalence Planning Grants to begin building a continuum of care outside major urban centers
1990	<ul style="list-style-type: none"> ▶ Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is signed into law on August 16 by President George H.W. Bush
1991	<ul style="list-style-type: none"> ▶ First grants under Title I (Part A) of the CARE Act go to 16 Eligible Metropolitan Areas (EMAs) hardest hit by the epidemic
1992	<ul style="list-style-type: none"> ▶ CARE Act grants are made to 18 EMAs
1993	<ul style="list-style-type: none"> ▶ CARE Act grants are made to 25 EMAs
1994	<ul style="list-style-type: none"> ▶ Clinical trials demonstrate that AZT can substantially reduce perinatal HIV transmission
1995	<ul style="list-style-type: none"> ▶ The FDA approves the first protease inhibitors/combination therapy, also known as HAART (highly active antiretroviral therapy) ▶ HRSA issues and widely disseminates a major program advisory on use of AZT during pregnancy and delivery
1996	<ul style="list-style-type: none"> ▶ HAART becomes widely available and the death rate from HIV/AIDS declines rapidly ▶ CARE Act is reauthorized, with separate funding for the AIDS Drug Assistance Program (ADAP) to ensure broad access to HAART, and new programs including the AIDS Dental Reimbursement Program to support oral health services, Special Projects of National Significance (SPNS) to fund innovative models of care, and the AIDS Education and Training Centers (AETC) Program to provide multidisciplinary education and training for clinical providers

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1997	<ul style="list-style-type: none"> ▶ HRHSA establishes the HIV/AIDS Bureau (HAB), to bring all CARE Act programs into one agency: <ul style="list-style-type: none"> • Title I/Part A and Title II/Part B as well as SPNS from the Bureau of Health Resource Development (BHRD) • Title III/Part C from the Bureau of Primary Health Care (BPHC) • Title IV/Part D from the Bureau of Maternal and Child Health (BMCH) • AETCs from the Bureau of Health Professions (BHP)
1998	<ul style="list-style-type: none"> ▶ Following a Call to Action by African American leaders, President Bill Clinton declares HIV/AIDS a “severe and ongoing health crisis” affecting racial and ethnic minorities and creates the Congressional Black Caucus Initiative
1999	<ul style="list-style-type: none"> ▶ Surgeon General David Satcher declares the AIDS epidemic “a public health emergency” ▶ The Congressional Black Caucus launches the Minority AIDS Initiative (MAI), which receives Congressional appropriations to address health disparities related to HIV/AIDS in minority communities
2000	<ul style="list-style-type: none"> ▶ The CARE Act is reauthorized for 5 years, with changes that focus on: <ul style="list-style-type: none"> • Increasing access to care for individuals who know their status but are not receiving HIV-related medical care, including links with “key points of entry” and early intervention services to get people with HIV tested and into care • Quality of care • Provider capacity development • Targeting of resources to locations with the greatest need • Administrative issues
2003	<ul style="list-style-type: none"> ▶ HRSA establishes its Global AIDS Program in coordination with the Centers for Disease Control and Prevention (CDC) and the President’s Emergency Plan for AIDS Relief (PEPFAR), sharing U.S. expertise and supporting integrated prevention, treatment, and care programs
2006	<ul style="list-style-type: none"> ▶ RWHAP is reauthorized at the end of the year as the Ryan White HIV/AIDS Treatment Modernization Act of 2006: <ul style="list-style-type: none"> • Titles become Parts • Part A programs are divided into EMAs and Transitional Grant Areas (TGAs) based on the number of new and living cases of AIDS • New TGAs have the option of establishing a planning council or using another method to obtain input from the community, especially people living with HIV, into decisions about services and funding • Additional focus is placed on medical care, including a requirement that at least 75% of service funds under Parts A and B be used for core medical services • The Minority AIDS Initiative becomes a part of the legislation to better address HIV in African American and other minority communities

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2007	<ul style="list-style-type: none"> ▶ Five new RWHAP Part A TGAs are funded for the first time, three of them in the South
2009	<ul style="list-style-type: none"> ▶ RWHAP is reauthorized as the Ryan White HIV/AIDS Treatment Extension Act of 2009: <ul style="list-style-type: none"> • MAI funds are to be distributed on a formula basis • RWHAP Part A and Part B recipients are required to develop plans for identifying not only individuals who know their status but are not in care, but also individuals with HIV who do not know their status, and helping them enter care • TGAs that had RWHAP Part A funding before 2006 will have the choice after FY 2013 of retaining planning councils or adopting another method to obtain input from the community, as with newly established TGAs
2010	<ul style="list-style-type: none"> ▶ The National HIV/AIDS Strategy is released, providing national goals to end the epidemic ▶ HRSA begins obtaining client-level Ryan White Service Report (RSR) data as part of the development of a national client-level data reporting system that will provide data about grant recipients, providers and their services, and clients
2011	<ul style="list-style-type: none"> ▶ Research is released demonstrating that viral suppression prevents HIV transmission—“treatment as prevention”
2013	<ul style="list-style-type: none"> ▶ The federal HIV Care Continuum Initiative is established to accelerate federal agency efforts to increase HIV testing, linkage to care, retention in care, access to antiretrovirals, and viral suppression
2015	<ul style="list-style-type: none"> ▶ HRSA releases its first publication of RWHAP client-level data, collected through the RSR from 2010-2014
2016	<ul style="list-style-type: none"> ▶ RWHAP Part A and Part B programs and CDC-funded prevention programs submit five-year HRSA/CDC Integrated HIV Prevention and Care Plans, including the Statewide Coordinated Statement of Need

Primary Source: HRSA, The Ryan White HIV/AIDS Program – A Living History: Timeline, at www.hab.hrsa.gov/livinghistory.