



December 16, 2021

Dear Ryan White HIV/AIDS Program Colleagues,

Ensuring that transgender people with HIV have access to care, treatment and support services that improve their health and decrease risk of morbidity and mortality related to HIV is a priority for the Health Resources Services Administration's (HRSA) HIV/AIDS Bureau (HAB). Of the more than half a million people served by the Ryan White HIV/AIDS Program (RWHAP) 2.1 percent, approximately 11,600, are transgender.¹ Providing gender-affirming care is an important strategy to effectively address the health and medical needs of transgender people with HIV. HRSA HAB strongly encourages RWHAP service providers to harness and mobilize the existing RWHAP infrastructure and services to support gender-affirming services within allowable RWHAP parameters.

Gender-affirming care and treatment services are described in the *HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV* (Guidelines).² According to the Guidelines, gender affirmation describes processes whereby a person receives social recognition, value, and support for their gender identity and expression. Gender affirmation is often described across several dimensions, including: social (e.g., social support and acceptance, use of pronouns, names, or clothing that align with their gender identity); medical (e.g., use of hormones or surgery); legal (e.g., legal name change or changing gender markers on identity documents); and psychological (e.g., the degree of self-acceptance and comfort with their gender identity).

RWHAP funds may be used to support gender affirming care across various HRSA RWHAP core medical and support service categories as outlined in *Policy Clarification Notice #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds*.³ Many RWHAP AIDS Drug Assistance Programs (ADAPs) provide access to gender-affirming [hormone therapy](#).⁴ RWHAP ADAP funds, along with RWHAP funds allocated under the service category *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals*, can be used to purchase and maintain private health insurance, Medicaid, and Medicare coverage, which can support a broader range of health needs for transgender people with HIV.

¹ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020. www.hab.hrsa.gov/data/data-reports Published December 2021.

² Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available at: <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf>, pp. J61-J70.

³ Policy Clarification Notice 16-02: Eligible Individuals & Allowable Uses of Funds Clarification Notice. Available at: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf.

⁴ National ADAP Formulary Database: Other medication categories. Available at: <https://www.nastad.org/adapformulary>.

In addition, RWHAP recipients and subrecipients may provide behavioral and mental health services to clients experiencing gender dysphoria and social and emotional stress related to transgender discrimination, stigma, and rejection. RWHAP funds may be used to provide housing, case management, and substance use disorder treatment services, which are fundamental in reducing health disparities and improving HIV-related outcomes among transgender people. RWHAP AIDS Education and Training Centers provide training and education to clinicians and healthcare staff on cultural humility, cultural sensitivity, and inclusive care for diverse populations. HRSA HAB funds activities that support patient-centered, trauma-informed, and inclusive environments of care for RWHAP recipients through training, technical assistance, and other initiatives⁵ to reduce barriers to antiretroviral therapy adherence and maximize the likelihood of achieving viral suppression.

As an outpatient ambulatory healthcare program, surgeries and inpatient care are not allowable uses of RWHAP or Ending the HIV Epidemic in the U.S. (EHE) initiative funds. This general prohibition applies to surgeries conducted in inpatient and outpatient settings, even when performed “same-day” as an ambulatory procedure under general anesthesia.

Among transgender clients receiving RWHAP HIV medical care in 2020, 84.5 percent were virally suppressed, which is lower than the national RWHAP average (89.4 percent).⁶ While viral suppression rates among transgender clients in our programs are higher than the national non-RWHAP average, we recognize that more efforts are needed to help achieve our goal of ending the HIV epidemic and those set forth in the National HIV/AIDS Strategy (2022-2025).⁷ This is true especially of Black and Hispanic/Latino/a transgender women who are disproportionately impacted by HIV and other intersecting social and health challenges.

HRSA HAB will continue to monitor HIV clinical outcomes and ensure evidence informed, evidence based, and emerging interventions are shared to support recipients with providing gender-affirming services for transgender people with HIV. We appreciate your efforts to provide affirming, whole person care to transgender people with HIV.

Sincerely,

/Laura W. Cheever/
Laura Cheever, MD, ScM (she/her)
Associate Administrator

⁵ SPNS Transgender Women of Color Initiative Intervention Manuals. Available at: <https://targethiv.org/library/spns-transgender-women-color-initiative-manual>

⁶ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020. www.hab.hrsa.gov/data/data-reports Published December 2021.

⁷ *National HIV/AIDS Strategy (2022-2025)*. Available at: <https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/NHAS-2022-2025.pdf>