



**FOR IMMEDIATE RELEASE**

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**ADAP Waiting Lists Persist;  
Additional Resources Necessary to Ensure Access to Treatment**

**Washington, D.C.** – According to NASTAD’s latest *ADAP Watch*, released today, a total of 302 individuals were on ADAP waiting lists in six states as of September 20, 2006 (see attached *Watch* for details). Two of those states have had ADAP waiting lists for nearly two years. Although one ADAP was able to eliminate its waiting list since NASTAD’s August *ADAP Watch* due to Medicare Part D savings and rebate funds, two other states have had to reinstitute waiting lists within months of eliminating them.

State ADAPs have also been forced to adopt cost-containment measures other than waiting lists in order to stay fiscally solvent. Three ADAPs – including one with an extensive waiting list – have instituted such measures, which include formulary reductions, medical eligibility restrictions, and annual per capita expenditure caps, since April 1, 2006 (the beginning of the 2006 ADAP fiscal year). Six other states anticipate the need to implement new or additional cost-containment measures during the current fiscal year, which ends March 31, 2007.

In FY2006, ADAPs received a \$2 million increase from Congress – the smallest increase in the history of the program.

“A long-term investment in the financial stability of ADAPs is essential to ensure that these critical programs avoid waiting lists,” urged Julie Scofield, NASTAD’s Executive Director. “Without a commitment to stable, predictable funding at levels that keep pace with demand, waiting lists will soon become a permanent feature of ADAPs,” she added.

Despite the growing demand for HIV medications as people with HIV/AIDS live longer, more productive lives, the funding outlook for ADAP for FY2007 remains uncertain. NASTAD supports proposed funding increases for FY2007 in both the House and the Senate for sections of the Ryan White CARE Act, given the tight budget year. However, the need for ADAPs is substantial – estimated to be \$197 million more than FY2006 funding levels. In conjunction with reauthorization of the CARE Act, a \$70 million increase must be approved for the Title II base. NASTAD also calls for an increase for ADAP, considering that ADAPs grow by \$100 million annually. NASTAD urges Congress to provide stable, predictable funding for ADAPs to meet the increasing need.

“The CARE Act is a crucial safety net for our nation’s poor and uninsured,” stated Scofield. “We urge Congress to continue to work with the AIDS community to help ensure that waiting lists and other program restrictions become obsolete and that access to treatment for people in need is maximized.”

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ADAPs provide HIV treatments to low income, uninsured, and underinsured individuals living with HIV/AIDS in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and Guam. Each year, approximately 135,000 individuals receive services from ADAPs, representing about 30% of those estimated to be living with HIV/AIDS and receiving care in the U.S. ADAPs are a discretionary grant program funded through the Ryan White CARE Act. Because ADAPs are not entitlement programs, funding levels are not based on the number of people requiring prescription drugs or on the cost of medications. In addition to federal funding, many ADAPs may also receive state general revenue support and other funding, but these sources are highly variable and dependent on local decisions and resource availability.

Founded in 1992, NASTAD is a nonprofit national association of state health department HIV/AIDS program directors who have programmatic responsibility for administering HIV/AIDS health care, prevention, education, and supportive services programs funded by state and federal governments. NASTAD's mission is to strengthen state and territory-based leadership, expertise, and advocacy and bring them to bear in reducing the incidence of HIV infection, and in providing care and support to all who live with HIV/AIDS. NASTAD's vision is a world free of HIV/AIDS. For more information, visit [www.NASTAD.org](http://www.NASTAD.org).