



**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515**

May 19, 2010

President Barack Obama  
The White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

Dear President Obama:

We are writing on behalf of our constituents to express our grave concern for the growing crisis in the AIDS Drug Assistance Program (ADAP) which has been significantly underfunded. Your work for people living with HIV/AIDS in the Senate and as President has been deeply appreciated. Your support to enable a safety net for uninsured or underinsured Americans living with HIV/AIDS alongside the Honorable Ted Kennedy and many of your actions since becoming President are proving to be critical steps in improving the longevity and quality of their lives. In addition, enactment of health reform, as well as allowing ADAP dollars to count towards Medicare Part D out of pocket cost have historic gains for HIV treatment and care. Indeed we truly face the beginnings of a brand new day for health care for all Americans. Yet there remains a critical step that still needs to be taken if people living with HIV/AIDS are to reap the benefit of these historic efforts. We must "bridge the gap" for the HIV positive to access treatments until health reform is fully implemented.

Despite the rapid clip at which HIV infections continue to spread, the Congress has failed to enable The Ryan White CARE Act to grow apace with the epidemic and ADAP has been severely underfunded. This is most visibly demonstrated by the exponential growth of ADAP wait lists since January of last year. This ongoing funding shortfall has created deep structural problems in the Ryan White safety net. The only way this challenge can be met is with an ADAP Emergency Supplemental Appropriation from the federal government. On April 16, 2010, national data showed 938 people on ADAP waiting lists with serious warnings that this population would be increasing rapidly. From three states maintaining wait lists in January 2009, we have increased to 10, and there are additional cost containment measures already in place or expected shortly in 21 total states. The public wait list is only the tip of the iceberg and remains a very last resort for most states, often times preceded by reduced formularies and cuts to eligibility levels in order to avoid the creation of a wait list. By policy some states do not allow the public to see an official ADAP waiting list. Additionally, the \$167 million in state budget cuts to AIDS programs in 2009 has truly shaken the ADAP program. In 2000, Congress appropriated 72% of total ADAP expenditures; and this percentage has now declined to 51% in 2009. This staggering drop in the federal commitment to ADAP in addition to state budget crises has largely been the catalyst for the most recent spike in HIV wait lists. The points below illustrate the need to ensure ADAP continues to function at a higher capacity:

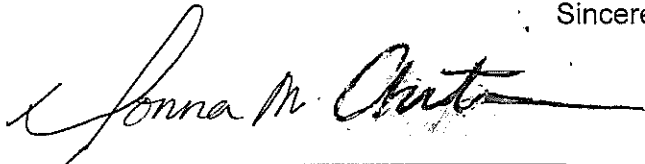
- Well over half the patients served by ADAP are minorities from communities of color;
- 74 percent of those currently sitting on the waiting lists are in Southern states
- 1 out of every 2 patients served by ADAP is living under 100% of the Federal Poverty Level;
- 184,000 people have been newly infected with HIV since January of 2007 according to the CDC;
- The currently proposed \$20 million increase in appropriation for FY2011 will only be enough to cover 2,307 people, not enough resources to allow Ryan White to continue to act as a safety net for those already in the program and on wait lists, let alone the steadily growing need. This would follow a similar meager increase in FY 10, thus compounding and increasing the resource shortfall and the ADAP crisis;
- 10 ADAP programs in 10 states now have officially announced ADAP wait lists;
- 21 ADAPs have already publicly announced they expect to institute additional cost cutting measures in the coming months; and
- State budget processes in Illinois, New York, California, and elsewhere could still result in significant additional loss of state ADAP funding with many thousands of ADAP patients at risk of losing access to care and treatment.

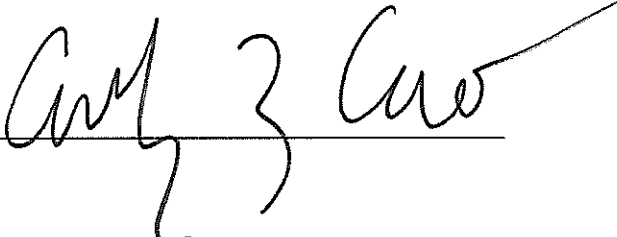
For these reasons, we implore you to move immediately for an emergency funding stream for the AIDS Drug Assistance Program of \$126 million for use in FY 10. Since FY2010 ADAP funds must last until 1 April 2011 – it's abundantly clear that without emergency action the ability for ADAP programs to provide a safety net for low income and underinsured Americans with HIV/AIDS will be seriously damaged. These funds will allow the system to close most of the gaps in the states that currently have wait lists and prevent the states which will need to implement these lists from doing so in the coming months. While we expect implemented health reform to provide significant relief to ADAP we must do everything we can to keep the 1-2 million HIV positive Americans alive, working, and well until health reforms are in place in the coming years.

We greatly appreciate your leadership on behalf of people infected and affected by HIV and we look forward to working with you on this urgent emergency supplemental appropriation for ADAP issue at the earliest possible time.

cc: The Honorable Nancy Pelosi, Speaker, U.S. House of Representatives

Sincerely,

  
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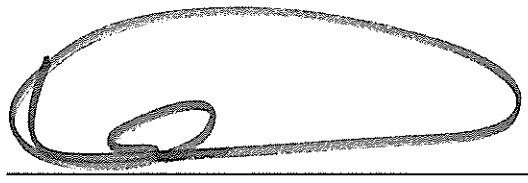
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Mary White

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Suelle Kaybal Allard

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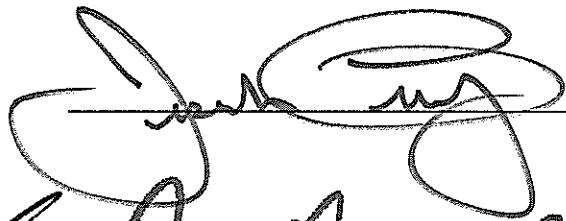
Alan Faltt

Lynn Woodsby

Elijah C. Tunney



Vic Snyder



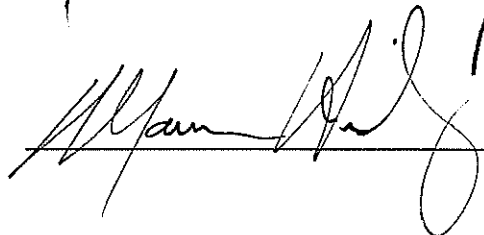
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