



## The ADAP Watch

**As of October 7, 2010, there were 3,586 individuals on AIDS Drug Assistance Program (ADAP) waiting lists in 8 states.** This is a 52 percent increase from the 2,359 individuals on the July 2010 ADAP Watch. Twenty ADAPs, seven with current waiting lists, have instituted additional cost-containment measures since April 1, 2009 (reported as of September 29, 2010). In addition, 14 ADAPs, including two with current waiting lists, reported they are considering implementing new or additional cost-containment measures by the end of ADAP's current fiscal year (March 31, 2011).

States that have instituted cost containment measures and those considering them, in addition to implementing waiting lists, are reducing program financial and medical eligibility, capping enrollment, reducing the number of drugs on the formulary and cutting other services, all of which impact access to life saving HIV medications for medically vulnerable individuals. Two states disenrolled clients as their programs decreased income eligibility levels. In total, 26 states have implemented or are anticipating implementing cost-containment measures (reported as of September 29, 2010). Five additional states reported that they project implementing a waiting list in ADAP FY2011 (beginning April 1, 2011).

The program's viability depends on federal funding awards and state general revenue support for the state's fiscal year (in most states this began on July 1, 2010). With growing client demand for ADAP services, minimal federal increases and continued cuts in state funding, it is paramount that emergency federal resources be made available to stave off the crisis many ADAPs and the clients they serve are facing. ADAPs nationally experienced unprecedented client growth from FY2008 to 2009 with an average monthly growth of 1,271 clients (an increase of 80 percent from FY2008 when the average monthly growth was 706 clients over FY2007).

Thirty ADAPs recently received a total of \$25 million in emergency funding. As a result of this funding, five ADAPs were able to eliminate their waiting list. States also recently received approximately \$17 million in Ryan White Part B Supplemental grants which many are using to address ADAP shortages. In August, President Obama sent Congress a revised budget requesting a total increase of \$50 million for ADAPs in FY2011. This is an increase of \$30 million over his earlier budget request of \$20 million. The revised request notes that the \$30 million increase will go towards the Part B supplemental awards and will continue funding to states receiving awards through the \$25 million of emergency ADAP funding. Both the House and Senate Appropriations Committees are currently recommending an increase of \$50 million for ADAPs in FY2011, which includes the \$25 million in reprogrammed FY2010 funding. NASTAD and the HIV/AIDS community continue to advocate for additional resources for FY2010 and FY2011 and urges Congress to provide its fair share of increased resources to address the ADAP crisis.

The ADAPs on the following page reported cost containment strategies to NASTAD. Other ADAPs may be considering changes but due to unfinished state budget processes, political factors and other considerations, have not reported them.

ADAPs with Waiting Lists (3,586 individuals in 8 states\*, as of October 7, 2010)

**Florida: 2,015 individuals**  
**Georgia: 604 individuals**  
**Iowa: 13 individuals**  
**Louisiana: 471 individuals\*\***  
**Montana: 10 individuals**  
**North Carolina: 44 individuals**  
**Ohio: 258 individuals**  
**South Carolina: 171 individuals**

ADAPs with Other Cost-containment Strategies (instituted since April 1, 2009, as of September 29, 2010)

**Arizona:** reduced formulary  
**Arkansas:** reduced formulary, lowered financial eligibility to 200% FPL  
**Colorado:** reduced formulary  
**Florida:** reduced formulary  
**Georgia:** reduced formulary, implemented medical criteria, continued participation in the Alternative Method Demonstration Project (AMDP)  
**Idaho:** capped enrollment  
**Illinois:** reduced formulary, instituted monthly expenditure cap  
**Iowa:** reduced formulary  
**Kentucky:** reduced formulary  
**Louisiana:** discontinued reimbursement of laboratory assays  
**Missouri:** reduced formulary  
**New Jersey:** reduced formulary  
**North Carolina:** reduced formulary  
**North Dakota:** capped enrollment, instituted annual expenditure cap, lowered financial eligibility to 300% FPL  
**Ohio:** reduced formulary, lowered financial eligibility to 300% FPL (disenrolled 257 clients)  
**Rhode Island:** lowered financial eligibility to 200% FPL  
**South Carolina:** instituted annual expenditure cap, lowered financial eligibility to 300% FPL  
**Utah:** reduced formulary, lowered financial eligibility to 250% FPL (disenrolled 89 clients)  
**Washington:** instituted client cost sharing, reduced formulary (for uninsured clients only)  
**Wyoming:** capped enrollment, reduced formulary

ADAPs Considering New/Additional Cost-containment Measures (before March 31, 2011\*\*\*)

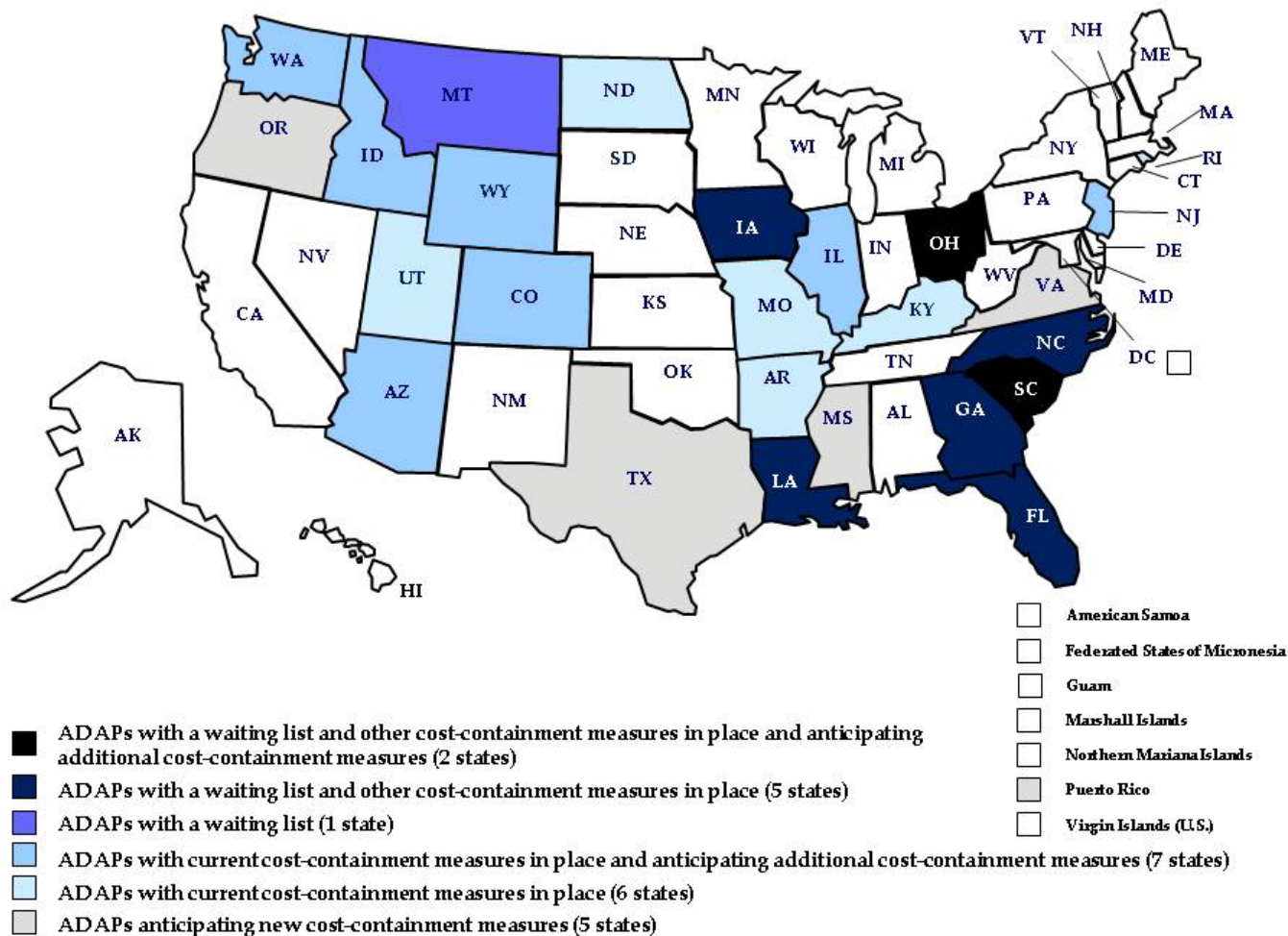
**Arizona:** establish waiting list  
**Colorado:** establish waiting list  
**Idaho:** establish waiting list  
**Illinois:** reduce formulary, institute monthly expenditure cap, lower financial eligibility to 350% FPL  
**Mississippi:** reduce formulary, lower financial eligibility to 200% FPL, institute monthly expenditure cap  
**New Jersey:** institute policy that clients between 300% and 500% FPL will only receive antiretrovirals and opportunistic infection medications  
**Ohio:** disenroll approximately 861 clients based on new medical criteria  
**Oregon:** increase client cost sharing  
**Puerto Rico:** reduce formulary  
**South Carolina:** disenroll 200 clients  
**Texas:** reduce formulary, lower financial eligibility, establish enrollment cap, implement client cost sharing, institute annual and/or monthly expenditure cap  
**Virginia:** establish waiting list, reduce formulary  
**Washington:** disenroll clients who fail to participate in insurance requirement  
**Wyoming:** establish waiting list, reduce formulary

\*As a result of ADAP emergency funding, Hawaii, Idaho, Kentucky, South Dakota, and Utah eliminated their waiting lists.

\*\*Louisiana has a capped enrollment on their program. This number is a representation of their current unmet need.

\*\*\*March 31, 2011 is the end of ADAP FY2010. ADAP fiscal years begin April 1 and end March 31.

**ADAPs with Current or Anticipated Cost-Containment Measures, Including Waiting Lists,  
October 2010**



**About ADAP:** ADAPs provide life-saving 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, Guam, the Northern Mariana Islands, the Federated States of Micronesia, American Samoa, and the Republic of the Marshall Islands. In addition, some ADAPs provide insurance continuation and Medicare Part B wrap-around services to eligible individuals. Ryan White Part B programs provide necessary medical and support services to low income, uninsured, and underinsured individuals living with HIV/AIDS in all states, territories and associated jurisdictions.

**About NASTAD:** Founded in 1992, NASTAD is a nonprofit national association of state and territorial health department HIV/AIDS program directors who have programmatic responsibility for administering HIV/AIDS and viral hepatitis health care, prevention, education, and supportive services programs funded by state and federal governments. For more information, visit [www.NASTAD.org](http://www.NASTAD.org).

NASTAD ([www.NASTAD.org](http://www.NASTAD.org)) is a nonprofit national association of state health department HIV/AIDS program directors who have programmatic responsibility for administering HIV/AIDS and viral hepatitis health care, prevention, education, and supportive services programs funded by state and federal governments. To receive or unsubscribe from the *The ADAP Watch*, please e-mail Britten Pund at [bpund@NASTAD.org](mailto:bpund@NASTAD.org).