



# ADAP Watch

August 5, 2011

## ADAPs with Waiting Lists (9,039 individuals in 13 states\*, as of August 4, 2011)

**Alabama:** 130 individuals  
**Arkansas:** 51 individuals  
**Florida:** 3,751 individuals  
**Georgia:** 1,718 individuals  
**Idaho:** 25 individuals  
**Louisiana:** 961 individuals\*\*  
**Montana:** 29 individuals  
**North Carolina:** 316 individuals  
**Ohio:** 247 individuals  
**South Carolina:** 896 individuals  
**Utah:** 40 individuals  
**Virginia:** 875 individuals  
**Wyoming:** 0 individuals

## ADAPs with Other Cost-containment Strategies (instituted since April 1, 2009, as of April 13, 2011)

**Alabama:** reduced formulary  
**Arizona:** reduced formulary  
**Arkansas:** reduced formulary, lowered financial eligibility to 200% FPL (disenrolled 99 clients in September 2009)  
**Colorado:** reduced formulary  
**Florida:** reduced formulary, transitioned 5,403 clients to Welvista from 2/15-3/31/11  
**Georgia:** reduced formulary, implemented medical criteria, participating in the Alternative Method Demonstration Project (AMDP)  
**Idaho:** capped enrollment  
**Illinois:** reduced formulary, lowered financial eligibility to 300% FPL (grandfathered in current enrollees from 301-500% FPL), instituted monthly expenditure cap (\$2,000 per client per month), disenrolled clients not accessing ADAP for 90-days  
**Kentucky:** reduced formulary  
**Louisiana:** discontinued reimbursement of laboratory assays  
**North Carolina:** reduced formulary  
**North Dakota:** capped enrollment, instituted annual expenditure cap, lowered financial eligibility to 300% FPL (grandfathered in current clients above 300% FPL)  
**Ohio:** reduced formulary, lowered financial eligibility to 300% FPL (disenrolled 257 clients in July 2010)  
**Puerto Rico:** reduced formulary  
**South Carolina:** lowered financial eligibility to 300% FPL (grandfathered in current clients above 300% FPL)  
**Utah:** reduced formulary, lowered financial eligibility to 250% FPL (disenrolled 89 clients in FY2010)  
**Virginia:** reduced formulary, transitioned 207 clients onto waiting list and PAPs, only distributing 30-day prescription refills  
**Washington:** instituted client cost sharing, reduced formulary (for uninsured clients only), only paying insurance premiums for clients currently on antiretrovirals  
**Wyoming:** reduced formulary, instituted client cost sharing

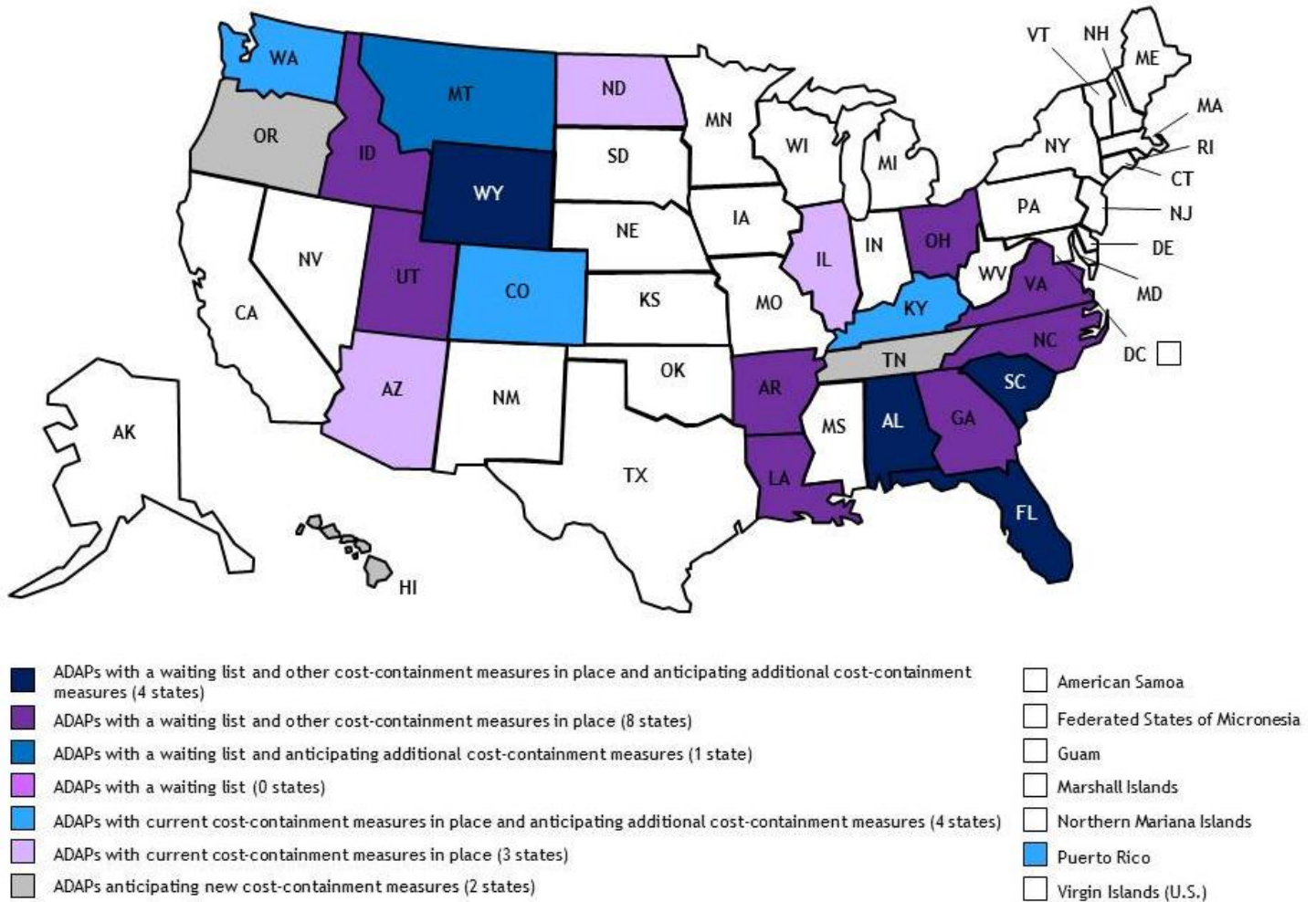
*\*As a result of ADAP emergency funding, Hawaii, Idaho, Iowa, Kentucky, South Dakota, and Utah eliminated their waiting lists; Idaho reinstated a waiting list in February 2011 and Utah reinstated a waiting list in May 2011.*

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

ADAPs Considering New/Additional Cost-containment Measures (before March 31, 2012\*\*\*)

- Alabama:** reduce formulary
- Colorado:** institute client cost sharing, establish waiting list
- Florida:** lower financial eligibility
- Hawaii:** establish waiting list
- Kentucky:** reduce formulary
- Montana:** reduce formulary
- Oregon:** reduce formulary
- Puerto Rico:** reduce formulary
- South Carolina:** disenroll 200 clients based on financial eligibility
- Tennessee:** establish waiting list
- Washington:** cap enrollment, establish waiting list, reduce formulary
- Wyoming:** reduce formulary

ADAPs with Current or Anticipated Cost-Containment Measures, Including Waiting Lists, July 2011



\*\*\*March 31, 2012 is the end of ADAP FY2011. ADAP fiscal years begin April 1 and ends March 31.

NASTAD ([www.NASTAD.org](http://www.NASTAD.org)) is a nonprofit national alliance 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 *The ADAP Watch*, please e-mail Britten Pund at [bpund@NASTAD.org](mailto:bpund@NASTAD.org).