

July 30, 2010



The ADAP Watch

As of July 29, 2010, there were 2,359 individuals on AIDS Drug Assistance Program (ADAP) waiting lists in 13 states. This is a 65 percent increase from the 1,431 individuals on the June 2010 ADAP Watch. Sixteen ADAPs, seven with current waiting lists, have instituted additional cost-containment measures since April 1, 2009 (reported as of July 22, 2010). In addition, 13 ADAPs, including three 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, 27 states have implemented or are anticipating implementing cost-containment measures (reported as of July 22, 2010). Two 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 (from FY2008 to 2009, ADAPs nationally experienced an average monthly growth of 1,271 clients, an unprecedented increase of 80 percent from FY2008 when the average monthly growth was 706 clients over FY2007), 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. NASTAD and the HIV/AIDS community have been and will continue advocating for \$126 million in additional FY2010 federal funding.

The Obama Administration recently announced that it is reprogramming \$25 million to address ADAP waiting lists and other unmet ADAP needs (this funding is expected to be distributed in mid-August). In addition, approximately \$17 million in Ryan White Part B Supplemental grants will be distributed to states in early August and is expected to be used in many states to help address ADAP needs. The House Labor-HHS-Education Appropriations Subcommittee recommended an increase of \$50 million for ADAPs in FY2011, which includes the \$25 million in reprogrammed FY2010 funding. The Senate Labor-HHS Appropriations Subcommittee has also recommended an increase of \$50 million. NASTAD continues 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 (2,359 individuals in 13 states, as of July 29, 2010)

Florida: 925 individuals
Georgia: 240 individuals
Hawaii: 14 individuals
Idaho: 29 individuals
Iowa: 111 individuals
Kentucky: 225 individuals
Louisiana: 219 individuals*
Montana: 22 individuals
North Carolina: 186 individuals
Ohio: unknown individuals**
South Carolina: 238 individuals
South Dakota: 23 individuals
Utah: 126 individuals

ADAPs with Other Cost-containment Strategies (instituted since April 1, 2009, as of July 22, 2010)

Arizona: reduced formulary
Arkansas: reduced formulary, lowered financial eligibility to 200% FPL
California: eliminated ADAP services in city and county jails
Colorado: reduced formulary
Illinois: reduced formulary
Iowa: reduced formulary
Kentucky: reduced formulary
Louisiana: discontinued reimbursement of laboratory assays
Missouri: 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)
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: reduced formulary

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

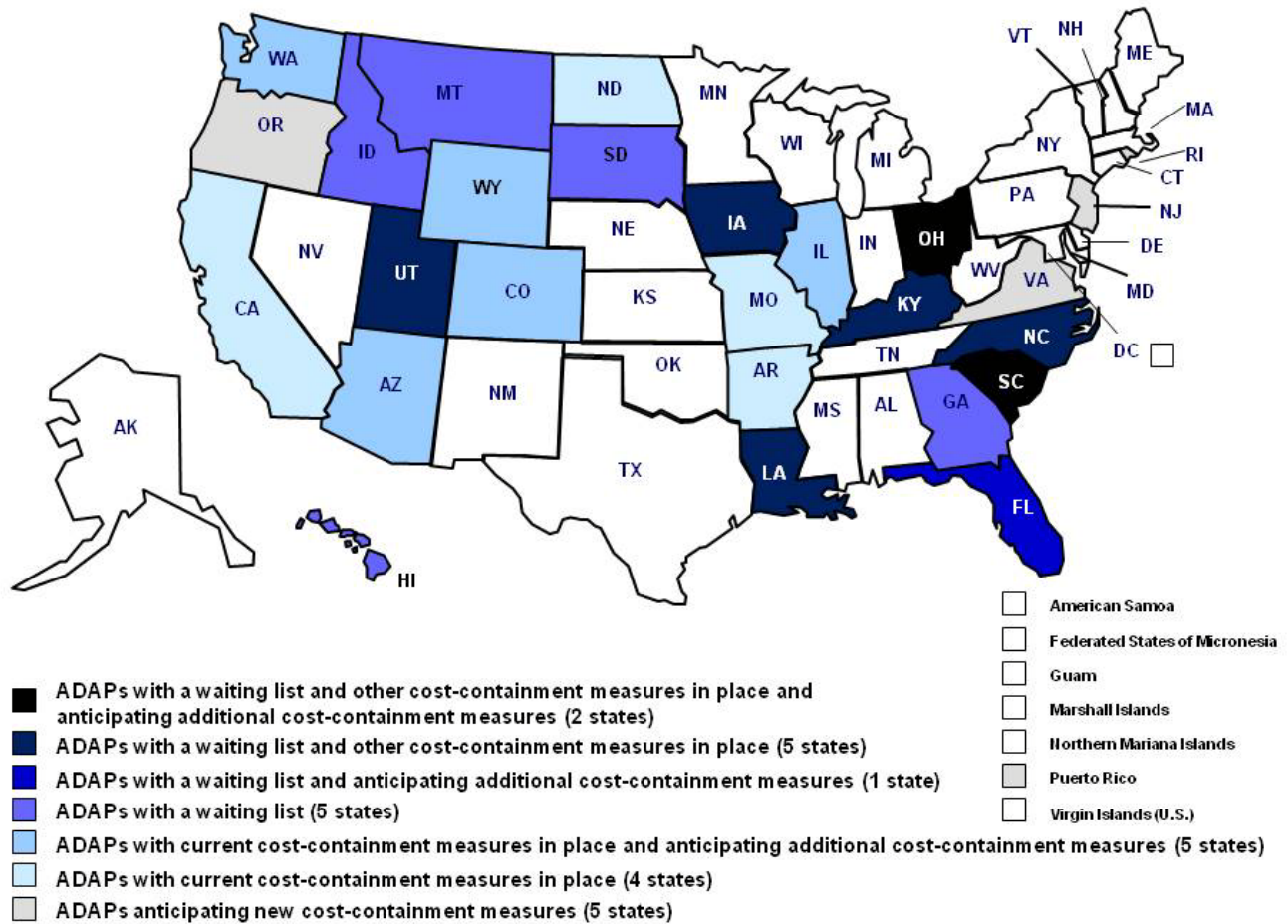
Arizona: establish waiting list
Colorado: establish waiting list
Florida: reduce formulary, lower financial eligibility to 350% FPL
Illinois: reduce formulary, institute monthly expenditure cap, lower financial eligibility to 300% FPL
New Jersey: reduce formulary, lower financial eligibility
Ohio: disenroll approximately 861 clients based on new medical criteria
Oregon: reduce formulary, institute client cost sharing, institute annual expenditure cap
Puerto Rico: reduce formulary
Rhode Island: lower financial eligibility to 200% FPL
South Carolina: disenroll 200 clients, establish annual expenditure cap
Virginia: establish waiting list
Washington: require all clients to enroll in insurance, lower financial eligibility to 275% FPL
Wyoming: establish waiting list, reduce formulary, institute client cost sharing

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

***Ohio has implemented a waiting list, but has not reported the number of people on it, as of July 22, 2010.*

****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, July 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.

NASTAD (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.