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**As Year Comes to an End, ADAP Crisis Continues to Grow;
States and Pharmaceutical Companies Increase Commitment to Programs**

December 10, 2010, Washington, DC - There are now 4,543 individuals on waiting lists to receive consistent access to their HIV-related medications through AIDS Drug Assistance Programs (ADAPs) in nine states (as of December 9, 2010). The states with the greatest number of individuals on their lists are Florida (2,396), Georgia (837), Louisiana (511), Ohio (374) and South Carolina (298). Additionally, over 300 individuals have been disenrolled from ADAPs since the start of the ADAP fiscal year in April, 2010 and over 1,000 more individuals could be disenrolled by February, 2011. Twenty-three states have instituted, or anticipate instituting before the end of the ADAP fiscal year ending in March 2011, cost containment measures other than ADAP waiting lists. To see a [list of states with access restrictions](#) please visit NASTAD's website at www.NASTAD.org.

"In 2010, we saw the federal government, states governments and the pharmaceutical industry all contribute towards a solution to this crisis," noted Julie Scofield, NASTAD's Executive Director. "Unfortunately, it has only addressed a portion of the true need in programs," she added.

The current economic crisis continues to heavily impact ADAPs. Individuals losing jobs and insurance have created increased demand for safety net services. In FY2010, ADAPs saw an average monthly growth of 1,382 clients entering the program nationwide. This is an increase of 96 percent from FY2008 when ADAPs experienced stable average monthly growth of 706 clients.

There are glimmers of hope in addressing the funding needs of ADAPs, but much remains to be done. The recently passed House Continuing Resolution includes a \$60 million increase for ADAPs in FY2011, more than the \$50 million requested by the President and included in earlier versions of appropriations bills considered by the House and Senate. "NASTAD is appreciative of Congressional action that prioritizes ADAP during these tight fiscal conditions. However, we know that it will not fill all of the gaps in ADAPs so we request that President Obama and Members of Congress continue to seek out additional funding," remarked Scofield.

"We also know that Governors and state legislators, despite facing ongoing budget deficits, have prioritized the funding of ADAP," Scofield continued. New data collected by NASTAD for the annual National ADAP Monitoring Project shows that in FY2010 states contributed over \$336 million in state general revenue funds to ADAPs, an increase of \$121 million from state funds contributed in FY2009. Nineteen states (Alabama, California, Colorado, Georgia,

Illinois, Iowa, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Virginia, Washington, West Virginia and Wisconsin) reported increases of \$138.5 million in state funding for ADAP, while thirteen states (Florida, Idaho, Michigan, Minnesota, Missouri, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Texas, Utah and Wyoming) reported cuts to ADAP of \$17.4 million.

Additionally, NASTAD applauds the contribution pharmaceutical manufacturers have made and continue to make to help alleviate the fiscal challenges ADAPs are experiencing. ADAP Crisis Task Force (ACTF) agreements with manufacturers of HIV antiretroviral medications have produced an estimated \$259 million in savings for 2009, bringing the total savings since the Task Force's inception in 2003 to approximately \$1.1 billion. In light of the current ADAP crisis, the ACTF initiated new agreements with the major manufacturers (Abbott Laboratories, Boehringer Ingelheim, Bristol-Myers Squibb, Gilead Sciences, Merck and Co., Tibotec Therapeutics and ViiV Healthcare) which have reduced costs by an additional \$160 million per year, effective July 1, 2010.

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.

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