



# PRESS RELEASE

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Washington, DC*

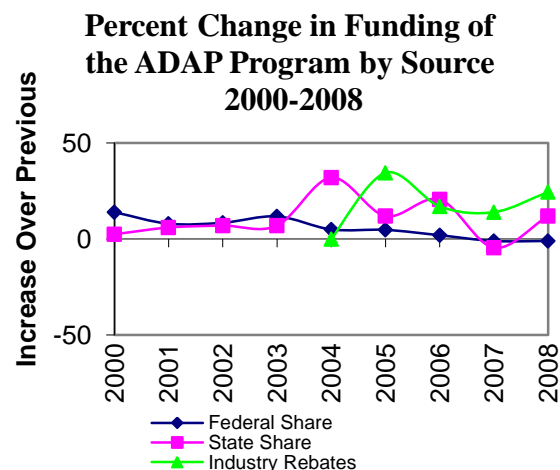
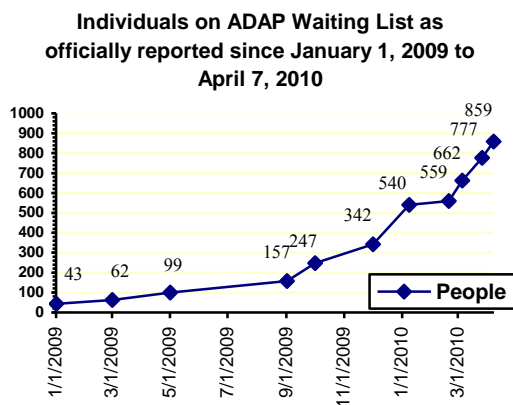
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## FIXING THE AIDS DRUG ASSISTANCE PROGRAM *Together the President and Congress Can End the Wait for AIDS Patients*

WASHINGTON, D.C. - The Community Access National Network (CANN) strongly urges Congress and President Obama to act immediately to halt the exponential growth of the **Ryan White AIDS Drugs Assistance Program (ADAP) waiting list**. Individuals with HIV have been taken off their comprehensive drug regimen, often comprised of several drugs from multiple pharmaceutical companies.

From 2008 to 2009, patients enrolling for ADAP treatment increased by 80% according to the National Alliance of State and Territorial AIDS Directors (NASTAD). Despite this significant increase in utilization, the federal share of the ADAP budget has remained largely flat-funded. The pharmaceutical industry has made significant increases each year to the amount of rebates they provide individual states for drugs, on average between 20 and 30% over the previous year's amount. Recent studies have also shown that drugs purchased for states through ADAP are cheaper than they are in European countries with socialized universal healthcare. Until 2009 many states continued to contribute moderate increases to their ADAP budgets, though this has since ceased as a consequence of the recession.



## **INFORMATION OF POTENTIAL INTEREST #104**

April 16, 2010

The funding shortfall from states along with the 80% increase in ADAP enrollment and steady decreases in the federal portion of ADAP over the past decade have been the major contributing factors to the exponential growth of the ADAP waiting list. **CANN urges the pharmaceutical industry and states, and especially the federal government, to do more to resolve ADAP funding shortages.**

The Center for Disease Control (CDC) estimates that 56,000 individuals are newly infected each year, a majority of whom are either without health insurance or lacking coverage for the necessary counseling and expensive drugs. **Congressman Maurice Hinchey**, who sits on CANN's board and the House Appropriations Committee, has been a major proponent of HIV/AIDS patients for the better part of two decades on Capitol Hill. **"I have been working with my fellow appropriators for an additional \$126 million to ensure every person enrolled in ADAP has access to their drug regimen and to ensure no one has to wait or be taken off their drugs"** commented Congressman Hinchey. **"If the President includes a request for an emergency \$126 million in his supplemental appropriations request to Congress, it would provide valuable momentum to our ongoing efforts in the Appropriations Committee."**

**Congresswoman Donna Christensen**, who also sits on CANN's board and chairs the Congressional Black Caucus Health Braintrust, has been fighting for patients enrolled in ADAP for over a decade on Capitol Hill. **"HIV does not see race, gender, or sexual preference as we know from the staggering number of people infected in every income level and region of the country each year"** remarked Congresswoman Christensen. **"The comprehensive health management offered by ADAP has allowed access for individuals in the Virgin Islands and across the U.S. to remain healthier and live longer. ADAP is there to provide access to these remarkable drugs for those uninsured and underinsured people with HIV, two-thirds of whom are minorities. President Obama must address this health disparity by including an increase of \$126 million in his supplemental appropriations request to Congress. We can end the wait for Americans with HIV."**

CANN is also one of over 230 local, state, and nationwide HIV/AIDS organizations signed on to a letter requesting President Obama include \$126 million in his supplemental request to Congress. This additional funding would ensure that all patients currently enrolled in ADAP, but placed on waiting lists, would restart their normal prescription regimen. The additional funding would also end other cost containment measures that states are enacting, such as a reduced drug formularies and decreased eligibility, and ensure that patients have access to a full and complete drug regimen.