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PRESS RELEASE

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Organization Contact: Gabriel Seth Koch

Phone: 202 588-1775

Email: gskoch@tiicann.org

CANN – Community Access National Network

1773 “T” Street NW

Washington, DC 20009

www.tiicann.org

The Community Access National Network (CANN) strongly urges Congress and the Presidential Administration to allocate an additional \$370 million to the AIDS Drug Assistance Program (ADAP) for fiscal year 2011. The need for these funds is so severe due to the recent economic downturn and underfunding, that HIV/AIDS advocates are calling for an immediate supplemental to fiscal year 2010 appropriations of \$126 million.

This ‘need number’ takes into account the number of patients receiving services from ADAP, the estimated costs for those patients, as well as the funding levels of Congress for fiscal years 2009 and 2010. These insufficient funding levels have been compounded by a doubling of ADAP patients every month during 2009. The combined effects have led to exponential growth in waiting lists for HIV patients, who should otherwise be receiving treatment through ADAP. Since January of 2009, the list has grown 1,000% and is projected to surpass the 2004 waiting list of 1,624 patients. Several people on the 2004 waiting list died while waiting to receive necessary medications. At that time, President Bush created the ‘Presidential AIDS Initiative’ with additional funds to deal with the waiting list. President Obama and the current congress have yet to make such an effort to solve this crisis.

“In the past decade, Congress has gone from funding a targeted 75% of the ADAP budget to today’s low of 5%,” commented William Arnold, Executive Director of CANN. “This oversight has led to a severe breakdown of ADAP that in the face of impending state budget crises can only be resolved by the Congress fully funding this life-saving initiative.”

Advocates participating in the discussion noted that AIDS drugs purchased through ADAP are cheaper than they are in other U.S. or European markets. In 2008 alone, ADAP funds used to purchase drugs saved over \$200 million compared to what the drugs would sell for at standard market price. With the rapidly growing ADAP Wait List ever on the rise, President Obama and Congress can act now to utilize the pharmaceutical discounts to fund treatment avenues in the most economical and efficient means available. The longer it takes to address this pressing issue of saving American lives, the total expenditure will increase as well as the number of casualties suffered. The growth of the ADAP wait lists show no signs of slowing down.

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Figure 1. Growth of the ADAP Wait List from January 2009 – January 2010 depicted by total growth and individual state growth.

