

AIDS Drug Assistance Programs (ADAPs) in Crisis: What You Need to Know



<i>ADAP Funding</i>	FY 2009 Final	FY 2010 Final	FY2010 Coalition Request	FY 2011 President's Budget Request	FY 2011 Coalition Request
Appropriated (Increase Over Previous)	\$815 m (+\$20.6 m)	\$835 m (+ \$20.0 m)	\$941 m (+\$126 m)	\$885 m (+ \$50.0 m)	\$1,205.1 m (+\$370.1 m)

- ADAPs are discretionarily funded programs that provide HIV-related medications to uninsured and underinsured individuals living in all states, U.S. territories and Washington, D.C., as a part of the Ryan White CARE Act. ADAPs also receive funding support from states, other parts of the Ryan White Program, and recently the pharmaceutical industry.
- ADAP is a payer of last resort, and as such individuals that rely on ADAP struggle to obtain medications from other sources when waiting lists and cost containment measures are instituted by state governments. There are currently 4,167 people on waiting lists in 9 states as a result of inadequate funding at the federal level and state level budget issues.
- ADAPs require a \$345 million increase over the proposed FY2011 appropriations (totaling \$1.205 billion) to clear the waiting lists, rid states of cost containment measures, and fully fund the ADAP population for FY2011, if there is no further funding in FY2010. This funding will ensure that the continuing increase in waiting lists and cost containment measures can be restrained and program stability restored through April 1, 2012.
- ADAP only received an increase of \$20 million in additional federal funds for FY2010. ADAP Advocates calculated that an addition \$126 million was needed for the FY2010 funded ADAP program year to stop the crisis based on data gathered in The National ADAP Monitoring Report in February 2010. Preliminary calculations were made on the need for both FY2010 and FY2011 which totaled \$370 Million to maintain the current level of ADAP service through the end of the FY2011 funded program year (March 31, 2012).
- In August 2010 President Obama was able to find an additional \$25 million to help eradicate waiting lists. While the additional funding is appreciated, it is not enough to end the waiting lists. These extra funds have been exhausted and the waiting lists that were cleared with the extra money are expected to return in the coming months if they have not already.
- More immediately, ADAPs need an emergency installment of \$101 million (calculated from the initial FY2010 need of \$126 million, decreased by the emergency Presidential addition of \$25 million) to clear the current waiting lists. The people relying on this program cannot wait until FY2011 appropriations have been released on April 1, 2011 to obtain necessary medications.
- Given the current weekly increases in ADAP usage, there are expected to be over 4,500 people on ADAP waiting lists by World AIDS Day (December 1, 2010).
- Pharmaceutical industry initiatives have managed to contribute an additional \$160 million per year, effective July 1, 2010 to assist with the ADAP Crisis. In addition, private institutions have united to temporarily make HIV/AIDS medications more readily available for people on wait lists. However, these measures are not sustainable indefinitely; especially if the waiting lists continue to grow.

Expected Growth of ADAP Waitlist without Additional States Needing to Implement Waiting Lists

Date	Number of Patients	Annual Funding Needed (\$1,003/month)
July 15, 2010	1,879	\$22,615,644
August 13, 2010	2,937	\$35,349,732
September 17, 2010	3,214	\$38,683,704
October 15, 2010	3,765	\$45,315,540
November 12, 2010*	4,250	\$51,153,000
December 17, 2010*	4,750	\$57,171,000
January 14, 2011*	5,250	\$63,189,000
February 11, 2011*	5,750	\$69,207,000
March 18, 2011*	6,250	\$75,225,000
April , 2011*	6,750	\$81,243,000
May , 2011*	7,250	\$87,261,000
June , 2011*	7,750	\$93,279,000
July , 2011*	8,250	\$99,297,000
August , 2011*	8,750	\$105,315,000
September , 2011*	9,250	\$111,333,000

**Expected with current amount of growth per month (500 people / 17% increase).*

ADAP Need Summary (As compiled February 2010)	FY2010	FY2011
1. Additional Expenditures due to Enrollment Growth	\$76,341,079	\$214,130,839
2. Health Insurance Continuation Growth	\$55,179,005	\$55,179,005
3. Drug Price Inflation on Base Revenues ¹	<u>\$40,296,354</u>	<u>\$41,347,633</u>
ADAP Need	\$171,816,438	\$310,657,478
Federal Share (85%)	\$146,043,973	\$264,058,856
State Share (15%)	\$25,772,466	\$46,598,622
FY2010 Federal Appropriation Increase	\$20,000,000	
Total Federal ADAP Need	\$126,043,973	\$244,058,856
Total FY11 Need (if no additional FY10 funds received)		\$370,102,829

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¹ Drug Inflation is limited to the Consumer Price Index for All Urban Consumers (CPI-U) under the Federal 340B Drug Program.