

The ADAP Working Group

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MEDIA ADVISORY

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ADAP Programs in Shock - Congress Appropriates Less Than 15% of Patient Need

(Washington DC, July 13, 2003) The AIDS Drug Assistance Program (ADAP) advocacy community reacted with deep alarm at the \$38.9 million increase provided by the House and the even more inadequate \$25 million increase provided by the Senate to fund ADAPs in FY 2004.

"This will lead to a disastrous shortfall in the majority of states for the remainder of 2003 and 2004," stated Laura Hanen of the National Alliance of State and Territorial AIDS Directors (NASTAD). "Over 90,000 patients per month are accessing ADAP services today and, according to our reports, that number is sure to increase significantly over the next 18 months. What Congress has provided will provide almost no new money to take care of any new applicants for the program."

NASTAD has reported that, at the close of the first quarter of the FY '03 funded ADAP program year (July 1st, 2003), at least 439 Americans were already on state ADAP waiting lists, 10 states had capped enrollment and at least 20 states had initiated, or were planning to initiate, ADAP program restrictions.

"If only the currently proposed appropriation from Congress for ADAP comes to pass," stated Lei Chou of the AIDS Treatment Data Network, "over 20,000 newly diagnosed HIV positive people in the U.S. will be denied life saving treatments provided by the program. The Administration and the Congress are sending a loud and clear message to Americans living with HIV disease: 'You are on your own.' This is a wholesale retreat from the commitment embodied in the Ryan White CARE Act. The CDC should start a new category in its HIV surveillance data: Premature AIDS deaths due to lack of funding."

According to the ADAP Working Group, a coalition of HIV/AIDS advocacy organizations and research-based pharmaceutical companies, at least \$283 million is needed to fund ADAPs for FY 2004. This funding must last ADAPs until March 31st, 2005. This federal need number is derived from a sophisticated pharmacoeconomic model which has been consistently proven accurate at gauging the level of ADAP need since 1997, the first year it was used. The model is based on current ADAP state program utilization and cost data.

"We are sending a very mixed and negative message if we, as we all agree we should, continue to emphasize HIV testing but then don't back up that testing with funding programs and services to meet the needs of the thousands of newly diagnosed individual," detailed Florida AIDS Action Executive Director Dr. Gene Copello. "It is time for our elected officials to listen to their communities and fight for adequate and appropriate funding to meet the needs of their constituents."

"This can look very bad for both Congress and the Administration - and for the U.S. efforts to fight AIDS at home," stated Bill Arnold, Director of the ADAP Working Group. "By definition, American patients on ADAP are in desperate need. To essentially ignore that need sets a very unhappy precedent. This could be the darkest 18 months in the history of ADAP and the Ryan White CARE Act. The Bush Administration and Congress have taken laudable steps towards addressing the HIV/AIDS epidemic in developing nations. We must also address the critical needs of Americans living with HIV/AIDS here in the homeland."

For more information on the ADAP Crisis, visit <http://www.atdn.org/> or <http://www.tiicann.org>.