

United States Senate
WASHINGTON, DC 20510

ADAP Working Group
1775 "T" Street, NW
Washington, DC 20009

June 22, 2004

The Honorable Arlen Specter Chairman
Subcommittee on Labor, Health and Human Services, and Education
United States Senate
Washington, DC 20510

The Honorable Tom Harkin, Ranking Member
Subcommittee on Labor, Health and Human Services, and Education
United States Senate
Washington, DC 20510

Dear Chairman Specter and Ranking Member Harkin:

We are writing to urge your support for a \$217 million increase in FY 2005 for the AIDS Drug Assistance Program (ADAP). While we are very grateful for the \$35 million increase for ADAP in the FY 2004 Omnibus Appropriations bill, this allocation fell short of the \$215 million increase then needed to stave off the funding crisis that has led to waiting lists, restricted formularies and denial of treatment to those in need.

Funded under Title II of the Ryan White CARE Act, ADAP makes it possible for low-income persons to purchase medications to treat HIV/AIDS. As you know, Congress created a separate funding line to appropriate funds directly to ADAP, in large part to address the enormous need created by the advent of new combination drug therapies. These funds go directly to aid the more than 150,000 people who will depend on ADAP to afford the high cost of these life-saving and life-extending therapies.

In a very real sense, ADAP is a victim of its own success: the HIV disease treatments developed since 1996 have been remarkably successful in improving the health of HIV positive individuals and extending their lives, but these achievements continue to increase the demand for ADAP's services. The cost of these critical treatments is prohibitive, especially for people who are uninsured or underinsured.

Nationally, nearly twenty-five percent of Americans who are currently in treatment for HIV infection receive their care through ADAP. This program is an important federal response to the epidemic, enabling communities to provide a system of care for low-income residents living with HIV disease. Without this assistance, states will be forced to reduce care.

Some states are fortunate enough to have additional funding through their own commitments as well as the support of local communities. Yet, there are dozens of states that find themselves unable to keep up with the demand for coverage under ADAP. As documented

in the annual National ADAP Monitoring Report, some states are being forced to take drastic measures to offset the federal funding shortfall, including establishing waiting lists for AIDS medications, reducing drug coverage and restricting eligibility.

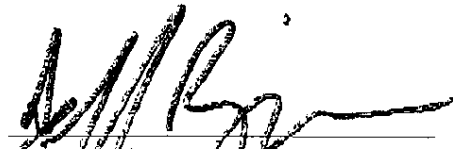
Therefore, in addition to requesting increased funds for FY 2005, we are also concerned about the lack of adequate ADAP resources for 2004. If a vehicle were to become available, we ask also for an emergency appropriation of \$122 million. These funds could be used immediately to prevent states from establishing wait lists or limiting enrollment, as 16 states have already been forced to do and five more expect to in the coming months.

ADAP and its access to care and treatment for low-income and uninsurable HIV positive Americans is critical to enabling our communities to make full use of the community-based system of HIV care and support provided by the Ryan White CARE Act funded programs, all of which are vital to HIV+ Americans in every state and territory and deserve the highest possible level of funding.

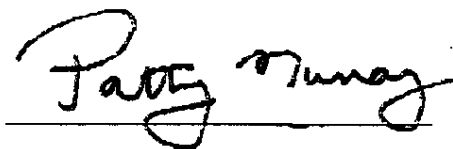
We are deeply grateful for the Committee's past support and thank you for this consideration of our request.

Best regards.

Sincerely,



Jeff Bingaman



Patty Murray



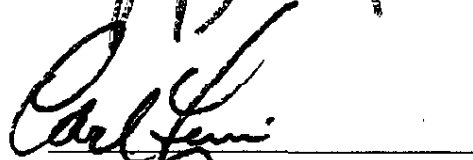
Mark Dayton



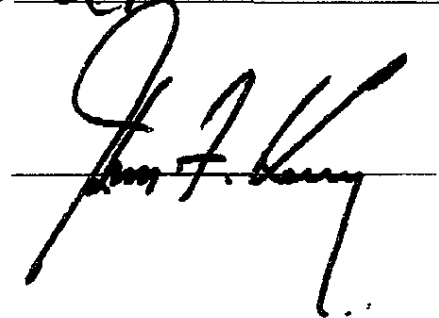
Chris Smith



Olympia Snowe



Carl Levin



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