

Support FY2012 Ryan White Funding to States



PART B BASE

FY2012 NASTAD Recommendation*:	\$495 million
FY2012 President's Budget:	\$419 million
FY2011 Appropriation:	\$418 million
*\$77 million increase	

PART B ADAP

FY2012 NASTAD Recommendation*:	\$991 million
FY2012 President's Budget:	\$940 million
FY2011 Appropriation**:	\$885 million
* \$106 million increase	
** Includes \$25 million in redirected emergency funding	

RYAN WHITE PROGRAM

The Ryan White Program, formerly known as the Ryan White CARE Act, was enacted in 1990 in response to the growing number of HIV-positive individuals living in the U.S. State health departments receive funds through Part B to provide care, treatment, and support services for low-income uninsured and underinsured individuals.

Part B Base grants are awarded to states and territories to provide an array of essential services including diagnostic, viral load testing and viral resistance monitoring, HIV care for vulnerable at-risk populations, and primary care networks that improve the overall HIV care systems in states.

The state AIDS Drug Assistance Program (ADAP) provides medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP formularies must include antiretrovirals, drugs to treat opportunistic infections and other chronic conditions. Funds can also be used for purchase of health insurance for eligible clients.

ADAPs are a partnership between federal and state governments and the pharmaceutical industry. ADAPs receive the best prices in the country through agreements negotiated with the pharmaceutical manufacturers through the ADAP Crisis Task Force.

In FY2009, it is estimated that ADAPs nationwide served over 213,000 HIV-infected individuals, nearly one-quarter of people with HIV/AIDS estimated to be receiving care.¹

FY2012 PART B BASE NEED

Congress must invest \$77 million more in doctor visits and services that support people in care. Primary care and the provision of drug treatments are inextricably linked. People living with HIV need access to trained HIV clinicians and a full range of support services to live as healthy a life as possible and to ensure adherence to complicated treatment regimens. Inadequate funding has resulted in waits of up to six months for a primary care visit.

ADAPs IN CRISIS

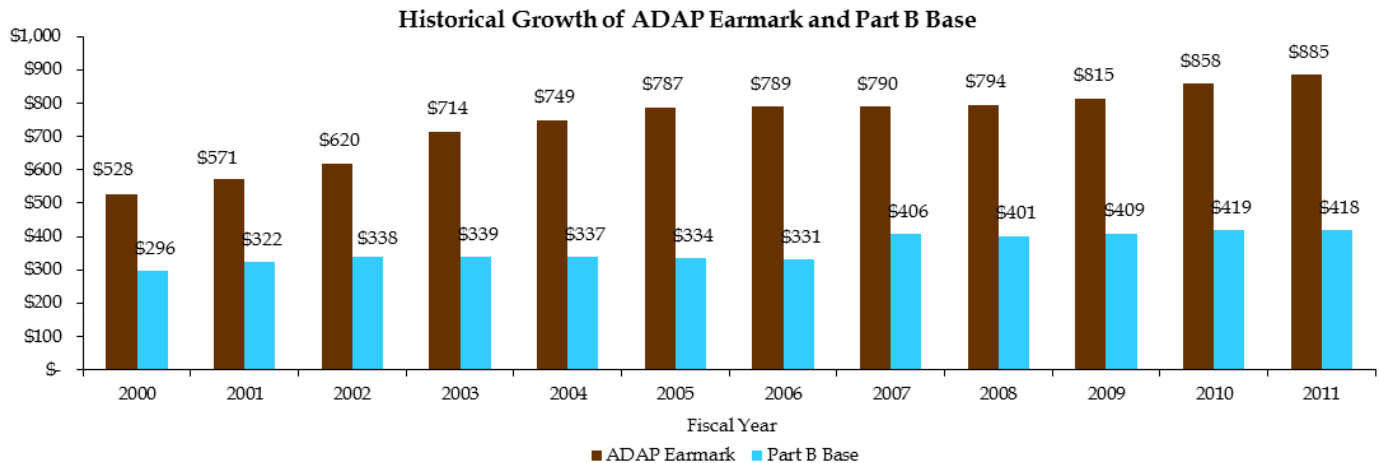
ADAPs truly need an increase of \$360 million in FY2012 to maintain their programs and fill the structural deficits that have built up over the last several years.

In FY2012, the HIV/AIDS community is asking for an increase of \$106 million to continue to serve an average of 1,312 new clients per month.

As of May 12, 8,100 individuals are on waiting lists in 13 states. Between January and December 2010, ADAP waiting lists increased 867 percent.

As of April 22, 2011, 18 states have had to institute or anticipate instituting cost-containment measures such as reducing their eligibility level, cutting drugs from their formulary, instituting annual expenditure caps per client or capping enrollment.

FY2011 Ryan White Program Part B Funding Needs



Note: In FY2010, \$860 million was actually allocated to ADAPs. \$2 million of the \$25 million in emergency ADAP funds were unobligated Ryan White dollars and therefore not counted in the

ADAP FUNDING COMPONENTS

- The federal share of ADAP funding has fallen steadily over the last several years. In FY2003 the federal earmark was 72 percent of the overall ADAP budget. In FY2009, the federal share fell to 49 percent of the ADAP budget.
- ADAPs have long had a strong state-federal partnership; however despite the economic downturn many states have increased funding in FY2010 by an additional \$121 million for a total of \$346.2 million.
- Pharmaceutical manufacturers help alleviate fiscal challenges for ADAP by agreeing to lower drug prices and enhanced rebates which amounted to \$259 million in savings for FY2009. Supplemental agreements will save an additional \$160 million per year starting in July 2010.

WHAT FACTORS HAVE LED TO THE CRISIS?

- ADAPs are seeing a record number of people in need due to the economic downturn.

Individuals are losing their jobs and insurance and are increasingly in need of safety net services.

- In FY2010, ADAPs saw an average monthly growth of 1,382 clients entering the program nationwide (an increase of 96% from FY2008 when ADAPs experienced stable monthly growth of 706 clients).
- With the increased federal investment in HIV testing, states have increased their efforts to identify individuals who are unaware of their HIV status and link them to appropriate care and treatment.
- CDC estimates that there are 56,300 new HIV infections occurring annually in the U.S. which means that there is relatively constant demand for new treatment slots.
- Sixteen years after the advent of highly active antiretroviral treatments, the lives of people living with HIV/AIDS have been greatly improved and extended. Therefore, individuals may stay on ADAP for a lifetime.