

July 10, 2008



## The ADAP Watch

Since 2002, NASTAD has consistently tracked AIDS Drug Assistance Program (ADAP) waiting lists and other cost containment measures that have occurred in the absence of sufficient federal funding. Adequate funding would enable all ADAPs to meet the growing demand for Highly Active Antiretroviral Therapy (HAART) and other HIV-related medications. Instead, many ADAPs have had to rely on cost containment measures, including waiting lists, in order to match demand for services with available funding. Fortunately, this trend has slowed in recent months; this has resulted in nearly the fewest individuals on waiting lists since tracking began in 2002. While, this is good news for ADAPs, the future remains uncertain as the funding outlook for FY2009 remains bleak.

The federal funding outlook also impacts other Ryan White programs critical to the care and treatment of people living with HIV/AIDS. Some Ryan White Part B programs, for instance, are facing new service restrictions and due to the continued, growing demand for ADAP services, are making the difficult decision to prioritize ADAP services to the detriment of Part B medical and support services. NASTAD has begun tracking barriers to services within Part B in addition to ADAP and will begin to report on these in the near future.

ADAP has an estimated need in FY2008 of \$929 million in federal funds, an increase of \$135 million from FY2007. Part B Base programs have an estimated need of \$496 million, an increase of \$95 million from FY2007. FY2009 funding for Ryan White programs is currently under consideration by Congress and the recommended increases do not meet the projected needs of these programs. ADAP currently stands to receive an increase of \$6 million in the Senate and \$28 million in the House, while the Part B Base is slated to receive an \$8 million increase in the Senate and \$14 million in the House. Continued funding increases in ADAP and Part B Base are needed to ensure that waiting lists and other cost-containment measures do not become permanent features of these critical programs.

As of July 3, 2008, there were 35 individuals on ADAP waiting lists in two states. As of May 15, 2008, two ADAPs had implemented cost-containment measures since the ADAP fiscal year began on April 1, 2008. Two ADAPs report anticipating the need to implement new or additional cost-containment measures during the current ADAP fiscal year ending March 31, 2009.



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As an example of restrictions within Part B services, two states reported having waiting lists for medical services with two additional states indicating a waiting list or extended waiting periods for case management or housing (as of May 15, 2008 - 32 states reporting). Four Part B programs also reported that as a result of reduced or shifting funding, support services have been eliminated, including transportation to medical appointments, housing, substance abuse treatment, emergency financial assistance, and food vouchers. To provide a more comprehensive picture of access restrictions to Part B services in states and territories, NASTAD will expand its information gathering of these restrictions and report results in greater detail in the near future.

ADAP provides life-saving HIV treatments to low income, uninsured, and underinsured individuals living with HIV/AIDS in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, the Federated States of Micronesia, American Samoa, and the Republic of the Marshall Islands. Since the advent of HAART in 1996, AIDS deaths have declined and the number of people living with HIV/AIDS has markedly increased. ADAP has played a critical role in making HAART more widely available.

**ADAPs with Waiting Lists**  
**(35 individuals, as of July 3, 2008)**

**Indiana: 28** on a waiting list  
**Montana: 7** on waiting list

**ADAPs with Other Cost-containment Strategies (instituted since April 1, 2008)**  
**(as of May 15, 2008)**

**Montana:** reduced formulary  
**Utah:** reduced formulary

*Six ADAPs have capped enrollment for Fuzeon access (54 ADAPs reporting)*

**ADAPs Anticipating New/Additional Cost-containment Measures (before March 31, 2009\*)**  
**(as of May 15, 2008)**

**Arizona**  
**Indiana**

*\* March 31, 2009 is the end of ADAP FY 2008. ADAP fiscal years begin April 1 and end March 31.*