



The ADAP Watch

ADAPs with Waiting Lists (2,718 individuals in 13 states, as of August 5, 2010)

Florida: 1,059 individuals
Georgia: 292 individuals
Hawaii: 16 individuals
Idaho: 30 individuals
Iowa: 111 individuals
Kentucky: 232 individuals
Louisiana: 251 individuals*
Montana: 22 individuals
North Carolina: 189 individuals
Ohio: 118 individuals
South Carolina: 245 individuals
South Dakota: 25 individuals
Utah: 128 individuals

ADAPs with Other Cost-containment Strategies (instituted since April 1, 2009, as of July 22, 2010)

Arizona: reduced formulary
Arkansas: reduced formulary, lowered financial eligibility to 200% FPL
California: eliminated ADAP services in select county jails
Colorado: reduced formulary
Illinois: reduced formulary
Iowa: reduced formulary
Kentucky: reduced formulary
Louisiana: discontinued reimbursement of laboratory assays
Missouri: reduced formulary
North Carolina: reduced formulary
North Dakota: capped enrollment, instituted annual expenditure cap, lowered financial eligibility to 300% FPL
Ohio: reduced formulary, lowered financial eligibility to 300% FPL (disenrolled 257 clients)
South Carolina: instituted annual expenditure cap, lowered financial eligibility to 300% FPL
Utah: reduced formulary, lowered financial eligibility to 250% FPL (disenrolled 89 clients)
Washington: instituted client cost sharing, reduced formulary (for uninsured clients only)
Wyoming: reduced formulary

ADAPs Considering New/Additional Cost-containment Measures (before March 31, 2011**)

Arizona: establish waiting list
Colorado: establish waiting list
Florida: reduce formulary, lower financial eligibility to 350% FPL
Illinois: reduce formulary, institute monthly expenditure cap, lower financial eligibility to 300% FPL
New Jersey: reduce formulary, lower financial eligibility
Ohio: disenroll approximately 861 clients based on new medical criteria
Oregon: reduce formulary, institute client cost sharing
Puerto Rico: reduce formulary
Rhode Island: lower financial eligibility to 200% FPL
South Carolina: disenroll 200 clients, establish annual expenditure cap
Virginia: establish waiting list
Washington: require all clients to enroll in insurance, lower financial eligibility to 275% FPL
Wyoming: establish waiting list, reduce formulary, institute client cost sharing

*Louisiana has a capped enrollment on their program. This number is a representation of their current unmet need.

**March 31, 2011 is the end of ADAP FY2010. ADAP fiscal years begin April 1 and end March 31.

NASTAD (www.NASTAD.org) is a nonprofit national alliance of state health department HIV/AIDS program directors who have programmatic responsibility for administering HIV/AIDS and viral hepatitis health care, prevention, education, and supportive services programs funded by state and federal governments. To receive *The ADAP Watch*, please e-mail Britten Pund at bpund@NASTAD.org.

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