

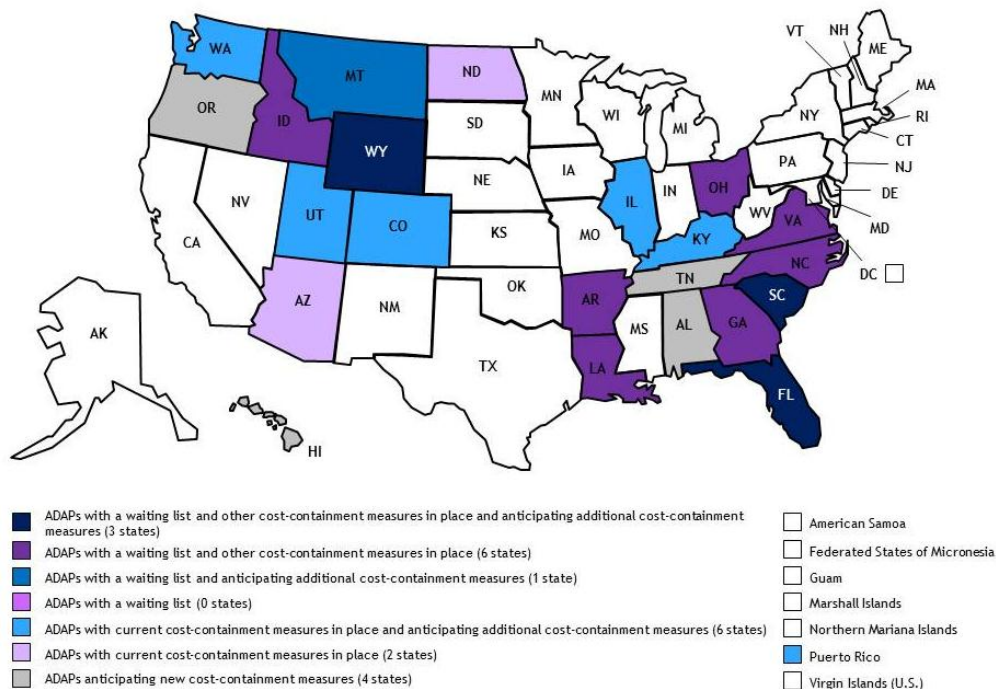
ADAP Watch

April 22, 2011

As of April 22, 2011, there were 7,674 individuals on AIDS Drug Assistance Program (ADAP) waiting lists in 11 states. This is a 23 percent increase from the 6,235 individuals on the February 2011 ADAP Watch. Eighteen ADAPs, 10 with current waiting lists, have instituted additional cost-containment measures since April 1, 2009 (reported as of April 13, 2011). In addition, 14 ADAPs, including four with current waiting lists, reported they are considering implementing new or additional cost-containment measures by the end of ADAP's current fiscal year (March 31, 2012).

States that have instituted cost containment measures and those considering them, in addition to implementing waiting lists, are reducing program financial and medical eligibility, capping enrollment, reducing the number of drugs on the formulary and cutting other services, all of which impact access to life saving HIV medications for medically vulnerable individuals.

ADAPs with Current or Anticipated Cost-Containment Measures, Including Waiting Lists, April 2011



About ADAP: ADAPs provide 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. In addition, some ADAPs provide insurance continuation and Medicare Part D wrap-around services to eligible individuals. Ryan White Part B programs provide necessary medical and support services to low income, uninsured, and underinsured individuals living with HIV/AIDS in all states, territories and associated jurisdictions.

About NASTAD: Founded in 1992, NASTAD is a nonprofit national association of state and territorial 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. For more information, visit www.NASTAD.org.

ADAPs with Waiting Lists (7,674 individuals in 11 states*, as of April 21, 2011)

Arkansas: 63 individuals
Florida: 3,705 individuals
Georgia: 1,384 individuals
Idaho: 11 individuals
Louisiana: 685 individuals**
Montana: 25 individuals
North Carolina: 194 individuals
Ohio: 357 individuals
South Carolina: 616 individuals
Virginia: 630 individuals
Wyoming: 4 individuals

ADAPs with Other Cost-containment Strategies (instituted since April 1, 2009, as of April 13, 2011)

Arizona: reduced formulary
Arkansas: reduced formulary, lowered financial eligibility to 200% FPL (disenrolled 99 clients in September 2009)
Colorado: reduced formulary
Florida: reduced formulary, transitioned 5,403 clients to Welvista from 2/15-3/31/11
Georgia: reduced formulary, implemented medical criteria, participating in the Alternative Method Demonstration Project (AMDP)
Idaho: capped enrollment
Illinois: reduced formulary, instituted monthly expenditure cap (\$2,000 per client per month)
Kentucky: reduced formulary
Louisiana: discontinued reimbursement of laboratory assays
North Carolina: reduced formulary
North Dakota: capped enrollment, instituted annual expenditure cap, lowered financial eligibility to 300% FPL (grandfathered in current clients above 300%FPL)
Ohio: reduced formulary, lowered financial eligibility to 300% FPL (disenrolled 257 clients in July 2010)
Puerto Rico: reduced formulary
South Carolina: lowered financial eligibility to 300% FPL (grandfathered in current clients above 300% FPL)
Utah: reduced formulary, lowered financial eligibility to 250% FPL (disenrolled 89 clients in FY2010)
Virginia: reduced formulary, transitioned 207 clients onto waiting list and PAPs, only distributing 30-day prescription refills
Washington: instituted client cost sharing, reduced formulary (for uninsured clients only), only paying insurance premiums for clients currently on antiretrovirals
Wyoming: reduced formulary, instituted client cost sharing

ADAPs Considering New/Additional Cost-containment Measures (before March 31, 2012***)

Alabama: cap enrollment, establish waiting list (as of May 1, 2011), reduce formulary
Colorado: institute client cost sharing, establish waiting list
Florida: lower financial eligibility
Hawaii: establish waiting list
Illinois: lower financial eligibility to 300% FPL (grandfather in current enrollees from 301 - 500% FPL), disenroll clients not accessing ADAP for 90-days
Kentucky: reduce formulary
Montana: reduce formulary
Oregon: reduce formulary
Puerto Rico: reduce formulary
South Carolina: disenroll 200 clients based on financial eligibility
Tennessee: establish waiting list (as of July 1, 2011)
Utah: establish waiting list
Washington: cap enrollment, establish waiting list, reduce formulary
Wyoming: reduce formulary

**As a result of ADAP emergency funding, Hawaii, Idaho, Iowa, Kentucky, South Dakota, and Utah eliminated their waiting lists; Idaho reinstated a waiting list in February 2011.*

***Louisiana has a capped enrollment on their program. This number represents their current unmet need.*

****March 31, 2012 is the end of ADAP FY2011. ADAP fiscal years begin April 1 and ends March 31.*

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