



ADAP Watch

April 29, 2011

ADAPs with Waiting Lists (7,762 individuals in 11 states*, as of April 28, 2011)

Arkansas: 68 individuals
Florida: 3,752 individuals
Georgia: 1,421 individuals
Idaho: 11 individuals
Louisiana: 645 individuals**
Montana: 26 individuals
North Carolina: 204 individuals
Ohio: 367 individuals
South Carolina: 625 individuals
Virginia: 639 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

**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.*

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

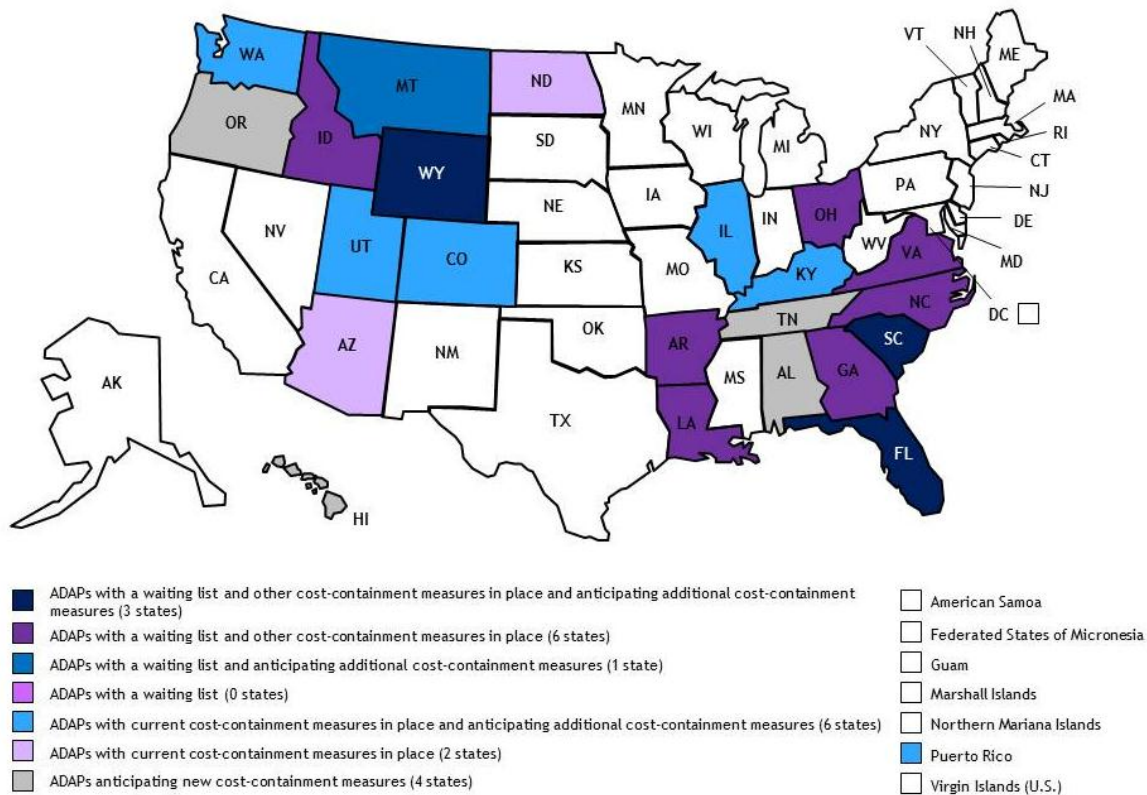
Tennessee: establish waiting list (as of July 1, 2011)

Utah: establish waiting list

Washington: cap enrollment, establish waiting list, reduce formulary

Wyoming: reduce formulary

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



***March 31, 2012 is the end of ADAP FY2011. ADAP fiscal years begin April 1 and ends 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 *TheADAP Watch*, please e-mail Britten Pund at bpund@NASTAD.org.