

February 1, 2006



## The ADAP Watch

As of January 18, 2006, a total of 1,043 individuals were on AIDS Drug Assistance Program (ADAP) waiting lists in ten states, up from nine states in November 2005. Currently, 118 of these individuals continue to receive medications through the President's ADAP Initiative (PAI), for which funding is expected to be depleted by March 2006. Another 925 individuals are on waiting lists and are not covered by the PAI - a significant increase from 647 in NASTAD's December 2005 *Watch*. Of these 925 individuals, 48 are former PAI clients whose states have been unable to absorb them into their ADAPs due to a lack of funding. In addition, nine ADAPs have implemented cost-containment measures other than capped enrollment and waiting lists. Seven ADAPs anticipate the need to implement new or additional cost-containment measures during ADAP FY2006, which ends March 31, 2007.

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, American Samoa, and the Republic of the Marshall Islands. Since the advent of highly active antiretroviral therapy (HAART) in 1996, AIDS deaths have declined and the number of people living with HIV/AIDS has markedly increased. ADAPs have played a crucial role in making HAART more widely available. Unfortunately, less than adequate increases in federal funding are undermining the progress ADAPs have made in expanding access to HAART for those in need, necessitating program waiting lists and other cost containment measures. For FY2006, ADAP funding will increase by a mere \$2 million, by far the smallest increase in the program's history and much less than what will be required to meet anticipated needs.

While the President's ADAP Initiative (PAI) provided some fiscal relief for ADAPs with waiting lists, funding will not be renewed once initial program resources are depleted. The PAI began in June 2004, when President Bush announced immediate availability of \$20 million in one-time funding outside of ADAP to provide medications to individuals on ADAP waiting lists in ten states (registered as of June 21, 2004). It initially expired on September 30, 2005; however, the company administering the program, BioScrip, Inc., received a no-cost extension to continue serving PAI clients as long as funding is available, currently estimated for March 2006. Following a request by the Health Resources and Services Administration (HRSA), several participating states were able, over time, to transition PAI clients into their ADAPs, either with new state funding appropriated by their legislatures or other one-time funding. Unfortunately, Montana and West Virginia have been unable to secure additional resources to transition PAI clients into their ADAPs. These states have been forced to add former PAI clients to their existing ADAP waiting lists in the absence of federal funding to continue supplying these individuals with their HIV medications.



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### ADAPs with Waiting Lists

(1,043 individuals, including 48 formerly covered by the President's ADAP Initiative (PAI) - as of January 18, 2006)

**Alabama:** 388 on waiting list (103 PAI, 285 regular) \*

**Alaska:** 12 on waiting list \*

**Arkansas:** 89 on waiting list

**Idaho:** 55 on waiting list (15 PAI, 40 regular) \*

**Indiana:** 9 on waiting list

**Kentucky:** 258 on waiting list \*

**Montana:** 17 on waiting list (including 7 former PAI) \*

**Nebraska:** 89 on waiting list

**North Carolina:** 83 on waiting list \*

**West Virginia:** 43 on waiting list (including 41 former PAI) \*

*\*Current or former PAI states. Three other states (Colorado, South Dakota, and Iowa) were originally eligible for the initiative but were able to enroll all clients on their waiting lists into their regular ADAPs.*

### ADAPs with Other Cost-containment Strategies

**Alabama:** Capped enrollment for Fuzeon access with 7 individuals on Fuzeon waiting list

**Louisiana:** Capped enrollment for Fuzeon access with 4 individuals on Fuzeon waiting list

**Missouri:** Reduced formulary and income eligibility restrictions

**New Hampshire:** Medical eligibility and formulary restrictions, including removal of Fuzeon

**Oklahoma:** Annual per capita expenditure limit, capped enrollment for Fuzeon access with 1 individual on Fuzeon waiting list

**South Dakota:** Annual per capita expenditure limit

**Tennessee:** Reduced formulary

**Texas:** Capped enrollment for Fuzeon access with 54 individuals on Fuzeon waiting list

**Utah:** Reduced formulary and cost sharing

### ADAPs Anticipating New/additional Cost-containment Measures (before March 31, 2007\*\*)

**Georgia**

**Louisiana**

**N. Mariana Islands**

**Oregon**

**Rhode Island**

**South Carolina**

**Tennessee**

*\*\* March 31, 2007 is the end of ADAP FY 2006. ADAP fiscal years begin April 1 and end March 31.*

NASTAD ([www.NASTAD.org](http://www.NASTAD.org)) is a nonprofit national association of state health department HIV/AIDS program directors who have programmatic responsibility for administering HIV/AIDS health care, prevention, education, and supportive services programs funded by state and federal governments. To receive *The ADAP Watch*, please forward your e-mail address to Natane Singleton at [nsingleton@NASTAD.org](mailto:nsingleton@NASTAD.org).