

June 15, 2006

The background of the header section is a light blue rounded rectangle containing a close-up, slightly blurred image of a clock face. The numbers 1, 2, and 3 are visible on the clock.

The ADAP Watch

As of May 24, 2006, a total of 331 individuals were on AIDS Drug Assistance Program (ADAP) waiting lists in seven states. In addition, four ADAPs have implemented cost-containment measures other than capped enrollment and waiting lists. Six ADAPs anticipate the need to implement new or additional cost-containment measures during ADAP FY2006, which ends March 31, 2007; 15 more ADAPs are uncertain whether or not they will need to institute such measures, depending upon client utilization and results of local funding decisions.

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 and Guam. 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 critical role in making HAART more widely available. Unfortunately, federal funding for ADAPs has not kept pace with the rising demand for HAART and other HIV-related medications in recent years. Federal ADAP funding for FY2006 increased by a mere \$2 million, by far the smallest increase in the program's history. Although Congress is currently considering appropriating additional funds to expand access to HIV medications for FY2007, those funds, if approved, would not be available until April 1, 2007.

Though federal funding has stagnated, ADAPs continue to experience growing demand for medications, necessitating waiting lists and other cost-containment measures. As mentioned above, seven states currently have ADAP waiting list; six of those states have had waiting lists for the past 12 months. In addition to capping program enrollment, some states have instituted caps on individual drugs to keep costs down. Ten states currently restrict enrollment for Fuzeon (enfuvirtide), the first in a new class of antiretroviral drugs known as fusion inhibitors used to treat clients with multiple drug resistance. Two states have capped enrollment for the recently approved protease inhibitor Aptivus (tipranavir). Several other states have chosen to exclude these drugs from their formularies altogether given their high costs - ten states do not cover Fuzeon at all; six do not cover Aptivus. Clearly, fiscal constraints have forced states to make difficult decisions about whether to cover more clients with fewer drugs, or fewer clients with more comprehensive formularies.

Unfortunately, the funding outlook for ADAPs is uncertain. While Congress is considering CARE Act funding increases to improve access to medication, it is unclear whether those funds would go to ADAPs directly. Moreover, there is concern that proposed increases may be one-time funding at the Secretary of HHS' discretion, providing only a temporary solution to the problem of chronic underfunding of ADAPs. At the same time, Congress is considering reauthorization of the Ryan White CARE Act. The current proposal includes numerous structural changes to the Act which threaten to increase administrative burden at the federal, state, and local levels, further complicating the process of financial forecasting and program planning for states and cities, particularly with regard to ADAPs.



The ADAP Watch

ADAPs with Waiting Lists (331 individuals, as of May 24, 2006)

- Alabama:** 38 on waiting list
- Arkansas:** 21 on waiting list
- Idaho:** 15 on waiting list
- Indiana:** 8 on waiting list
- Kentucky:** 188 on waiting list
- Montana:** 20 on waiting list
- West Virginia:** 41 on waiting list

ADAPs with Other Cost-containment Strategies*

- Missouri:** Reduced formulary
- New Hampshire:** Reduced formulary and medical eligibility restrictions
- Oklahoma:** Annual per capita expenditure limit
- Utah:** Reduced formulary for health insurance continuation program

**Ten states have capped enrollment for Fuzeon access and 10 states do not include the drug on their formularies;
Two states have capped enrollment for Aptivus access and six states do not include the drug on their formularies.*

ADAPs Anticipating New/Additional Cost-containment Measures (before March 31, 2007**)^

- Georgia**
- Louisiana**
- Michigan**
- Puerto Rico**
- South Carolina**
- U.S. Virgin Islands**

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

^Fifteen other states reported being uncertain as to whether they will need to implement new/additional cost containment measures.

NASTAD

Number of People with HIV/AIDS on ADAP Waiting Lists by Survey Period, July 2002 - May 2006

