

April 10, 2007



The ADAP Watch

As of March 1, 2007, a total of 571 individuals were on AIDS Drug Assistance Program (ADAP) waiting lists in four jurisdictions. In addition, eight ADAPs have implemented other cost-containment measures in the twelve months since April 2006, including one of those with an extensive waiting list. In addition, five ADAPs, including two that have instituted cost containment measures since April 2006, anticipate the need to implement new or additional cost-containment measures during the current ADAP fiscal year which ends March 31, 2008.

In the absence of sufficient federal funding that would enable ADAPs to meet the growing demand for Highly Active Antiretroviral Therapy (HAART) and other HIV-related medications, ADAPs have been forced to limit access to medications by instituting waiting lists and other cost-containment measures. Of the four jurisdictions with ADAP waiting lists, two have had them for nearly two years. A third ADAP has been forced to reduce its formulary in addition to maintaining an extensive and growing waiting list. The fourth ADAP recently instituted its waiting list and anticipates the need for other cost-containment strategies prior to March 31, 2008.

Congress passed the "Revised Continuing Appropriations Resolution, 2007" (HJ Res 20) in February 2007. No additional funding was included for ADAP in the funding resolution, leaving the program lagging far behind its historical growth. The Part B base (formerly Title II) of the Ryan White Program, however, did receive an increase of \$75 million. While states are allowed to utilize Part B base funding for ADAP expenditures, the increase in the Part B base was essential in ensuring that states were not unduly harmed in the provision of other medical and support services as a result of changes in the "*Ryan White HIV/AIDS Treatment Modernization Act*," signed into law by President Bush in December of 2006.

With no increase in funding in FY2007, ADAPs will struggle to include many of the newly identified individuals who know their HIV status but are not receiving HAART, as well as to add new medications that are expected to be approved this year. The estimated need for ADAP exceeds FY2007 funding levels by \$232 million and without substantial financial support to make up for previous years of underfunding, waiting lists and other cost-containment measures will likely continue as a permanent feature of this critical program.

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.



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ADAPs with Waiting Lists
(571 individuals, as of March 1, 2007)

Alaska: 13 on waiting list
Montana: 20 on waiting list
Puerto Rico: 75 on waiting list
South Carolina: 463 on waiting list

ADAPs with Other Cost-containment Strategies (instituted since April 1, 2006)

Alabama: Capped enrollment
Florida: Lowered income eligibility
Indiana: Capped enrollment
Michigan: Formulary management
Mississippi: Lowered medical eligibility
Rhode Island: Lowered income eligibility
South Carolina: Reduced formulary; capped enrollment
U.S. Virgin Islands: Client cost sharing

Twelve ADAPs also have capped enrollment for Fuzeon access and four states do not include the drug on their formularies (52 ADAPs reporting), as of March 1, 2007.

ADAPs Anticipating New/Additional Cost-containment Measures (before March 31, 2008*)

Idaho
Kentucky
New Hampshire
Rhode Island
U.S. Virgin Islands

** March 31, 2008 is the end of ADAP FY 2007. ADAP fiscal years begin April 1 and end March 31.*