

Support FY2010 Ryan White Funding to States



PART B BASE

(Dollars in millions)

FY 2010 NASTAD Recommendation*: \$514.2

FY 2010 President's Budget: \$419

FY 2009 Appropriation: \$408.8

*\$113 million increase

UNMET PART B BASE FISCAL NEEDS

Invest \$113 million more in doctor visits and services that support people in care - Part B (Title II) Base grants are awarded to states and territories to provide an array of essential services including diagnostic, viral load testing and viral resistance monitoring, HIV care for vulnerable at-risk populations, and primary care networks that improve the overall HIV care systems in states.

Primary care and the provision of drug treatments are inextricably linked. People living with HIV need access to trained HIV clinicians and a full range of support services to live as healthy a life as possible and to ensure adherence to complicated treatment regimens.

States continue to experience a significant increase in clients seeking Part B Base funded services. This is due in part to the fact that states have ramped up their testing efforts to find the twenty-one percent of HIV positive individuals who don't know their status. This is also born out in the Centers for Disease Control and Prevention's recent surveillance report that showed a 15 percent increase in HIV diagnoses in the 34 states with name-based HIV reporting. In addition, increasing unemployment and cuts to state health programs have increased pressure on the state Part B Base to provide additional services that were once funded through other mechanisms.

PART B ADAP

(Dollars in millions)

FY 2010 NASTAD Recommendation*: \$1,083.6

FY 2010 President's Budget: \$835

FY 2009 Appropriation: \$815

*\$269 million increase

UNMET PART B ADAP FISCAL NEEDS

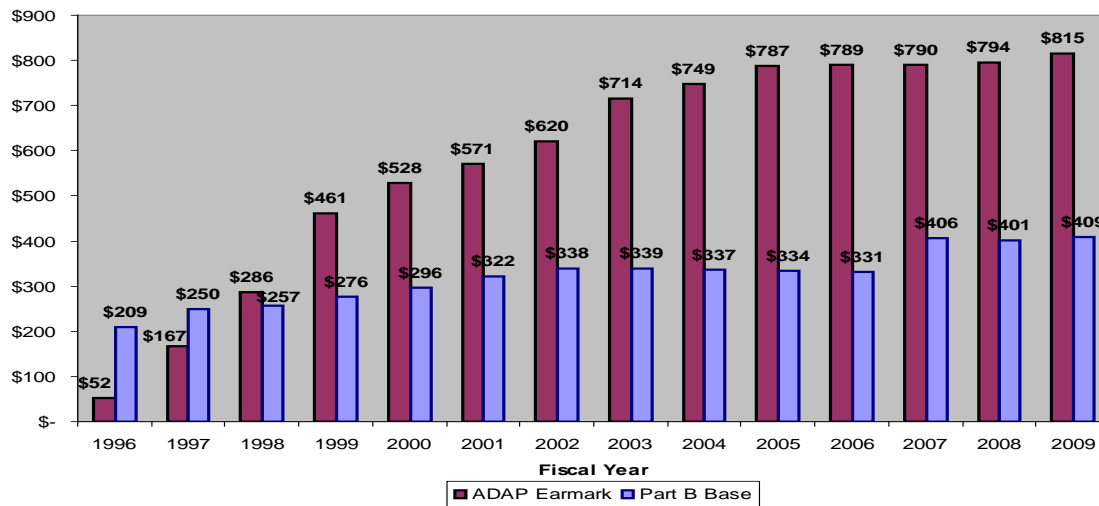
Invest \$269 million more in life-saving therapies - Part B AIDS Drug Assistance Program (ADAP) grants are awarded to states and territories to provide FDA approved HIV-related prescription drugs to underinsured and uninsured individuals living with HIV/AIDS. According to data from the *National ADAP Monitoring Report* collected over the last decade, national ADAP budgets from FY1997 to FY2008 have grown on average \$110.8 million per year.

As discretionary programs, ADAPs are dependant on annual federal and state appropriations to serve all those in need of treatment. In FY2008, 34 states contributed \$329 million to ADAP programs. The FY2009 outlook for state budget contributions to ADAP is bleak. NASTAD did a survey of states and found of the 37 states responding, decreases to state budgets in FY2009 ranged from \$8,500 to \$56 million. **The total anticipated FY2009 state budget decrease in AIDS programs is over \$84 million.** Thirty-three percent of ADAP programs expect funding decreases in FY2010 as well.

ADAPs were stable in FY2007 and FY2008 due to state funding, ADAP supplemental grants, Medicare Part B savings, and supplemental discounts and rebates from the pharmaceutical industry. ADAPs were able to reduce formulary and eligibility disparities between states, but waiting lists totaling 62 individuals developed by March 1, 2009.

FY2010 Ryan White Program Part B Funding Needs

Historical Growth of Part B Base and ADAP Earmark



WHAT IS DRIVING THE NEED FOR SERVICES?

- An estimated 1,106,400 people are living with HIV disease in the U.S.
- A May 2004 report by the Institute of Medicine, "Public Financing and Delivery of HIV/AIDS Care: Securing the Legacy of Ryan White," found that over 233,000 HIV-positive Americans do not have consistent access to highly active antiretroviral therapy (HAART).¹
- A CDC study found that only 55 percent of HIV-positive U.S. residents for whom antiretroviral treatment is clinically recommended were receiving therapy in 2003.²
- With the increased investment in HIV testing, including rapid testing, the ability of states to identify HIV positive individuals has increased.
- CDC estimates that there are 56,300 new HIV infections occurring annually in the U.S. which means that there is relatively constant demand for new treatment slots.
- Thirteen years after the advent of highly active antiretroviral treatments, the lives of people living with HIV/AIDS have been greatly improved and extended. Therefore, individuals may stay on ADAP for a lifetime.

WHY IS ADEQUATE FUNDING OF ADAPs CRITICAL FOR PEOPLE LIVING WITH HIV/AIDS?

- In 2008, it is estimated that ADAPs nationwide served nearly 165,000 HIV-infected individuals, nearly one-quarter of people with HIV/AIDS estimated to be receiving care.³

- Historically, ADAP shortfalls have led to program restrictions such as stiffer financial eligibility requirements, stricter clinical requirements, limited formularies, waiting lists, and gaps in coverage. Such restrictions lead to dangerous treatment interruptions, which encourage drug resistance and discourage patient retention in care, both of which have profound effects on public health.
- Studies have shown that patients who receive less assistance in accessing health care demonstrate poorer outcomes,⁴ and a 2002 study examining the cost-effectiveness of ADAPs concluded, "Even the most comprehensive ADAPs constitute a cost-effective use of HIV care resources."⁵
- Racial and ethnic minorities are more likely to be uninsured and therefore need the assistance of the Ryan White Program. More than 60 percent of those served by ADAP in June 2008 were people of color and over 74 percent were at or below 200 percent of the federal poverty level, with 42 percent at or below 100 percent.

REFERENCES

- ¹ "Public Financing and Delivery of HIV/AIDS: Securing the Legacy of Ryan White." Institute of Medicine, May 13, 2004.
- ² Brown, David "U.S. Survey Indicates Blacks Hardest Hit by HIV Infection." Washington Post, February 26, 2005, Page A03.
- ³ Kaiser Family Foundation & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2009.
- ⁴ Sherer R, Stieglitz K, Narra J, et al. HIV multidisciplinary teams work: support services improve access to and retention in HIV primary care. *AIDS Care*. 2002;14(suppl 1):S31-S44.
- ⁵ Johri M, Paltiel AD, Goldie SJ, Freedberg KA. State AIDS Drug Assistance Programs: equity and efficiency in an era of rapidly changing treatment standards. *Med Care*. 2002;40(5):429-441.