

# Support FY2011 Ryan White Funding to States



## PART B BASE

FY2011 NASTAD Recommendation\*: \$475 million

FY2011 President's Budget: \$429 million

FY2010 Appropriation: \$419 million

\*\$56 million increase

## PART B ADAP

FY2011 NASTAD Recommendation\*: \$1,205 million

FY2011 President's Budget: \$855 million

FY2010 Appropriation: \$835 million

\*\$370 million increase

## RYAN WHITE PROGRAM

The Ryan White Program, formerly known as the Ryan White CARE Act, was enacted in 1990 in response to the growing number of HIV-positive individuals living in the U.S. State health departments receive funds through Part B to provide care, treatment, and support services for low-income uninsured and underinsured individuals.

Part B 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.

The state AIDS Drug Assistance Program (ADAP) provides medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP formularies must include antiretrovirals, drugs to treat opportunistic infections and other chronic conditions. Funds can also be used for purchase of health insurance for eligible clients.

ADAPs are a partnership between federal and state governments and the pharmaceutical industry. ADAPs receive the best prices in the country through agreements negotiated with the pharmaceutical manufacturers through the ADAP Crisis Task Force.

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.<sup>1</sup>

## FY2011 PART B BASE NEED

**Congress must invest \$56 million more in doctor visits and services that support people in care.** 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. Unfortunately limited funding has resulted in waits of up to six months for a primary care visit.

## ADAPs IN CRISIS

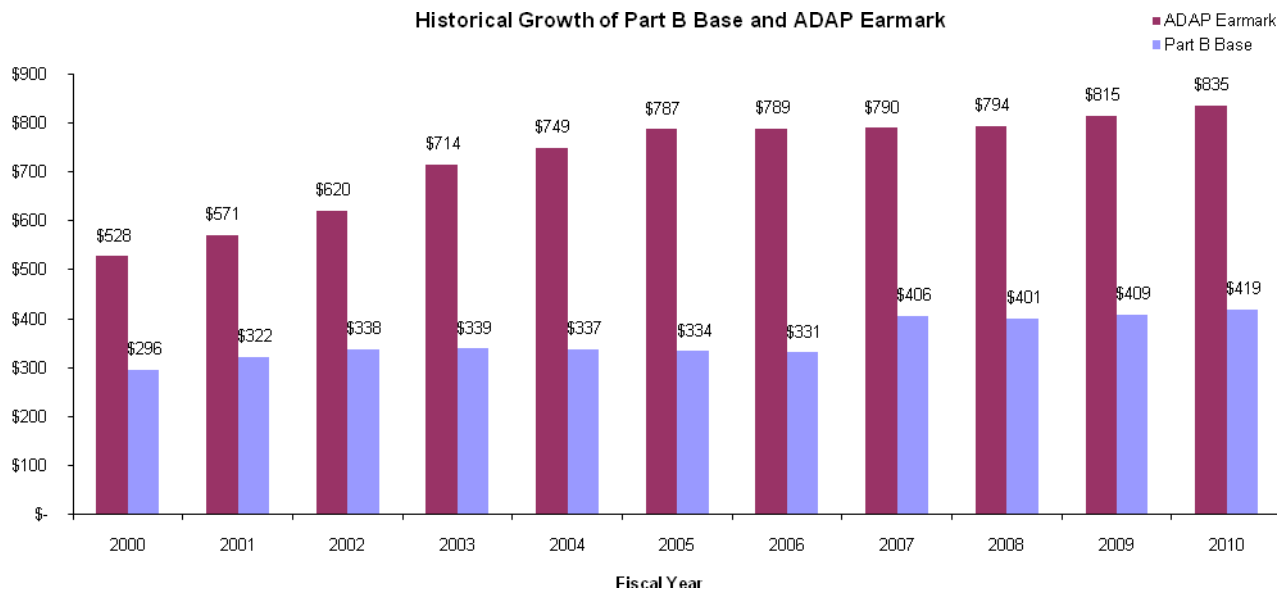
**Congress must invest \$370 million more in life-saving therapies for FY2011. Included in the \$370 million increase, is an emergency \$126 million increase needed for the ADAP supplemental in FY2010.**

As discretionary programs, ADAPs are dependent on annual federal and state appropriations to serve all those in need of treatment. The \$20 million increase in FY2010 is insufficient to meet increasing growth into the program.

In FY2003, federal ADAP funding made up **75 percent** of total ADAP spending and has fallen to **54 percent** of total spending in FY2008.

With the rise in unemployment and individuals losing their insurance, ADAPs are increasingly in crisis. As of February 19, 559 individuals are on waiting lists in 11 states. Thirteen states have additional cost containment measures in place or are anticipating implementing measures.

# FY2011 Ryan White Program Part B Funding Needs



ADAP funding shortfalls occurring around the country have led thirteen states to institute program restrictions such as lowering financial eligibility, reducing formularies, capping enrollment, increasing cost-sharing, instituting annual expenditure caps and waiting lists. Such restrictions can lead to dangerous treatment interruptions, which encourage drug resistance and discourage patient retention in care, both of which have profound effects on public health.

## WHAT FACTORS HAVE LED TO THE CRISIS?

- ADAPs are seeing a record number of people in need due to the economic downturn. Individuals are losing their jobs and insurance and are increasingly in need of safety net services.
- The monthly growth of 1,271 clients is an increase of 80 percent from FY2008 when ADAPs experienced an average monthly growth of 706 clients.
- With the increased federal investment in HIV testing, states have increased their efforts to identify individuals who are unaware of their HIV status and link them to appropriate care and treatment.
- ADAPs have long had a strong state-federal partnership with states contributing \$329 million

in FY2008. However, the economic downturn is forcing states to decrease or eliminate their state support of ADAP.

- 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.
- Sixteen 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.

## STATE BUDGET CRISIS

- In FY2009, state HIV/AIDS programs were cut by \$170 million.
- States reported that almost 200 HIV/AIDS staff positions have been cut or gone unfilled.
- Increasing unemployment and cuts to state health programs have increased pressure on state Part B Base to provide additional services.
- In FY2009, 48 percent of ADAPs experienced cuts in state contributions to their programs and at least 35 percent of programs are anticipating cuts to their ADAPs in FY2010.

## REFERENCES

<sup>1</sup> Kaiser Family Foundation & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2009.