



The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was enacted in 1990, reauthorized in 1996 and again in 2000 to provide primary care and support services to low-income and uninsured individuals with HIV/AIDS. The CARE Act is administered by the Health Resources and Services Administration and its HIV/AIDS Bureau.

AIDS DRUG ASSISTANCE PROGRAMS (ADAPs) ELIGIBILITY CRITERIA

The CARE Act gives States the authority to determine financial and medical eligibility criteria for participation in ADAPs. Individuals with HIV disease who do not have another source of payment must demonstrate financial need, which States typically define using a multiple of the Federal Poverty Level (FPL).

For help in determining the size and content of ADAP formularies, most States (45) have established Advisory Groups to assist with decision making on these and other difficult issues. These groups include expert clinicians, public health officials and planners, medical ethicists, and representatives of consumers and service providers.

All States require documentation of HIV status for ADAP enrollment. At present, ten States also require individuals to demonstrate disease progression, e.g., a lab test showing a CD4 count of 500 or less. In addition, three ADAPs have specific criteria for accessing protease inhibitors and/or antiretrovirals.

The table below summarizes financial eligibility criteria. Thirteen States have established income eligibility at 200 percent or less of FPL. Nationally, approximately 84 percent of ADAP clients have incomes at 200 percent or less of the FPL. (See back for a State-by-State description of criteria.)

Rapid growth in client enrollment, utilization, and expenditures has resulted in major challenges to States as they try to promote access to treatment while ensuring that ADAPs remain fiscally sound. State responses include maximizing resources through different cost-savings strategies; establishing representative advisory bodies to help with difficult program decisions, including defining eligibility criteria; and seeking additional funds from State legislatures or other resources.

What is ADAP?

AIDS Drug Assistance Programs (ADAPs) are authorized under Title II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. CARE Act-funded programs, including ADAP, are the largest source of Federal funding specifically directed to provide primary care, treatment, and support services for low-income persons living with HIV disease. States are required to use a portion of their funds to provide medications to treat HIV disease, including measures for the prevention and treatment of opportunistic disease.

For FY 2003, States project that approximately 151,730 individuals with HIV disease who have limited or no coverage from private insurance or Medicaid will access ADAPs. In any given month, ADAPs anticipate serving almost 89,537 people.

Financial Eligibility Criteria

Criteria as Percentage of Federal Poverty Level (FPL)	Number of States/Grantees
100% or below FPL	1 ADAPs*
101 to 200% FPL	13 ADAPs
201 to 300% FPL	21 ADAPs
Over 300% FPL	19 ADAPs

*Utah uses a sliding fee scale for incomes from 201-500% FPL.
 2003 Federal Poverty Level is \$8,980/year per individual, \$12,120 for a family of two.

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ADAP Eligibility Criteria, FY 2003

Grantee	HIV+ Diagnosis	CD4 Count <500	Specific Criteria for PIs	Financial Eligibility (% of FPL)
Alabama	✓			250
Alaska	✓			300
American Samoa (2)				N/A
Arizona	✓			300
Arkansas	✓	✓		300
California	✓			400
Colorado	✓			300
Connecticut	✓			400
Delaware	✓			500
D.C. (1)	✓			400
F. Sts. Micronesia (2)				N/A
Florida	✓	✓		350
Georgia	✓	<500		300
Guam	✓			100
Hawaii	✓			400
Idaho	✓			200
Illinois	✓			400
Indiana	✓			300
Iowa	✓			200
Kansas	✓			300
Kentucky	✓			300
Louisiana	✓	✓	✓	200
Maine	✓			300
Marshall Islands (2)				N/A
Maryland	✓			400
Massachusetts	✓			564
Michigan	✓			450
Minnesota	✓			300
Mississippi				400
Missouri	✓			300
Montana	✓	✓		330
Nebraska	✓			200
Nevada	✓			400
New Hampshire	✓			300
New Jersey	✓			500
New Mexico	✓			300
New York	✓			490
North Carolina	✓			125
North Dakota	✓			400
Northern Mariana (2)				N/A
Ohio	✓	✓		500
Oklahoma	✓			200
Oregon (5)	✓			200
Pennsylvania	✓			380
Puerto Rico	✓	<350	<350	200
Republic of Palou (2)				N/A
Rhode Island	✓			400
South Carolina (4)	✓			300
South Dakota (1)	✓	✓		300
Tennessee	✓		✓	300
Texas	✓	✓		200
Utah (3)	✓			100
Vermont	✓			200
Virgin Islands	✓			200
Virginia	✓	✓		300
Washington	✓			300
West Virginia	✓			250
Wisconsin	✓			300
Wyoming	✓			200

Based on projections from States in their Ryan White CARE Act FY 2003 Title II grant applications ADAP Profile: (1) South Dakota does not include protease inhibitors on their formulary (2) Developing ADAP (3) Utah uses a sliding fee scale for incomes from 201-500% FPL (4) South Carolina uses a sliding fee scale for incomes from 301% to 550% FPL (5) Oregon uses a sliding scale that is tied to the annual income cap amount.