

April 7, 2009

A blue banner with a white border. On the left, there is a close-up image of a clock face showing numbers 1, 2, and 3. To the right of the clock, the text "The ADAP Watch" is written in a large, bold, orange font.

Waiting lists have been a reality for AIDS Drug Assistance Programs (ADAPs) for many years with a brief period of no waiting lists in 2007. It should be noted that waiting lists are only one cost containment measure for an ADAP in fiscal distress, but equally important are removing drugs from the formulary and further limiting financial eligibility. **As of March 1, 2009, there were 62 individuals on ADAP waiting lists in three states.** Seven additional ADAPs anticipate implementing cost containment measures by the end of March 2010. ADAPs reported the following factors contributing to anticipated or current cost containment measures:

- Level federal funding awards;
- Decreases in state general funding for ADAPs;
- Higher demand for ADAP services due to increased testing efforts;
- Higher demand for ADAP services as a result of higher unemployment;
- Increased drug costs; and,
- Increased insurance/Medicare Part D wrap-around costs.

ADAPs with Waiting Lists (62 individuals, as of March 1, 2009)

Indiana: 16 individuals
Montana: 19 individuals
Nebraska: 27 individuals

ADAPs with Other Cost-containment Strategies (instituted since April 1, 2008)

Montana: reduced formulary; lowered FPL for insurance co-pay program

ADAPs Anticipating New/Additional Cost-containment Measures (before March 31, 2010*)

California
Hawaii
Kentucky
Maine
North Dakota
Vermont
Washington

** March 31, 2010 is the end of ADAP FY 2009. ADAP fiscal years begin April 1 and end March 31.*

In order to determine the impact of the economic recession on state HIV programs, NASTAD recently conducted a survey to determine state general revenue cuts for state FY2009 (July 1 – June 30). The results demonstrate that state fiscal crises will have detrimental effects on many facets of HIV/AIDS programming across the nation, including ADAPs. Some results of the survey include:

- Approximately 54 percent of state HIV programs reported a decrease in state general revenue funding in FY2009.
 - Fifty percent (50%) of ADAP programs have experienced or will experience funding decreases in state FY2009.
 - Nearly 64 percent of HIV/AIDS care and treatment (Ryan White Part B) programs have experienced or will experience funding decreases in state FY2009.
- Twenty-one (21) jurisdictions reported a state general revenue decrease for HIV programs in state FY2009 totaling \$84,185,552. Individual state decreases ranged from \$8,500 to \$56,000,000.
- Of the state HIV programs reporting budget decreases, 59 percent projected cutbacks in personnel, travel or administrative costs; approximately 41 percent of programs report budget cuts were realized through reducing or eliminating particular HIV programs.
- The full impact of state FY2009 budget decreases may not be realized until the end of June 2009, however the average reduction of state general revenue for HIV programs is approximately 14 percent.

In light of these cuts in state funding, increased federal funding is needed to maintain current clients and serve new clients seeking ADAP and other Ryan White services. For ADAP FY2009 (April 1, 2009 – March 31, 2010), the Ryan White Program received an increase of \$71.6 million, with \$20.6 million for ADAP and \$7.9 million for Part B Base programs administered by the states. For FY2010, ADAPs need an increase of \$269 million for a total of \$1 billion and the Part B Base needs an increase of \$113 million for a total of \$514 million to meet the increased demand for life-saving therapies, outpatient medical care and support services.

ADAP provides 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, Guam, the Northern Mariana Islands, the Federated States of Micronesia, American Samoa, and the Republic of the Marshall Islands. In addition, some ADAPs provide insurance continuation and Medicare Part B wrap-around services to eligible individuals. Ryan White Part B Programs provide necessary medical and support services to low income, uninsured, and underinsured individuals living with HIV/AIDS in all states, territories and associated jurisdictions.

NASTAD (www.NASTAD.org) is a nonprofit national association of state health department HIV/AIDS program directors who have programmatic responsibility for administering HIV/AIDS and viral hepatitis health care, prevention, education, and supportive services programs funded by state and federal governments. To receive *The ADAP Watch*, please forward your e-mail address to Britten Ginsburg at bginsburg@NASTAD.org.