December 8, 2008

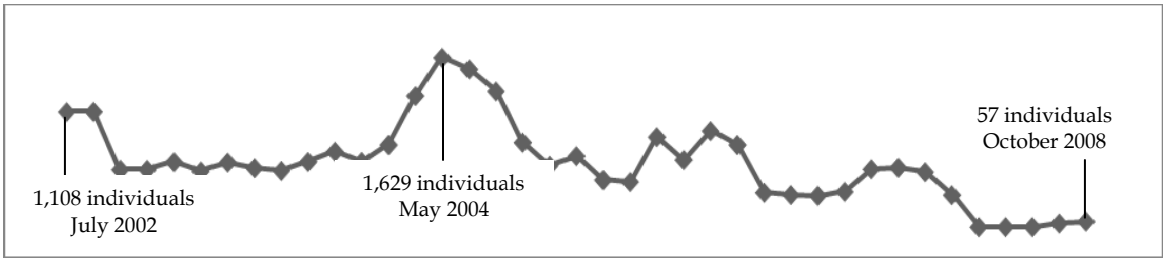
NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

The ADAP Watch

As of November 25, 2008, there were 53 individuals on AIDS Drug Assistance Program (ADAP) waiting lists in three states. This is an increase of 18 individuals since May 2008 when the last ADAP Watch was published. In addition, five ADAPs report either already having cost containment measures in place or anticipate implementing them by the end of March 2009. Two of the ADAPs reporting cost containment measures were not previously listed on the Watch.

NASTAD began tracking ADAP waiting lists in July 2002; since then twenty ADAPs have reported a waiting list at some point with a high of 1,629 individuals waiting to receive their medications through ADAPs in May 2004 to a low of one person in September 2007. As the chart below illustrates, the number of individuals on ADAP waiting lists fluctuate over time, impacted by an array of variables, including available funding.

Number of Individuals on ADAP Waiting Lists July 2002-October 2008



Examples of factors influencing the need for state ADAPs to institute cost containment measures (one of which is waiting lists) include: funding shifts and policy changes as a result of Ryan White reauthorization; state budget cuts as a result of the national economic crisis; higher demand for services as a result of increased numbers of people living with HIV; changes in other healthcare programs (e.g., Medicare Part D and Medicaid); and increased HIV testing leading to newly identified HIV-positive individuals. According to the Center on Budget and Policy Priorities, at least 39 states are facing financial difficulties in their FY2009 and FY2010 budgets. NASTAD anticipates that additional waiting lists or an increased number of individuals on waiting lists will continue to grow as state budgets are cut.

Medical and other support services provided by Ryan White Part B programs are also impacted by these same factors and others that restrict access to services for those in need. These important programs, also administered by state health departments, enable ADAP services to benefit client health and include ambulatory medical services, case management, laboratory services, and an array of support services.

As of October 10, 2008, states report that insufficient funding, a lack of providers, difficulties with coordination, and administrative work burden are significant impediments to providing comprehensive client care. **Four states report that 266 individuals are on either a medical or support service waiting list for services that include housing, mental health counseling, specialty medical care, and transportation.** Five states report that funding is insufficient to ensure that all eligible patients attend medical appointments every three months, which is the standard of care. Eight Part B programs are also considering cost containment measures for their Part B services in light of high demand and reduced funding.

Earlier in the year, the House Labor-HHS Subcommittee provided a $28.3 million increase for ADAP programs in FY2009 and the Senate Appropriations Committee provided an increase of $20.1 million. In addition, the House provided an increase of $14.2 million for Part B programs while the Senate cut the programs by $6 million. In order to meet the needs of Part B and ADAP programs, NASTAD continues to advocate for the higher amounts in the final appropriations bill which would amount to $822.7 million for ADAP and $415 million for Part B Base programs. FY2010 needs are currently being determined.

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.

ADAPs with Waiting Lists (53 individuals, as of November 25, 2008)

Indiana: 32 on a waiting list
Montana: 16 on waiting list
Nebraska: 5 on waiting list

ADAPs with Other Cost-containment Strategies (instituted since April 1, 2008) (as of October 10, 2008)

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

ADAPs Anticipating New/Additional Cost-containment Measures (before March 31, 2009*) (as of October 10, 2008)

Idaho
Kentucky
Maine
Nebraska

** March 31, 2009 is the end of ADAP FY 2008. ADAP fiscal years begin April 1 and end March 31.*

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.