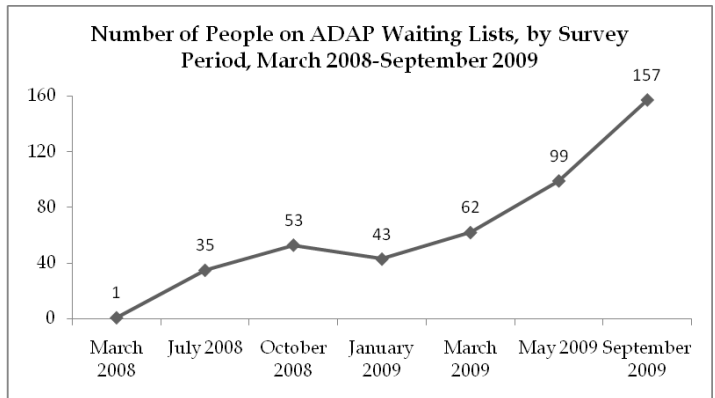
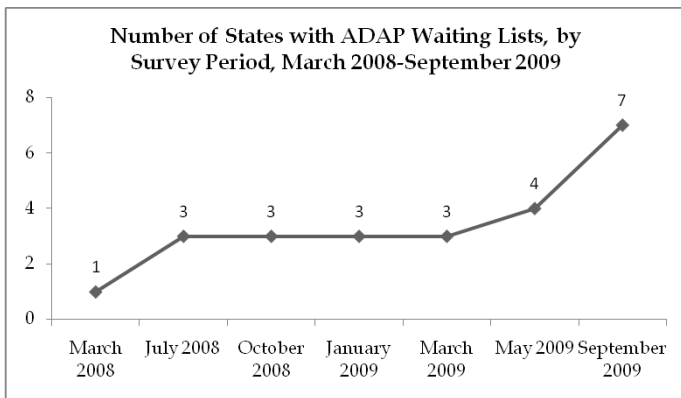




As of August 19, 2009, there were 157 individuals on AIDS Drug Assistance Program (ADAP) waiting lists in seven states¹. This is an increase of 58 individuals since the last ADAP Watch was published in June 2009. Four ADAPs, two with current waiting lists, have instituted additional cost-containment measures since April 1, 2009, the start of the current ADAP grant year. Eleven ADAPs, including three with current waiting lists, are considering implementing new or additional cost-containment measures by the end of March 2010 (end of the FY2009 ADAP grant period) and one additional ADAP is anticipating implementing new cost-containment measures beyond March 2010. Six of those states anticipate implementing a waiting list. Factors identified as contributing to the need for cost containment measures reported by states are:

- Level federal funding awards (9 ADAPs)
- Higher demand for ADAP services as a result of higher unemployment (9 ADAPs)
- Increased insurance/Medicare Part D wrap-around costs (7 ADAPs)
- Increased drug costs (7 ADAPs)
- Decreases in state general funding for ADAPs (6 ADAPs)
- Higher demand for ADAP services due to increased testing efforts (6 ADAPs)
- State Medicaid or other state program budget cuts (5 ADAPs)
- Reduced contributions from Part B into ADAP (3 ADAPs)
- Reduced contributions from Part A into ADAP (3 ADAPs)
- Higher demand for ADAP services in general (1 ADAP)



It is increasingly apparent that demand for ADAP services has increased as a direct result of lost employment and medical coverage due to the national economic downturn. Therefore, increased federal funding is needed to maintain current clients and serve new clients seeking ADAP and other Ryan White services. For FY2010, ADAPs need an increase of \$269 million for a total of \$1 billion and the Part B Base

¹ Two states reported waiting lists as of September 2, 2009.

needs an increase of \$113 million for a total of \$514 million to meet the increased demand for the comprehensive array of life-saving therapies, outpatient medical care and support services. The President's FY2010 budget requests \$2.3 billion for the Ryan White Program, an increase of \$54 million over FY2009. The House of Representatives and the Senate Appropriations Committee both provide a \$20 million increase for state ADAPs for a total of \$835 million and a \$10 million increase for the Part B Base for a total of \$419 million.

ADAPs provide 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 (157 individuals, as of August 19, 2009)

Arkansas: 0 individuals (program capped on September 2, 2009)

Iowa: 7 individuals

Kentucky: 50 individuals

Montana: 24 individuals

Nebraska: 70 individuals

South Dakota: 1 individual (as of September 2, 2009)

Wyoming: 5 individuals

ADAPs with Other Cost-containment Strategies (instituted since April 1, 2009)

Arizona: reduced formulary

Arkansas: reduced formulary, lowered financial eligibility

Iowa: reduced formulary

Washington: reduced formulary (for uninsured clients only)

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

Arizona: waiting list, reduced formulary, lowered financial eligibility, capped enrollment, client cost sharing, annual and monthly expenditure caps

Arkansas: reduced formulary, lowered financial eligibility

Hawaii: waiting list

Idaho: waiting list

Indiana: waiting list

Iowa: reduced formulary

Kentucky: reduced formulary, client cost sharing

Missouri: reduced formulary, client cost sharing, other measures

North Dakota: reduced formulary, annual expenditure cap

Ohio: lowered financial eligibility, client cost sharing

Tennessee: waiting list, annual expenditure cap

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

California: waiting list, reduced formulary, lowered financial eligibility, capped enrollment **

** March 31, 2010 is the end of ADAP FY2009. ADAP fiscal years begin April 1 and end March 31.*

*** Please note that these anticipated measures will coincide with the start of the California State Fiscal Year which begins on July 1, 2010.*

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 e-mail Britten Ginsburg at bginsburg@NASTAD.org.