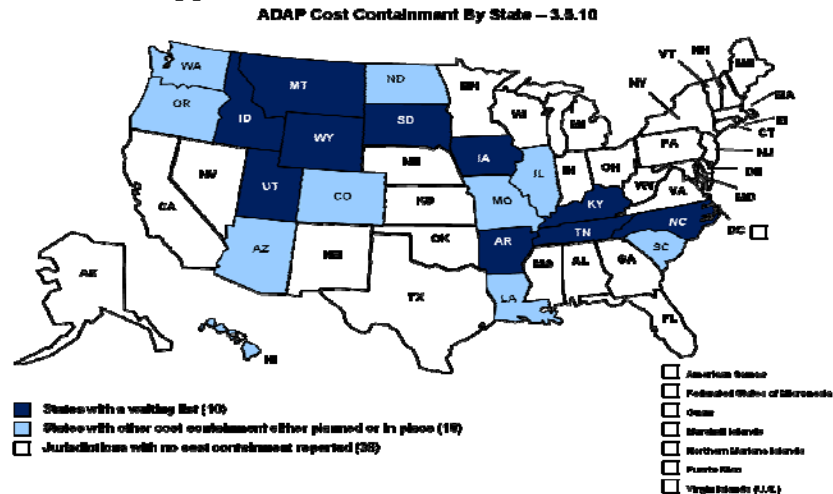




As of March 5, 2010, there were 662 individuals on AIDS Drug Assistance Program (ADAP) waiting lists in ten states. This is a 58 percent increase from the 418 individuals on the December 2009 ADAP Watch. Eleven ADAPs, five with current waiting lists, have instituted additional cost-containment measures since April 1, 2009. Eleven ADAPs, including four with current waiting lists, are considering implementing new or additional cost-containment measures by the end of March 2011. Among cost containment measures being considered, reductions in services provided by ADAP, including reducing ADAP formularies and instituting waiting lists, are most apparent.



The current economic crisis has impacted ADAPs primarily through decreased state general revenue support and increased program utilization. For many states, the program’s viability depends on federal funding awards (anticipated by March 31, 2010) and state general revenue support for the next state fiscal year (in most states this begins on July 1, 2010). From FY2008 to 2009, ADAPs experienced an average monthly growth of 1,271 clients. This is an unprecedented increase of 80 percent from FY2008 when ADAPs experienced an average monthly growth of 706 clients. ADAPs reported the following factors contributing to cost containment measures:

- Level federal funding awards (22 ADAPs)
- Higher demand for ADAP services as a result of increased unemployment (22 ADAPs)
- Escalating drug costs (19 ADAPs)
- Increased demand for ADAP services due to comprehensive HIV testing efforts (15 ADAPs)
- Decreases in state general funding for ADAPs (14 ADAPs)

ADAPs received an increase of \$20 million through the FY2010 Congressional appropriations process; however, this falls far short of what is necessary for ADAPs to clear current waiting lists and curtail implementation of additional cost-containment measures. NASTAD and other community organizations are requesting an additional \$126 million in FY2010 emergency federal funding to allow states to continue their programs without imposing restrictions on eligibility and formulary reductions. Emergency funding to curtail ADAP waiting lists has not been available since 2004 when President Bush provided additional

funds to the program. Without emergency funding, ADAPs will continue to restrict access to their programs.

The following ADAPs reported cost containment strategies. Other ADAPs may need to consider changes but due to unfinished state budget processes, political factors and other considerations, have not reported them.

ADAPs with Waiting Lists (662 individuals, as of March 5 2010*)

Arkansas: 18 individuals
Idaho: 17 individuals
Iowa: 55 individuals
Kentucky: 172 individuals
Montana: 14 individuals
North Carolina: 168 individuals
South Dakota: 26 individuals
Tennessee: 110 individuals
Utah: 69 individuals
Wyoming: 13 individuals

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

Arizona: reduced formulary
Arkansas: reduced formulary, lowered financial eligibility to 200% of FPL
Colorado: reduced formulary
Hawaii: individuals with CD4>350 not currently on ARV therapy are not being enrolled**
Iowa: reduced formulary
Kentucky: reduced formulary
Missouri: reduced formulary
North Carolina: reduced formulary, lowered financial eligibility (final FPL still being considered)
North Dakota: cap on Fuzeon
Utah: reduced formulary, lowered financial eligibility to 250% of FPL
Washington: client cost sharing, reduced formulary (for uninsured clients only)

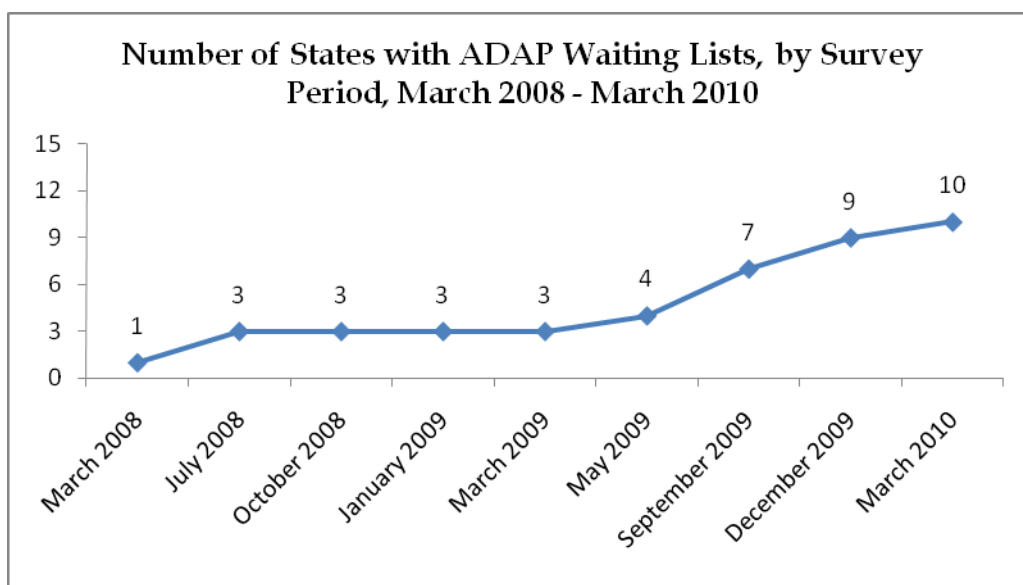
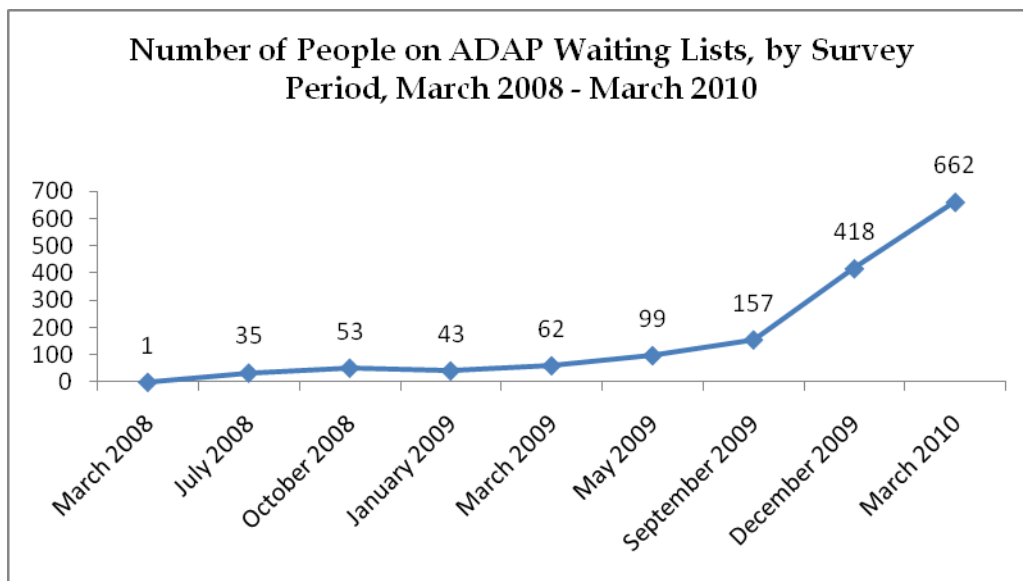
ADAPs Considering New/Additional Cost-containment Measures (before March 31, 2011*)**

Arizona: waiting list
Hawaii: waiting list
Illinois: waiting list, reduced formulary, lowered financial eligibility, capped enrollment, monthly expenditure cap
Kentucky: reduced formulary
Louisiana: capped enrollment
North Carolina: additional reduction to financial eligibility
North Dakota: waiting list, reduced formulary, capped enrollment, annual expenditure cap
Oregon: waiting list, reduced formulary
South Carolina: waiting list****
South Dakota: reduced formulary
Wyoming: lowered financial eligibility, annual expenditure cap

***Pregnant women are an exception to this current program plan.*

****March 31, 2011 is the end of ADAP FY2010. ADAP fiscal years begin April 1 and end March 31.*

*****South Carolina will close its program to new enrollees on March 15, 2010.*



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.

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.