September 17, 2010

NASTAD™
NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

ADAPs with Waiting Lists (3,214 individuals in 9 states*, as of September 16, 2010)

Florida: 1,712 individuals
Georgia: 533 individuals
Iowa: 0 individuals (program capped on September 15, 2010)
Kentucky: 227 individuals
Louisiana: 394 individuals**
Montana: 10 individuals
North Carolina: 30 individuals
Ohio: 205 individuals
South Carolina: 103 individuals

ADAPs with Other Cost-containment Strategies (instituted since April 1, 2009, as of July 22, 2010)

Arizona: reduced formulary
Arkansas: reduced formulary, lowered financial eligibility to 200% FPL
Colorado: reduced formulary
Georgia: reduced formulary, implemented medical criteria, continued participation in the Alternative Method Demonstration Project (AMDP)
Illinois: reduced formulary
Iowa: reduced formulary
Kentucky: reduced formulary
Louisiana: discontinued reimbursement of laboratory assays
Missouri: reduced formulary
North Carolina: reduced formulary
North Dakota: capped enrollment, instituted annual expenditure cap, lowered financial eligibility to 300% FPL
Ohio: reduced formulary, lowered financial eligibility to 300% FPL (disenrolled 257 clients)
South Carolina: instituted annual expenditure cap, lowered financial eligibility to 300% FPL
Utah: reduced formulary, lowered financial eligibility to 250% FPL (disenrolled 89 clients)
Washington: instituted client cost sharing, reduced formulary (for uninsured clients only)
Wyoming: reduced formulary

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

Arizona: establish waiting list
Colorado: establish waiting list
Florida: reduce formulary, lower financial eligibility to 350% FPL
Illinois: reduce formulary, institute monthly expenditure cap, lower financial eligibility to 300% FPL
Idaho: establish waiting list
New Jersey: reduce formulary, lower financial eligibility
Ohio: disenroll approximately 861 clients based on new medical criteria
Oregon: reduce formulary, institute client cost sharing
Puerto Rico: reduce formulary
Rhode Island: lower financial eligibility to 200% FPL
South Carolina: disenroll 200 clients, establish annual expenditure cap
Virginia: establish waiting list
Washington: require all clients to enroll in insurance, lower financial eligibility to 275% FPL
Wyoming: establish waiting list, reduce formulary, institute client cost sharing

**As a result of ADAP Emergency Funding, Hawaii, Idaho, South Dakota, and Utah have eliminated their waiting lists.*
***Louisiana has a capped enrollment on their program. This number is a representation of their current unmet need.*
****March 31, 2011 is the end of ADAP FY2010. ADAP fiscal years begin April 1 and end March 31.*

NASTAD (www.NASTAD.org) is a nonprofit national alliance 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 Pund at bpund@NASTAD.org.