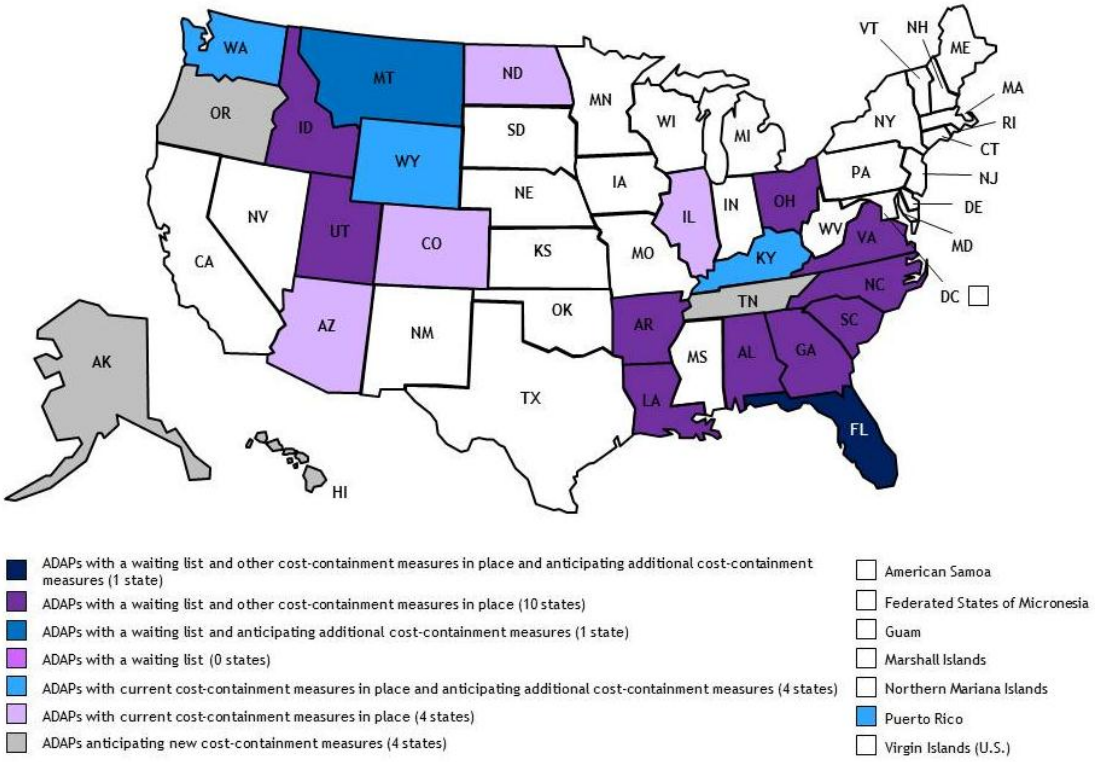
ADAP Watch

NASTAD™ NATIONAL ALLIANCE OF STATE & TERRITORIAL AIDS DIRECTORS

August 12, 2011

As of August 11, 2011, there were 9,217 individuals on AIDS Drug Assistance Program (ADAP) waiting lists in 12 states. This is a 20 percent increase from the 7,674 individuals on the April 2011 *ADAP Watch*. Nineteen ADAPs, including 11 with current waiting lists, have instituted additional cost-containment measures since April 1, 2009 (reported as of August 3, 2011). In addition, 10 ADAPs, including two with current waiting lists, reported they are considering implementing new or additional cost-containment measures by the end of ADAP's current fiscal year (March 31, 2012).

ADAPs with Current or Anticipated Cost-Containment Measures, Including Waiting Lists, August 2011



Waiting List Organization: An ADAP waiting list using a first-come, first-served model is structured to place any individual applying to ADAP on the waiting list in order of receipt of a completed enrollment application and eligibility confirmation. Of the 12 states with ADAP waiting lists, **seven ADAPs** utilize a first-come, first-served model for prioritizing clients.

An ADAP waiting using a medical criteria model is structured based on a hierarchical criteria typically established by the state based on recommendations from its ADAP Advisory Committee. Of the 12 states with ADAP waiting lists, **four ADAPs** utilize a medical criteria model for prioritizing clients.

One ADAP utilizes an income criteria model to prioritize clients on their waiting list.

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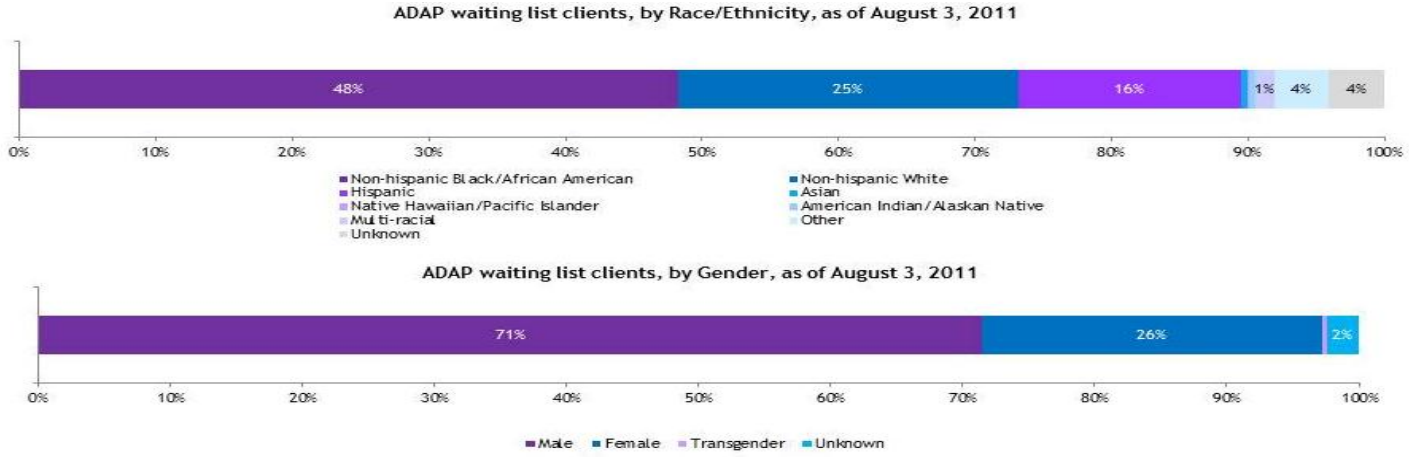
Waiting List Client Demographics: African Americans and Hispanics represent 64% (48% and 16%, respectively) of clients on ADAP waiting lists. Combined, Asians, Native Hawaiian/Pacific Islanders, and Alaskan Native/American Indians represent approximately 1% of the total ADAP waiting list population. Multi-racial ADAP clients represent 1% of the total ADAP waiting list population. Non-Hispanic whites comprise 25% of clients on ADAP waiting lists.

Almost three-quarters (71%) of ADAP clients are men. One quarter (26%) of ADAP waiting list clients are women.



Access to Medications: Case management services are being provided to ADAP waiting lists through ADAP (1 ADAP), Part B (8 ADAPs), contracted agencies (4 ADAPs), and other agencies, including other Parts of Ryan White (5 ADAPs).

For clients on ADAP waiting lists who are currently on or in need of medications, 11 ADAP waiting list states can confirm that ADAP waiting list clients are receiving medications through either pharmaceutical company patient assistance programs (PAPs), Welvista, or other mechanisms available within the state.

Factors Leading to Implementation of Cost-containment: ADAPs reported the following factors contributing to consideration or implementation of cost containment measures:

- Level federal funding awards (28 ADAPs)
- Higher demand for ADAP services as a result of increased unemployment (27 ADAPs)
- Increased demand for ADAP services due to comprehensive HIV testing efforts (23 ADAPs)
- Escalating drug costs (20 ADAPs)
- Decreases in state general funding for ADAPs (16 ADAPs)

About ADAP: 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 D 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
(9,217 individuals in 12 states*, as of August 11, 2011)

State	Number of Individuals on ADAP Waiting List	Percent of the Total ADAP Waiting List	Increase/Decrease from Previous Reporting Period	Date Waiting List Began
Alabama	149	2%	+19	May 2011
Arkansas	51	0.6%	+0	December 2010
Florida	3,792	41%	+41	June 2010
Georgia	1,772	19%	+54	July 2010
Idaho	25	0.3%	+0	February 2011
Louisiana**	987	11%	+26	June 2010
Montana	29	0.3%	+0	January 2008
North Carolina	318	3%	+2	January 2010
Ohio	261	3%	+14	July 2010
South Carolina	905	10%	+9	March 2010
Utah	41	0.4%	+1	May 2011
Virginia	887	10%	+12	November 2010

ADAPs with Other Cost-containment Strategies: Financial Eligibility
(445 individuals in 6 states, as of August 3, 2011)

State	Lowered Financial Eligibility	Disenrolled Clients
Arkansas	500% to 200% FPL	99 clients (September 2009)
Illinois	500% to 300% FPL	Grandfathered in current clients from 301-500% FPL
North Dakota	400% to 300% FPL	Grandfathered in current clients from 301-400% FPL
Ohio	500% to 300% FPL	257 clients (July 2010)
South Carolina	550% to 300% FPL	Grandfathered in current clients from 301-550% FPL
Utah	400% to 250% FPL	89 clients (September 2009)

**As a result of FY2010 ADAP emergency funding, Hawaii, Idaho, Iowa, Kentucky, South Dakota, and Utah eliminated their waiting lists; Idaho reinstituted a waiting list in February 2011 and Utah reinstituted a waiting list in May 2011.*
***Louisiana has a capped enrollment on their program. This number represents their current unmet need.*

ADAPs with Other Cost-containment Strategies (instituted since April 1, 2009, as of April 13, 2011)

Alabama: reduced formulary
Arizona: reduced formulary
Arkansas: reduced formulary
Colorado: reduced formulary
Florida: reduced formulary, transitioned 5,403 clients to Welvista from February 15 to March 31, 2011
Georgia: reduced formulary, implemented medical criteria, participating in the Alternative Method Demonstration Project
Idaho: capped enrollment
Illinois: reduced formulary, instituted monthly expenditure cap ($2,000 per client per month), disenrolled clients not accessing ADAP for 90-days
Kentucky: reduced formulary
Louisiana: discontinued reimbursement of laboratory assays
North Carolina: reduced formulary
North Dakota: capped enrollment, instituted annual expenditure cap
Ohio: reduced formulary
Puerto Rico: reduced formulary
Utah: reduced formulary
Virginia: reduced formulary, restricted eligibility criteria, transitioned 204 clients onto waiting list
Washington: instituted client cost sharing, reduced formulary, only paying insurance premiums for clients currently on antiretrovirals
Wyoming: capped enrollment, reduced formulary, instituted client cost sharing

ADAPs Considering New/Additional Cost-containment Measures (before March 31, 2012***)

Alaska: reduce formulary
Florida: lower financial eligibility
Hawaii: establish waiting list
Kentucky: reduce formulary
Montana: reduce formulary
Oregon: reduce formulary
Puerto Rico: reduce formulary
Tennessee: establish waiting list
Washington: establish waiting list
Wyoming: establish waiting list, lower financial eligibility

****March 31, 2012 is the end of ADAP FY2011. ADAP fiscal years begin April 1 and ends March 31.*

About NASTAD: Founded in 1992, NASTAD is a nonprofit national association of state and territorial 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. For more information, visit www.NASTAD.org.

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