

# ADAP Watch

September 14, 2012

## ADAPs with Waiting Lists (88 individuals in 6 states\*, as of September 13, 2012)

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
Florida	22	25%	0	June 2010
Georgia	0	0%	0	July 2010
Louisiana**	56	64%	24	June 2010
North Carolina	0	0%	-30	January 2010
South Dakota	10	11%	1	August 2012
Virginia	0	0%	0	November 2010

\*As a result of FY2012 ADAP emergency funding, Alabama, Florida, Georgia, Idaho, Louisiana, Montana, Nebraska, North Carolina, and Virginia were able to reduce the overall number of individuals on their waiting lists.

\*\*Louisiana has a capped enrollment on their program. This number represents their current unmet need.

## ADAPs with Other Cost-containment Strategies: Financial Eligibility (instituted since September 2009, as of August 2, 2012)

Six ADAPs have previously lowered their financial eligibility as part of their cost-containment plans since September 2009. Illinois, North Dakota, Ohio and South Carolina lowered their eligibility level to 300 % FPL. Utah lowered its eligibility level to 250% FPL. Arkansas lowered its eligibility level to 200% FPL. Previously, income eligibility for the states noted above was 400% FPL or higher. As a result of these measures, a total of 445 individuals in three states (Arkansas - 99, Ohio - 257, and Utah - 89) were disenrolled. Illinois, North Dakota, and South Carolina grandfathered clients that were previously eligible based on their income level into their programs. No other ADAPs currently anticipate further changes to their financial eligibility.

ADAPs with Other Cost-containment Strategies  
(instituted since April 1, 2009, as of August 2, 2012)

**Alabama:** reduced formulary

**Alaska:** reduced formulary

**Arizona:** reduced formulary

**Arkansas:** 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

**Illinois:** reduced formulary, instituted monthly expenditure cap (\$2,000 per client per month)

**Kentucky:** reduced formulary

**Louisiana:** discontinued reimbursement of laboratory assays

**Montana:** reduced formulary

**Nebraska:** reduced formulary

**North Carolina:** reduced formulary

**North Dakota:** capped enrollment, instituted annual expenditure cap

**Puerto Rico:** reduced formulary

**South Dakota:** annual expenditure cap (\$10,500 per client per month)

**Tennessee:** reduced formulary

**Utah:** reduced formulary

**Virginia:** reduced formulary, restricted eligibility criteria

**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, 2013\*\*\*)

**Maine:** reduce formulary

**Wyoming:** institute waiting list

\*\*\*March 31, 2013 is the end of ADAP FY2012. ADAP fiscal years begin April 1 and ends March 31.

**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.

**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](http://www.NASTAD.org).

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