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Contact: Murray Penner
(202) 434-8090

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Waiting Lists Continue for ADAPs;
Preliminary FY2008 Funding Levels do not Match Need

Washington, D.C. – According to NASTAD's latest *ADAP Watch*, released today, a total of 529 individuals were on AIDS Drug Assistance Program (ADAP) waiting lists in four states (see attached *Watch* for details). Two of those states have had ADAP waiting lists for nearly two years.

Two ADAPs have been forced to adopt additional cost-containment measures in order to stay fiscally solvent. These measures include capped enrollment and formulary management, instituted since April 1, 2007. One state reported the anticipated need to implement new cost-containment measures during the current ADAP fiscal year which ends March 31, 2008.

The estimated need for ADAP in FY2008 is $1 billion, an increase of $233 million. FY2008 funding for ADAP is currently under consideration by Congress -- a $41 million increase is included in the House bill and a $25.4 million increase is in the Senate bill. ADAP received a $2 million increase in FY2006 and was flat funded in FY2007. Without substantial financial support to make up for previous years of underfunding, waiting lists and other cost-containment measures will likely continue as permanent features of this critical program. Five states have indicated the need to implement a cap on medications, maintain a waiting list, lower financial eligibility, implement client cost sharing, and/or reduce the state's formulary as a result of a decrease in FY2007 funding.

"We appreciate Congressional support for ADAP and the proposed funding increases in the FY2008 spending bills," remarked Julie Scofield, NASTAD's Executive Director. "However, we are concerned that the increases will not meet the demands of the program and that waiting lists and other restrictions will continue to affect client access to life-saving medications. States are already struggling to keep up with a program that historically grows by $110 million each year. We urge Congress to fully fund ADAP in FY2008 with a $233 million increase," Scofield noted.

In the coming year, states are anticipating that ramped up testing efforts through CDC's testing initiative will find more people in need of care. States must have the resources to provide immediate access to care and treatment to newly identified eligible HIV-positive individuals. Not everyone who tests positive will need ADAP services, but many will. In addition, three new promising antiretroviral medications will be available to help in the treatment of drug-resistant infection. ADAPs highly anticipate the arrival of these new therapies, but adding them to the formulary will be costly for the programs.

In FY2007, many states did receive a significant increase in funding to their HIV primary care and support service grants (Part B base of the Ryan White Program). As a result, 12 states have indicated they will be able to enhance their programs by expanding program formularies, eliminating the need

to institute a waiting list, adding additional staff members, enhancing primary health care, raising financial eligibility, increasing capacity, and removing clients from waiting lists.

ADAPs have played a critical role in making HAART more widely available and serving the people living with HIV/AIDS most in need. Eighty-two (82) percent of ADAP clients are at or below 200 percent of the Federal Poverty Level (FPL), including 55 percent at or below 100 percent of the Federal Poverty Level. Each year, approximately 140,000 individuals receive services from ADAPs, representing about 30 percent of those estimated to be living with HIV/AIDS and receiving care in the U.S.

ADAPs are a discretionary grant program funded through the Ryan White Program. Because ADAPs are not entitlement programs, funding levels are not based on the number of people requiring prescription drugs or on the cost of medications. In addition to federal funding, many ADAPs also receive state general revenue support and other funding, but these sources are highly variable and dependent on local decisions and resource availability.

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. NASTAD's mission is to strengthen state and territory-based leadership, expertise, and advocacy and bring them to bear in reducing the incidence of HIV infection, and in providing care and support to all who live with HIV/AIDS. NASTAD's vision is a world free of HIV/AIDS. For more information, visit www.NASTAD.org.