



FOR IMMEDIATE RELEASE

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**ADAPs Expect New Access Restrictions
as Congress Considers CARE Act Reauthorization**

Washington, D.C. – The National Alliance of State and Territorial AIDS Directors (NASTAD) applauds Congress and the Bush Administration for their commitment to reauthorize the Ryan White CARE Act. However, NASTAD urges Congress to ensure that the proposed legislation does not result in the loss of significant infrastructure and capacity to address the needs of people living with HIV/AIDS. NASTAD seeks to strengthen the legislation to increase access to ADAP and to secure its passage this year.

According to NASTAD's latest *ADAP Watch*, released today, a total of 310 individuals were on ADAP waiting lists in five states as of July 27, 2006 (see attached *Watch* for details). Four of those five states have had ADAP waiting lists for the past 18 months. Two ADAPs were able to eliminate their waiting lists since NASTAD's June *Watch* due to increased state funding and rolling recertification; however, both have also capped program enrollment and plan to reinstitute those lists upon receipt of new applications.

Waiting lists are only one indication of the financial strain on ADAPs. Five ADAPs have been forced to adopt new cost-containment measures since April 1, 2006 (the beginning of the 2006 ADAP fiscal year), including capped enrollment, formulary reductions, cost sharing, and annual per capita expenditure caps. Seven other states anticipate the need to implement new or additional cost-containment measures during the current fiscal year, which ends March 31, 2007.

“Without a long-term investment in the financial stability of ADAPs, progress in reducing the number of individuals on waiting lists will undoubtedly be short-lived,” warned Julie Scofield, NASTAD's Executive Director. “Passage of proposed changes to strengthen the ADAP Supplemental in a reauthorized CARE Act – coupled with increased funding – is essential to ensure that these programs continue to provide life-saving medications to the most vulnerable populations,” she asserted.

Despite the growing demand for HIV medications as people with HIV/AIDS live longer, more productive lives, the funding outlook for ADAP is uncertain. In Congress, the House Appropriations Committee has provided a \$70 million increase for Title II of the CARE Act for FY2007 but no increase for ADAPs specifically. In contrast, the Senate Committee has increased ADAP funding by \$55 million and Title II base funding by \$15 million. NASTAD is appreciative of the funding increases given the tight budget year but acknowledges that the need is much larger – estimated to be \$197 million more than FY2006 funding levels. In conjunction with reauthorization of the CARE ACT, NASTAD supports a \$30 million increase for the Title II base and a \$40 million increase for ADAP. NASTAD also urges Congress to ensure that a reauthorized CARE Act provides stable, predictable funding for ADAPs on a long-term basis.

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

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“The CARE Act is a crucial safety net for our nation’s poor and uninsured,” stated Scofield. “With reauthorization, Congress has the opportunity to make waiting lists and other program restrictions obsolete and maximize access to treatment for people in need.”

ADAPs provide 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, and one U.S. Pacific territory (Guam). Each year, approximately 135,000 individuals receive services from ADAPs, representing about 30% 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 CARE Act. 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 may 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 health department HIV/AIDS program directors who have programmatic responsibility for administering HIV/AIDS 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.