



**ADAP Advocacy Association**  
aaa+  
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## **ADAP Advocacy Association Urges Congress to Pass S.3401; Legislation introduced by Senator Richard Burr uses unobligated Stimulus dollars to address AIDS Drug Assistance Program waiting lists and other cost containment measures impacting people living with HIV/AIDS**

*The ACCESS ADAP Act would ‘End The Wait’*

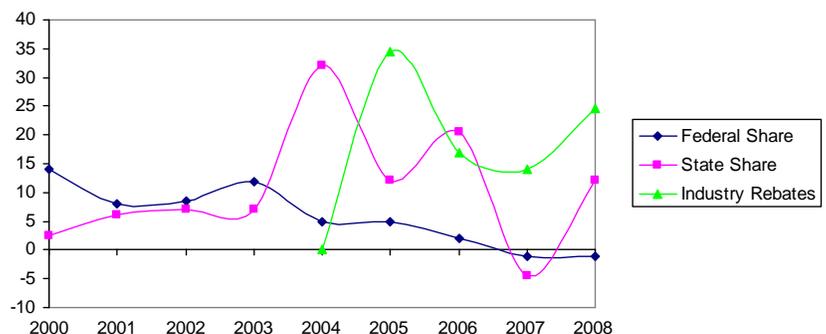
For Immediate Release

WASHINGTON, D.C. (May 26, 2010) – The [ADAP Advocacy Association](http://www.adapadvocacyassociation.org), also known as **aaa+**, today urged Congress to immediately pass the “Addressing Cost Containment Measures to Ensure the Sustainability and Success of the ADAP Act” ([S.3401](http://www.congress.gov/s3401)). The ACCESS ADAP Act would transfer \$126 million from discretionary amounts appropriated under the American Recovery and Reinvestment Act (Public Law 111-5) that remain unobligated, to be used by the Secretary of Health & Human Services in fiscal year 2010 to provide assistance in reducing waiting lists under the AIDS Drug Assistance Programs.

ADAPs provide life-saving medications under the Ryan White CARE Act to people living with HIV/AIDS nationwide who are uninsured or under-insured. This vital federal-state program faces a \$116 million shortfall for fiscal year 2010, just to keep pace with current demand. That shortfall led to waiting lists nationwide topping 1,000 – including Hawaii (3 people), Idaho (27 people), Iowa (77 people), Kentucky (200 people), Montana (18 people), North Carolina (506 people), South Carolina (81 people), South Dakota (30 people), Utah (97 people) and Wyoming (17 people) as of May 10, 2010. Additional waiting lists are also expected in Florida and Illinois.

“For the better part of one year, we’ve witnessed ADAP waiting lists – and other cost containment measures – spread like wildfire across the United States and the time to end the wait is upon us,” argued **Brandon M. Macsata**, CEO of the ADAP Advocacy Association. “The growth in ADAP waiting lists has been fueled by state budget cuts, as well as more people seeking access to care as a result of unemployment, but make no mistake about it – the federal government has not appropriated adequate funding for this vital program. Senator Burr’s legislation takes a pragmatic approach to a crisis that is escalating out-of-control.”

Between 2000 and 2008, states increased their share of the ADAP budget by 155% while the federal government increased its share by only 46% overall. *The chart shows* the increase by each party each year over the previous fiscal year in percentage points. States have basically increased – as well as pharmaceutical rebates – while the federal commitment has gone down!



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According to Macsata, under the Stimulus law, HHS received \$22 billion in discretionary budget authority. The majority of these funds will be obligated by September 2010 to achieve the most rapid impact for citizens and States affected by the current economic downturn.

“At a time when waiting lists are growing with no end in sight and these patients no longer have access to their life-saving drugs through ADAP, there couldn’t be a more appropriate funding stream to deal with the preservation of healthcare and the promotion of these individual’s wellness,” commented said **William Arnold**, **aaa+** board president and Executive Director of the [Community Access National Network](#). “Keeping folks alive is stimulus.”

To learn more about S.3401, ADAP waiting lists or the ADAP Advocacy Association, please contact Brandon M. Macsata by phone at (305) 519-4256 or email at [info@adapadvocacyassociation.org](mailto:info@adapadvocacyassociation.org).

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