



FY2012 AIDS DRUG ASSISTANCE PROGRAMS FUNDING NEEDS

AIDS Drug Assistance Programs (ADAPs) are discretionarily funded through Part B of the Ryan White Program. All states, territories and the District of Columbia receive funding to provide HIV-related medications to under insured and uninsured individuals living with HIV/AIDS in their jurisdiction.

State ADAPs in Crisis!

- Almost 7,000 people are on waiting lists to receive drugs
- ADAPs rely on mix of federal, state and private pharmaceutical funding
- Federal funding is not keeping pace with demand

ADAP (PART B)

FY 2012 Community Request:	\$991,000,000
FY 2012 President's Budget:	\$940,000,000
FY 2011 Appropriation:	\$885,000,000*

*Includes \$25 million in redirected emergency funding

ADAPs IN CRISIS

- As of April 22, 2011, 18 states have had to institute or anticipate instituting cost-containment measures such as reducing their eligibility level, cutting drugs from their formulary, instituting annual expenditure caps per client or capping the enrollment.
- As of May 5, 2011, there are 7,873 individuals on waiting lists in 11 states. Between January and December 2010, ADAP waiting lists increased 867 percent.
- In FY2010, ADAPs saw an average monthly growth of 1,382 clients entering the program nationwide (an increase of 96% from FY2008 when ADAPs experienced stable monthly growth of 706 clients).

PART B ADAP FUNDING NEEDS

- ADAPs truly need an increase of \$360 million in FY2012 to maintain their programs and fill the structural deficits that have built up over the last several years.
- In FY2012, the HIV/AIDS community is asking for ADAP funding of \$991 million to continue to serve an average of 1,312 new clients per month.
- The funding level of \$991 million is the authorized level included in the Ryan White reauthorization of 2009.

Historical Growth of Federal ADAP Earmark



Note: The FY2010 federal ADAP funding includes \$25 million in ADAP Emergency Funding.



The ADAP Coalition

ADAP FUNDING COMPONENTS

- The federal share of ADAP funding has fallen steadily over the last several years. In FY2003 the federal earmark was 72 percent of the overall ADAP budget. In FY2009, the federal share had fallen to 49 percent of the ADAP budget.
- ADAPs have long had a strong state-federal partnership; however despite the economic downturn many states have increased funding in FY2010 by an additional \$121 million dollars for a total of \$346.2 million.
- Pharmaceutical manufacturers have also helped to alleviate fiscal challenges for ADAP by agreeing to lower drug prices and enhance rebates which amounted to \$259 million in saving for FY2009. Supplemental agreements will save an additional \$160 million per year starting in July, 2010.

ADAP SERVICES

ADAPs provide FDA approved HIV-related drugs and purchase insurance for underinsured and uninsured individuals living with HIV/AIDS, and wrap around Medicare, Medicaid and private insurance. States have broad authority to set program eligibility criteria and to decide what HIV-related treatments to include on ADAP formularies. The services provided by ADAPs differ from state to state. Eligibility criteria and other services provided, including resistance testing and hepatitis C treatments all differ between states. Eligibility criteria range from 200 percent of the federal poverty level (FPL) to 500 percent FPL.

WHY IS ADEQUATE FUNDING OF ADAPs CRITICAL FOR PEOPLE LIVING WITH HIV/AIDS?

- In 2010, it is estimated that ADAPs nationwide served over 200,000 HIV-infected individuals, nearly one-quarter of people with HIV/AIDS estimated to be receiving care.
- Consistent access to HIV treatment is not only cost-effective, but also has extraordinary prevention benefits. A recent study found that immediate treatment for HIV-positive individuals reduces the epidemic by 20-40%.

- Studies have shown that patients who receive less assistance in accessing health care demonstrate poorer outcomes, and a 2002 study examining the cost-effectiveness of ADAPs concluded, "Even the most comprehensive ADAPs constitute a cost-effective use of HIV care resources."
- Racial and ethnic minorities are more likely to be uninsured and therefore need the assistance of the Ryan White Program. Almost 61 percent of those served by ADAP in June 2010 were people of color and over 75 percent were at or below 200 percent of the federal poverty level, with 45 percent at or below 100 percent.

WHAT IS DRIVING THE NEED FOR SERVICES?

- The economic downturn has increased pressure on all Ryan White Programs, including ADAPs. People losing their jobs and their health insurance are increasingly turning to ADAP to provide their HIV-related medications.
- Fifteen years after the advent of highly active antiretroviral treatments, the lives of people living with HIV/AIDS have been greatly improved and extended. Therefore, individuals may stay on ADAP for a lifetime.
- With the ongoing emphasis on increased testing, including CDC's new Testing Initiative, the ability of states and cities to identify HIV positive individuals will and has increased.
- An estimated 1,106,400 people are living with HIV disease in the U.S.
- A 2004 Institute of Medicine Report, "Public Financing and Delivery of HIV/AIDS Care: Securing the Legacy of Ryan White," found that over 233,000 HIV-positive Americans do not have consistent access to highly active antiretroviral therapy (HAART).
- A CDC study found that only 55 percent of HIV-positive U.S. residents for whom antiretroviral treatment is clinically recommended were receiving therapy in 2003.