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**NASTAD Releases 2012 National ADAP Monitoring Project *Annual Report*:  
ADAP Growth Continues to Outpace Current Resources**

**January 10, 2012, Washington, DC** - Today, NASTAD released the first module of its National ADAP Monitoring Project *Annual Report (The Report)*. For the last 17 years, NASTAD has provided comprehensive program information on AIDS Drug Assistance Programs (ADAPs) through *The Report*. Again this year, NASTAD is releasing the report in three installments. Detailed information on ADAP budgets, client enrollment and utilization, client demographics, prescription distribution and payment methods, expenditures and prescriptions filled, insurance coordination, program eligibility, and program management and administration are included in Module One.

Highlights from Module One include:

- The national ADAP budget grew to \$1.88 billion in FY2011, an increase of approximately \$100 million (five percent) over FY2010.
- State funding accounted for \$299 million of the overall budget, an increase of nine percent over FY2010.
- Drug rebates accounted for \$619 million of the overall budget, an increase of 16 percent over FY2010.
- During FY2010, 226,419 clients were enrolled in ADAPs nationwide, including 32,522 new clients enrolled throughout the year. This represents, on average, 2,710 new clients enrolled in ADAPs each month.
- A majority of ADAP clients (60 percent) were uninsured in June 2011. For those with other sources of coverage (including private insurance, Medicare, Medicaid, and dual beneficiaries of both Medicaid and Medicare), ADAPs provided wrap-around coverage.
- Between June 2010 and June 2011, drug expenditures decreased eight percent and the average monthly cost per client served by ADAP was \$869 in June 2011, representing an eight percent decrease in average monthly cost per client since June 2010. Reasons for this decrease likely include the impact of price reductions as a result of ADAP Crisis Task Force negotiations in May 2010, the implementation of health reform which mandated an additional eight percent reduction in rebates and a shifting of expenditures to insurance premiums.
- ADAP income eligibility in June 2011 ranged from 200 percent Federal Poverty Level (FPL) in ten states to 500 percent FPL in five states.

"Fiscal year 2011 has been one of the most challenging years for ADAPs since the inception of the program," noted Julie Scofield, NASTAD's Executive Director. "The increase of over 32,000 new clients demonstrates the lingering effects of a struggling economy and perhaps, the success of HIV testing initiatives across the states," she continued.

FY2011 funding uncertainties left states anticipating and implementing additional program restrictions. Recent fiscal challenges resulted in a growing number of individuals on ADAP waiting lists, which peaked at 9,298 on September 1, 2011. Over the course of 2011, 14 ADAPs reported an ADAP waiting

list. There are now 4,606 individuals on waiting lists to receive consistent access to their HIV-related medications through ADAPs in 12 states.

In addition to waiting lists, 23 states have implemented, or anticipate implementing, other access restrictions such as lowering income eligibility, removing drugs from their formularies and capping expenditures. Several have lowered income eligibility and disenrolled clients as a result. Several states also report uncertainty about continuing coverage for current clients without increased funding. To see a list of states with access restrictions please visit NASTAD's website at [www.NASTAD.org](http://www.NASTAD.org).

NASTAD continues to pursue a coordinated strategy to help save ADAPs. As ADAP utilization continues to outpace program funding ([click here to see growth chart](#)), this three-pronged approach includes securing additional resources for ADAPs from the federal government; maintaining, restoring and increasing resources for ADAPs from state governments; and working with pharmaceutical manufacturers to secure additional rebates/discounts and price freezes for ADAPs.

There are recent successes related to this strategy. On World AIDS Day, President Obama announced the availability of \$35 million in new resources for ADAP. This funding will be provided to ADAPs with a stated goal to "help nearly 3,000 individuals with HIV/AIDS access life-saving HIV/AIDS drugs." Following the President's announcement, Congress provided a \$15 million increase for ADAPs in final FY2012 funding legislation. In addition, the ADAP Crisis Task Force recently announced voluntary, enhanced agreements with six of the eight major antiretroviral manufacturers to provide additional discounts/rebates to ADAPs. These additional savings to ADAPs from January 1, 2012 through December 31, 2013 are currently estimated to be \$142 million.

"We commend the President and Congress for taking action to address the ADAP crisis, despite the tough fiscal environment," stated Julie Scofield, Executive Director of NASTAD. "With this additional federal funding and voluntary agreements with pharmaceutical companies in place, and other companies still in negotiations with the ADAP Crisis Task Force, we believe we are making progress toward easing access restrictions in ADAPs nationwide," noted Scofield. "We continue to urge state legislatures to maintain and increase their support of ADAPs moving forward," she concluded.

Module Two will be released in March 2012 and will include detailed information on ADAP coordination with Medicare Part D, ADAP coordination with Pre-existing Condition Insurance Plans (PCIPs) and ADAP coordination with the CMS Section 1115 Waiver process. Module Three will highlight hepatitis treatments. These three modules will then be released in a final, comprehensive report in March 2012.

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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