AIDS Drug Assistance Programs (ADAPs) provide life-saving 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, Guam, the Northern Mariana Islands, American Samoa, and the Republic of the Marshall Islands. Federal funding for ADAPs has been insufficient to meet the needs of those eligible and has led to ADAP access restrictions. Funding for FY2005 will be insufficient to provide needed treatments to all those eligible.

On June 23, 2004, President Bush announced immediate availability of $20 million in one-time funding, outside of ADAPs, to provide medications to people on ADAP waiting lists in ten (10) states (registered as of June 21, 2004). There are slots for 1,738 individuals who were on waiting lists in the ten (10) states as of the announcement. The number of clients enrolled in the President’s Initiative in each state (as of November 22, 2004) varies from the original number of eligible clients based on new clients enrolling in ADAP, some ADAPs enrolling clients into their regular programs, clients that lost eligibility, or eligible clients who could not be located once the program was implemented. The program is administered by the Health Resources and Services Administration (HRSA) through a contract with Chronimed Inc., outside of the ADAP structure. Approximately 591 of the 1,349 individuals eligible for the Initiative have begun to receive medications. FY2005 for ADAP does not address continuation of this separate program and it is unclear how and/or whether states will be able to transition clients into their ADAPs when the program expires.

As of November 22, 2004, there are 813 individuals on ADAP waiting lists nationwide (including 758 individuals eligible for the President’s Initiative). Nine (9) ADAPs currently report a waiting list (including four not covered by the President’s Initiative). Thirteen (13) ADAPs have instituted capped enrollment and/or other cost-containment measures since April 2003. Six (6) ADAPs anticipate the need to implement new or additional cost-containment measures during the current ADAP fiscal year ending March 31, 2005.

### States included in the President’s Initiative for ADAP waiting lists

<table>
<thead>
<tr>
<th>State</th>
<th>Clients eligible for the Initiative on June 21</th>
<th>Clients eligible for the Initiative who ADAPs were able to enroll in their regular program</th>
<th>Clients eligible for the Initiative as of November 22 **</th>
<th>Clients processed as part of the Initiative as of November 22 ***</th>
<th>Clients eligible for the Initiative but remain to be processed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>353</td>
<td>0</td>
<td>426</td>
<td>182</td>
<td>244</td>
</tr>
<tr>
<td>Alaska</td>
<td>8</td>
<td>0</td>
<td>13</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Colorado</td>
<td>347</td>
<td>347</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Idaho</td>
<td>14</td>
<td>0</td>
<td>36</td>
<td>36</td>
<td>0</td>
</tr>
<tr>
<td>Iowa</td>
<td>16</td>
<td>0</td>
<td>40</td>
<td>28</td>
<td>12</td>
</tr>
<tr>
<td>Kentucky</td>
<td>127</td>
<td>0</td>
<td>187</td>
<td>187</td>
<td>0</td>
</tr>
<tr>
<td>Montana</td>
<td>7</td>
<td>0</td>
<td>18</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>North Carolina</td>
<td>803</td>
<td>279</td>
<td>593</td>
<td>100</td>
<td>493</td>
</tr>
<tr>
<td>South Dakota</td>
<td>28</td>
<td>28</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>West Virginia</td>
<td>35</td>
<td>0</td>
<td>36</td>
<td>31</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1,738</strong></td>
<td><strong>654</strong></td>
<td><strong>1,349</strong></td>
<td><strong>591</strong></td>
<td><strong>758</strong></td>
</tr>
</tbody>
</table>

* These clients were enrolled into the regular ADAP program after the announcement of the Initiative. Clients other than those eligible for the Initiative may have also been enrolled into ADAPs.

** Reflects differing numbers of clients than those at the announcement due to new enrollees, ADAPs enrolling some clients, clients that were no longer eligible, or clients that could not be located.

*** These clients have been processed through ADAP programs and referred to Chronimed for medication delivery. It is unclear at this time how many of these clients are receiving medication through this Initiative.
The ADAP Watch
(December 15, 2004)

ADAPs with waiting lists not covered by the President’s Initiative * (as of November 22, 2004)

Arkansas: 31 on waiting list (FY2004)
Hawaii: 7 on waiting list (FY2004)
Nebraska: 15 on waiting list (FY2004)
Wyoming: 2 on waiting list (FY2004)

ADAPs with other cost-containment strategies (instituted since April 1, 2003)

Alabama: Client inactivity now necessitates re-enrollment and subject to waiting list
Arkansas: Reduced formulary and cost sharing
Hawaii: Reduced formulary and capped enrollment
Indiana: Capped enrollment (will NOT begin waiting list when cap is reached)
Louisiana: Capped enrollment for Fuzeon access; 7 people on Fuzeon waiting list
Minnesota: Cost sharing between 100%-300% FPL (drug co-pays) and reapplication every 6 months
Missouri: Reduced formulary
New Hampshire: Medical eligibility and formulary restrictions
Oklahoma: Annual per capita expenditure limit
South Dakota: Annual per capita expenditure limit, capped enrollment
Texas: Capped enrollment for Fuzeon access; 11 people on Fuzeon waiting list
Utah: Reduced formulary and lowered FPL eligibility
Washington: Reduced formulary, lowered FPL eligibility, and increased and expanded cost-sharing

ADAPs anticipating new/additional cost-containment measures (before March 31, 2005 **)

Arkansas
Hawaii
Louisiana
Massachusetts
Oregon
Wyoming

* Fiscal year in parentheses indicates ADAP fiscal year during which waiting list was initially instituted.
** March 31, 2005 is the end of ADAP fiscal year 2004. ADAP fiscal years begin April 1 and end March 31 each year.

NASTAD (www.NASTAD.org) is a non-profit 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. If you would like to receive The ADAP Watch, please forward your email address to Beth Crutsinger-Perry at bcrutsinger-perry@nastad.org.