



## The ADAP Watch

**As of July 19, 2007, a total of 308 individuals were on AIDS Drug Assistance Program (ADAP) waiting lists in two states.** In addition, three ADAPs have implemented other cost-containment measures in the four months since the ADAP fiscal year began on April 1, 2007. Two states with previous waiting lists did not report waiting lists for this *ADAP Watch*: Puerto Rico reported being uncertain about future cost containment measures, including waiting lists, based on actions that the Puerto Rico Department of Health is currently taking, and Montana (which had a waiting list since 2002) reported eliminating its waiting list due to increased state funding.

Since 2002, NASTAD has been tracking waiting lists and other cost containment measures that have occurred in the absence of sufficient federal funding. Adequate funding would enable ADAPs to meet the growing demand for Highly Active Antiretroviral Therapy (HAART) and other HIV-related medications, but instead they have had to rely increasingly on cost containment measures, including waiting lists. This trend has slowed in recent months and there are now nearly the fewest individuals on waiting lists since tracking began in 2002. It should also be noted that approximately \$35 million in FY2007 ADAP supplemental awards have not yet been made to states.

ADAP has an estimated need in FY2008 of \$1 billion, an increase of \$233 million from FY2007. FY2008 funding for ADAP is currently under consideration by Congress – a \$41 million increase is included in the House bill and a \$25.4 million increase is in the Senate bill. ADAP received a \$2 million increase in FY2006 and was flat funded in FY2007. Continued funding increases are needed each year to ensure that waiting lists and other cost-containment measures are not permanent features of this critical program. ADAP expenditures have grown, on average, \$110.8 million a year since FY1997.

ADAP provides 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, the Federated States of Micronesia, American Samoa, and the Republic of the Marshall Islands. Since the advent of HAART in 1996, AIDS deaths have declined and the number of people living with HIV/AIDS has markedly increased. ADAP has played a critical role in making HAART more widely available.

**ADAPs with Waiting Lists**  
**(308 individuals, as of July 19, 2007)**

**Alaska:** 5 on waiting list  
**South Carolina:** 303 on waiting list

**ADAPs with Other Cost-containment Strategies (instituted since April 1, 2007)**

**Alabama:** Capped enrollment  
**Indiana:** Capped enrollment  
**Michigan:** Formulary management

*Eleven ADAPs also have capped enrollment for Fuzeon access, as of July 19, 2007*  
*Two ADAPs also have capped enrollment for Aptivus access, as of July 19, 2007*

*NOTE: 47 ADAPs reported data for this survey*