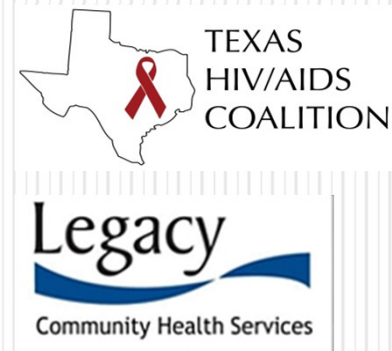


AIDS Drug Assistance Programs in Peril

Maneuvering state and federal budget impacts to
keep people in care through advocacy efforts

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What is ADAP?

- Established in 1987 in order to assist with payment for AZT
- Goal is to “encourage, support, and enhance adherence to and compliance with treatment regimens, including related medical monitoring.”
- Provides coverage for approximately 102,000 people living with HIV/AIDS, or 30% of people affected in the U.S.
- All 50 states currently have an ADAP program

Source: The Kaiser Family Foundation State Health Facts, statehealthfacts.org

U.S. Dept. of Health and Human Services Health Resources and Services Administration

How is ADAP funded?

- Ryan White Treatment Modernization Act, Part B
States receive ADAP funds on the basis of their proportion of living HIV/AIDS cases compared with the total number of cases in the United States.
- States have Maintenance of Effort (MOE) requirements
The state will maintain HIV-related activities at a level that is equal to not less than the level of such expenditures by the state for the 1-year period preceding the fiscal year.

Source: National Health Policy Forum, www.nhpf.org

National Alliance of State & Territorial AIDS Directors, www.nastad.org

The Perfect Storm

- Economic Downturn

Annual average unemployment rate for 2010: 9.6%

Rising federal debt shrinks state budgets

- Rising Cost of Medication

The price for a single medication ranges from \$200-\$2500/month

- Flat Federal Funding

Little to no funding changes over the past 5 years

- **People are living longer due to medications, therefore staying on the program longer**

Source: U.S. Bureau of Labor Statistics, www.bls.gov; Treasury Direct, www.savingsbonds.gov; aids.about.com; HRSA, hab.hrsa.gov

Treatment is Prevention

“Treatment benefits the healthy as well as the sick. It not only prolongs and improves the lives of those who are HIV-positive, but also is a prophylactic for those who aren't. Everyone wins.”

-Charles M. Blow, New York Times Op-Ed Columnist, May 13, 2011



Individuals with HIV who took antiretroviral drugs were 96% less likely to transmit the disease than those who did not take the drugs

Source: New York Time, www.nytimes.com; National Institute of Allergies and Infectious Diseases, www.niaid.nih.gov

States with an ADAP Waiting List

(as of December 22, 2011)

Alabama 83	Montana 8
Florida 1,163	Nebraska 12
Georgia 1,104	North Carolina 118
Idaho 11	South Carolina 153
*Louisiana 596	Utah 127
Virginia 1,112	* Louisiana has a capped enrollment on their program. This represent their unmet need.

Source: National Alliance of State and Territorial AIDS Directors, www.nastad.org

Methods of Cost Containment

- Lowering Financial Eligibility: Ranges from 200-500% of the Federal Poverty Level (FPL)
- Reducing the number of drugs on the formulary
- Implementing medical criteria
- Capping enrollment
- Instituting annual expenditure caps
- Instituting client cost-sharing
- Monthly expenditure caps

Repercussions to Decreased Funding

- HIV will progress to AIDS
- The body will build a resistance against medications
- A choice will have to be made between necessities: food and rent or medications?
- **There will be a greater cost to the county as individuals seek emergency care**
- Contagious disease will cause a public health risk due to compromised immune systems

Alternative Programs

- Pharmaceutical Patient Assistance Programs (PAPs)

Over 250 pharmaceutical companies provide low-cost medications to those who cannot afford to purchase them
- Welvista

Non-profit organization that provides free and/or low cost medications
5,403 clients in Florida were transitioned from ADAP to Welvista from February 15-March 31, 2011
- State Pharmaceutical Assistance Programs (SPAPs)

Developed to help HIV-positive individuals with their out-of-pocket costs associated with Medicare Part D prescription drug plans, including co-payments, deductibles, coinsurance, and during the coverage gap (the “donut hole”).

Source: www.nastad.org, www.welvista.org; www.medicare.gov

Additional Successes

- As a result of federal FY2011 ADAP emergency funding, Alabama, Florida, Georgia, Idaho, Louisiana, Montana, North Carolina, Utah, and Virginia were able to reduce the overall number of individuals on their waiting lists.
- On December 1, 2012 (World AIDS Day), President Obama pledged an additional \$50 million towards the fight against HIV/AIDS. \$35 million will be used towards ADAP. The President's goal is to have 3,000 people removed from waiting lists.

Source: www.nastad.org

A Texas-sized Battle



Advocate Spotlight

Scot More



What Can YOU Do?

- Increase Healthcare Coverage
- Insurance policies that increase affordability
- Streamlining Medicaid eligibility
- 1115 Waivers
- Outreach programs that target ethnic and racial minorities within the ADAP program: get people into treatment
- SPAPs
- Routine Testing

What Can You Do? (cont'd)

- Make the argument for state investment in the ADAP program
 - Avoids hospitalization
 - State provides drugs cheaper than county
 - State has more bargaining power.
- By treating now, you are driving down costs by lowering viral load
- Syringe Exchange Programs
- Parolee linkage to service programs
- Social support services such as housing and drug treatment programs that will help people from becoming infected

THANK YOU!

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Resources

Texas HIV / AIDS Coalition

www.texashiv.org

National Alliance of State and Territorial AIDS Directors

www.nastad.org

The Kaiser Family Foundation State Health Facts

www.statehealthfacts.org

U.S. Department of Health and Human Services Health Resources
and Services Administration (HRSA)

[Hab.hrsa.gov](http://hab.hrsa.gov)

Resources (cont'd.)

The White House Office of National AIDS Policy

www.whitehouse.gov/administration/eop/onap

AIDS United

www.aidsunited.org

Welvista

www.welvista.org

Rx Assist (Pharmaceutical Assistance Program)

www.rxassist.org