

	The Weekly Update	
	Vol. IV, Number 2	Date: March 25, 2005

A Reprinted Article on the Release of AIDS Action's ADAP Proposal

On March 22, 2005, AIDS Action released, *Streamlining and Modernizing the AIDS Drug Assistance Program (ADAP) of the Ryan White CARE Act*.

ADAP is a state administered program which uses federal funding to help low-income people living with HIV who are unable to receive drugs through Medicaid, Medicare, or private insurance obtain life-prolonging medications. AIDS Action chose ADAP as a focus issue because many states have contained their ADAP costs by placing restrictions on enrollment in the program or by limiting the number of drugs their ADAPs will fund. Since April of 2003, almost half the states have been forced to cap their ADAP enrollment, modify financial eligibility requirements, or limit their drug formularies.

The recommendations proposed by AIDS Action are as follows:

Portability Recommendation

AIDS Action recommends that Congress create “portability” of ADAP benefits between states. Currently, ADAP benefits vary from state to state. Portability would allow individuals who receive drugs through an ADAP in one state to move to another state and be assured of having access to the same HIV medications through the new state’s ADAP.

Eligibility Recommendations

To create portability, states must create a minimum set of standards. Among these standards, AIDS Action recommends that all states set a minimum eligibility requirement for participation in the state ADAP at 350% of the Federal Poverty Level (FPL) which is approximately \$31,000 for a single person. This would ensure that all people living with HIV whose wages are on or below the Federal Poverty Level are eligible for ADAP services. Under AIDS Action’s plan, states could opt to set the eligibility requirement at a higher percentage than 350 percent of the Federal Poverty Level. In fact, AIDS Action encourages states to set a higher percentage, and the proposal outlines mechanisms to do so.

Drug Formulary and Price Recommendations

In addition, AIDS Action recommends the creation of a baseline drug formulary, which is a list of medications accessible through the state ADAP. However, since non-formulary medications may be difficult to access for HIV positive individuals, AIDS Action proposes, beyond the baseline recommendation, the creation of an “open formulary” in which all drugs available to treat HIV and related illnesses would be included. If an open formulary is not possible, AIDS Action recommends that the baseline formulary include:

- All HIV anti-retroviral drugs;
- All drugs used to prevent the onset of opportunistic infections;
- Specific drugs used to directly treat opportunistic infections; and
- Specific drugs for the treatment of substance abuse; mental health disorders; and nausea associated with HIV drugs.

To ensure that ADAP remains an affordable program for state and federal agencies, AIDS Action recommends that a mechanism be created to purchase drugs at the Federal Ceiling Price, the lowest cost available to federal agencies.

Congressional Oversight Recommendations

AIDS Action makes further recommendations to help ensure that Congress is better able to oversee ADAP and to understand the beneficial effect of ADAP on health outcomes, including prolonged life and better overall health. To that end, AIDS Action recommends that the ADAP program be moved from Title II (funding for state programs) into a separate Title V. However, each state should continue to manage its individual state ADAP program. By placing ADAP into a separate Title, Congress will be able to focus more directly on ADAP and the distribution of medications. Such a focus will highlight the need for Congress to continue funding treatment and care at the state level. Additionally, AIDS Action recommends ensuring that health outcome information—including CD4 and viral load levels—is gathered for every individual accessing ADAP. Over time, these levels can be used to track patients' health to ensure that the practices which produce the best health outcomes are employed by HIV care and treatment providers.

Funding Recommendation

Finally, AIDS Action recommends that the ADAP program be funded at \$1.5 billion in Fiscal Year (FY) 2006, with an annual increase of \$100 million until FY 2011. The recommendations state that this funding must not come at the expense of other Titles or programs in the CARE Act. The programs of care and treatment in the other Titles are necessary to ensure the continuing success of ADAP.

As of March 23, 2005, all the members of the two committees that have jurisdiction over Ryan White CARE Act reauthorization—the Senate Health Education Labor and Pensions (HELP) committee and the House Energy and Commerce Committee—have received these ADAP recommendations.

The ADAP recommendations are a product of nearly one year of work by members of AIDS Action's Public Policy Committee Subcommittee on Reauthorization. This subcommittee consists of five members chosen from the Public Policy Committee and is responsible for developing AIDS Action's positions regarding reauthorization of the Ryan White CARE Act for approval by the AIDS Action Council Board. The subcommittee solicited policy recommendations from AIDS Action member organizations, people living with HIV, and others in the HIV community. In addition to the ADAP proposal, the subcommittee worked to create the joint principles on reauthorization, developed with the CAEAR Coalition (<http://www.aidsaction.org/legislation/rwca/index.htm>).^{*} The Board of the AIDS Action Council approved the ADAP recommendations on March 12.

The recommendations can be found at http://www.aidsaction.org/legislation/pdf/adap_proposal.pdf.

^{*}For more information on the joint principles for reauthorization, link to http://www.aidsaction.org/communications/weekly_updates/100104.htm