



November 15, 2010

Dear President Obama and Members of Congress:

We write to urge you to address the immediate crisis in the AIDS Drug Assistance Program (ADAP) funding as well as ensuring ADAP is fully funded for Fiscal Year (FY) 2011. Across the nation, individuals, families and states are in economic crisis; lost jobs have led to even more restricted access to health insurance. Individuals living with HIV/AIDS also carry a unique burden as they seek viable treatment options during this severe economic downturn. Not surprisingly, the burden on ADAP, which provide medications to underinsured and uninsured Americans, has also significantly increased and federal funding has not kept pace.

As a result, *ADAP programs are in crisis*. Currently, more than 4,157 individuals in nine states have been placed on an ADAP waiting list, and it is not known if they are receiving the life-saving drugs they desperately need. In addition, states have disenrolled individuals from their ADAPs and another 8 states are expected to disenroll or place individuals on ADAP waiting lists because of funding shortages before the end of March 2011 (the end of the ADAP FY2010 funded program year). Finally, 22 states have also imposed draconian service reductions to their ADAP programs in an attempt to reduce costs, which also threaten access for ADAP patients. President Obama allocated an additional \$25 million this past summer to help eliminate the waiting lists. The measure is greatly appreciated, but unfortunately it is not nearly enough to meet the ADAP demand.

*To adequately address this crisis, we urge President Obama and Congress to work together and take the following steps as swiftly as possible:*

- **Find an immediate, emergency appropriation, reprogramming of funds, or some combination to total \$101 million for the ADAP**, which will eliminate current shortages and waiting lists, allow for re-enrollment of patients that have been removed from waiting lists, reduce state service reductions, and ensure that existing waiting lists do not reemerge before ADAP FY2011 (beginning April 1, 2011).
- **Appropriate \$1.1 billion in ADAP funding for FY 2011**. This is an increase of \$270 million from FY 2010 funding levels. Without this full funding, analysis of projected need indicates that in 2011, ADAP will face the same shortages that have led to waiting lists and elimination of benefits in many states.

## BACKGROUND

Funding for HIV/AIDS drugs was started in the late 1980s to address the emerging health crisis associated with the Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS). Incorporated as ADAP into the Ryan White CARE Act when it was first signed into law, it provides life saving pharmaceuticals to vulnerable, uninsured and underinsured low-income individuals with HIV and AIDS. These drugs not only protect the health of ADAP patients but also help to control the spread of HIV by lowering the risk of infection from HIV infected to non-infected individuals. ADAP operates in all 50 states, the District of Columbia, and U.S Territories. Today it is funded in collaboration with states, other Parts of the CARE Act, and rebates and discounts from the manufacturers of HIV medicines.

ADAPs are discretionarily funded programs and are a payer of last resort; and, as such, individuals who rely on ADAP struggle to obtain medications from other sources when waiting lists and cost containment measures are instituted by state governments because of a lack of funding. Since 2004, federal funding for ADAP has not kept pace with the 40,000 new enrollees (approximately a 33% increase). Various efforts have been instituted in that time to help alleviate some of the burden on ADAP, but they have been insufficient to account for the lack of Federal funding. As a result, states continue to face a greater and greater ADAP burden. In 2000 about 70% of ADAP expenditures were funded by the Federal government. That share has decreased to less than 50% in 2010. ***Given the economic downturn, state budgets cannot absorb additional ADAP costs, and waiting lists and service reductions continue to increase.***

Since the beginning of this summer, an average of 500 individuals were added to ADAP waiting lists every month (approximately a 17% increase per month to date). The states with ADAP waiting lists include: FL, GA, IA, LA, MT, NC, OH, RI, SC. States with service reductions / cost containment include: AZ, AR, CO, FL, GA, ID, IL, IA, KT, LA, MS, NJ, NC, ND, OH, SC, UT, WA, WY. Finally, more states are running out of money, and waiting lists or disenrollment of existing patients are expected in: AZ, CO, ID, OH, SC, VA, WA, and WY before the beginning of ADAP FY2011 (April 30, 2011).

Analysis of ADAP funding needs across the country was completed by the ADAP Coalition – an industry-community coalition of ADAP advocates. This analysis has been done and released every year in early spring since 1996 in association with “The ADAP Monitoring Report”. The analysis is based on the data collected each year for this report which results from extensive survey of state and territorial ADAPs; it concluded that an additional \$126 million was needed in the following months to eliminate current shortages and waiting lists, to allow for re-enrollment of patients that have been removed from waiting lists, reduce state service reductions, and help ensure that additional waiting lists do not emerge before ADAP FY2011 (April 1, 2011). Note \$101 million is need *after application of the \$25 million the Administration recently re-programmed for ADAP funding*, for which we are very grateful.

In addition to the FY2010 increase, the analysis indicates that ADAP will require an additional \$270 million increase from the FY2010 funding level for FY2011 appropriations (\$1.1 billion total) to prevent the ADAP crisis from repeating in the following year. Currently, the Senate and House Labor-HHS appropriations committees have only proposed to allocate \$885 million in ADAP funding for FY2011. This funding is clearly insufficient and will result in another ADAP crisis in FY2011.

The ADAP funding crisis affects individuals in every state regardless of their background. We urge the President and the Congress to act quickly to ensure that the emergency funds for America's ADAPs are found to stabilize the programs through FY2010 and FY2011. The faster the Federal government acts to fulfill the ADAP need the less damage will be done to people's lives. Please take action immediately to end the wait for thousands of HIV positive people in the United States.

This request is supported by the national coalition of organizations listed below.

Sincerely,

**Original Organization Sign-Ons**

ADAP Advocacy Association (aaa+) – Washington, DC  
AIDS Action Baltimore – Baltimore, MD  
AIDS Alabama – Birmingham, AL  
Community Access National Network (CANN) – Washington, DC  
Central New York Health Systems Agency (CNYHSA) – East Syracuse, NY  
Dab the AIDS Bear Project – Fort Lauderdale, FL  
Fair Pricing Coalition – Baltimore, MD  
Georgia AIDS Coalition – Sneedville, GA  
HealthHIV – Washington, DC  
HIV Dental Alliance – Atlanta, GA  
Housing Works – New York, NY  
Latino Commission on AIDS – New York, NY  
National Association of People with AIDS (NAPWA) – Silver Spring, MD  
National Minority AIDS Council (NMAC) – Washington, DC  
POZIAM Community – Levittown, PA  
Project Inform – San Francisco, CA  
The AIDS Institute – Tampa, FL & Washington, DC  
The Step Center at Syracuse University - Lutheran Campus Ministries, Syracuse, NY

**Additional Organization Sign-Ons**

ACT UP Philadelphia – Philadelphia, PA  
ActionAIDS – Philadelphia, PA  
Advocates for Youth – Washington, DC  
African Services Committee – New York, NY  
AID Atlanta – Atlanta, GA

Aid for AIDS of Nevada – Las Vegas, NV  
AIDS Action Committee of Massachusetts – Boston, MA  
AIDS Alliance – Washington, DC  
AIDS Athens – Athens, GA  
AIDS Legal Referral Panel – San Francisco, CA  
AIDS Project of Central Iowa – Des Moines, IA  
AIDS Services of Dallas – Dallas, TX  
AIDS Treatment Activists Coalition – New York, NY  
Aniz, Inc. – Atlanta, GA  
Alaskan AIDS Assistance Association – Anchorage, AK  
amfAR, the Foundation for AIDS Research – New York, NY  
Atlanta AIDS Partnership – Atlanta, GA  
Birmingham AIDS Outreach – Birmingham, AL  
Boulder County AIDS Project – Boulder, CO  
Careteam, Inc. – Myrtle Beach, SC  
Central City AIDS Network, Inc. – Macon, GA  
Central Panhandle Aids Network – Panhandle, FL  
Come to the Fountain, Inc. – Macon, GA  
Duke Global Health Institute – Durham, NC  
Easter Seals Birmingham – Birmingham, AL  
Empowerment Program – Denver, CO  
Friends-Together, Inc. – Lakeland, FL  
Georgia Equality – Atlanta, GA  
Georgia Rural Urban Summit – Decatur, GA  
Grady Infectious Disease Program – Atlanta, GA  
HIV/AIDS Advocacy Network – Albuquerque, NM  
HIV/AIDS Advocates of Michigan (HAAM) – Ypsilanti, MI  
HIV/AIDS Services for African Americans – Anchorage, AK  
HIV Care Center, Inc. – Pensacola, FL  
HIVictorious, Inc. – Madison, WI  
Hope and Help Center of Central Florida, Inc. – Winter Park, FL  
Hyacinth AIDS Foundation – New Brunswick, NJ  
Indianapolis Urban League – Indianapolis, IN  
International AIDS Empowerment – El Paso, TX  
Liberty Research Group, HIV/AIDS Advocates and Consultants – Rochester, NY  
Lambda Legal – New York, NY  
Louisiana AIDS Advocacy Network (LAAN) – New Orleans, LA  
Louisiana Latino Health Coalition for HIV/AIDS Awareness (LLHC) – New Orleans, LA  
Lower East Side Harm Reduction Center – New York, NY  
Medical Advocates – Chicago, IL  
Mendocino County AIDS/Viral Hepatitis Network – Ukiah, CA  
Moveable Feast – Baltimore, MD  
Nassau – Suffolk HIV Care Network – Deer Park, NY  
NoFLAC – Pensacola, FL  
North Carolina AIDS Action Network (NCAAN) – Durham, NC  
Physicians Pharmacy Alliance – Charleston, SC  
Positive East Tennesseans – Knoxville, TN

Positive Impact, Inc. – Atlanta, GA  
Project Lazarus – New Orleans, LA  
Sandhills Medical Foundation – Sumter, SC  
SisterLove, Inc. – Atlanta, GA  
South Alabama CARES (Community AIDS Resources Education and Support) – Mobile, AL  
South Georgia Unit, National Association of Social Workers, Georgia Chapter – Valdosta, GA  
Southeast Regional Gay Men's Health Summit – Ft. Lauderdale, FL  
Southwest CARE Center – Santa Fe, NM  
START at Westminster – Washington, DC  
Test Positive Aware Network – Chicago, IL  
The AIDS Resource Council, Inc. – Rome, Ga.  
The Appalachian Regional Coalition on Homelessness – Johnson City, TN  
The Living Affected Corporation (LACorp) – Little Rock, AR  
The Mount Zion Medical Clinics – Charlotte, NC  
The Women's Collective – Washington, DC  
THRIVE! The Persons Living With HIV/AIDS Initiative of Colorado – Denver, CO  
Treatment Action Group (TAG) – New York, NY  
Valley AIDS Information Network Inc. – Corvallis, OR  
Virginia Organizations Responding to AIDS, Inc. (VORA) – Richmond, VA  
Wateree Aids Task Force – Sumter, SC  
Wilson Resource Center (WRC) – Arnolds Park, Iowa  
Women Together for Change – St. Croix, U.S. Virgin Islands  
Women With A Vision Inc. (WWAV) – New Orleans, LA