The ADAP Coalition

October 9, 2009

The Honorable Tom Harkin
Chairman
Subcommittee on Labor-HHS-Education
Senate Appropriations Committee
731 Hart House Office Building
Washington, DC 20510

The Honorable Thad Cochran
Ranking Member
Subcommittee on Labor-HHS-Education
Senate Appropriations Committee
113 Dirksen House Office Building
Washington, DC 20510

Dear Chairman Harkin and Ranking Member Cochran:

On behalf of the undersigned organizations we are writing to urge your support for increased funding for the AIDS Drug Assistance Program (ADAP) in the FY2010 Labor-HHS-Education Appropriations bill. As you are aware, ADAPs provide HIV-related medications to under insured and uninsured individuals living with HIV/AIDS in the United States. We understand you are currently pre-conferencing the bill with House and wanted to provide you updated information on the state of the programs.

State budget cuts are impacting the provision of services through Ryan White. In state FY2009, HIV/AIDS programs lost over $167 million in state general revenue funds. ADAPs have always been a successful state – federal partnership, with 34 states contributing $329 million to ADAP programs in FY2008. However, in a recent survey conducted by NASTAD, 48 percent of ADAPs experienced funding decreases in state FY2009 and additional cuts are expected in FY2010.

ADAPs nationwide are experiencing increased utilization due to job loss and cuts in other safety net services coupled with increasing health care costs. As of October 8, 247 individuals are on waiting lists in Arkansas, Iowa, Kentucky, Montana, Nebraska, South Dakota, Utah and Wyoming. Four states report that they anticipate beginning a wait list during this fiscal year. In addition, states are instituting additional cost-containment measures such as reduced eligibility or formularies, monthly and/or annual expenditure caps and client cost sharing.

Both the House and Senate Labor-HHS-Education bills include $20 million for ADAPs; however we believe that these programs warrant additional funding because so many individuals with HIV/AIDS depend on this support and because the economy has devastated state budgets. While ADAPs have administered their funds efficiently, ADAPs must treat a growing number of infected individuals who need life-saving medication. The fiscal condition of many ADAPs remains fragile and the program requires additional funds to meet the needs of existing and new clients.
The identified need is an increase of $269 million, for a total FY2010 funding amount of $1.084 billion for ADAPs. This funding level will allow ADAPs to serve over 134,000 new clients throughout the year. In addition to access barriers, there remains a significant variation in ADAPs across the nation in both formularies and eligibility criteria. Thirty ADAPs require that an applicants’ income not exceed 300 percent of the Federal Poverty Level (FPL). Eleven of those ADAPs allow a maximum of 200 percent of FPL to qualify. Therefore, it is critical that ADAPs receive additional funding in FY2010 to ensure that life-saving drug treatments are available to the patients who need them and allow states to decrease waiting lists and other state-erected barriers.

In summary, as you finalize the FY2010 Labor-HHS Appropriations bill, we ask that you consider additional funding above the $20 million increase to ADAPs. The United States must continue to demonstrate its commitment to fighting the HIV/AIDS epidemic on the home front as well as throughout the world. As part of that commitment, it is necessary to ensure treatment to all persons living with HIV/AIDS in need. We welcome the opportunity to work with you and your staff to provide you with information detailing ADAPs’ need for additional funding in Congress.

Sincerely,