

The AIDS Drug Assistance Program: Findings from the National ADAP Monitoring Project Annual Survey

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Chart 1

The National ADAP Monitoring Project and Survey

- Partnership between Kaiser and NASTAD since 1996
- All ADAPS receiving federal earmark surveyed
 - 54 in FY 2006*; 51 responded
 - Non-responders represent <1% of estimated living AIDS cases
- Data from:
 - June 2006 for most indicators; offers monthly “snapshot” comparisons to earlier periods
 - FY 2006 for budget indicators and some policy variables
 - More recent data from supplemental data collection for formularies, Medicare Part D policies, waiting lists, other cost-containment measures
- Full report on www.kff.org and www.NASTAD.org
- State-level data on www.statehealthfacts.org/hiv

*In FY 2007, 58 state and territorial jurisdictions will receive federal ADAP earmark funding.
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



Highlights and Major Themes

- ADAPs are the nation's **prescription drug safety-net** for people with HIV/AIDS who have limited or no access to needed medications
- A **variable safety-net: what one gets depends on where one lives**
- **States have come to the fore** as major source of ADAP funding, key driver of budget increases
- But states find themselves in a **delicate balance**
 - Between program capacity and client demand
 - Limited set of **"levers"** available
- **Waiting lists: fewer in number than in recent years but they continue; potential signs of increase?**
- **Part D: significant impact, relieving pressure on ADAPs, but some uncertainty remains**
- **Ryan White reauthorization: opportunities & challenges**

Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.

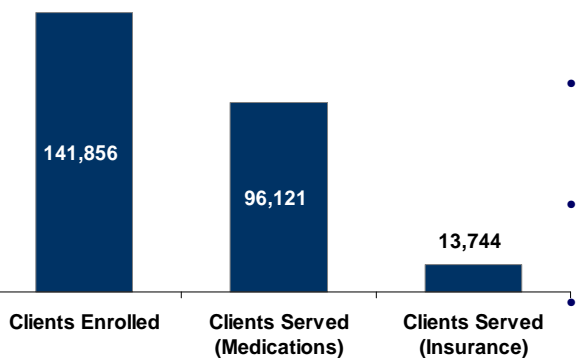


June 2006 "Snapshot" Findings



Chart 3

ADAP Clients, June 2006



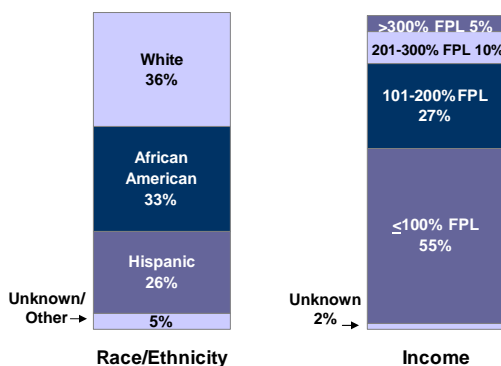
- Nearly 142,000 enrollees; about one quarter of people with HIV/AIDS in care
- 68% of those enrolled received Rx in June 2006; thousands of others received insurance coverage
- Ten states accounted for most clients served (68%) – range from 25 to more than 17,000
- Client utilization stable between June 2005 and June 2006; 21 states had increases, 27 had decreases (Part D)

Notes: 51 ADAPs reported data. Some clients receiving insurance coverage through ADAP may also be receiving medications.
 Source: Kaiser & NASTAD, National ADAP Monitoring Project Annual Report, April 2007.



Chart 4

Profile of ADAP Clients, June 2006



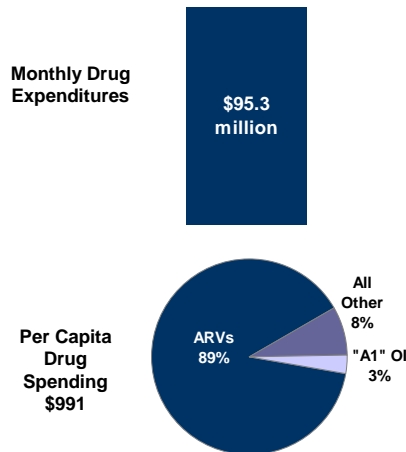
- Almost two-thirds were people of color (61%)
- Most low-income (82% at or below 200% FPL)
- Most uninsured (71%)
- Most were men (78%) and between the ages of 25-44 (54%)
- More than half with indications of advanced HIV disease (CD4 count ≤350)

Note: 51 ADAPs reported data.
 Source: Kaiser & NASTAD, National ADAP Monitoring Project Annual Report, April 2007.



Chart 5

ADAP Drug Expenditures & Per Capita Drug Spending, June 2006



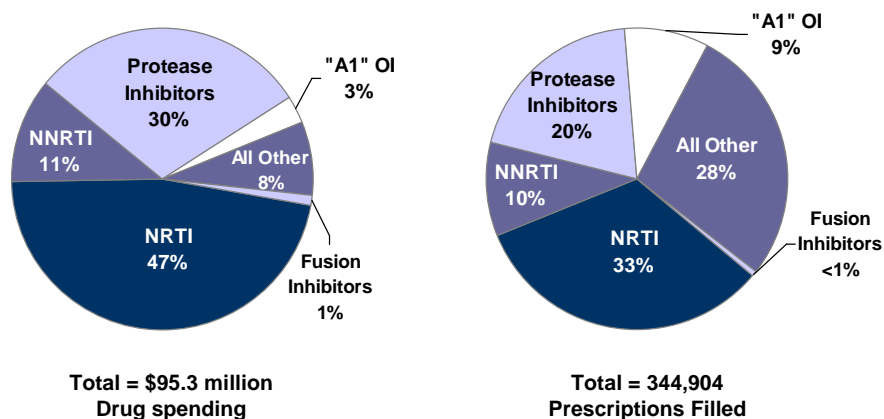
- Drug spending totaled \$95.3 million in June 2006
- ADAPs also spent \$5.4 million on insurance coverage in June 2006; \$83.5 million in FY 2006
- 10 states accounted for most drug spending (77%); range from \$22K to nearly \$20 million
- Drug spending 7% less in June 2006 compared to June 2005 (Part D)

Note: 51 ADAPs reported data.
Source: Kaiser & NASTAD, National ADAP Monitoring Project Annual Report, April 2007.



Chart 6

ADAP Drug Expenditures & Prescriptions Filled, by Drug Class, June 2006

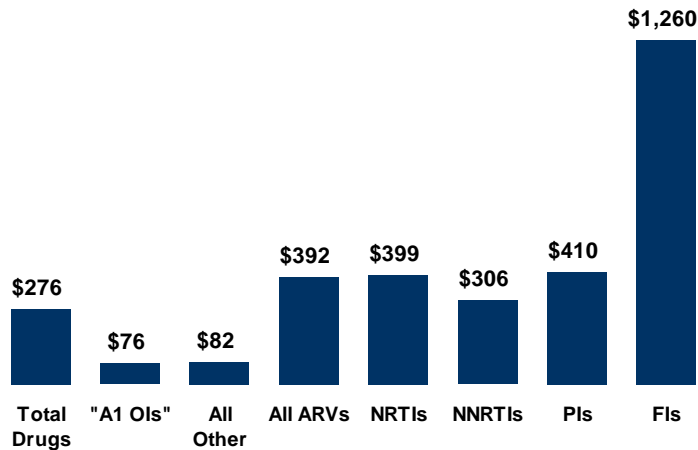


Note: 51 ADAPs reported data.
Source: Kaiser & NASTAD, National ADAP Monitoring Project Annual Report, April 2007.



Chart 7

ADAP Expenditures Per Prescription, by Drug Class, June 2006

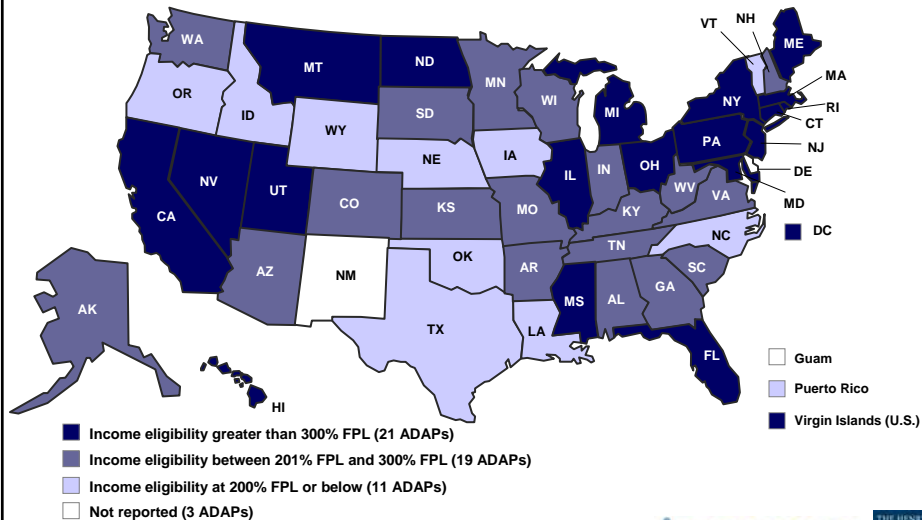


Note: 51 ADAPs reported data.
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



Chart 8

ADAP Income Eligibility, as of June 2006



Notes: 51 ADAPs reported data. The 2006 Federal Poverty Level (FPL) was \$9,800 (slightly higher in Alaska and Hawaii) for a household of one.
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



Chart 9

ADAP Formulary Coverage of Antiretroviral Drugs, as of November 2006

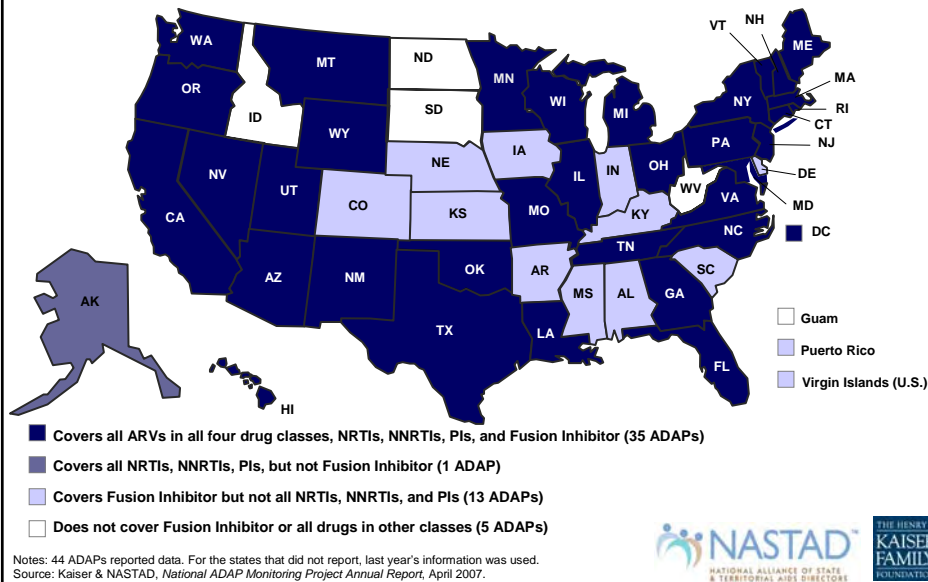


Chart 10

ADAP Formulary Coverage of "A1" Drugs for OIs, as of November 2006

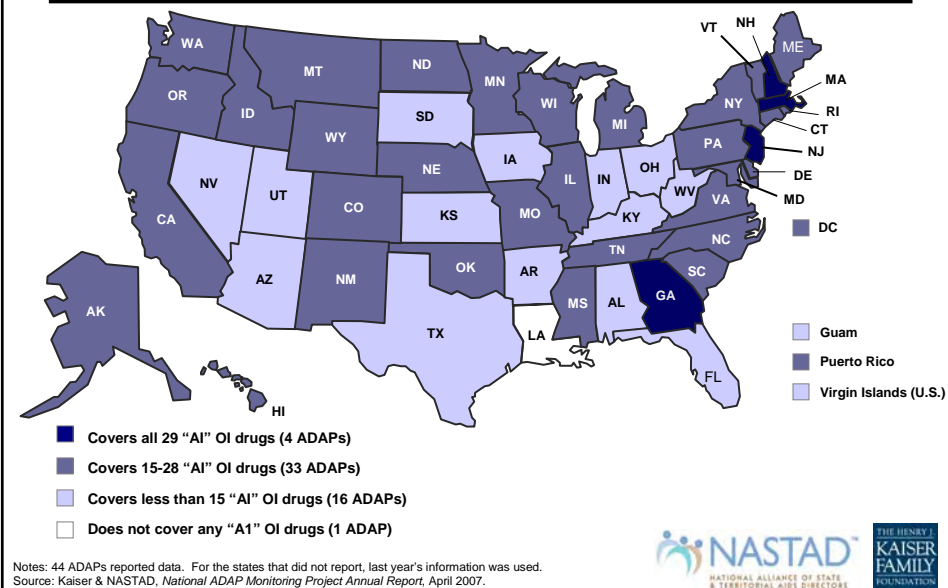
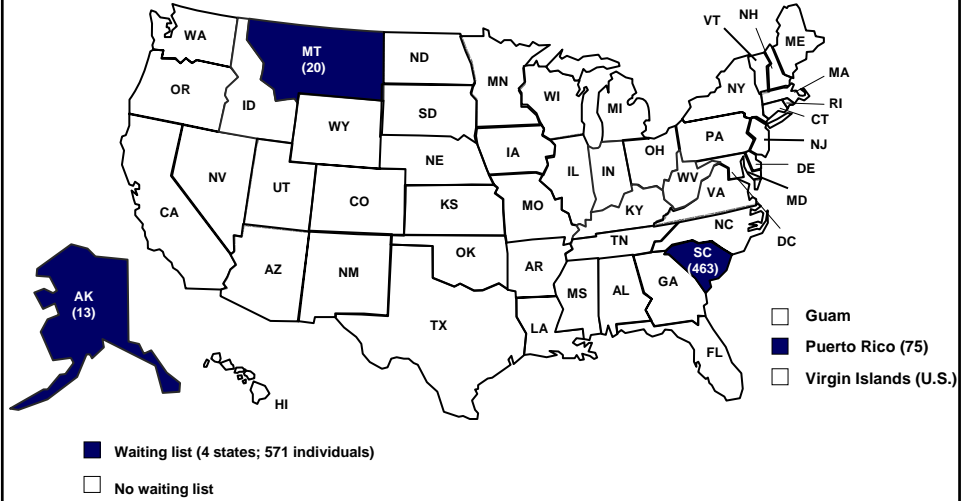


Chart 11

ADAPs With Waiting Lists, as of March 2007



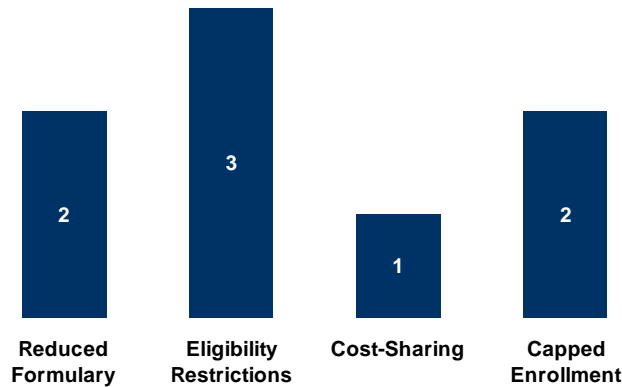
Note: 52 ADAPs reported data.
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



Chart 12

ADAPs with Cost-Containment Measures, Instituted in FY 2006 (4/06-3/07)

(Other than waiting lists)

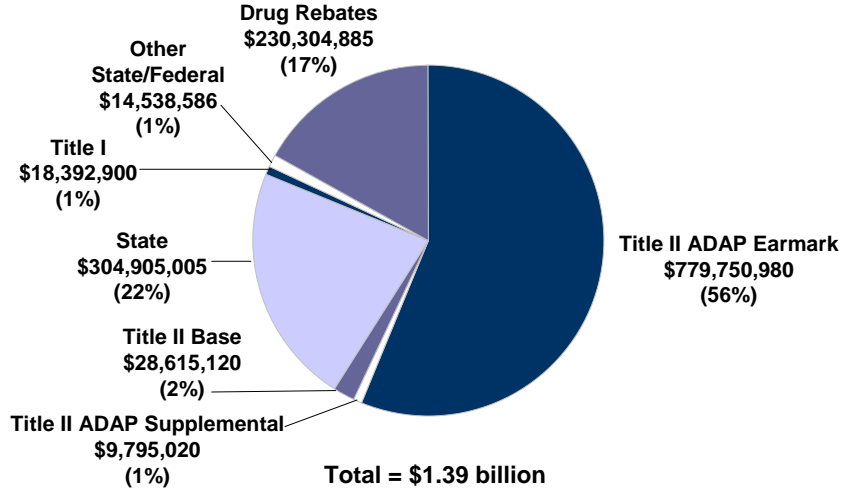


Note: 52 ADAPs reported data.
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



Chart 13

National ADAP Budget, by Source, FY 2006

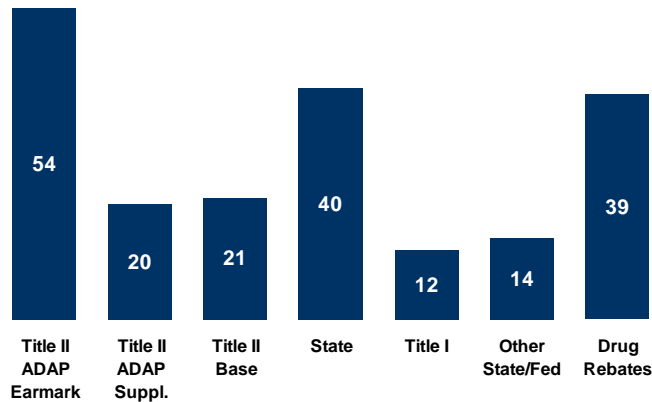


Note: 51 ADAPs reported data. Title II earmark and supplemental funding data available for all 54 jurisdictions.
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



Chart 14

Number of ADAPs, by Budget Source, FY 2006

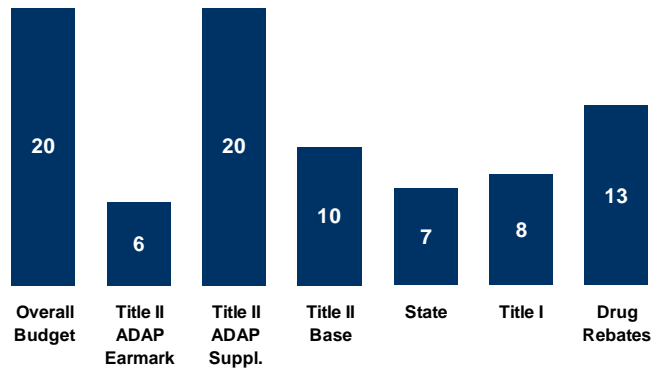


Note: 51 ADAPs reported data. Title II earmark and supplemental funding data available for all 54 jurisdictions.
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



Chart 15

Number of ADAPs with Funding Decreases, by Budget Source, FY 2005-2006



Notes: 51 ADAPs reported data. Title II earmark and supplemental funding data available for all 54 jurisdictions.
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



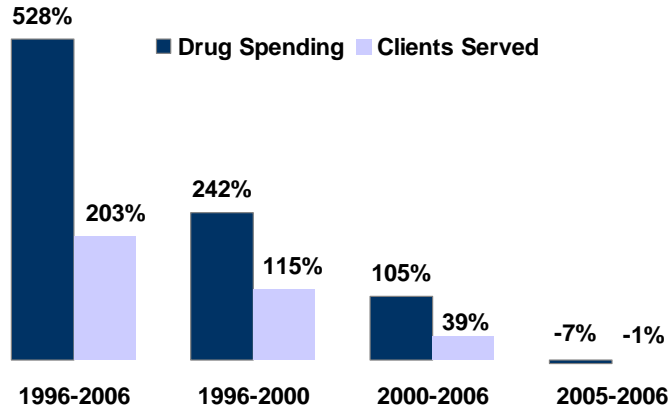
Major Trends & Key Issues



Chart 16

Trends in ADAP Clients & Drug Expenditures, 1996-2006

(Percent Change)



Note: Comparisons over time based on 49 ADAPs reporting in each comparison period.
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



Chart 17

Trends in ADAP Clients & Drug Expenditures, Continued....

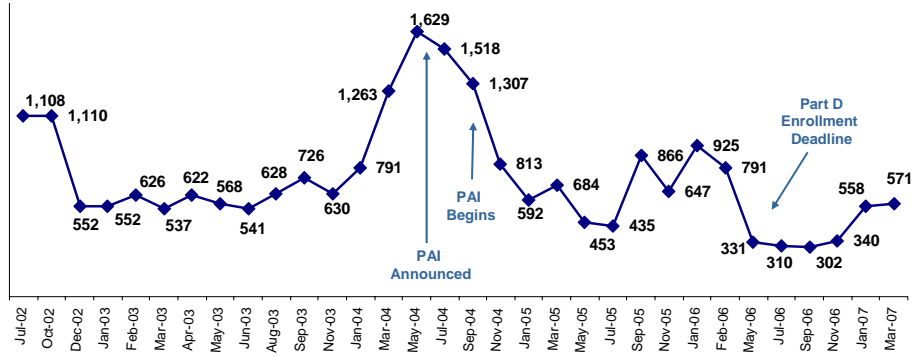
- **Client utilization (number receiving medications)**
 - Increased significantly over time, but at a decreasing rate
- **Drug expenditures**
 - Have grown at approximately twice the rate as client utilization over decade-long period
- **Part D Impact: For first time, client stabilization between monthly snapshots (June 2005 and June 2006) and decrease in drug spending**
 - One-time shift
 - Timing of Part D (May 15, 2006) and ADAP monthly snapshot survey (June 2006)
 - Uncertainty about ongoing effect – clients? expenditures?
 - Other indicators suggest continued growth in some areas: growing client enrollment, increase in insurance purchasing/continuation

Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



Chart 18

Number of People on Waiting Lists by Survey Period, July 2002-March 2007

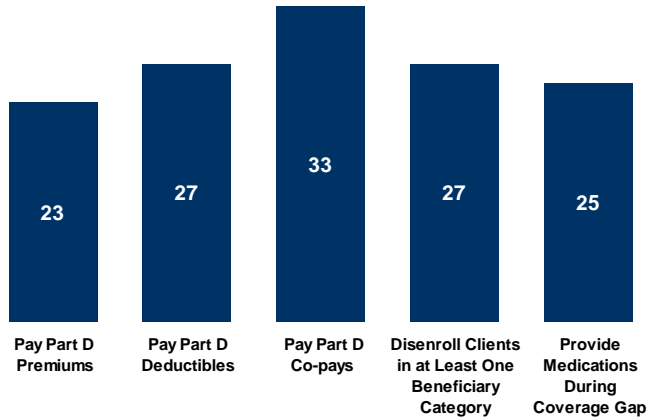


Notes: PAI is "President's ADAP Initiative". ADAPs were required to enroll Medicare Part D eligible clients, or stop paying for Part D covered services, by May 15, 2006.
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



Chart 19

Medicare Part D: ADAP Policies, as of November 2006

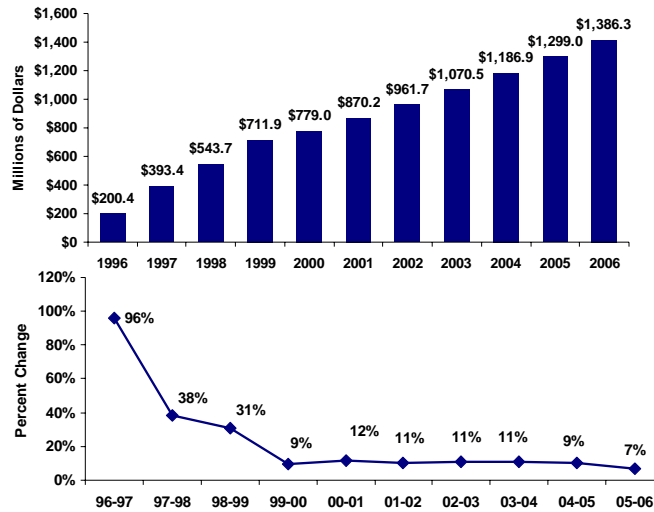


Note: 48 ADAPs reported data.
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



Chart 20

The National ADAP Budget, FY 1996-2006

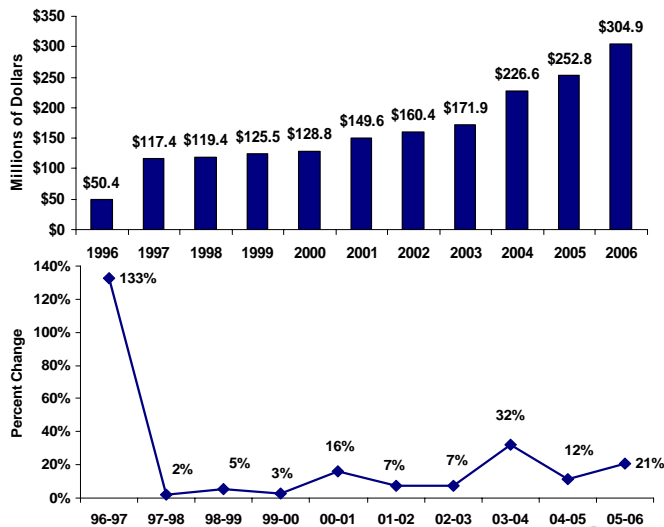


Notes: 51 ADAPs reported data. Title II earmark and supplemental funding data available for all 54 jurisdictions.
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



Chart 21

State Funding for ADAPs, FY 1996-2006



Note: 51 ADAPs reported data.
Source: Kaiser & NASTAD, *National ADAP Monitoring Project Annual Report*, April 2007.



Ryan White Reauthorization: Changes for ADAPs

- **Minimum formulary**
 - At least one ARV from each approved class of ARV medications (currently four classes)
- **ADAP supplemental**
 - Increase from 3% to 5% of the ADAP earmark
 - Matching requirements can be waived in some instances
 - Change in eligibility
 - Hold harmless “delinked” from ADAP supplemental
- **Funding formula**
 - Incorporation of living HIV cases in addition to actual (previously estimated) living AIDS cases
- **Changes to other parts of Ryan White**
 - 75% of funds must be spent on core medical services
 - Part B base formula modifications
 - All territories eligible for ADAP



The Outlook

- **Critical role of ADAPs will continue**
 - Growing population of people living with HIV/AIDS
 - Filling the “gap”
- **Key areas to monitor include:**
 - **Impact of Part D has been significant**
 - Relief of pressure on ADAPs; contributed to reduction in waiting lists
 - But is it a time-limited effect? What will happen when clients reach the doughnut hole?
 - **Ryan White reauthorization impacts?**
 - Some states will have to change their formularies; also, new ARV classes?
 - Potential funding shifts
 - **Waiting lists over time**
 - **Role of States**
 - **Other factors such as the CDC’s new recommendations for routine testing**

