



**ADAP Advocacy Association**

**aaa+**

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## **99 Too Many!**

### **ADAP Advocacy Association Concerned Over Growing Waiting Lists**

For Immediate Release

WASHINGTON, D.C. (June 9, 2009) – The [ADAP Advocacy Association](http://www.adapadvocacyassociation.org), also known as **aaa+**, today raised serious concern over the growing number of people living with HIV/AIDS in America who are waiting to gain access to their medications through the AIDS Drug Assistance Programs (ADAPs). According to the National Alliance of State & Territorial AIDS Directors (NASTAD), there are currently 99 people living with HIV/AIDS in four states on ADAP waiting lists.

ADAPs provide life-saving medications to people living with HIV/AIDS nationwide who are uninsured or under-insured. This vital federal-state program faces a \$108.9 million shortfall for Fiscal Year 2009, just to keep pace with current demand. That shortfall has led to the return of dreaded waiting lists in Indiana (26 people), Montana (19 people), Nebraska (51 people) and Wyoming (3 people) – with the possibility of more in Arizona, Arkansas, Hawaii, Kentucky and Tennessee.

“Ninety-nine people waiting to access life-saving medications in the wealthiest nation is ninety-nine too many,” argued **Brandon M. Macsata**, CEO of the ADAP Advocacy Association. “How many times must we call attention to the perpetual funding shortfalls by the federal government to this vital program, which not only saves money but also saves lives? If this trend continues, then we could see the number of states with waiting lists soon double and no sign of things improving unless emergency funding is appropriated.”

According to NASTAD, there are also 11 ADAPs anticipating new or additional cost-containment measures – including Arizona (waiting list, reduced formulary, lowered financial eligibility, capped enrollment, client cost sharing, annual and monthly expenditure caps), Arkansas (waiting list, reduced formulary, lowered financial eligibility, capped enrollment), California (reduced formulary, lowered financial eligibility, client cost sharing), Hawaii (waiting list), Idaho (waiting list, capped enrollment), Kentucky (waiting list), Mississippi (reduced formulary, client cost sharing), Ohio (lowered financial eligibility, client cost sharing), Tennessee (waiting list), Washington (reduced formulary – as an incentive for clients to enroll in insurance program) and Wyoming (client cost sharing).

“As someone living with HIV who relies on medications through the Texas AIDS Drug Assistance Program, I’m concerned for the people who are being forced to waiting lists for their anti-retroviral medications,” said **Michelle Anderson**, **aaa+** board member and active member of Campaign to End AIDS Dallas. “Everything we’re told by health care professionals, industry experts and policy wonks dictate that early access to treatment and subsequent adherence is critical to maintaining proper health. It amazes me that this continues to be a problem here in America.”

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Summarizing the frustrations of many advocates, **Justin B. Smith**, author of Justin's HIV Journal, said: “It's appalling to think that in the United States, a country that wants to fix everybody's problem we can't even fix our own health care system. As someone who is HIV positive, I understand and know how frustrating it is to not be able to get your medications. I know individuals in certain states that being on ADAP is saving their lives, because they cannot afford the \$15000.00 dollars worth of medications. Individuals on waiting list are literally dying for their health care and this needs to stop not now, but right now.”

In general, average costs per recipient via ADAP – including insurance continuation – are just above \$1,000.00 per month. Behind all the data is the knowledge that early detection and diagnosis provides a better opportunity to access early treatment (such as anti-retroviral medications), diagnostics and periodic doctor visits, which today can result in a normal life span. However, detected late in HIV progression or during AIDS-related complications, MUCH shorter survival rates and MUCH health outcomes are to be expected along with MUCH higher medical costs – which can include multi-drug salvage treatment regimens, hospitalizations resulting from opportunistic infections (OIs) and other medical complications. In some cases, these scenarios can result in multiple hospital admissions costing \$100,000 to \$300,000 each depending upon geographic location and medical complications.

**aaa+** promotes and enhances the AIDS Drug Assistance Programs (ADAPs) and improves access to care for persons living with HIV/AIDS. **aaa+** works with advocates, community, health care, government, patients, pharmaceutical companies and other stakeholders to assure that access to services recognize and afford persons living with HIV/AIDS to enjoy a healthy life.

To learn more about ADAP waiting lists, please review NASTAD's “ADAP Watch – June 2009” online at [http://www.nastad.org/InFocus/InfocusResultsDetails.aspx?infocus\\_id=258](http://www.nastad.org/InFocus/InfocusResultsDetails.aspx?infocus_id=258). For more information about **aaa+** please visit [www.adapadvocacyassociation.org](http://www.adapadvocacyassociation.org).

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