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STATE DRUG FORMULARY PATIENT ADVISORY COMMITTEE MEETING 1 SUMMARY March 23, 2025 | 3:00 PM (EST)

Advisory Committee Members Present: (6)

Rev. Alex Garbera, David Pable, Marcus J. Hopkins, Chauncey McGlathery, Steven Vargas, Lepena Reid

Staff/Board Present:

Brandon M. Macsata

Guests Present:

Tim Horn

The meeting was called to order at 3:00 PM ET with six advisory committee members present. Brandon M. welcomed the committee and provided a brief summary of the status of the State AIDS Drug Assistance Programs, noting that NASTAD had restarted its [*ADAP Watch*](#) after many years, without needing to publish the report. He introduced Tim Horn, Director of Medication Access at NASTAD.

Tim H. provided a comprehensive briefing on the impact of Medicaid unwinding, increased enrollment, rising drug and insurance costs, and flat federal funding, which collectively have strained ADAP budgets. The discussion highlighted variability among states in forecasting and managing these challenges, with emphasis on the importance of communication between health departments, legislatures, and community stakeholders.

Texas's absence from the recent ADAP monitoring report prompted concerns by Steve Vargas, with Tim H. explaining the state's cautious approach to data sharing amid internal fiscal assessments. Strategies to maximize ADAP revenue through insurance plan selection and rebate optimization were explored, underscoring the complexity of interactions with the 340B program. Marcus J. Hopkins expressed concern over ADAPs' heavy reliance on pharmaceutical rebates and debated the prospects and risks of reauthorizing the Ryan White CARE Act to secure more stable funding and program improvements.

A significant portion of the meeting focused on the Florida ADAP crisis, characterized by a \$120 million deficit and controversial cost-containment measures, amid limited transparency from state officials. The committee discussed the potential benefits and challenges of standardizing ADAP program requirements across states to reduce disparities and improve client outcomes.

Finally, the need for ADAP modernization to accommodate emerging long-acting injectable HIV treatments was acknowledged, though current fiscal crises delay immediate action. The meeting concluded with commitments to continue advocacy, data collection, and technical assistance efforts to sustain and enhance ADAP services.

The meeting adjourned at 4:01 PM ET. A detailed meeting summary is attached.

Detailed Summary

ADAP Fiscal Challenges Overview

Tim Horn provides an overview of the current fiscal challenges facing AIDS Drug Assistance Programs (ADAPs), highlighting the impact of Medicaid unwinding post-COVID-19 public health emergency and increased enrollment pressures. He explains how these factors, combined with rising prescription drug and insurance premium costs, strain ADAP budgets, which have been flat federally for over 15 years.

- Tim Horn explains Medicaid redetermination has led to many clients losing coverage, increasing ADAP enrollment.
- Tim Horn notes rising insurance premiums and prescription drug costs are driving up ADAP expenses.
- Tim Horn states federal ADAP funding has remained flat at \$900 million for over 15 years, limiting resources.

State Variability in ADAP Preparedness

Discussion centers on differences among states in forecasting and managing ADAP fiscal challenges. Tim Horn notes no clear red state versus blue state divide but highlights anomalies like Rhode Island and Pennsylvania. He emphasizes the importance of communication between health departments, legislatures, and community stakeholders to address funding needs effectively.

- Tim Horn observes some states proactively forecast ADAP needs through 2027-2028, while others are caught off guard.
- Tim Horn stresses the need for effective communication between health departments and state leadership to secure funding.
- Brandon Macsata questions if political alignment affects state preparedness; Tim Horn cites exceptions to typical patterns.

Texas ADAP Data and Engagement

Steven Vargas raises concerns about the absence of Texas data in the ADAP monitoring report and seeks ways to obtain information for advisory purposes. Tim Horn explains Texas's hesitancy to share data due to ongoing internal fiscal assessments but expects participation in upcoming surveys. He underscores the importance of stakeholder engagement in ADAP decision-making.

- Steven Vargas notes Texas did not respond to the ADAP monitoring report and requests survey questions for local inquiry.
- Tim Horn explains Texas delayed data submission to carefully communicate fiscal challenges to leadership.
- Tim Horn emphasizes involving community leaders and clinicians in ADAP decisions to avoid siloed actions.

Maximizing ADAP Revenue and Cost Containment

Tim Horn discusses strategies for ADAPs to maximize revenue through insurance plan selection and rebate optimization before resorting to cost containment measures like formulary cuts or waitlists. He explains the complexities of 340B program interactions and the importance of maximizing supplemental rebates to sustain program solvency.

- Tim Horn explains choosing higher premium insurance plans can generate more rebates over the year for ADAPs.
- Tim Horn highlights challenges with 340B discounts when clients receive care from multiple covered entities.
- Tim Horn advocates prioritizing revenue generation strategies before implementing cost containment measures.

Concerns Over ADAP Reliance on Pharmaceutical Rebates

Marcus Hopkins expresses concern about ADAPs' heavy dependence on pharmaceutical rebates, which could be jeopardized by changes in 340B program negotiations. Tim Horn acknowledges the risk of rebate reductions but doubts complete loss of 340B participation, emphasizing the need to explore alternative funding sources.

- Marcus Hopkins warns that reliance on pharmaceutical rebates is precarious and could collapse.
- Tim Horn agrees rebates constitute over 50% of ADAP budgets nationally, with Florida exceeding 65%.
- Tim Horn doubts manufacturers will fully exit 340B due to Medicaid and Medicare market participation requirements.

Ryan White CARE Act Reauthorization Prospects

Participants discuss the potential for reauthorizing the Ryan White CARE Act to secure more stable funding and program improvements. Tim Horn and others note the political risks of reopening the legislation but acknowledge the need for future conversations to enhance program flexibility and funding stability.

- Marcus Hopkins recalls past reluctance to reopen Ryan White CARE Act due to political risks.
- Steven Vargas advocates preparing in 2027 for possible legislative changes to build on in 2029.
- Tim Horn notes ongoing efforts to secure increased appropriations for FY 2027 but stresses the need for broader discussions on program future.

Florida ADAP Crisis Analysis

Tim Horn updates on the Florida ADAP crisis involving a \$120 million deficit and cost containment measures like premium assistance elimination and formulary changes. He

notes limited data transparency from Florida and concerns about the long-term sustainability of the program without reinstating premium assistance.

- Tim Horn states Florida's \$120 million deficit is not fully understood due to lack of granular data.
- Tim Horn criticizes Florida's elimination of premium assistance as counterproductive to program solvency.
- Brandon Macsata notes Florida's \$122 million spent on a failed drug importation program may contribute to the deficit.

Standardization and Oversight of ADAP Programs

Marcus Hopkins raises the issue of wide disparities in ADAP administration across states and suggests exploring more standardized minimum requirements during reauthorization. Tim Horn agrees on the need for careful discussions to balance flexibility with consistent standards, including eligibility, formulary, and insurance continuation policies.

- Marcus Hopkins highlights inconsistent ADAP administration and communication across states.
- Tim Horn suggests reviewing and potentially strengthening minimum standards without overly restricting program flexibility.
- Tim Horn notes current HERSA requirements only mandate reporting waitlists, not other cost containment measures.

Long-Acting Injectable HIV Treatments and ADAP Adaptation

Tim Horn discusses challenges ADAPs face in adapting to long-acting injectable HIV treatments, which often require different coverage models and have higher upfront costs. He emphasizes the need for program modernization to support these treatments effectively.

- Tim Horn explains long-acting injectables are often covered as medical benefits, complicating ADAP pharmacy models.

- Tim Horn notes ADAPs need to modernize to accommodate new treatment modalities beyond traditional pharmacy networks.
- Tim Horn acknowledges this issue is currently a lower priority amid ongoing fiscal crises but remains important for future planning.

Via Andrea Weddle, HIV Medicine Association:

[Florida Legislature approves bill restoring funds to AIDS drug assistance program](#)

The ADAP legislation described in the article above begins on page 5 of [the bill](#). As reported, the governor is expected to sign the bill, a stopgap measure to allow advocacy for a longer-term solution. In summary, the bill includes \$31 million to continue ADAP eligibility for people at up to 400% of FPL through June 30, 2026, in addition to cost-sharing assistance for people with Medicare or private insurance coverage. The coverage is limited to direct dispensing of medications for the formulary in effect on March 1, 2026, which excludes Biktarvy and restricts access to Descovy.

Please also see information below on an educational session taking place on Friday, March 20 from 12 pm ET to 1 pm ET organized by The AIDS Institute on the special enrollment period.

HIV Patient Access and Advocacy Strategy Convening

*Navigating ADAP Clients through Florida's
Special Enrollment Period*

Friday, March 20, 2026

12:00 PM to 1:00 PM (ET)

Find more information at the event website:

<https://tinyurl.com/NavigateFLSEP>