



**THE DAVID GEFFEN CENTER  
APLA DENTAL SERVICES  
NECESSITIES OF LIFE PROGRAM**  
*Long Beach      South Los Angeles  
San Fernando Valley      Wilshire Center*

**ADMINISTRATION**  
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**AIDS Drug Assistance Program**

Authorized under Title II of the Ryan White CARE Act, the AIDS Drug Assistance Program (ADAP) provides FDA-approved medications to low-income individuals with HIV/AIDS who have limited or no coverage from private insurance or Medicaid. In some states (but not California), ADAP funds may also be used to purchase insurance for uninsured CARE Act clients, as long as the insurance costs do not exceed the cost of drugs through ADAP and the drugs available through the insurance program at least match those offered through ADAP. In California, ADAP provides premium payment assistance through the CARE Health Insurance Premium Payment (HIPP) Program.

**History**

Originally initiated in 1987, ADAP was established to assist eligible participants with the cost of Zidovudine or AZT- the first drug approved by the U.S. Food and Drug Administration for the treatment of HIV disease. The initial annual cost of AZT was approximately \$10,000 per person.

As HIV treatment advances occurred, the program was expanded to cover the costs of additional medications. In 1990, ADAP was folded into Title II of the newly enacted Ryan White CARE ACT.

**How It Works**

Under the Ryan White CARE Act, the federal government authorizes administrative responsibility of ADAP to the states. The states are also granted authority to establish their own medical and financial eligibility standards. Currently all 50 states, as well as the District Columbia, Guam, the US Virgin Islands and the Commonwealth of Puerto Rico, have instituted ADAP programs.

Many states do not contribute at all to their ADAP, and others provide inadequate contributions. California's ADAP is funded with federal and state dollars, as well as rebates from the prescription drugs delivered by the program.

Because they are administered by the states, programs vary widely from state to state, including the number of available drugs on the formulary and eligibility and financial criteria for accessing the program. California's ADAP program maintains a formulary of 151 important drugs.



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In California, ADAP is administered by the Ramsell Corporation (under contract with the California Department of Health Services) which allocates funding to local health jurisdictions. Local ADAP Coordinators and ADAP eligibility workers are responsible for client enrollment services, including documentation of client ADAP eligibility and annual client recertification. These jurisdictions are required to collect and report specific demographic data on the clients enrolled in their program (e.g., date of birth, gender, diagnosis, drugs received).

As of March 2004, almost 24,000 Californians are on ADAP. Approximately 80 percent of participants earn \$18,000 or less annually. Without ADAP assistance, many people would not be able to afford life-saving treatments, which range from \$10,000-\$15,000 for a simple regimen and much higher for someone with more advanced HIV disease.

In 2003, California state general funds accounted for nearly 40 percent of the state's ADAP budget. This general fund contribution of more than \$65 million is larger than the entire ADAP program budget of 46 states.

ADAPs around the country are currently experiencing a financial crisis, resulting in limits to treatment access. Several states and territories have been forced to implement restrictions to treatment access, including waiting lists, changed eligibility criteria, and/or reduced drug formularies. Many other states are reporting that they will have to create similar program changes in the near future.

**ADAP Funding in California 2000-2005**

2000-01	2001-02	2002-03	2003-04	2004-05	2005-06 (proposed)
\$145.7M	\$149.3M	\$184M	\$211M	\$234M	\$263.6M

**Facts**

- Fifteen state ADAP programs have instituted capped enrollment and/or other cost containment measures since April 2003.
- As of September 29, 2004, 1,307 individuals are on ADAP waiting lists nationwide.
- Five states anticipate the need to implement new or additional cost-containment measures during FY2004, which ends March 31, 2005.