

ASSOCIATION OF NURSES IN AIDS CARE

POSITION STATEMENT

Sustained Funding for the AIDS Drug Assistance Program (ADAP)

Adopted by the ANAC Board of Directors, July 9, 2011

Position:

It is the position of the Association of Nurses in AIDS Care that:

- The AIDS Drug Assistance Program (ADAP) is an essential program providing access to life-saving medications for thousands of people living with HIV and AIDS.
- ADAP must be fully funded to carry out its mission and prevent adverse public health outcomes for persons living with HIV and AIDS.
- In addition, helping patients stay on medications that lower viral load prevents new infections by decreasing HIV transmission by up to 96%.
- As demand increases, sustainable funding solutions must be found through federal, state and cost-saving measures.

Statement of Concern:

The AIDS Drug Assistance Program is a component of Part B of the Ryan White HIV/AIDS Treatment Modernization Act. This program is the payer of last resort for medications used in the treatment of HIV disease. While federal funding for the program has increased annually, the economic downturn has resulted in more unemployed and uninsured individuals accessing the program (HHS, 2010). This has led to unprecedented client growth since the end of 2007 causing additional strain (NASTAD, 2010 July 30). Although ADAP waiting lists were eliminated in 2007; they have emerged again since January 2008, due to the current economic recession (Kaiser 2009). Likewise, state revenue has decreased or stagnated (NASTAD, 2010 July 30).

As a result, 9 states have capped enrollment in the form of waiting lists, and 15 states have instituted cost-containing measures (NASTAD, 2010 September 24). In an effort to alleviate the situation, \$25 million was reallocated to ADAP by the federal government on July 9, 2010. This falls far short of the \$126 million projected for emergency funding for FY2010 (NASTAD, 2010 July 30). Additional discounts and price freezes have been negotiated with pharmaceutical companies, but this "industry alone cannot close the entire gap" (NASTAD, 2010 July 8).

Allowing this public health crisis to continue will result in an eventual lack of access for the most vulnerable. Without universal access to medications as provided by ADAP, progression to AIDS, illness, disability and death will result. This will undermine the gains we have made in the treatment of HIV/AIDS and create even greater economic burden on the public health system. In addition, because lower viral loads have been associated with lower HIV transmission rates (CDC, 2009; Donnell et al., 2010, HPTN, 2011), reducing access to antiretroviral medications could contribute to increased HIV transmission, thus diminishing any progress 'treatment as prevention' has made.

Background:

The AIDS Drug Assistance Program (ADAP) is a federally funded provider of medication for the treatment of HIV disease. It was promulgated in 1987 to provide the only drug available at that time, AZT; and formalized in 1990 as a part of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act (now known as the Ryan White HIV/AIDS Treatment Modernization Act). The 2006 reauthorization of the Ryan White HIV/AIDS Treatment Modernization Act included a change in how ADAP funds are distributed to states. This legislation, for the first time, required minimum state drug formularies that included at least one drug from each approved class of antiretrovirals (Kaiser, 2009).

In summary, ADAP is an essential program for people living with HIV and AIDS. Without these life saving drugs, the financial burden of the HIV epidemic will shift from life saving treatment and productive human life to expensive hospitalizations, disability, and death. Therefore, it is imperative that ADAP be funded so that effective medications to treat HIV and AIDS can be available to everyone who has a need.

References:

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