

ADAPs with Waiting Lists (8,655 individuals in 13 states*, as of July 7, 2011)

Alabama: 73 individuals
Arkansas: 38 individuals
Florida: 3,513 individuals
Georgia: 1,659 individuals
Idaho: 22 individuals
Louisiana: 860 individuals**
Montana: 29 individuals
North Carolina: 297 individuals
Ohio: 492 individuals
South Carolina: 820 individuals
Utah: 29 individuals
Virginia: 823 individuals
Wyoming: 0 individuals

ADAPs with Other Cost-containment Strategies (instituted since April 1, 2009, as of April 13, 2011)

Arizona: reduced formulary
Arkansas: reduced formulary, lowered financial eligibility to 200% FPL (disenrolled 99 clients in September 2009)
Colorado: reduced formulary
Florida: reduced formulary, transitioned 5,403 clients to Welvista from 2/15-3/31/11
Georgia: reduced formulary, implemented medical criteria, participating in the Alternative Method Demonstration Project (AMDP)
Idaho: capped enrollment
Illinois: reduced formulary, instituted monthly expenditure cap (\$2,000 per client per month)
Kentucky: reduced formulary
Louisiana: discontinued reimbursement of laboratory assays
North Carolina: reduced formulary
North Dakota: capped enrollment, instituted annual expenditure cap, lowered financial eligibility to 300% FPL (grandfathered in current clients above 300%FPL)
Ohio: reduced formulary, lowered financial eligibility to 300% FPL (disenrolled 257 clients in July 2010)
Puerto Rico: reduced formulary
South Carolina: lowered financial eligibility to 300% FPL (grandfathered in current clients above 300% FPL)
Utah: reduced formulary, lowered financial eligibility to 250% FPL (disenrolled 89 clients in FY2010)
Virginia: reduced formulary, transitioned 207 clients onto waiting list and PAPs, only distributing 30-day prescription refills
Washington: instituted client cost sharing, reduced formulary (for uninsured clients only), only paying insurance premiums for clients currently on antiretrovirals
Wyoming: reduced formulary, instituted client cost sharing

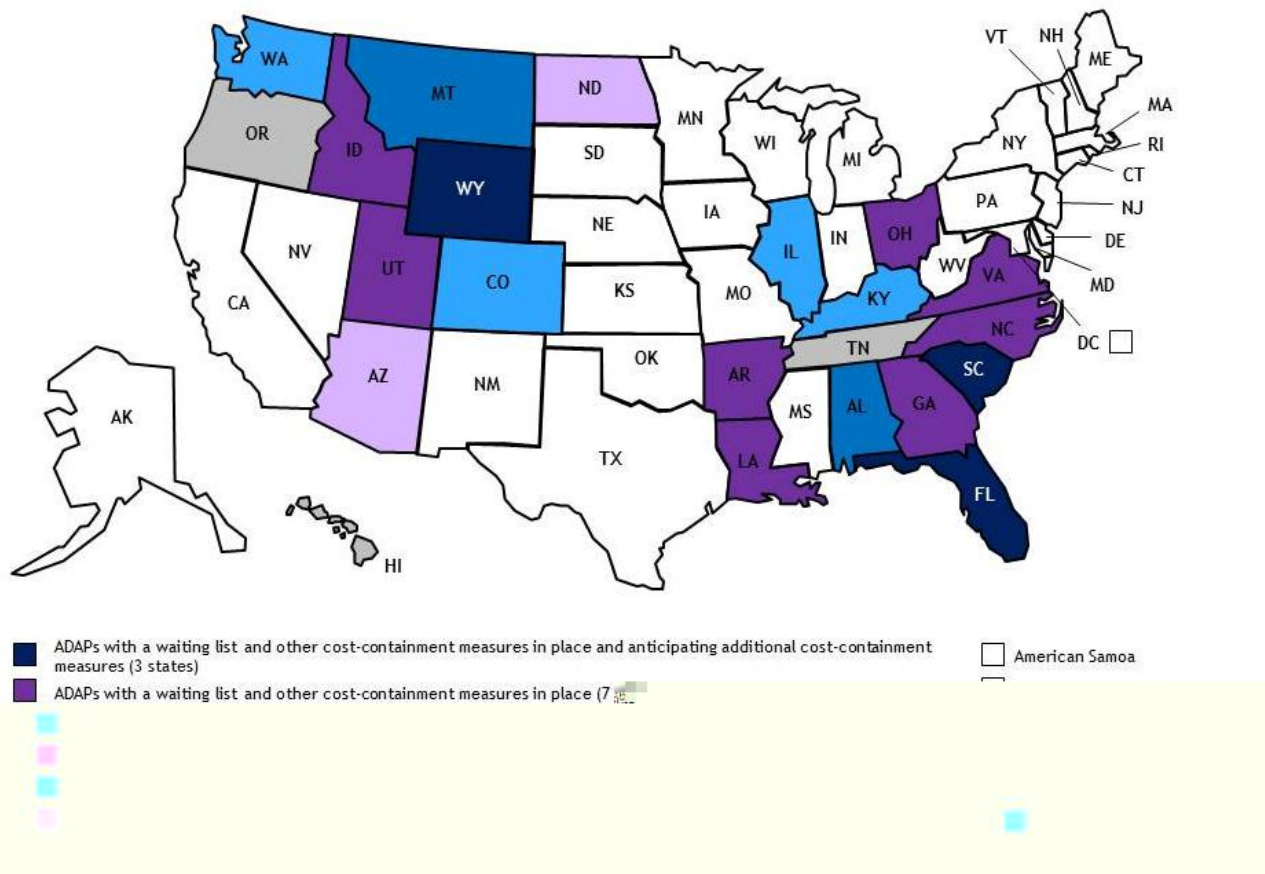
**As a result of ADAP emergency funding, Hawaii, Idaho, Iowa, Kentucky, South Dakota, and Utah eliminated their waiting lists; Idaho reinstated a waiting list in February 2011 and Utah reinstated a waiting list in May 2011.*

***Louisiana has a capped enrollment on their program. This number represents their current unmet need.*

ADAPs Considering New/Additional Cost-containment Measures (before March 31, 2012***)

- Alabama:** reduce formulary
- Colorado:** institute client cost sharing, establish waiting list
- Florida:** lower financial eligibility
- Hawaii:** establish waiting list
- Illinois:** lower financial eligibility to 300% FPL (grandfather in current enrollees from 301 - 500% FPL), disenroll clients not accessing ADAP for 90-days
- Kentucky:** reduce formulary
- Montana:** reduce formulary
- Oregon:** reduce formulary
- Puerto Rico:** reduce formulary
- South Carolina:** disenroll 200 clients based on financial eligibility
- Tennessee:** establish waiting list
- Washington:** cap enrollment, establish waiting list, reduce formulary
- Wyoming:** reduce formulary

ADAPs with Current or Anticipated Cost-Containment Measures, Including Waiting Lists, May 2011



***March 31, 2012 is the end of ADAP FY2011. ADAP fiscal years begin April 1 and ends March 31.

NASTAD (www.NASTAD.org) is a nonprofit national alliance of state health department HIV/AIDS program directors who have programmatic responsibility for administering HIV/AIDS and viral hepatitis health care, prevention, education, and supportive services programs funded by state and federal governments. To receive *The ADAP Watch*, please e-mail Britten Pund at bpund@NASTAD.org.