

SERVICE AREA:

AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS

AIDS Drug Assistance Program (ADAP)Treatments is a State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited to no coverage from private insurance, Medicaid, or Medicare.

SERVICE ACTIVITY:

AIDS DRUG ASSISTANCE (ADAP) TREATMENTS

**SERVICE AREA: AIDS DRUG ASSISTANCE PROGRAM (ADAP) TREATMENTS
SERVICE AREA REVIEW SUMMARY**

Previously a service activity under Medical and Dental Services]

1.	Relationship to HRSA Allowable Services:	HRSA Core Medical Service (B)
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2.	Relationship to Continuum of Prevention and Care:	Essential Care and Prevention Service (called "Prescription Drugs")
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3.	Relationship to Comprehensive Plan:	<p><u>Goal 1: Increase the percentage who receive HIV medical care.</u> This service fits into Goals 1 of Title I Comp Plan but is not a specified activity.</p> <p><u>Goal 2: Keep PLWH/A adherent to care and treatment.</u> Activity 2C: Fund services that help PLWH/A stay in care.</p>
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4.	2006 Service Priority Ranking:	2 out of 23
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5. Funding

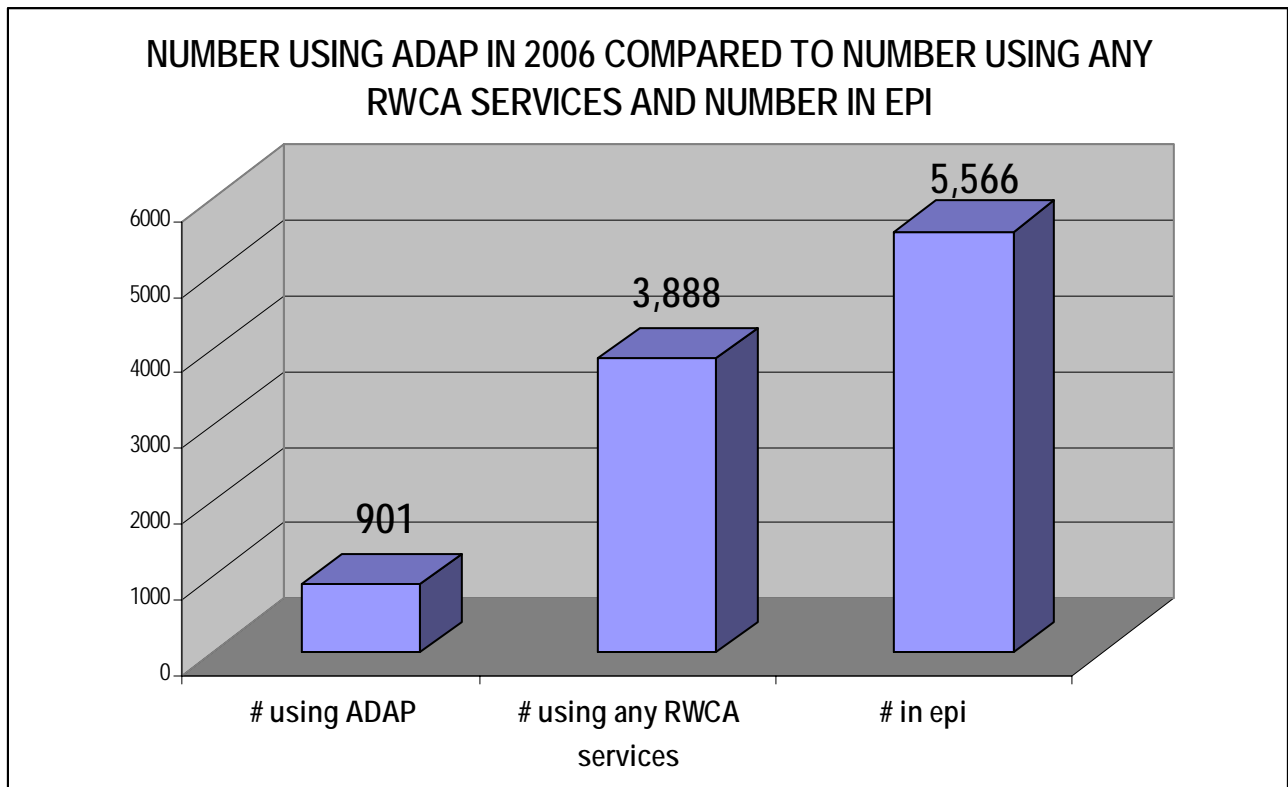
Source of funds	2006-7 Allocation	2006-7 Expenditure	Activity	2007-8 Post Award Allocation
Part B ADAP	\$1,429,221	\$1,456,963.83	ADAP	\$2,083,368
State funds	0	0	ADAP	0
Rebate	0	\$1,300,899.23	ADAP	\$500,000

SERVICE AREA DEFINITION:

AIDS Drug Assistance Program (ADAP) Treatments - a State-administered program authorized under Part B of the Ryan White Program that provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance, Medicaid, or Medicare.

SERVICE ACTIVITY UTILIZATION HISTORY FOR ADAP:

Year	Drug Reimbursement	Total Epidemiology	Percent of Epidemiology	Total in HIV Services	Percent of those in HIV services
2006	901	5,566	16.2%	3,888	23.2%
2005	876	5,233	16.7%	3,752	23.3%
2004	1079	5,002	21.6%	3,838	28.1%



CONSUMER RANKING OF SERVICES:

From the 2003 Needs Assessment, based on interviews with 242 HIV+ Minnesotans:

Service Activity	1999 Ranking (of 23 services)	2003 Ranking (of 25 services)
ADAP	2	4

KEY POINTS FOR AIDS DRUG ASSISTANCE (ADAP) TREATMENTS

[Key points are created for and approved by the Needs Assessment and Evaluation Committee, based on their review of a service area (SAR), which includes utilization data, outcome data, and detailed information from past Needs Assessments.]

ADAP is a service offered through the DHS HH programs (including insurance, dental/oral health and nutritional supplements).

Points from last review:

Currently, ADAP is a high priority to assure access to life-saving medications, and to continuity of treatment, for people who are HIV+. This has been challenged by changes in cost sharing, shifts in eligibility and costs of public health insurance programs, and the confusion and system glitches in Medicare Part D. Further, adequate funding for ADAP was considered at risk in the last legislative session and planning was done to prepare for the possibility of limiting access.

The NA&E Committee recommends that the most current forecast of funding for ADAP be provided to the Committee and/or the Council as close as is reasonably possible before prioritization and allocations.

Points from Committee discussion:

The committee noted that the amount of dollars allocated for next year (including rebate dollars) is less than what was expended (from the base allocation and rebate) from 2006. A DHS staff member noted that the budget process for this year is different, and the lower estimate is due to predicted lower costs due to Medicare Part D.

Providers on the committee noted that some patients currently in the Medicare Part D “donut hole”^{*} are not paying for their medications, although at least one clinic continues to provide the medications. In short, costs are being incurred which may have a long term negative effect on provision of and/or access to HIV care. There was discussion about whether rebate dollars could be used to address such gaps.

The committee noted some lack of clarity over the relationship between the Council and the allocation/use of rebate dollars.

**The “donut hole” is used to refer to a \$3400 gap in coverage for consumers at income levels of over 150% federal poverty. This amounts to a deferred deductible for a consumer.*

Drafted after NA&E Committee discussion, 8/28/07; approved 11/27/2007.