



AIDS Drug Assistance Program (ADAP) 2010 Service Area Review Summary

The AIDS Drug Assistance Program (ADAP) 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 or no coverage from private insurance, Medicaid, or Medicare.

ADAP Services are provided through Program HH at the Department of Human Services and are available to any eligible person living in the State or TGA.

HRSA Core Medical Service

Essential Service—
Continuum of Care

Comprehensive Plan—YES

DATA SUMMARY HIGHLIGHTS

The Path to Care Study indicated that 32% of the 63 respondents indicated that "receiving drugs to treat HIV infection" was an important factor in getting them into care after diagnosis.

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 27% of the 329 respondents indicated that they had in the past been turned away from the pharmacy because they were unable to pay for their medication. Fifteen percent (15%) indicated that, in the past 12 months, they had to go without medical care or prescriptions because they could not pay for treatment.

In the CAEAR Coalition/NAPWA HIV Consumer Needs Survey, Respondents were asked, "Which services have made a difference in your ability to start receiving primary medical care and to continue receiving that care?" Nationwide, the respondents (n=968) ranked ADAP-Prescription Assistance as the most important factor in making a difference. Likewise, the regional Midwest response (n=134) also ranked ADAP-Prescription Assistance as the most important factor and the Minneapolis response (n=53) ranked ADAP-Prescription Assistance second, less than .02 of a point behind Insurance Premium Assistance, as the most important service that made a difference in their ability to start receiving primary medical care and to continue receiving that care.

The NASTAD *ADAP Watch* indicates that as of July 9, 2010, there were 2,291 individuals on AIDS Drug Assistance Program (ADAP) waiting lists in 12 states, including Iowa and South Dakota. This is a 60% increase from the 1,431 individuals on the June 2010 ADAP Watch. Twelve ADAPs, including Illinois and North Dakota, have had cost-containment measures since April 1, 2009. In addition, seven ADAPs, including two with current waiting lists, are considering implementing new or additional cost-containment measures by the end of March 2011. States that have instituted cost containment measures and those considering them, in addition to implementing waiting lists, are reducing program eligibility, capping enrollment, reducing the number of drugs on the formulary and cutting other services, all of which impact access to life saving HIV medications for medically vulnerable individuals.

CURRENT RANKINGS

COUNCIL (2008)	CONSUMERS (2010)
1 out of 24 service areas	1 out of 25 service areas

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2010	\$7,298,017	1%		
2009	\$7,194,759	38%	\$6,894,070	96%
2008	\$5,208,281	1%	\$5,364,161	103%

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2009	1,340	21% (n=6,552)	36% (n=3,700)
2008	1,117	18% (n=6,221)	24% (n=4,713)
2007	928	16% (n=5,950)	23% (n=4,038)

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=326)		
Accessed Service (Last 12 Months) n=269	Didn't Access (Last 12 Months) n=98	Didn't Access but Needed to (Last 12 Months) n=20
70%	30%	21%

