Good afternoon. My name is Carl Schmid, Deputy Executive Director of The AIDS Institute. We have come before you several times over the past two years to ask you and the Obama Administration to address the crisis in the Ryan White AIDS Drug Assistance Program. While some steps have been taken, it is far from enough. When you first met in February 2010, there was a wait list of just 362 people. Today, the wait list stands at a staggering 8,300 in 13 states.

Wait lists are just one measure of how a state ADAP is functioning. With increasing frequency, states are closing enrollment or changing eligibility requirements, and removing people from the program in the process. In both these instances, people do not appear on wait lists because they are no longer eligible for ADAP. However, they still need to receive their medications. Florida went so far as to remove 6,000 patients from their ADAP for 6 weeks. During that time, patients received their medications through a drug company sponsored foundation. The cost of the donated drugs was over $23 million.

ADAP enrollment continues to climb. HRSA reports that between FY08 and FY09, 30,252 additional people were enrolled into ADAP for a total of 205,446 people, or about one in four people with HIV who are in care today. Funding to the program, particularly from the federal side, has not kept up with this unprecedented growth in demand. NASTAD reports that state funding actually increased by $150 million last year for a total of $346 million. Pharmaceutical company rebates grew to over $522 million. Federal funding now accounts for less than half of all ADAP spending.

While it is far from enough, we were pleased the Congress while cutting discretionary spending by $40 billion, approved a $50 million increase this year to ADAP. Half of that amount is a continuation of the $25 million in emergency funding that was added mid-year, so the real increase is $25 million in new money going to the states, or enough to serve about 2,200 additional clients. NASTAD estimates that the true need is an increase of $360 million. The ADAP Coalition is requesting an increase of at least $106 million, enough to help about 9,200
clients. The President has proposed an increase of $55 million, which will assist fewer than 5,000 clients.

The AIDS Institute is asking you to support an increase of at least $106 million, which is the authorized level under the Ryan White HIV/AIDS Treatment Extension Act of 2009.

The ADAP crisis’ impact is not only on the people living with HIV/AIDS who need to access medications, but also on the entire Ryan White Program. There is growing pressure on the other parts of the program to contribute financially to a state’s ADAP. In addition, staff who are hired to provide care and support are forced to use their time to ensure that patients have access to medications from other sources.

The ADAP crisis is also negatively impacting HIV prevention. States are shifting money from prevention and using it to fund ADAP. Also, the waitlist can be a deterrent for people getting tested.

Everyone is excited by the recent news that we can now prove that treatment is prevention. In order to achieve these preventive benefits, the treatment must be available. We urge you to continue to prioritize federal funding for ADAP and the entire Ryan White Program, and to encourage the Obama Administration to support increased levels of funding with the Congress as the FY12 spending bill is debated.

Thank you very much.

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