Good afternoon. My name is Bridget Verrette, Public Policy Associate at The AIDS Institute. We would first like to thank PACHA for focusing on implementation of the Affordable Care Act and its impact on people with HIV at this meeting. Today, however, we are focusing our comments on something that requires immediate attention — continued funding for the Ryan White AIDS Drug Assistance Program, or ADAP, and medical care provided by Part C clinics.

As you know, ADAP assists states with resources to provide life-saving medications for low-income people with HIV. In the past few years the ADAPs have been unable to keep up with demand. This increased need has been fueled by expanded HIV testing initiatives, combined with a poor economic environment, which has caused recipients to lose their jobs and access to health insurance. At one point, this strain on resources led to ADAP wait lists of 9,300 people. In order to address the waiting lists and the increased demand on Part C clinic services, President Obama transferred $50 million on World AIDS Day, 2011 to support both of these programs. Thirty-five million dollars was allocated for ADAP while $15 million was allocated for Part C. This emergency funding, combined with assistance from pharmaceutical companies, has reduced the wait lists to less than 50 people today.

However all of this success is now in jeopardy as a result of the Fiscal Year 2013 Continuing Resolution, or CR, which passed in late March. Much to our surprise, Congress did not continue in the CR the emergency funding to ADAP or Part C provided by the President.

The impact of this loss of funding will be devastating for an estimated 8,000 ADAP clients who are currently benefiting from this life saving program. We know that people with HIV who are on antiretroviral therapy must continue their treatment without interruption or they run the risk of developing resistance to their medications. Additionally, without a maintained treatment regimen a patient’s viral load will likely increase and their CD4 count will lower, prompting further illness, reduced quality of life, and ultimately additional costly burdens to the healthcare system. Ryan White Part C clinics may also be forced to reduce services, cut staff, and close enrollment to new patients without this continued funding.
Faced with these possibilities, over 600 individuals and organizations from the HIV/AIDS community recently signed a letter (http://bit.ly/17xlQM8) to the President, urging him to again transfer this crucial funding to bolster the already strained Ryan White system of care and treatment. We cannot allow people to have their treatment interrupted or go without their medications. As sequestration takes effect, which would cut an estimated $45 million from ADAP alone, even more people could be put at risk of losing services.

Today, we ask that the PACHA join with us and urge the President to transfer $35 million to ADAP and $10 million to Part C. Without this continued funding, an estimated 8,000 people will lose access to their ADAP medications and services and others will lose services from their Part C clinics in the next several months.

Thank you.

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