ADAP Tapped

AIDS Drug Assistance Programs in need of aid

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Newsflash: ADAP's going broke! Thirty of the nation's 50 AIDS Drug Assistance Programs (ADAPs)—for people with low incomes who don't qualify for Medicaid—are either closed to new clients or anticipate budget disasters. "Eleven ADAPs have capped enrollment, seven can't provide protease inhibitors to new clients and 14 are due to go belly-up this year," said the AIDS Treatment Data Network's Richard Jefferys.

The states in the worst shape are those that don't kick in any money for ADAP, like Arizona. Last fall, that state's ADAP—funded entirely through the federal Ryan White Care Act—announced a $900,000 shortfall with no new funds until April 1998. In October, after learning of the crisis, Governor Jane Hull took $600,000 from the state's tobacco-tax fund and rescued its nearly empty pill dispenser. Prior to Hull's action, the agency had planned to remove protease inhibitors from its "menu" of drugs and cap enrollment—which stands at about 445, with close to 17 new clients per month. If additional funds aren't coughed up, new clients and those on protease were to be transfered to a drug-manufacturer patient-assistance program. Arizona's ADAP snagged a verbal commitment from the big-four protease producers to cover clients in an emergency, and sent a missive to Hull's office for more money, but a spokesperson for the governor said the tobacco-tax was a one-time thing.

Few states are as aggressive as Arizona. "Most ADAPs don't have the capacity to help, other than giving people the toll-free number to assistance programs," Jefferys said. Next year is looking even bleaker: Arizona's estimated 1998 ADAP budget is $5.6 million, up by $2 million.

The dreaded "med gap" casts the darkest shadow in this major mess, since patients on protease cocktails who miss doses can "lose all of the drugs' effects, their virus can become resistant, and then they're worse off than when they started," said Dr. Deborah Goldsmith of the University Medical Center.

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