

Wait-Lifting Stretches

Scrawny state med programs get a small increase, as heavyweight changes loom large

October 1, 2005 By Fanen Chiahemmen

The med lifeline for many underinsured HIVers is now on life support itself. Come September 30, AIDS Drug Assistance Programs (ADAPs)—federally funded state med dispensaries for 150,000 HIVers—will get a \$10 million increase for fiscal year 2006. That’s \$293 million short of advocates’ ideal allotment—and less funding than any previous year’s. “\$303 million would cover new and wait-listed enrollees, based on people who enrolled in ADAP and got full-year coverage in the past four years,” said Bill Arnold, cochair of the ADAP Working Group. Some advocates say emergency programs could survive with even \$120 million more. But Sen. Tom Coburn (R-Okla.), who’s spearheading AIDS-money redistribution, told POZ, “The financial pressures of fighting terrorism, [restructuring] Social Security and Medicare, and the national debt make it difficult to provide substantial increases for any program.”

For 1,922 HIVers on ADAP waiting lists or with special 2005 coverage, the prognosis is: Wait and get sicker. “Without additional funding, [medical] services will be rationed, waiting lists [for ADAP enrollment] will be reestablished and people who had had treatment will lose it,” said Murray Penner of the National Alliance of State and Territorial AIDS Directors. Nine states already have waiting lists and 10 others have capped enrollments and limited meds.

Congress, in part through the Ryan White CARE Act, increases ADAP annually, though since 2002, raises have not kept pace with drug costs and the 700 new HIVers enrolling monthly. As ADAP lags, Ryan White may or may not pick up slack: In July, the Coburn-led Bushies proposed a five-year Ryan White retooling to serve the neediest HIVers first, focus on life-extending services and ramp up testing. But beyond a core ADAP med list at the federal level, little else has been spelled out for ADAP hopefuls. What’s more, getting into ADAP now holds little promise for many left behind by Medicare’s new prescription-drug program, starting January 1 [see “Medi-Mess,” June 2005].

PWA Henry Dendy, 47, of Charlotte, North Carolina, applied for ADAP in July. His meds cost \$2,000 a month, almost double his disability check, but ADAP shortfalls will leave him wait-listed—and without medication. “The medicine is not lifesaving when there’s stress on you to get it,” Dendy said.

Though ADAP’s future looks shaky, advocates are massing for 2007. So is New Jersey ADAPer

Annette Lizzul. “If they kick me off, I’ll die. Period,” she said. But she’s not giving up yet. “I go to DC, I write my congressman, and I keep on fighting.”

If you’re up for the ADAP fight, visit www.atac-usa.org and click on “Save ADAP.”

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