New Jersey ADAP: No Longer a Shore Thing

July 13, 2010 By Tim Horn

New Jersey -- the state I'm proud to call home -- has essentially told thousands of middle-income residents living with HIV to fuck off and... well... *die*.

As reported today by NorthJersey.com:

> *In letters received over the weekend, the state Health Department told patients about new income guidelines for a program that enables thousands infected with HIV or diagnosed with AIDS to receive life-sustaining yet expensive antiretroviral drugs. As of Aug. 1, a patient's income cannot exceed $32,490, instead of the previous threshold of $54,150.*

According to the report, roughly 950 people currently receiving antiretrovirals through New Jersey's AIDS Drug Distribution Program (ADDP) will soon be cut off as a result of the stunning change to program's eligibility requirements.

By extension, the new income guidelines will also potentially prevent hundreds, if not thousands, of people living with HIV in the State of New Jersey -- all of whom are either uninsured or underinsured -- unaware of their infection or do not yet require treatment from accessing the therapies they need when the time comes.

Adding insult to injury, New Jersey has also cut the list of antiretroviral drugs it covers. (As of this writing, it is unclear which antiretrovirals have been eliminated from the New Jersey Department of Health and

Senior Service's formulary, though this likely means fewer options for those with drug-resistant virus.)

Unfortunately, the situation in New Jersey is hardly a one-off. As of July 8, according to the National Alliance of State & Territorial AIDS Directors, the waiting list for AIDS Drug Assistance Program enrollment includes 2,291 individuals residing in 12 states. What's more, New Jersey now joins three other states -- Arkansas, North Dakota and Utah -- that have lowered financial eligibility and at least ten other states that have reduced their formularies since April 1, 2009.

There is something tragically, horrifyingly ironic about these cost-containment measures in light of recent public health campaigns to maximize survival among people living with HIV and to curb the spread of the virus. Calls to make HIV testing a routine part of medical care -- to ensure that everyone living with the virus is aware of the status -- and to streamline access to care and treatment capable of saving lives and potentially preventing new infections have reached a fevered pitch. In fact, they are cornerstones of the long-awaited National HIV/AIDS Strategy, unveiled today by the White House (the major goals of the strategy are to reduce the rate of new HIV cases by 25 percent over the next five years and to get treatment to 85 percent of newly diagnosed patients within three months). But what is the point of such lofty forward-thinking ideas if our fractured healthcare system can't even afford to cover the treatment costs of uninsured and under-insured people living with HIV who already know they are infected and in care?

According to the ADAP Advocacy Association (AAA+), the joint federal-state programs require an additional $126 million just to keep pace with the current demand and to do away with waiting lists and to restore formularies. Though Kathleen Sibelius, head of the U.S. Department of Health and Human Services, last week announced $25 million in emergency funding for ADAP programs, AAA+ has dismissed this offering as a "day late, dollar short."

Indeed, it is unclear if New Jersey's ADDP will qualify for a drop of the $25 million fine-needle federal funding injection, given that it is earmarked specifically for states with drug assistance program waiting lists -- the financial eligibility changes in the Garden State were likely implemented to prevent this, effectively avoiding one nightmare at the expense of another.

Though there is some scrambling under way -- State Senator Loretta Weinberg (D-Teaneck) is urging Poonam Alaigh, MD, New Jersey's Health and Senior Services commissioner, to apply for the funds and ensure access to treatment for those dropped from the program -- deputy commissioner Susan Walsh, MD, struck a more ominous tone: "There are no current plans to reverse this."

If this isn't a crisis, I don't know what is.

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