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ADAP [AIDS Drug Assistance Program] Working Group

Stack:	Row:	Section:	Shelf:	Position:
S	67	1	1	3

ADAP WORKING GROUP

1775 T STREET NW
WASHINGTON, DC 20009
202-588-1775

FAX COVER PAGE

TIME: 3:34:12 AM

DATE: 4/13/00

TO: Sandra Thurman

FROM: Bill Arnold

SUBJECT: ADAP FY 2001 Appropriations "need"

MESSAGE:

Herewith summary of the ADAP FY 2001 budget appropriations "need" number prepared by the ADAP Working Group.

The complete pharmacoeconomic modeling in slide format will also be available shortly.

Thank you.

William E. Arnold

ADAP Working Group
1775 "T" Street, NW
Washington, DC 20009
Ph 202-588-1775
Fx 202-588-8868
Weaids@ix.netcom.com

ADAP

Working Group

An AIDS Drug Assistance Program Advocacy Coalition

1775 "T" Street, NW
Washington, D.C. 20009

Ph: (202) 588-1775
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Email: weaids@ix.netcom.com

April 11th, 2000

Introduction to the ADAP Budget Projection Model, Fiscal Year 2001

The ADAP Working Group is a unique ad hoc coalition of HIV/AIDS community-based organizations, biotechnology, pharmacy and pharmaceutical research companies. Our mission is to ensure adequate access to HIV/AIDS-related therapies through the AIDS Drug Assistance Program (ADAP), funded under Title II of the Ryan White CARE Act.

The ADAP Working Group believes that the enclosed budget projection provides an accurate representation of the cost of providing a basic standard of HIV/AIDS care to those on ADAP in Fiscal Year 2001, which runs April 1, 2001 - March 31, 2002.

The cost of treating a person with AIDS on Medicaid can be upwards of $40,000 a year*. In fiscal 2001, adequate treatment per person on ADAP will average little more than $10,000 for the year, including costs for treating and preventing opportunistic infections. Without adequate ADAP funding, uninsured and underinsured people with HIV will have to wait until they are sick and disabled in order to qualify for Medicaid and receive the treatment that could have prevented their illness. This is clearly unsound health care policy.

The impact of multi-drug anti-HIV therapy has been well publicized over the past two years. The many incremental gains in the prevention and treatment of opportunistic infections have also made a significant contribution to extending and improving the lives of people with AIDS. The stunning two-thirds drop in deaths from AIDS nationally since 1995 is the most recent testament to these facts. Also the National Institutes of Health and the Public Health Service have released guidelines on the use of antiretroviral therapy that promise to further improve the standard of care for people with HIV and AIDS.

The ADAP Working Group believes that we cannot afford to deny optimum HIV and AIDS treatment to all those that could benefit from it. The ADAP population is particularly vulnerable, often depending on a fractured system of care and on other vital Ryan White services. They should not have to decline into disability to receive the treatments they need.

The following summarizes the ADAP Budget Projections:

FY 2001 October 1, 2000 to September 30, 2000***

Projected ADAP budget need for **FY 2001**:	$895,457,834
Projected base budget for **FY 2001**:	$732,530,408
Current projected ADAP shortfall for FY 2001:	**($162,927,426)**

To address this shortfall we project needs as follows:

Federal Share (80%):** **+$130,341,941**

N.B. The President's FY 2001 budget request already proposes a $26 million increase over the FY 2000 $522 million in "targeted ADAP" funds.

State Share (20%):** **+$32,585,485**

Explanatory Notes:

*Source: Connors, Medicaid Working Group (data from Community Medical Alliance, Santa Barbara, CA, 1993). The current inflation-adjusted annual cost of treating advanced AIDS, based on this data, would be approximately $54,000.

**This percentage is derived from referencing Congressional Report Language.

*** The Actual ADAP Program year (period during which this funding will be spent) runs from 1 April, 2001 to 30 March, 2002.

Projection Methods

A computer model, developed by respected pharmacoeconomists, was used to estimate the cost of providing the standard of care to these utilizing ADAP clients on a month-by-month basis out to March 2002. The same model has been utilized by the ADAP Working Group to project ADAP need for the past four years.

The model uses real world information about the immune system status of ADAP clients to project the need for preventive and acute treatment with outpatient drugs. The expected incidence of illness is based on an analysis of data from the Multicenter AIDS Cohort Study (MACS) by Bacellar et al (Journal of Infectious Disease 1994;170). The same model has predicted individual state ADAP expenditures within 5% of the actual totals. A total of 22 states have utilized this model for fiscal projection purposes.

The model makes assumptions about antiretroviral therapy as described in the new NIH/PHS Guidelines. In addition to their basis in the new NIH/PHS Guidelines, these projections mirror current trends in State ADAPs.

The model cannot anticipate the changes and refinements in the standard of care that may occur within the timeframe of this projection. The ADAP Working Group will update the projection model whenever new and validated information that impacts the model becomes available.

++It should be noted that the advent of more effective antiretroviral treatment in 1996 led to a surge in growth of both utilizing clients and expenditures for ADAPs. One of the challenges of projecting future ADAP budget needs is estimating the number of new clients that will enter and utilize the program. Since our initial projections for FY 1997 and FY 1998, the monthly growth in new clients has increased slightly, then slowed, necessitating revised estimates for subsequent projections. In 1996/1997, the average increase in utilizing ADAP clients was 998 per month nationally. This increased slightly to 1010 in 1997/1998. Towards the end of 1998, the ADAP Working Group noted a trend towards a decrease in new clients to 933 per month. As a result the FY2000 projections were based on a conservative figure of 800 new clients per month to accommodate this trend towards slower growth. Now that data is available for 1999, the monthly increase in utilizing clients has been reported as 654 per month. As a result our original FY 2000 projections over-estimated client growth. For this current FY 2001 projection we have incorporated the new data for a projected growth of 650 new utilizing clients per month.++

The enclosed slides provide more details on the methodology and the results.

William E. Arnold
Chair, The ADAP Working Group
(202) 588-1775

The following set of slides illustrates the methods used, results projected (in more detail) and provides additional information.

This documents is also available on the following web sites: www.nyaidsinfo.org/adap

ADAP Expanded Access Incentive Fund

Purpose: Increase the number of people receiving appropriate therapeutics by reducing barriers to access to ADAP services among low-income individuals with HIV and AIDS.

Funds may be used to increase access to:

- recommended therapeutics according to the PHS/Kaiser guidelines
  (AL, ID, KY, ME, MO, MS, NE, OK, WV, SD, TX)
  -- restricted formulary, cap on # of drugs or $/month
- therapeutics for people with HIV (not yet diagnosed with AIDS)
  (ID, IO, KY, LA, ME, MS, SC, TX)
- individuals with HIV/AIDS with incomes less than 200% of poverty
  (AR, CO, GA, MO, NC, ND, OK, UT)

State requirements for eligibility:

- documented need (cap) in one or more of the above categories
- defined goals and plan to meet them
- MOE of FY2000 eligibility requirements; AIDS drug benefits package
- State contribution = $1 state for every $3 federal

Funding:

- phased in over time with new $; not to exceed 25-50% of new $ in any FY
- phased up to 10% of overall ADAP appropriation; remains floating 10%
- no state to receive more than 15% of their federal ADAP $ through this fund
  -- should this vary by size of state?
- allocation to eligible states by demonstrated need
- unexpended funds distributed to all states by formula

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: Deb

FROM: Michael

COMPANY:

DATE:

FAX NUMBER:

TOTAL NO. OF PAGES INCLUDING COVER:

PHONE NUMBER:

RE:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

~~I wanted to check in on~~

can we get a read on this - in the next half hour?

Thanks.

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

0 - ADAP

FAX COVER PAGE
ADAP Working Group

Date: 7/24/00 **Time:** 6:54:16 PM

To: 'Sandra Thurman (Business Fax)'
Fax Phone: +1 (202) 456-2439

From: William Arnold
Address: 1775 "T" Street NW
Washington, DC 20009

Fax Phone: (202) 588-8868
Phone: (202) 588-1775
Email: weaids@ix.netcom.com

Subject: New York Delegation ADAP Funding support letter.

Message:

Copy herewith of New York Delegation ADAP funding support letter of today's date. For your information and reference.

William E. Arnold, The ADAP Working Group.

MAURICE D. HINCHEY
26TH DISTRICT, NEW YORK

COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEES:
AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES
INTERIOR

Congress of the United States
House of Representatives
Washington, DC 20515–3226

July 24, 2000

WASHINGTON OFFICE:
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ITHACA OFFICE
122 S. CAYUGA ST. SUITE 201
ITHACA, NY 14850
(607) 273-1388

MONTICELLO OFFICE:
(914) 791-7116

The Honorable John Porter
Chairman
Subcommittee on Labor, Health and Human Services and Education
House Committee on Appropriations
2358 Rayburn House Office Building
Washington, D.C. 20515

Dear Mr. Chairman:

In the last few years, there have been dramatic changes in the HIV/AIDS epidemic in New York State and in the nation. For the first time since the beginning of the AIDS epidemic, there has been a consistent reduction in both the number of deaths from AIDS and in incidences of AIDS opportunistic infections. In New York, we have also seen the beginnings of encouraging trends in HIV infection among women of childbearing age and a confirmed decrease in HIV infection in newborns.

These declines in AIDS cases and deaths can be attributed to the wide range of innovative health care and supportive services for people living with HIV, including in large part, the introduction of protease inhibitors and combination antiretroviral therapies for the treatment of HIV infection. These life-prolonging and potentially life-saving drugs have been critical to our successes in New York in treating people with HIV, however their costs can be prohibitive to people who are uninsured or underinsured. That's why we are requesting $130.3 million in additional assistance for the AIDS Drug Assistance Program (ADAP) in FY 2001 appropriations.

Funded under Title II of the Ryan White CARE Act, the ADAP program is truly a lifeline for many New Yorkers and people around the nation who are HIV+. Ironically, the very success of these medications has bred an even greater need for the program. Many states are less fortunate than New York and their more limited resources can mean waiting lists for life saving treatments, restricted prescriptions or limited treatment options. New York also faces potential shortages as increased outreach and education efforts work to encourage HIV testing, thereby increasing the number of HIV+ people who are aware of their condition and in need of quality health care.

Your leadership on this issue has been critical in the past in securing increases for this vital program. We appreciate your past support and, thank you for your attention to this request.

Sincerely,

Maurice D. Hinchey

Gregory Meeks

Michael McNulty

Sue Kelly

Ben Gilman

Jack Quinn

Carolyn Maloney

Carolyn McCarthy

Rick Lazio

Louise Slaughter

Jerrold Nadler

Anthony Weiner

John Sweeney

Jose Serrano

Joe Crowley

Cc: Ranking Member David Obey
The Honorable Nita Lowey

ADAP

Working Group

An AIDS Drug Assistance Program Advocacy Coalition

1775 "T" Street, NW
Washington, D.C. 20009

Ph: (202) 588-1775
FAX: (202) 588-8868

Email: weaids@ix.netcom.com

6/00

Chair
William E. Arnold

24 July 2000

TO: Concerned parties.

From: Bill Arnold, Chair

SUBJECT: AIDS DRUG ASSISTANCE PROGRAM: Potential FY2001 ADAP Appropriations "shortfall".

NOTE: The House, Senate and White House Budget request for ADAP falls $100 Million Short of the FY2001 need. ADAP is funded under Title II of the Ryan White CARE Act under The Labor, HHS and Education Appropriations Bill

IMPORTANT> House and Senate are going to try to conference this bill this week. It's not 100% certain they will be able to, or that if they do - the White House will sign it. **IN ANY CASE - all the offered increases fall desperately short of the ADAP Working Group' annual pharmacoeconomic forecast of the real FY 2001 funding need. $104 Million short.** This is enough of an impact to affect access to HIV/AIDS care severely in several dozen states and will greatly hamper continued access to care, in **every** state, for low income, uninsurable and uninsured Americans who must look to ADAP for payment of successful HAART HIV/AIDS therapies.

This is a potentially serious political and public health problem. In short ADAP is at risk regardless - without a substantial increase NOW in the budget process. If we are not successful NOW we will be obliged to start asking for an "EMERGENCY SUPPLEMENTAL APPROPRIATION" as early as October & November of this year.

The record of the ADAP Working Group in accurately predicting ADAP needs since FY 1996 is VERY HIGH and failure to get the necessary resources in timely fashion is almost certain to affect the ability of thousands and thousands of HIV+ people to access medication during the calendar year 2001 (and into the first quarter of 2002).

I attach a list of conferees - all of whom are from States that WILL be affected noticeably. I also attach materials showing program distribution of proposed funding and other back ground information you may find useful. It shows which Stateswill affected in what dollar amounts.

I have urged contact by phone and fax with all conferees immediately outlining ADAP program views and speaking to the real need for adequate resources.

We have requested an increase of $130.3 Million for FY 2001 and we have only $26 Million in the President's budget, $26 Million in the House "mark" and $10 Million in the Senate "mark". **This leaves us potentially short of the need by $104 Million in federal share. This is a potential disaster brewing with program closings, enrollment caps, drug access limitations, prescription limits, expenditure per patient caps, and restricted formularies becoming real possibilities as ADAPs struggle to stretch inadequate funding over the potential patient demand.**

Thank you.

William E. Arnold
ADAP Working Group
1775 "T" St. NW
Washington, DC 20009
(202) 588-1775 (Ph)
(202) 588-8868 (Fx)
weaids@ix.netcom.com

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Email: weaids@ix.netcom.com

6/00

Chair
William E. Arnold

→ SANDY THURMON.

Self explanatory

ADAP

N.Y.

3 PAGES with Cover.

Regards
Bill
ARNOLD

456-2935

ComputerwoRx Inc.
FAX COVER PAGE

Date: 7/24/00 **Time:** 7:06:28 PM

To: 'Sandra Thurman (Business Fax)'
Fax Phone: +1 (202) 456-2439

From: William Arnold
Title:
Company:
Address: 1775 "T" Street NW
Washington, DC 20009

Fax Phone: (202) 588-8868
Phone: (202) 588-1775

Subject: ADAP FY 2001 Appropriation Shotfall. Labor, HSS

Message:

Conferees, Staff & concerned parties,
We face a possible Major Appropriations Problem if existing figures are not substantially increased in the final budget process for ADAP. (The AIDS Drug Assistance Program) funded under Title II of the Ryan White CARE Act. ADAP provide access to HIV/AIDS drugs for low income, uninsurable, uninsured and under insured HIV+ people in every State, Territory and other U.S. political subdivision. ADAP is steadily gaining an average of 650 people each MONTH nationally as HIV+ people seek testing for HIV and then access to new effective HIV/AIDS treatments. This wonderful health outcome is driven by the successful new HIV/AIDS treatments and resulting improvements in quality of life and thus dropping mortality rates. Lives saved through effective treatment means more demand from living people, and that example leads more people to seek treatment. Success breeds success, which means more demand for ADAP. In the budget appropriations process we ask you to weigh the attached information heavily and make every possible effort to insure that ADAP receives the adequzate funding which it desperately will need, and which it's health comes certainly deserve. Thank you.

William E. Arnold, The ADAP Working Group, Washington, DC (202) 588-1775

FAX COVER PAGE
ADAP Working Group

Date: 9/2/00 **Time:** 9:17:16 PM

To: 'Sandra Thurman (Business Fax)'
Fax Phone: +1 (202) 456-2439

From: William Arnold
Address: 1775 "T" St. NW
Washington, DC 20009

Fax Phone: (202) 588-8868
Phone: (202) 588 1775
Email: weaids@ix.netcom.com

Subject: ADAP FY '01 Potential Appropriations - Shortfall

Message:

ATTENTION: Health and HIV/AIDS Staff

The following information outlines the pending AIDS Drug assistance appropriations "shortfall" problem and it's impact on all states & territories. This information is in wide circulation within the AIDS advocacy community and this is issue of grave concern to people living with HIV & AIDS.

The FY 2001 Labor, HHS & Education appropriations bill has not yet been signed or vetoed by the President so apportunities exist for leadership in the administration and Congress to intervene and prevent a possible "front page headlines" development.

This issue is of particular importance to those running for election, or reelection, in many different jurisdictions. Please feel free to share this information, and our concern , anywhere you feel it is appropriate.

Thank you. *Bill Arnold The ADAP Working Group (202) 588-1775

ADAP

Working Group

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Washington, D.C. 20009

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FAX: (202) 588-8868

Email: weaids@ix.netcom.com

6/00

Chair
William E. Arnold

1 September, 2000

ACTION ALERT - WARNING

TO: Concerned parties.

From: Bill Arnold, Chair

SUBJECT: AIDS DRUG ASSISTANCE PROGRAM: Potential FY2001 ADAP Appropriations $ 104 Million "shortfall".

NOTE: The White House Budget request for ADAP – and the final bill that will go from Congress to the president for signature or veto - fall $104 Million Short of the FY2001 need. ADAP is funded under Title II of the Ryan White CARE Act under The Labor, HHS and Education Appropriations Bill.

IMPORTANT> The House and Senate have conferenced this bill so it's expected to go to the President shortly. It's not 100% certain when this process will move forward, or whether the White House will sign it, or veto it, in the pre-election political jockeying **IN ANY CASE - the existing offered increase falls desperately short of the ADAP Working Group's annual pharmacoeconomic forecast for the real FY 2001 funding need. $104 Million short.** This is enough of an impact to affect access to HIV/AIDS care severely in several dozen states and will greatly hamper continued access to care, in **every** state, for low income, uninsurable and uninsured Americans who must look to ADAP for payment of successful HAART HIV/AIDS therapies, and access to treatment

This is a potentially serious political and public health problem. In short ADAP is at risk regardless - without a substantial increase NOW in the budget process. If we are not successful NOW we will be obliged to start asking for an "EMERGENCY SUPPLEMENTAL APPROPRIATION" as early as October & November of this year. The issue is particularly acute with promising new medications due for FDA approval in the coming months, and major outreach "Get tested – get Treatment" programs under way by the CDC, the Congressional Black Caucus, dozen of African American organizations (and other minority CBO's – and AIDS service organizations across the United States.

The record of the ADAP Working Group in accurately predicting ADAP needs since FY 1996 is VERY HIGH and failure to get the necessary resources in timely fashion is almost certain to affect the ability of thousands and thousands of HIV+ people to access medications and care during the calendar year 2001 (and the first quarter of 2002).
I also attach materials showing program distribution of proposed funding and other ADAP information you may find useful.

This would leave ADAPs short of the need by $104 Million in federal $ share. This is a potential disaster brewing with program closings, enrollment caps, drug access limitations, prescription limits, expenditure per patient caps, and restricted formularies becoming real possibilities as ADAPs struggle to stretch inadequate funding over the potential patient demand through March 31st of 2002.

PLEASE SHARE THIS INFORMATION AND CONCERN WITH YOUR ELECTED OFFICIALS AND THROUGHOUT YOU OWN HIV/AIDS CONSTITUENCIES. I URGE YOU TO BE PREPARED TO MAKE YOUR VOICES HEARD, LEST THIS – CRITICAL TO PEOPLE LIVING WITH HIV & AIDS - ISSUE BE PUSHED OFF THE NATIONAL AGENDA BY DAY TO DAY ELECTION POLITICS.

Thank you.

William E. Arnold ADAP Working Group 1775 "T" St. NW Washington, DC 20009
(202) 588-1775 (Ph) (202) 588-8868 (Fx) weaids@ix.netcom.com

ComputerwoRx Inc.
FAX COVER PAGE

Date: 7/24/00 **Time:** 1:53:42 PM

To: 'Sandra Thurman (Business Fax)'
Fax Phone: +1 (202) 456-2439

From: William Arnold
Title:
Company:
Address: 1775 "T" Street NW
Washington, DC 20009

Fax Phone: (202) 588-8868
Phone: (202) 588-1775

Subject: ADAP FY 2001 Appropriation Shotfall. Labor, HSS

Message:

Conferees, Staff & concerned parties,
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William E. Arnold, The ADAP Working Group, Washington, DC (202) 588-1775

FAX
ADAP Working Group

1775 T Street NW
Washington, DC 20009
Phone: 202-588-1775

From: Bill Arnold **Date: 12/24/99**

To: Sandra Thurman **Time: 1:08:01 PM**

Subject: Draft 2000 ADAP WG Schedule

Notes:

ADAP Working Group and interested others:
In response to requests... a draft ADAP Working Group meeting/conference call schedule for early planning purposes.
Subject to change and amendment in the Coordinating Committee and full group process.
Please feel free to advise Bill Arnold immediately of any already known or identifiable schedule conflicts and modifications needed - that you may already be aware of.
Thank you to those who helped on this up to today.

Happy Holidays and best wishes for 2000.

William E. Arnold
ADAP Working Group
1775 "T" Street, NW
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Ph 202-588-1775
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Weaids@ix.netcom.com

ADAP

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FAX: (202) 588-8868

Email: weaids@ix.netcom.com

23 December 1999

TO: ADAP Working Group

FROM: Co-Chairs

SUBJECT: DRAFT ADAP schedule for 2000

To assist in advance planning for those who have requested the information...

ADAP Meetings or Conference calls are tentatively planned for the following dates in 2000.

All dates are the traditional Tuesdays and the time is always 1:00 PM EAST COAST TIME

January	**Tuesday**	**11th**
February	**Tuesday**	**15th**
March	**Tuesday**	**14th**
April	**Tuesday**	**11th**
May	**Tuesday**	**16th**
June	**Tuesday**	**13th**
July	**Tuesday**	**18th**
August	**Tuesday**	**8th**
September	**Tuesday**	**12th**
October	**Tuesday**	**10th**
November	**Tuesday**	**14th**
December	**Tuesday**	**12th**

****NOTE****

#1. Traditionally the August and December meetings have been cancelled.

#2. We believe it is likely that very few of these meetings will be "face to face", and that most will be via teleconference.

#3. Some of the above dates may have to be moved to accommodate national or international AIDS events, ADAP Working Group Coordinating Committee recommendation, Congressional Appropriations schedules, Ryan White Reauthorization processes, ADAP Congressional Briefings or Press Conference, the final Congressional calendar or other similar factors.

#4. Locations for "face to face" meeting not yet finalized, but will be at some convenient Washington, DC location.

#5. Details on all meetings and teleconferences are always provided in advance with a draft "discussion & action" agenda.

#6. This schedule DOES NOT set ANY SUBCOMMITTEE meeting schedules. That will be done later by Subcommittee Co-Chairs.

We hope this helps you in early planning processes.

Co-Chairs

Projected FY 2000 Ryan White Title II State ADAP Grant Allocations: A Comparison of the ADAP Working Group's Budget Request, President's Budget, and Final Budget Agreement

States	FY 1999 ADAP Allocation	ADAP Working Group's FY 2000 Budget Request (+$90.2 million)	President's FY 2000 Budget Request (+$35 million)	FY 2000 Final Budget Agreement (+$67 million)
Alabama	$ 3,980,350	$ 4,843,796	$ 4,358,713	$ 4,639,920
Alaska	$ 323,832	$ 380,598	$ 342,483	$ 364,579
Arizona	$ 4,057,555	$ 5,467,662	$ 4,920,103	$ 5,237,528
Arkansas	$ 1,807,885	$ 2,195,305	$ 1,975,456	$ 2,102,904
California	$ 65,268,301	$ 77,312,392	$ 69,569,932	$ 74,058,314
Colorado	$ 3,787,337	$ 4,567,175	$ 4,109,795	$ 4,374,943
Connecticut	$ 7,793,422	$ 9,077,457	$ 8,168,394	$ 8,695,387
Delaware	$ 1,672,776	$ 2,028,548	$ 1,825,399	$ 1,943,166
District of Columbia	$ 7,690,482	$ 9,083,343	$ 8,173,690	$ 8,701,025
Florida	$ 48,506,224	$ 59,320,310	$ 53,379,670	$ 56,823,519
Georgia	$ 13,815,417	$ 16,924,838	$ 15,229,897	$ 16,212,472
Hawaii	$ 1,323,209	$ 1,598,904	$ 1,438,781	$ 1,531,606
Idaho	$ 317,399	$ 374,712	$ 337,187	$ 358,941
Illinois	$ 14,548,865	$ 17,113,175	$ 15,399,374	$ 16,392,882
Indiana	$ 3,907,434	$ 4,600,527	$ 4,139,806	$ 4,406,891
Iowa	$ 791,352	$ 939,724	$ 845,615	$ 900,171
Kansas	$ 1,426,149	$ 1,702,882	$ 1,532,346	$ 1,631,207
Kentucky	$ 2,223,935	$ 2,756,392	$ 2,480,353	$ 2,640,376
Louisiana	$ 8,061,495	$ 9,683,667	$ 8,713,895	$ 9,276,082
Maine	$ 529,713	$ 619,943	$ 557,859	$ 593,850
Maryland	$ 14,175,707	$ 17,272,084	$ 15,542,369	$ 16,545,103
Massachusetts	$ 8,413,207	$ 10,794,072	$ 9,713,098	$ 10,339,749
Michigan	$ 6,710,407	$ 8,114,191	$ 7,301,595	$ 7,772,665
Minnesota	$ 2,022,344	$ 2,475,849	$ 2,227,904	$ 2,371,640
Mississippi	$ 2,725,768	$ 3,497,970	$ 3,147,665	$ 3,350,740
Missouri	$ 5,125,558	$ 6,205,316	$ 5,583,884	$ 5,944,134
Montana	$ 227,326	$ 255,040	$ 229,499	$ 244,305
Nebraska	$ 658,388	$ 802,395	$ 722,039	$ 768,622
Nevada	$ 3,079,624	$ 3,513,665	$ 3,161,788	$ 3,365,774
New Hampshire	$ 555,448	$ 637,600	$ 573,747	$ 610,763
New Jersey	$ 25,276,079	$ 29,176,560	$ 26,254,670	$ 27,948,519
New Mexico	$ 1,351,089	$ 1,581,247	$ 1,422,893	$ 1,514,692
New York	$ 85,950,679	$ 100,040,367	$ 90,021,811	$ 95,829,670
North Carolina	$ 6,371,562	$ 7,857,190	$ 7,070,330	$ 7,526,481
North Dakota	$ 75,060	$ 86,321	$ 77,677	$ 82,688
Ohio	$ 6,914,142	$ 8,082,802	$ 7,273,349	$ 7,742,597
Oklahoma	$ 2,129,573	$ 2,522,933	$ 2,270,273	$ 2,416,743
Oregon	$ 2,790,105	$ 3,256,663	$ 2,930,524	$ 3,119,590
Pennsylvania	$ 15,042,119	$ 18,360,908	$ 16,522,153	$ 17,588,098
Puerto Rico	$ 15,505,350	$ 18,164,724	$ 16,345,615	$ 17,400,171
Rhode Island	$ 1,284,606	$ 1,516,506	$ 1,364,636	$ 1,452,677
South Carolina	$ 5,966,236	$ 7,804,220	$ 7,022,665	$ 7,475,740
South Dakota	$ 105,085	$ 137,329	$ 123,576	$ 131,549
Tennessee	$ 5,357,173	$ 6,754,633	$ 6,078,189	$ 6,470,330
Texas	$ 32,998,730	$ 39,876,464	$ 35,883,030	$ 38,198,064
Utah	$ 1,136,630	$ 1,428,223	$ 1,285,194	$ 1,368,109
Vermont	$ 238,049	$ 270,735	$ 243,622	$ 259,339
Virginia	$ 8,252,363	$ 9,987,753	$ 8,987,528	$ 9,567,369
Washington	$ 5,400,065	$ 6,246,515	$ 5,620,957	$ 5,983,599
West Virginia	$ 797,786	$ 882,830	$ 794,419	$ 845,672
Wisconsin	$ 2,082,392	$ 2,499,391	$ 2,249,089	$ 2,394,191
Wyoming	$ 96,506	$ 109,863	$ 98,861	$ 105,239
Guam	$ 10,723	$ 3,924	$ 3,531	$ 3,759
Virgin Islands	$ 340,989	$ 392,369	$ 353,075	$ 375,854
Total	$ 461,000,000	$ 551,200,000	$ 496,000,000	$ 528,000,000

FY 2000 estimated federal appropriations are based on estimated living AIDS cases by state from July 1, 1989 - June 30, 1999. Final award amounts subject to change.

FAX COVER PAGE
ADAP Working Group

Date: 7/20/00 **Time:** 1:24:25 PM

To: 'Sandra Thurman (Business Fax)'
Fax Phone: +1 (202) 456-2439

From: William Arnold
Address: 1775 "T" Street NW
Washington, DC 20009

Fax Phone: (202) 588-8868
Phone: (202) 588-1775
Email: weaids@ix.netcom.com

Subject: ADAP Appropriation

Message:

Sandy..

I sent the same information via email too. Think the ADAP Working Group needs to meet with you on this one as we are $100 Million off the pace for ADAP and no matter how sliced that will make for problems in the next 18 - 20 months. Maybe ASAP if you think Congress will produce an appropriation bill will be signed here quickly. If it's vetoed we have a bit more time. Regards. *Bill

William E. Arnold, Chair, The ADAP Working Group (202) 588-1775

Estimated FY 2001 Ryan White Title II State ADAP Grant Allocations

States/Title II ADAP Grantees	Estimated Living AIDS Cases	% of Nation's Cases	Estimated FY 2001 ADAP Allocation: Senate Mark (+ $10 mill.)	Estimated FY 2001 ADAP Allocation: House Mark (+ $26 mill.)	President's FY 2001 Budget Request (+$26 mill.)	ADAP Working Group's FY 2001 Budget Request (+$130.3 mill.)	Difference Between ADAP Working Group and President's FY 2001 Request
Alabama	2,469	0.88%	$ 4,727,798	$ 4,868,401	$ 4,868,401	$ 5,784,961	-$916,560
Alaska	194	0.07%	$ 371,483	$ 382,531	$ 382,531	$ 454,549	-$72,018
Arizona	2,787	0.99%	$ 5,336,724	$ 5,495,437	$ 5,495,437	$ 6,530,047	-$1,034,610
Arkansas	1119	0.40%	$ 2,142,732	$ 2,206,456	$ 2,206,456	$ 2,621,860	-$415,403
California	39,408	14.03%	$ 75,460,934	$ 77,705,125	$ 77,705,125	$ 92,334,448	-$14,629,322
Colorado	2,328	0.83%	$ 4,457,802	$ 4,590,376	$ 4,590,376	$ 5,454,593	-$864,217
Connecticut	4,627	1.65%	$ 8,860,073	$ 9,123,569	$ 9,123,569	$ 10,841,238	-$1,717,668
Delaware	1034	0.37%	$ 1,979,969	$ 2,038,853	$ 2,038,853	$ 2,422,701	-$383,849
District of Columbia	4,630	1.65%	$ 8,865,817	$ 9,129,485	$ 9,129,485	$ 10,848,267	-$1,718,782
Florida	30,237	10.76%	$ 57,899,722	$ 59,621,647	$ 59,621,647	$ 70,846,445	-$11,224,797
Georgia	8,627	3.07%	$ 16,519,526	$ 17,010,813	$ 17,010,813	$ 20,213,390	-$3,202,577
Hawaii	815	0.29%	$ 1,560,614	$ 1,607,026	$ 1,607,026	$ 1,909,576	-$302,550
Idaho	191	0.07%	$ 365,739	$ 376,616	$ 376,616	$ 447,520	-$70,904
Illinois	8,723	3.10%	$ 16,703,353	$ 17,200,107	$ 17,200,107	$ 20,438,322	-$3,238,215
Indiana	2,345	0.83%	$ 4,490,354	$ 4,623,897	$ 4,623,897	$ 5,494,424	-$870,528
Iowa	479	0.17%	$ 917,220	$ 944,497	$ 944,497	$ 1,122,315	-$177,818
Kansas	868	0.31%	$ 1,662,101	$ 1,711,532	$ 1,711,532	$ 2,033,757	-$322,225
Kentucky	1,405	0.50%	$ 2,690,383	$ 2,770,394	$ 2,770,394	$ 3,291,969	-$521,574
Louisiana	4,936	1.76%	$ 9,451,765	$ 9,732,859	$ 9,732,859	$ 11,565,236	-$1,832,378
Maine	316	0.11%	$ 605,097	$ 623,092	$ 623,092	$ 740,400	-$117,308
Maryland	8,804	3.13%	$ 16,858,457	$ 17,359,823	$ 17,359,823	$ 20,628,108	-$3,268,284
Massachusetts	5,502	1.96%	$ 10,535,578	$ 10,848,904	$ 10,848,904	$ 12,891,396	-$2,042,492
Michigan	4,136	1.47%	$ 7,919,875	$ 8,155,410	$ 8,155,410	$ 9,690,806	-$1,535,396
Minnesota	1,262	0.45%	$ 2,416,558	$ 2,488,425	$ 2,488,425	$ 2,956,914	-$468,489
Mississippi	1,783	0.63%	$ 3,414,201	$ 3,515,739	$ 3,515,739	$ 4,177,637	-$661,898
Missouri	3,163	1.13%	$ 6,056,713	$ 6,236,838	$ 6,236,838	$ 7,411,030	-$1,174,192
Montana	130	0.05%	$ 248,932	$ 256,335	$ 256,335	$ 304,595	-$48,260
Nebraska	409	0.15%	$ 783,179	$ 806,471	$ 806,471	$ 958,303	-$151,832
Nevada	1,791	0.64%	$ 3,429,520	$ 3,531,513	$ 3,531,513	$ 4,196,381	-$664,868
New Hampshire	325	0.12%	$ 622,331	$ 640,839	$ 640,839	$ 761,487	-$120,649
New Jersey	14,872	5.29%	$ 28,477,847	$ 29,324,772	$ 29,324,772	$ 34,845,663	-$5,520,891
New Mexico	806	0.29%	$ 1,543,380	$ 1,589,280	$ 1,589,280	$ 1,888,489	-$299,209
New York	50,993	18.15%	$ 97,644,626	$ 100,548,555	$ 100,548,555	$ 119,478,545	-$18,929,990
North Carolina	4,005	1.43%	$ 7,669,028	$ 7,897,103	$ 7,897,103	$ 9,383,868	-$1,486,765
North Dakota	44	0.02%	$ 84,254	$ 86,760	$ 86,760	$ 103,094	-$16,334
Ohio	4,120	1.47%	$ 7,889,237	$ 8,123,861	$ 8,123,861	$ 9,653,317	-$1,529,456
Oklahoma	1286	0.46%	$ 2,462,514	$ 2,535,749	$ 2,535,749	$ 3,013,147	-$477,398
Oregon	1,660	0.59%	$ 3,178,673	$ 3,273,206	$ 3,273,206	$ 3,889,443	-$616,237
Pennsylvania	9,359	3.33%	$ 17,921,206	$ 18,454,179	$ 18,454,179	$ 21,928,494	-$3,474,316
Puerto Rico	9,259	3.30%	$ 17,729,720	$ 18,256,997	$ 18,256,997	$ 21,694,190	-$3,437,193
Rhode Island	773	0.28%	$ 1,480,189	$ 1,524,210	$ 1,524,210	$ 1,811,168	-$286,959
South Carolina	3,978	1.42%	$ 7,617,326	$ 7,843,864	$ 7,843,864	$ 9,320,606	-$1,476,742
South Dakota	70	0.02%	$ 134,040	$ 138,027	$ 138,027	$ 164,013	-$25,986
Tennessee	3,443	1.23%	$ 6,592,674	$ 6,788,945	$ 6,788,945	$ 8,067,080	-$1,278,135
Texas	20,326	7.23%	$ 38,921,512	$ 40,079,029	$ 40,079,029	$ 47,624,594	-$7,545,564
Utah	728	0.26%	$ 1,394,021	$ 1,435,478	$ 1,435,478	$ 1,705,732	-$270,253
Vermont	138	0.05%	$ 264,251	$ 272,110	$ 272,110	$ 323,339	-$51,229
Virginia	5,091	1.81%	$ 9,748,569	$ 10,038,489	$ 10,038,489	$ 11,928,407	-$1,889,918
Washington	3,184	1.13%	$ 6,096,925	$ 6,278,246	$ 6,278,246	$ 7,460,233	-$1,181,987
West Virginia	450	0.16%	$ 861,688	$ 887,315	$ 887,315	$ 1,054,367	-$167,052
Wisconsin	1274	0.45%	$ 2,439,536	$ 2,512,087	$ 2,512,087	$ 2,985,031	-$472,943
Wyoming	56	0.02%	$ 107,232	$ 110,421	$ 110,421	$ 131,210	-$20,789
Guam	2	0.00%	$ 3,830	$ 3,944	$ 3,944	$ 4,686	-$742
Virgin Islands	200	0.07%	$ 382,973	$ 394,362	$ 394,362	$ 468,608	-$74,245
Total	**280,960**	**100.00%**	**$538,000,000**	**$ 554,000,000**	**$ 554,000,000**	$ 658,300,000	-$104,300,000

FY 2001 estimated federal ADAP appropriations are based on estimated living AIDS cases by state from July 1, 1989 - June 30, 1999.

Final award amounts subject to change.

ADAP Working Group
1775 "T" Street, NW
Washington, DC 20009

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1775 "T" Street, NW
Washington, DC 20009

NASTAD

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

Ryan White CARE Act Funding Profile

Maintaining Increases in ADAP Funding: Supporting the Cornerstone of HIV Treatment for the Underinsured and Uninsured

The Ryan White CARE Act provides funding to states, the District of Columbia, Puerto Rico and the Virgin Islands to provide access to HIV treatments through state AIDS Drug Assistance Programs (ADAPs) to low-income underinsured and uninsured people living with HIV/AIDS. Since 1996, Congress has appropriated supplemental ADAP funding within Title II of the CARE Act to assist states in meeting the ever-growing demand for new and promising HIV treatments. In many states, ADAP is the only source of life-sustaining HIV treatments for low-income people living with HIV/AIDS who do not have access to Medicaid or adequate private insurance. In a number of states, ADAP must also cover individuals with Medicaid or private insurance who exhaust monthly or yearly per capita prescription/spending limits.

In late 1995, the introduction of combination antiretroviral therapy and the approval of a new class of powerful anti-HIV drugs, protease inhibitors, introduced an era of significant growth for ADAPs. Between 1996 and 1999, the number of clients served by ADAPs nationally doubled and monthly expenditures tripled. By mid-1999, ADAPs were serving almost 62,000 clients per month at a cost of approximately $47,000,000 per month.[1] Data indicate that state ADAPs will continue to see growth in the number of clients served and expenditures through the year 2000 and beyond.

Federal support for ADAP also increased dramatically between 1996 and 2000. The federal supplemental appropriation for ADAP in fiscal year 2000 was $528 million. Despite increasing federal and in many instances state support for these programs, a significant number of ADAPs continue to face budget shortages that force them to limit enrollment, limit coverage of the most basic HIV treatments and/or impose restrictive eligibility requirements. According to data collected through the National ADAP Monitoring Project, 20 state ADAPs reported one or more current or projected program limitations or budget shortfalls in Ryan White fiscal year 1999.

Some states—including Alabama, Arkansas, Georgia, Idaho, Kansas, Kentucky, Maine, Montana, Nevada, Oklahoma, South Carolina, South Dakota, Texas and West Virginia—have reported such limitations over time. These states will be particularly susceptible to inadequate increases in federal support for ADAP. In addition, other factors may predispose ADAPs to be more likely to experience severe budget shortfalls if federal ADAP appropriations do not meet identified needs. At-risk ADAPs include those in states that rely solely on federal Title II funding to provide services, those in states without Title I Eligible Metropolitan Areas (EMAs) that directly support the state ADAP, those without a history of strong state fiscal support and those in states with less expansive state Medicaid programs.

ADAPs have been critical in helping to drastically reduce AIDS-related deaths and AIDS-related illness over the past few years. These programs provide a conduit into other critical components of the HIV health care system including ongoing primary care. *It is imperative that adequate funding for ADAPs and treatment-supportive services funded under Title II be maintained to ensure that tens of thousands of individuals continue to have access to life-sustaining treatments that will help them to lead healthier, more productive lives.*

[1] National ADAP Monitoring Project: Annual Report, March 2000. Henry J. Kaiser Family Foundation.

HARRY REID
NEVADA

United States Senate

WASHINGTON, DC 20510-2803

June 8, 2000

The Honorable Arlen Specter
Chairman
Senate Appropriations Subcommittee
on Labor, Health, and Human Services
Education and Related Agencies
186 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Mr. Chairman,

I am writing to urge your support for the highest possible level of funding in the FY 2000 budget process for the AIDS Drug Assistance Program (ADAP).

With close to 50 million Americans with no health insurance and many millions more with inadequate health insurance, the ADAP program allows Nevadans with HIV to access the new "combination therapy" treatments which we finally have at our disposal after years of fear, early death, public and private investment, and intensive HIV/AIDS research. Where access to the doors of HIV/AIDS treatments has been closed, ADAP has opened them up.

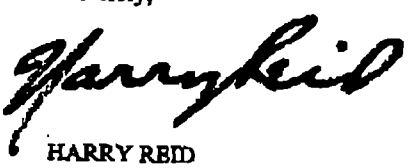
ADAP, funded under Title II of the Ryan White CARE Act, has now made it possible to pay to treat almost 100,000 people with HIV/AIDS who otherwise would have been doomed to early death, deteriorating health and well being. The program is effective, accessible, and represents a gift of life and hope to so many in my state. As well as being humanitarian and the "right thing to do," the new therapies are proving to be cost effective, by restoring health, well being, working ability and are preventing countless hospital and nursing episodes. We are using financial resources to do what we know is right, and saving both lives and illness related expenses too.

As the epidemic continues, we must make sure that no one goes without access to medications simply because they lack financial resources to or are considered unqualified for private or public heath insurance.

Thank you for your consideration of this request.

With all best wishes,

Sincerely,



HARRY REID
United States Senator

HR:cs

E-Mail: senator_reid@reid.senate.gov
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FAX COVER PAGE
ADAP Working Group

Date: 7/18/00 **Time:** 10:18:50 PM

To: 'Sandra Thurman (Business Fax)'
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Washington, DC 20009

Fax Phone: (202) 588-8868
Phone: (202) 588-1775
Email: weaids@ix.netcom.com

Subject: Vacines for the new millenium Act.

Message:

The following is being sent to all members of the ADAP Working Group at the request of Senator John Kerry.
FYI *Bill Arnold

JOHN KERRY
MASSACHUSETTS

COMMITTEES
BANKING, HOUSING, AND URBAN AFFAIRS
COMMERCE, SCIENCE, AND TRANSPORTATION
FOREIGN RELATIONS
INTELLIGENCE
SMALL BUSINESS

United States Senate

WASHINGTON, DC 20510-2102

July 7, 2000

ADAP Working Group
1775 T Street, NW
Washington, DC 20009

Dear Friend:

I would like to share with you an Op-Ed that I wrote with my colleague Senator Bill Frist (R-TN), which was recently published in the *Miami Herald* on the crises of AIDS, malaria, and tuberculosis in developing nations. It outlines our bipartisan plan to invest in the development of vaccines to address this pandemic as it exists today, particularly in sub-Saharan Africa. I am also including some recent news stories on our efforts in Congress to put this issue on the national agenda.

Faced with the enormous calamity devastating the developing world, Senator Frist and I believe that Congress not only has a responsibility to act, but that it is possible to pass legislation this year that will make a real difference in tackling a global challenge. I know that you are personally involved in this fight, and I am writing to you today to ask for your help in galvanizing support at all levels for the Kerry-Frist "Vaccines for the New Millennium Act."

Sincerely,

John F. Kerry
U.S. Senator

The Washington Post

SUNDAY, MARCH 19, 2000

Science vs. Poverty

TECHNOLOGY AND prosperity advance relentlessly in the rich world, obscuring the truth that much of the poor world is going backward. In southern Africa, life expectancy is projected to drop from a high of 59 years in the early 1990s to 45 in this decade—the lowest since the 1950s. Elsewhere in Africa, life expectancy is falling too. Unless something is done about the cause, it will afflict other continents.

The cause—or at least the direct one—is the spread of infectious diseases. AIDS is reckoned to have killed a record 2.6 million people last year. Tuberculosis, which often afflicts people weakened by AIDS, accounts for another 2.3 million or so deaths annually; malaria kills more than 1 million. Although Africa carries the brunt of this scourge, infection rates for HIV—the virus that causes AIDS—are climbing in Asia and Latin America too. Last year the country with the sharpest increase in HIV was Russia.

The administration and Congress are belatedly responding to this tragedy—partly in traditional ways, and partly in exciting new ones. The administration is asking for $100 million in extra funds to fight HIV and AIDS in Africa and Asia, and is pushing the World Bank and other regional development banks to devote more resources to health issues. In the Senate, Sens. John Kerry (D-Mass.) and Bill Frist (R-Tenn.) have a range of ideas, including tax breaks for targeted pharmaceutical research. But the really innovative scheme, embraced by administration and senators alike, is a global fund to buy vaccines for poor countries.

The fund provides a way to enlist science in the struggle against poverty. Most applied research is conducted by private firms, which have no incentive to develop medicines for countries that cannot pay. This is why only 2 percent of world biomedical research is aimed at overcoming malaria or other diseases of the developing world, while 98 percent is devoted to rich country priorities such as Viagra or Prozac. The vaccine fund should reduce that imbalance: By subsidizing immunizations for the poor world, it creates the necessary incentive to create them.

The vaccine fund has already been embraced by a number of donors, notably Bill and Melinda Gates, but U.S. support will advance its cause significantly. In time, the same concept should be extended beyond vaccines: Agricultural research, for example, has vast potential, but the private sector currently lacks an incentive to develop crops suitable for tropical conditions. Still, vaccines are a decent start; and the administration's budget request for $50 million plus some tax credits represents a good down payment.

ADAP Working Group
1775 "T" Street, NW
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The Boston Globe

FRIDAY, FEBRUARY 25, 2000

Bill offers incentives for malaria, AIDS, tuberculosis vaccines

By John Donnelly
GLOBE STAFF

WASHINGTON – Alarmed by the "death spiral" from AIDS, tuberculosis, and malaria in Africa, US Senator John Kerry yesterday proposed a $150 million plan laden with tax credits to spur research for development of vaccines against those diseases.

"This grew out of my awareness in the last year and a half of the incredible level of devastation in Africa," the Massachusetts Democrat said last night. "It's unacceptable for any country to sit by while that is going on. It's a human catastrophe beyond belief."

Called the Vaccines for the New Millennium Act, Kerry's proposal also is aimed at encouraging research by increasing a tax credit to 50 percent from the current 20 percent as well as giving tax credits for the sales of new vaccines for malaria, TB, or HIV/AIDS.

Kerry said incentives for private companies were a key part of the bill. Quoting World Bank figures, he noted that of the $250 million to $350 million spent on research for AIDS last year, the industry funded less than $52 million.

Last year, AIDS, TB, and malaria killed 5.2 million people. Africa alone has an estimated 40 million orphans due to deaths from AIDS.

Kerry's proposal is part of a larger movement toward assistance for African countries. Last November, the Bill & Melinda Gates Foundation announced a $750 million grant to the Global Alliance for Vaccines and Immunizations. And Kerry also is one of the cosponsors of a bill that would put $2 billion in new funding toward treatment for HIV/AIDS in Africa.

While medical providers applauded Kerry's vaccination bill yesterday, some said that much more money is needed to treat those with the diseases.

"There can't be this constant struggle between vaccine development and therapy," said Paul Farmer, director of Harvard Medical School's Program in Infectious Disease and Social Change. "That's what we have now – a cat fight between people who should be working together to prevent and treat these diseases."

Kerry responded: "There won't be a fight. There will funding for both treatment and research."

Farmer was skeptical. "When this becomes a foreign policy priority of the United States, then the sums disbursed will be at least 10 times as great as those proposed."

Boston Sunday Globe

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A fund to fight AIDS

It has taken much too long, but the world is finally beginning to help Africa deal with its AIDS catastrophe. A week ago, major drug companies announced an agreement to sell AIDS drugs at a steep discount in poverty-stricken areas, including Africa. This week, the US House of Representatives passed a bill calling on the World Bank to establish a trust fund for combating the spread of AIDS in Africa and committing to a $100 million annual contribution for five years. An identical bill sponsored by Senator John Kerry is expected to be voted on by the Senate next week. The measure deserves the Senate's support and President Clinton's signature.

By the end of 1999, of the 33 million people in the world infected with the HIV virus that causes AIDS, 23 million lived in sub-Saharan Africa. So far, the World Bank estimates that more than 10 million African children have been infected or orphaned by the disease. US Representative Barbara Lee of California, a co-sponsor of the House bill, says that by 2010 the number of AIDS orphans in Africa will equal the total of schoolchildren in the United States.

Bringing down drug prices, either through company discounts or a Third World plan for purchases of cheaper generic equivalents, will be of limited help in a disaster of this magnitude. Much of Africa lacks the professional staff or infrastructure to make use of them, and their cost – even discounted – will limit their use. This is where the World Bank trust fund can be beneficial, by helping countries strengthen their public-health systems.

Equally important is the role that the fund would play in education and prevention. Real progress against the disease will come only when there is a reduction in the behavior that transmits it – from high-risk sex to unsafe use of contaminated devices, including such mundane ones as manicurists' scissors that have not been disinfected.

The planned US donation is designed to spur other countries, foundations, and private donors to ensure the bank's fund totals $1 billion a year. Even this is less than bank officials believe is necessary, but it is a start. Lee was hardly exaggerating when she said, "The survival of a continent is at stake."

ADAP Working Group
1775 "T" Street, NW
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The Miami Herald

Don't let the poor become victims of the free market

U.S. Sens. John F. Kerry, D-Mass., and Bill Frist, R-Tenn., have co-authored the Vaccines for the New Millennium Act.

Last year the world's three deadliest infectious diseases — AIDS, tuberculosis and malaria — killed more than five million people.

Some 95 percent of the 33 million people worldwide infected with HIV live in developing countries, where AIDS has orphaned 11 million children and will orphan 40 million more by 2010. Tuberculosis will kill close to two million people this year alone. One person dies from malaria every 30 seconds.

Vaccines are the most cost-effective weapon in the arsenal of modern medicine to stop the spread of contagious diseases. Yet in a nation where drugs from Viagra to Prozac reap billions in profits, drug companies are not investing in such lifesaving vaccines. The World Bank estimates that worldwide AIDS vaccine research last year totaled roughly $300 million. Of this amount, less than $50 million came from private-sector research and development budgets. Fewer than 200 scientists in the private sector worldwide are dedicated to work related to AIDS vaccine; the numbers for malaria and tuberculosis even more dismal.

JOHN F. KERRY

BILL FRIST

Amazingly, of the 1,200 new drugs commercialized between 1975 and 1997, only 13 were for tropical diseases, including malaria and tuberculosis.

Pharmaceutical companies invest little because they fear they will be unable to sell enough to cover the risk and expense. Malaria and tuberculosis, for example, hit the poor most cruelly in countries where public-sector health-care spending per capita is barely what it takes to pay for a cab ride from North Miami Beach to Miami International Airport.

The answer is not to decry the profit motive in a free-market system, nor should we allow the market to leave millions of human beings behind. We should explore new strategies to stimulate private-sector vaccine research.

It's time to pursue a comprehensive solution that harnesses market incentives to lower the cost of research and development and guarantees a market. We can do that with innovative legislative incentives — tax credits and purchase funds — that encourage the pharmaceutical and biotechnology sectors to engage in areas they previously have neglected.

Tax credits could double the nonprofit organizations' purchasing power in buying vaccines for developing nations.

The impact internationally would be significant if Congress increased the research-and-development tax credit for vaccines for AIDS and other global killers, provided a significant contribution to international vaccine purchasing programs, and contributed to global, nonprofit organizations that provide venture capital for industry research and development efforts.

Working to buoy other nongovernment organizations, Congress could enact "matching tax credits" that would double the purchasing power of nonprofit organizations buying vaccines for developing countries.

These financing mechanisms — relying on new public-private partnerships — are the most efficient means of addressing the world's health-care pandemic. It is critical that we embrace them immediately.

Our collective conscience will not permit us to turn our back on these diseases or dismiss their victims as casualties of the free market. Nor can we pretend that the United States can lead this effort on its own by simply dumping billions into new government bureaucracies. Creating the market incentives to encourage investment in vaccines may well yield high returns — and for the world's developing countries, especially sub-Saharan Africa, this investment may well be their only hope for survival.

ADAP Working Group
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O - ADAP

FAX COVER PAGE
ADAP Working Group

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Washington, DC 20009

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Email: weaids@ix.netcom.com

Subject: ADAP FY 2001 Need

Message:

I have been asked to send you the attached summary of the ADA FY 2001 "need". Currently we are short in House & Senate marks and in the President's budget request some $100 Million in order to adequately fund eligible ADAP clients emerging to seek new "combination therapy" treatments - as well as maintaining treatment access for many of the tens of thousands who are suviving as a result of the new treatments. We face the potential of ADAP program collapse again in coming months due to the program success - if we do not adequately fund ADAP for FY 2001. Please call if you need any further information. The complete 18 page economic modeling which drives our annual forecast is available upon request.
Thank you. *Bill Arnold
The ADAP Working Group (202) 588 1775

ADAP

Working Group

An AIDS Drug Assistance Program Advocacy Coalition

1775 "T" Street, NW
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April 11th, 2000

Introduction to the ADAP Budget Projection Model, Fiscal Year 2001

The ADAP Working Group is a unique ad hoc coalition of HIV/AIDS community-based organizations, biotechnology, pharmacy and pharmaceutical research companies. Our mission is to ensure adequate access to HIV/AIDS-related therapies through the AIDS Drug Assistance Program (ADAP), funded under Title II of the Ryan White CARE Act.

The ADAP Working Group believes that the enclosed budget projection provides an accurate representation of the cost of providing a basic standard of HIV/AIDS care to those on ADAP in Fiscal Year 2001, which runs April 1, 2001 - March 31, 2002.

The cost of treating a person with AIDS on Medicaid can be upwards of $40,000 a year*. In fiscal 2001, adequate treatment per person on ADAP will average little more than $10,000 for the year, including costs for treating and preventing opportunistic infections. Without adequate ADAP funding, uninsured and underinsured people with HIV will have to wait until they are sick and disabled in order to qualify for Medicaid and receive the treatment that could have prevented their illness. This is clearly unsound health care policy.

The impact of multi-drug anti-HIV therapy has been well publicized over the past two years. The many incremental gains in the prevention and treatment of opportunistic infections have also made a significant contribution to extending and improving the lives of people with AIDS. The stunning two-thirds drop in deaths from AIDS nationally since 1995 is the most recent testament to these facts. Also the National Institutes of Health and the Public Health Service have released guidelines on the use of antiretroviral therapy that promise to further improve the standard of care for people with HIV and AIDS.

The ADAP Working Group believes that we cannot afford to deny optimum HIV and AIDS treatment to all those that could benefit from it. The ADAP population is particularly vulnerable, often depending on a fractured system of care and on other vital Ryan White services. They should not have to decline into disability to receive the treatments they need.

The following summarizes the ADAP Budget Projections:

FY 2001 October 1, 2000 to September 30, 2000***	
Projected ADAP budget need for **FY 2001**:	$895,457,834
Projected base budget for **FY 2001**:	$732,530,408
Current projected ADAP shortfall for FY 2001:	**($162,927,426)**

To address this shortfall we project needs as follows:

Federal Share (80%): +$130,341,941**

N.B. The President's FY 2001 budget request already proposes a $26 million increase over the FY 2000 $522 million in "targeted ADAP" funds.

State Share (20%): +$32,585,485**

Explanatory Notes:
*Source: Connors, Medicaid Working Group (data from Community Medical Alliance, Santa Barbara, CA, 1993). The current inflation-adjusted annual cost of treating advanced AIDS, based on this data, would be approximately $54,000.
**This percentage is derived from referencing Congressional Report Language.
*** The Actual ADAP Program year (period during which this funding will be spent) runs from 1 April, 2001 to 30 March, 2002.

Projection Methods

A computer model, developed by respected pharmacoeconomists, was used to estimate the cost of providing the standard of care to these utilizing ADAP clients on a month-by-month basis out to March 2002. The same model has been utilized by the ADAP Working Group to project ADAP need for the past four years.

The model uses real world information about the immune system status of ADAP clients to project the need for preventive and acute treatment with outpatient drugs. The expected incidence of illness is based on an analysis of data from the Multicenter AIDS Cohort Study (MACS) by Bacellar et al (Journal of Infectious Disease 1994;170). The same model has predicted individual state ADAP expenditures within 5% of the actual totals. A total of 22 states have utilized this model for fiscal projection purposes.

The model makes assumptions about antiretroviral therapy as described in the new NIH/PHS Guidelines. In addition to their basis in the new NIH/PHS Guidelines, these projections mirror current trends in State ADAPs.

The model cannot anticipate the changes and refinements in the standard of care that may occur within the timeframe of this projection. The ADAP Working Group will update the projection model whenever new and validated information that impacts the model becomes available.

++It should be noted that the advent of more effective antiretroviral treatment in 1996 led to a surge in growth of both utilizing clients and expenditures for ADAPs. One of the challenges of projecting future ADAP budget needs is estimating the number of new clients that will enter and utilize the program. Since our initial projections for FY 1997 and FY 1998, the monthly growth in new clients has increased slightly, then slowed, necessitating revised estimates for subsequent projections. In 1996/1997, the average increase in utilizing ADAP clients was 998 per month nationally. This increased slightly to 1010 in 1997/1998. Towards the end of 1998, the ADAP Working Group noted a trend towards a decrease in new clients to 933 per month. As a result the FY2000 projections were based on a conservative figure of 800 new clients per month to accommodate this trend towards slower growth. Now that data is available for 1999, the monthly increase in utilizing clients has been reported as 654 per month. As a result our original FY 2000 projections over-estimated client growth. For this current FY 2001 projection we have incorporated the new data for a projected growth of 650 new utilizing clients per month.++

The enclosed slides provide more details on the methodology and the results.

William E. Arnold
Chair, The ADAP Working Group
(202) 588-1775

The following set of slides illustrates the methods used, results projected (in more detail) and provides additional information.

This document is also available on the following web sites: www.nyaidsinfo.org/adap

FAX COVER PAGE
ADAP Working Group

Date: 10/25/00 **Time:** 1:43:54 PM

To: 'Sandra Thurman (Business Fax)'
Fax Phone: +1 (202) 456-2438

From: William Arnold
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Subject: ETHA (H.R. 1591) & (S.902) - Excellent KFF Summary

Message:

Attn: Health and AIDS portfolios.

Attached is an excellent KFF summary of ETHA (Early Treatment for HIV Act) which has bipartisan support and offers a superb opportunity to take cost effective, medically correct, to allow timely treatment access for Americans with HIV.

FYI and background files.

*Bill Arnold, Chair, The ADAP Working Group (202) 588-1775

C - ADAP

FAX COVER PAGE
ADAP Working Group

Date: 9/29/00 **Time:** 4:59:48 PM

To: 'Sandra Thurman (Business Fax)'
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Subject: ADAP FY 2001 Funding FYI

Message:

Copy of CA Assembly letter FYI and files. *Bill Arnold

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Assembly
California Legislature

CAROLE MIGDEN
ASSEMBLYWOMAN, THIRTEENTH DISTRICT
Chairwoman
Assembly Committee on Appropriations

CHAIR
Appropriations

COMMITTEES
Natural Resources
Labor and Employment
Joint Legislative Budget Committee

SELECT COMMITTEES
California Horse Racing Industry
Coastal Protection

SUBCOMMITTEE
Appropriations Infrastructure
Finance

September 27, 2000

President William J. Clinton
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500

Dear President Clinton,

Please support the highest possible level of funding in the FY 2000 budget process for the AIDS Drug Assistance Program (ADAP). On behalf of those who continue to benefit from this indispensable program, I would appreciate your influence in Congress on this issue.

I am proud of the model ADAP in the state of California. Through the ADAP program, funded under Title II of the Ryan White Care Act, we are able to offer innovative and life saving treatments for many HIV+ Californians that otherwise would go without adequate health care due to financial limitations. In order for California and the other states to continue current levels of service to patients of limited means who suffer from AIDS, federal funding must increase by $130 million in the FY 2000 budget. We at the California State Legislature have made a commitment to funding ADAP at the state level, and I ask you to do the same at the federal level.

Those of us who have watched our friends and family die horribly from this epidemic are breathing in the dawn of new, successful treatments. We are seeing hope where before there was despair. I urge you to support this program that is helping persons with AIDS to live.

Thank you for considering this request.

Sincerely,

CAROLE MIGDEN,
California State Assemblywoman

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