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ADAP

Working Group

An AIDS Drug Assistance Program Advocacy Coalition

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Ryan White CARE Act, Title II

AIDS Drug Assistance Program (ADAP)

Annual Health Care Costs and Ryan White Care ACT ADAP needs

Budget Projection #2

April 17, 1997

Introduction to the ADAP Budget Projection Model

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 current cost of providing the basic standard of HIV/AIDS care to those on ADAP.

The cost of treating a person with AIDS on Medicaid can be upwards of $40,000 a year. In fiscal 1998, adequate treatment for a person on ADAP will run no more than $10,000 for the year. Without adequate ADAP funding, uninsured and underinsured people with HIV may have to become sick and disabled in order to qualify for Medicaid and receive the treatment that could have prevented their illness. We believe that this is clearly unsound health care policy.

The impact of triple drug anti-HIV therapy with protease inhibitors has been well publicized over the past year. 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. Also, for the first time, the National Institutes of Health and the Public Health Service are about to release guidelines on the use of antiretroviral therapy that promise to dramatically 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 having a fractured system of care and depending on many other vital Ryan White services. They should not have to endure a decline into disability in order to receive the treatments they need.

The following summarizes this ADAP Budget Projection:

FY '97

Projected total ADAP budget "need" for FY 1997:	$443,174,776
Current estimated FY 1997 Budget available:	$376,279,035
Projected FY 1997 Shortfall:	**($66,895,741)**

FY '98

Projected ADAP budget "need" for FY 1998:	$554,318,812
Base budget estimated available for FY 1998:	$376,279,035

n.b. The President's budget, at this time, proposes NO increase over the FY '97 $167 Million "targeted ADAP" specific funds for the FY '98 Budget.

Current Projected ADAP shortfall for FY 1998: ($178,039,777)

To cover this shortfall:

Federal Share (74%*): FY 1998 an increase of +$131,749,435

State and other sources (26%): an increase of: +$ 46,290,342

*This percentage is derived from historical ADAP budget data for FY 1995 and FY 1996

For additional information or technical questions contact:

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Co-Chairs: William E. Arnold
Dorothy A. Keville

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 1999.

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 the Multi-AIDS Center Cohort Study (MACS). The same model has predicted individual state ADAP expenditures within 5% of the actual totals.

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 the state ADAPs.

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

These slides provide more details on the methodology and the results.

Ryan White Title II
ADAP
Budget Model

Computes the annual total health care costs
and Ryan White program costs for HIV
positive patients enrolled in RW programs

Formula and Calculations

Number of Clients* on Antiretroviral Therapy	X	Cost of Antiretroviral Therapy
Number of Clients on Prophylaxis for OIs	X	Cost of Prophylaxis for OIs
Number of Cases of Each Type of OI	X	Cost of Treatment for Each Type of OI
SUM	=	TOTAL BUDGET

* Throughout this document, "Clients" refers to the number of ADAP clients utilizing the program, i.e. filling a prescription each month.

Determining Costs in the Model

- **All drug costs were based on AWP - 15.8%[1]**
- **Treatment costs for each type of OI were based on treatment algorithms for each opportunistic disease**
  - » developed by an expert panel
  - » included all resources used in diagnosis and treatment
  - » used Medicaid reimbursement rates from 1994 adjusted by inflation to 1995 dollars to assign monetary value for each unit in the algorithm
  - » cost per algorithm unit was summed to yield a total treatment cost for each OI, weighted to reflect different treatment options

Opportunistic Infection Treatment Costs

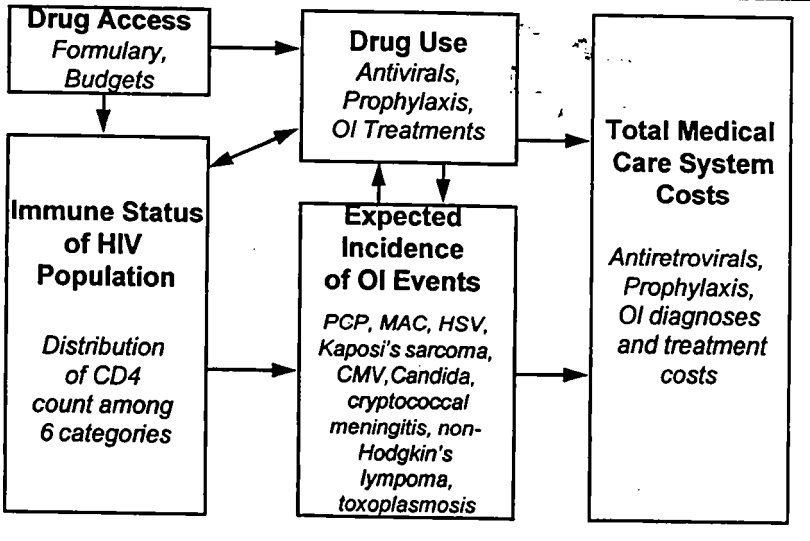
Opportunistic Infections	Treatment Costs*
Cytomegalovirus retinitis	$66,986
Non-Hodgkin's lymphoma	$19,627
Cryptococcal meningitis	$18,961
Leukoencephalitis	$18,292
Cryptosporidiosis	$15,547
Tuberculosis	$14,226
Toxoplasmosis	$14,189
Mycobacterium avium complex	$ 9,124
Pneumocystis carinii pneumonia	$ 7,367
Kaposi's sarcoma	$ 5,459
Candida esophagitis	$ 2,399
Genital herpes (GH) episode	$ 532

* Weighted average cost to account for variation in treatment.

Determining Incidence Rates in the Model

- **Number of clients on Prophylactic Therapy**
  - » Based on standard treatment for PCP, MAC, fungal infections and HSV
- **Number of clients on Antiretroviral Therapy**
  - » NIH/PHS Guidelines[2]
  - » ADAP Monitoring Report
- **Number of cases for each type of OI**
  - » Based on CD4 cell distribution, drug therapies, and incidence rates from the MACS cohort data

Modeled Program Costs



CD4 Count Distribution* and Prophylaxis Rates

CD4 Count (Cells/mm^3)	% of Enrollees	Prophylaxis
< 50	30.4	PCP, MAC, Mycoses
51-99	9.4	PCP and MAC
100-149	8.3	PCP
150-199	9.6	PCP
200-299	16.7	
>=300	25.6	

* Average from ADAP members in TN, TX, NY & NC

Assumptions of the Model

- The number of clients utilizing ADAP will continue to increase at a rate of 998 clients per month from a baseline of 39,272 clients in January 1997.[3]
- All assumptions are conservative, so as to underestimate costs.
- Triple combination therapy includes two nucleoside analogues and a protease inhibitor*.

*zidovudine, lamivudine, indinavir

Additional Assumptions

- The CD4 cell levels of RW enrollees do not differ by state.
- Triple combination antiretroviral therapy results in a shift upwards of 100 CD4 cells.
- The NIH/PHS Guidelines will become accepted as the standard of care for ADAP clients

Projection of the Ryan White ADAP and Total Health Care Costs for FY 1997 and 1998 - ADAP Working Group

	1997	1998
Ryan White Drug Costs	$443,174,776	$554,318,812
Total Health Care Costs	$554,973,160	$694,155,171

Conclusions

- This model captures the cost of providing the new NIH/PHS standard of care to ADAP clients nationally

- Ryan White costs increase as additions are made to the formulary but those increases are offset by savings to the health care system

Conclusions

- In addition to health care system savings, increasing access to drug therapy results in improved health states and fewer opportunistic infections

- Higher health states maintained for longer periods of time will likely result in increased membership and higher costs for the ADAP program

Footnotes

1. State ADAP programs utilize a variety of drug distribution systems resulting in a range of costs for the purchase of drugs. Distribution systems are the result of a variety of state factors, including:

- Available infrastructure and other state systems for drug purchasing.
- Geographic distribution of clients.
- Access issues.
- Scope of drug coverage (maintenance vs. acute care drugs).
- Availability of rebates vs. discount purchasing.
- Ability to leverage other funding sources through local distribution.

This analysis uses a range of pricing, maximum (Average Wholesale Price) and minimum (Public Health Service price), and identifies the average cost of eight antiretroviral therapies. The average price is used because the maximum (AWP) price includes the cost of a distribution system and can be reduced through discounts and rebates, while the minimum (PHS) price must be increased to acknowledge the distribution costs that will be incurred when distributing drugs from a central location. The average price identified by this method (AWP - 15.8%) is used for all drugs included in the analysis.

Footnotes

2. Based upon the imminent NIH/PHS Guidelines on the use of antiretroviral therapy and the known CD4 cell distribution of ADAP clients, triple combination therapy would be recommended for close to 100% of ADAP clients. The more conservative assumption used in this projection is that 80% of ADAP clients will receive triple combination therapy, 10% will receive double combination antiretroviral therapy for reasons of clinical management and 10% will receive prophylaxis only at any given time due to the necessity of changes in regimens or client choice.

3. Monthly ADAP utilization figures were available from all programs (100% reporting) for July 1996 and most recent month, either December 1996 or January 1997. The average increase in utilizing ADAP clients was calculated using these timepoints, for a result of 998 new utilizing clients per month nationally. The baseline number of clients utilizing ADAP in January 1997 was established at 39,272. The monthly costs to ADAP nationally were projected forward on a month-by-month basis to March 1999 adding 998 new utilizing clients for each month.

Ryan White Title II
ADAP
Budget Model

Computes the annual total health care costs *and* Ryan White program costs for HIV positive patients enrolled in RW programs under alternative treatment plans

Formula and Calculations

Number of Enrollees on Antiretroviral Therapy	X	Cost of Antiretroviral Therapy
Number of Enrollees on Prophylaxis for OIs	X	Cost of Prophylaxis for OIs
Number of Cases of Each Type of OI	X	Cost of Treatment for Each Type of OI
SUM	=	TOTAL BUDGET

Estimating Costs

- **All drug costs were based on AWP - 15.8%**

- **Treatment costs for each type of OI were based on treatment algorithms for each opportunistic disease**
  - developed by an expert panel
  - included all resources used in diagnosis and treatment
  - used 1994 Medicaid reimbursement adjusted for inflation to 1995 rates to assign monetary value for each unit in the algorithm
  - cost per algorithm unit was summed to yield a total treatment cost for each OI, weighted to reflect different treatment options

Antiretroviral and Prophylaxis Therapy Costs

Therapy	Cost per Day	Cost per Year
Antiretroviral		
Retrovir	$ 7.43	$2,675
DDI	$ 5.41	$1,950
DDC	$ 5.52	$1,986
Zerit	$ 5.45	$1,962
Epivir	$ 5.97	$2,149
Indinavir	$ 10.10	$3,637
PCP	$ 0.17	$ 156
MAC	$ 6.69	$2,408
HSV (Suppression)	$ 1.37	$1,235
Fungal Infections	$ 2.40	$2,133

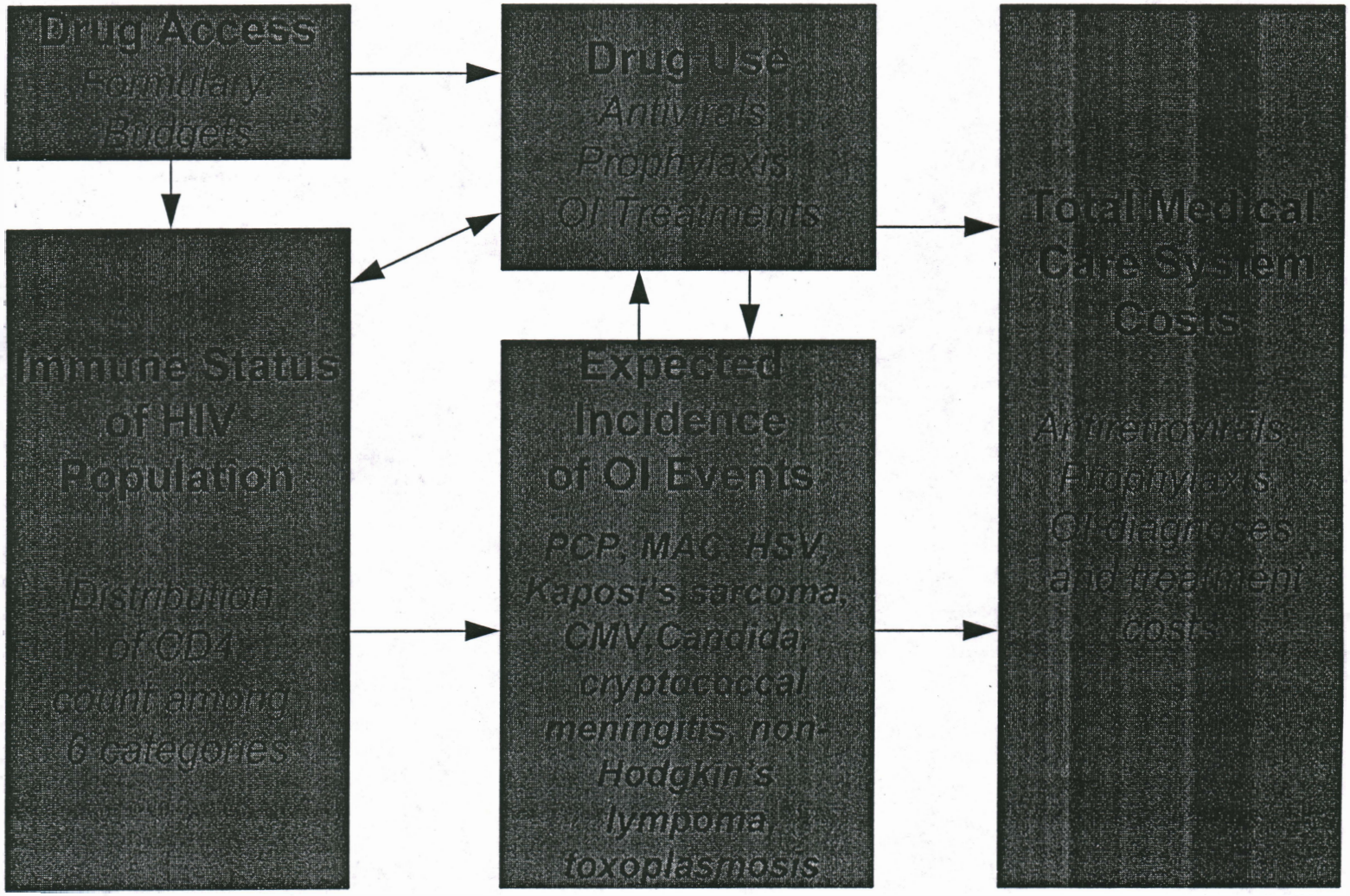
Opportunistic Infection Treatment Costs

Opportunistic Infections	Treatment Costs
Cytomegalovirus retinitis	$66,986
Tuberculosis	$14,226
Cryptococcal meningitis	$18,961
Pneumocystis carinii pneumonia	$ 7,367
Toxoplasmosis	$14,189
Non-Hodgkin's lymphoma	$19,627
Leukoencephalitis	$18,292
Kaposi's sarcoma	$ 5,459
Mycobacterium avium complex	$ 9,124
Genital herpes (GH) episode	$ 1,470
Candida esophagitis	$ 2,399
Cryptosporidiosis	$15,547

Estimating Incidence Rates

- **Number of clients of Prophylactic therapy**
  - Based on standard treatment for PCP, MAC, fungal infections, and HSV
- **Number of clients on Antiretroviral therapy**
  - Based on projections from the ADAP Working Group "Survey of ADAP Programs, 1996" and the NIH/PHS treatment guidelines
- **Number of cases for each type of OI**
  - Based on CD4 cell distribution, drug therapies, and IRs reported from the MACS cohort data

Modeled Program Costs



Comparisons of Treatment Plans for ADAP Working Group Comparing Monotherapy to Triple Combination Therapy in a Comprehensive Treatment Plan, 1996 Estimates

	Mono	Triple	Difference
Base Case - 70,030 members (9c)			
Ryan White Drug Costs	$125,975,364	$240,539,411	$114,564,047
Total Health Care Costs	$333,205,147	$410,717,542	$77,512,395
	Numbers are 52% of base		
Raise members to 84,000			
Ryan White Drug Costs	$151,105,677	$288,523,641	$137,417,964
Total Health Care Costs	$399,674,887	$492,649,915	$92,975,028
Raise Antiretroviral Therapy from 52% to 62%			
Ryan White Drug Costs	$125,975,364	$272,103,665	$146,128,301
Total Health Care Costs	$333,205,147	$432,118,213	$98,913,066

*70,015 at 6 mos membership yields 35,015 person-years.

Projection of the Ryan White ADAP and Total Health Care Costs for FY 1997 and 1998- ADAP Working Group- Population increase 998 annual patient years

looked @ month-month basis
net increase in users

per month

80% Triple Therapy
10% Double "
10% other "
including none

4

	1997	1998
Ryan White Drug Costs	$433,174,776	$554,318,812
Total Health Care Costs	$554,973,160	$694,155,171

ADAP Budget Projection for 1997 and 1998- Population increase of 1100 annual patient years

	1997	1998
Ryan White Drug Costs	$448,381,173	$570,884,619
Total Health Care Costs	$561,492,959	$714,899,984

ADAP Budget Projection for 1997 and 1998-
Population increase of 1200 annual patient years

	1997	1998
Ryan White Drug Costs	$453,485,483	$587,125,606
Total Health Care Costs	$567,884,918	$735,238,037

ADAP Budget Projection for 1997 and 1998-
Population increase of 1300 annual patient years

	1997	1998
Ryan White Drug Costs	$458,589,793	$603,366,593
Total Health Care Costs	$574,276,877	$755,576,090

Validation-NY ADAP Total Costs

Date	NY Actual	NY Model
Jan-97	$5,199,838	$5,317,646
Feb-97	$4,906,307	$5,321,786
Mar-97	$5,557,142	$5,596,694
Apr-97	$5,987,329	$5,874,430
May-97	$6,269,482	$5,962,685
Total-97	$27,920,098	$28,071,241

Bias is captured by the Model

Conclusions

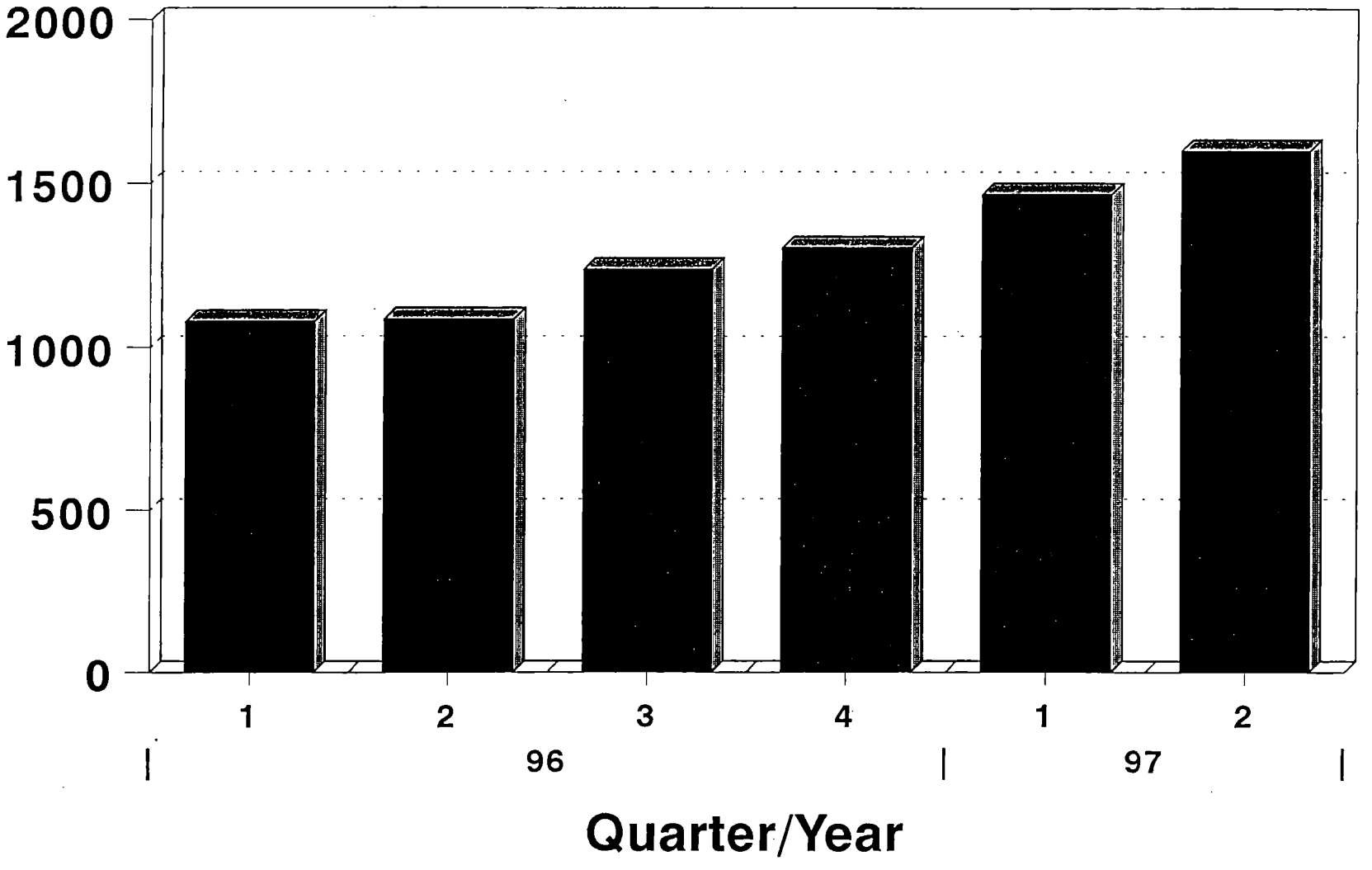
- The model is able to compute the expected therapy costs under different formulary conditions, showing the budgetary impact of multiple coverage decisions.
- Ryan White costs increase as additions are made to the formulary but those increases are offset by savings to the health care system.

Conclusions

- In addition to health care system savings, increasing access to drug therapy results in improved health states and fewer opportunistic infections.
- Higher health states maintained for longer periods of time will likely result in increased membership and higher costs for Ryan White programs.

ADAP ENROLLMENT

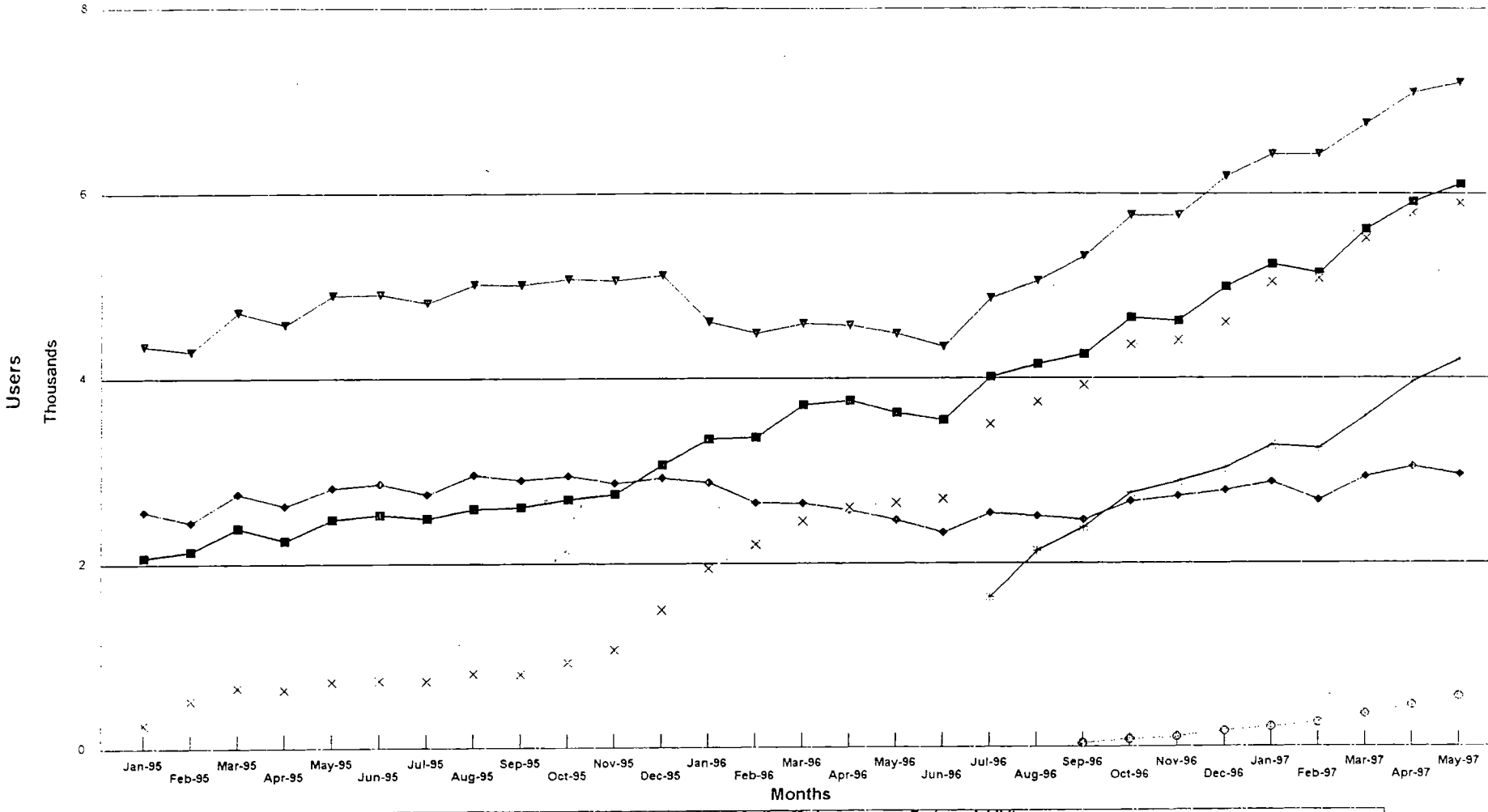
NEW ENROLLEES - QUARTER YEAR



January 1996 - June 1997

NYS ADAP Drug Utilization by Category

Users by Month - January 1, 1995 through May 31, 1997



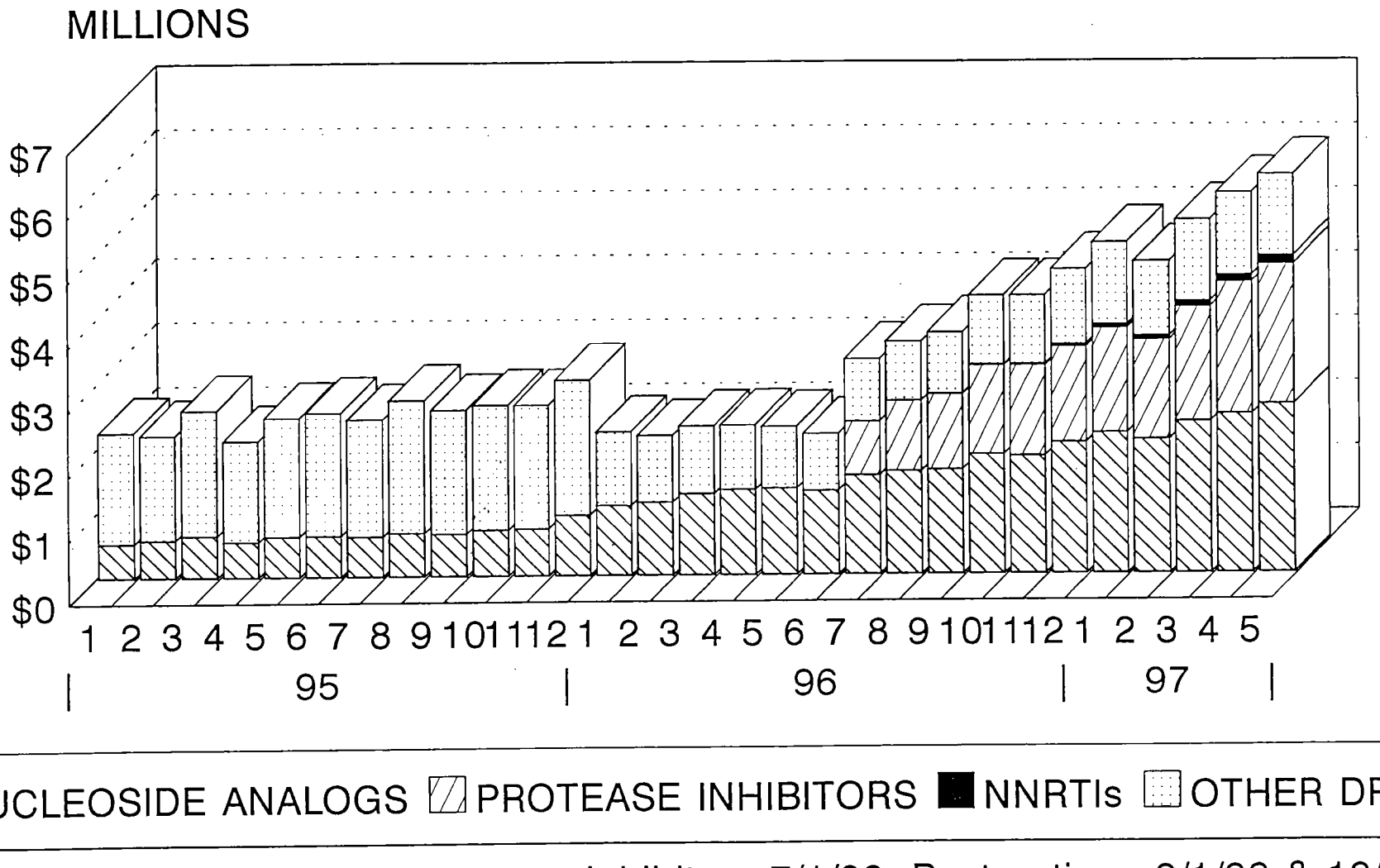
Formulary Changes. 1/1/96 - Reduction; 7/1/96 - Protease Inhibitors added, 9/1/96 - General Meds restored; 12/1/96 - Restored remaining drugs

Users by Month - January 1, 1995 through May 31, 1997

Users by Month - Nucleoside Analogs, OI Meds, Protease Inhibitors and All Drugs

	Nucleoside	OI Meds	Protease Inhibitor	NNRTI	Combo	Total All Drug
Jan-95	2071	2565			251	4347
Feb-95	2137	2450			520	4290
Mar-95	2387	2756			663	4709
Apr-95	2253	2629			640	4577
May-95	2477	2818			726	4889
Jun-95	2533	2866			733	4905
Jul-95	2492	2750			729	4813
Aug-95	2594	2963			808	5008
Sep-95	2611	2905			805	5007
Oct-95	2695	2949			927	5068
Nov-95	2753	2871			1066	5050
Dec-95	3069	2929			1496	5107
Jan-96	3345	2875			1942	4601
Feb-96	3365	2658			2204	4482
Mar-96	3710	2652			2456	4587
Apr-96	3752	2574			2602	4569
May-96	3624	2466			2656	4474
Jun-96	3543	2332			2694	4334
Jul-96	4011	2542	1630		3500	4859
Aug-96	4150	2505	2135		3742	5045
Sep-96	4255	2469	2389	39	3918	5311
Oct-96	4650	2667	2759	76	4356	5758
Nov-96	4615	2722	2884	106	4405	5761
Dec-96	4981	2781	3028	169	4597	6183
Jan-97	5228	2876	3270	212	5031	6422
Feb-97	5131	2676	3239	256	5068	6424
Mar-97	5605	2932	3586	359	5502	6759
Apr-97	5909	3037	3953	455	5786	7092
May-97	6102	2955	4197	549	5893	7201

NYS ADAP - MONTHLY DRUG EXPENDITURES



Formulary reduction 1/1/96; Protease inhibitors 7/1/96; Restorations 9/1/96 & 12/1/96.

Formulary Drugs	Unit Price AWP/1995	Daily Dose	Daily Cost*	Discount rate 0.158
Acyclovir - 200mg tab.	0.9763	5	4.110223	
Acyclovir 400mg tab.	1.8947	2	3.190675	
Adriamycin 20mg inj RDF	92	1	77.464	
Blaxin - 500mg tab 60's	178.3			
Bleomycin 15u inj	276.29	0.33	76.76994	
Chemo for Kaposi	342.31			
Chemo for Lymphoma	140.1725			
Clarithromycin - Blaxin 500mg tab.	2.97	4	10.00296	
Clindamycin - 150mg tab.	0.93	8	6.26448	
Clofazimine 50mg tab.	0.13	2	0.21892	
Clotrimazole 10mg lozenge	0.7513	4	2.530378	
Cyclophosphamide 100mg	5.31	1	4.47102	
Cyclophosphamide 500mg	21.24	1	17.88408	
Dapsone - 100mg	0.18	1	0.15156	
Didansoine DDI - Videx - 250 mg tab.	3.709	2	6.245956	
Epivir - 150mg -	3.732	2	6.284688	
Erythromycin 250mg tab	0.2672	4	0.89993	
Erythromycin 250mg 100's ecc	26.93			
Ethambutol - 400mg tab.	1.5413	2.5	3.244437	
Fluconazole-Diflucan 100mg tab.	6.875	2	11.5775	
Foscavir - Foscarnet	879.3			
Indinavir - 400mg	2.5	6	12.63	
Foscarnet, IV 24mg/ml 250ml/day	73.275	1	61.69755	
Ganciclovir, IV -cytovene 500mg vial 25's	870			
Ganciclovir, IV 500mg vial	34.8	1	29.3016	
Ketoconazole - 200mg tab.	2.7092	2	4.562293	
Medrol 24mg tab.	1.4272	2	2.403405	
Methotrexate 25mg/ml 8ml	17	1	14.314	
Myambutol - Ethambutol 100mg - 100	46.06			
Myambutol - Ethambutol 400 mg - 100	154.13			
Mycelex troche	52.59			
Neupogen (G-CSF) 300mcg/ml inj.	148.3	1	124.8686	
Nystatin - 500,000u - 100's	25.75			
Nystatin - 500,000u tab.	0.2575	4	0.86726	
Ganciclovir, Oral - cytovene 250mg - 180's	702			
Ganciclovir, Oral 250mg tab	3.9	12	39.4056	
Pentamidine, Aerosolized 300mg neb.	98.75	1	83.1475	
Pentamidine IV - 300mg IJ	98.75	1	83.1475	
Pyrimethamine - Daraprim 25mg tab.	0.3767	3	0.951544	
Retrovir - 100mg tab	1.548	6	7.820496	
Rifabutin-Mycobutin - 150mg tab	3.41	2	5.74244	
Stavudine - Zerit - 40mg	3.75	2	6.315	
Sulfadiazine -500mg tab.	0.46197	10	3.889787	
TMP/SMX 800/160mg tab.	0.24	1	0.20208	
Trimethaprim/Sulfa 800/160mg tab	0.24	8	1.61664	
Vincristine 1ml 1mg/ml	31.75	1	26.7335	
Vincristine 2ml inj. 1mg/ml	38.25	1	32.2065	
ZalcitabineDDC - Hivid - 0.75mg tab.	2.299	3	5.807274	

*Daily Cost = (Unit cost x Daily dose) - Discount Rate

Scenario Values	None	NART & Pr	MART & Pr	DART & Pr	CART & Pr	Check Should = 100	POPULATION PERSON From "Input2" page
Scenario One							
# Persons	0	10	0	10	80		
Proportion of year	100%	100%	100%	100%	100%		
Person years	0	10	0	10	80	100	48,314
							47737
Scenario Two							
# Persons	100	0	0	0	0		
Proportion of year	100%	100%	100%	100%	100%		
Person years	100	0	0	0	0	100	48,314

	Scenario One	Scenario Two	Difference		Total #1	Total #2	Total Difference
PCP Prophylaxis	$10,001	$0	($10,001)		$4,831,675	$0	($4,831,675)
MAC Prophylaxis	$75,963	$0	($75,963)		$36,700,602	$0	($36,700,602)
HSV Prophylaxis	$27,258	$0	($27,258)		$13,169,276	$0	($13,169,276)
Fungal Prophylaxis	$41,366	$0	($41,366)		$19,985,728	$0	($19,985,728)
ART Costs	$712,469	$0	($712,469)		$344,222,259	$0	($344,222,259)
Total OD Costs	$449,705	$657,698	$207,993		$217,270,700	$317,760,358	$100,489,658
RW OD Costs	$215,587	$0	($215,587)		$104,158,914	$0	($104,158,914)
Total Cost per Hundred	$1,162,174	$657,698	($504,476)	**Total System Costs**	**$561,492,959**	**$317,760,358**	**($243,732,601)**
RW Cost per Hundred	$928,056	$0	($928,056)	**Total RW Costs**	**$448,381,173**	**$0**	**($448,381,173)**
PCP Cases	3.36	25.10	21.74		1622.86	12127.42	10504.57
MAC Cases	1.37	3.65	2.28		660.37	1762.66	1102.29
CMV Cases	5.12	6.39	1.27		2474.98	3087.88	612.90
Other OD Cases	9.14	21.78	12.65		4414.85	10524.24	6109.39
Total OD Cases	**18.99**	**56.92**	**37.94**		**9173.06**	**27502.20**	**18329.14**
HSV Episodes	**39.73**	**123.15**	**83.42**		**19195.61**	**59498.27**	**40302.67**
					61211.07021		

1100 - year 2 6/6/97

Scenario Values	None	NART & Pr	MART & Pr	DART & Pr	CART & Pr	Check Should = 100
Scenario One						
# Persons	0	10	0	10	80	
Proportion of year	100%	100%	100%	100%	100%	
Person years	0	10	0	10	80	100
Scenario Two						
# Persons	100	0	0	0	0	
Proportion of year	100%	100%	100%	100%	100%	
Person years	100	0	0	0	0	100

	Scenario One	Scenario Two	Difference		Total #1	Total #2	Total Difference
PCP Prophylaxis	$10,001	$0	($10,001)		$6,151,750	$0	($6,151,750)
MAC Prophylaxis	$75,963	$0	($75,963)		$46,727,674	$0	($46,727,674)
HSV Prophylaxis	$27,258	$0	($27,258)		$16,767,290	$0	($16,767,290)
Fungal Prophylaxis	$41,366	$0	($41,366)		$25,446,083	$0	($25,446,083)
ART Costs	$712,469	$0	($712,469)		$438,268,163	$0	($438,268,163)
Total OD Costs	$449,705	$657,698	$207,993		$276,631,821	$404,576,534	$127,944,712
RW OD Costs	$215,587	$0	($215,687)		$132,616,456	$0	($132,616,456)
Total Cost per Hundred	$1,162,174	$657,698	($504,476)	**Total System Costs**	**$714,899,984**	**$404,576,534**	**($310,323,451)**
RW Cost per Hundred	$928,056	$0	($928,056)	**Total RW Costs**	**$570,884,619**	**$0**	**($570,884,619)**
PCP Cases	3.36	25.10	21.74		2066.24	15440.79	13374.55
MAC Cases	1.37	3.65	2.28		840.79	2244.24	1403.45
CMV Cases	5.12	6.39	1.27		3151.18	3931.52	780.35
Other OD Cases	9.14	21.78	12.65		5621.05	13399.60	7778.55
Total OD Cases	**18.99**	**56.92**	**37.94**		**11679.26**	**35016.15**	**23336.90**
HSV Episodes	**39.73**	**123.15**	**83.42**		**24440.09**	**75753.96**	**51313.87**

1100 Clients per month, FY 1998

WKAD397.XLS scenarios (2) - 1200 6/6/97 | 95 True Costs Vs. No Drugs | Proforma 95

Scenario Values	None	NART & Pr	MART & Pr	DART & Pr	CART & Pr	Check Should = 100	POPULATION PERSON From "Input2" page
Scenario One							
# Persons	0	10	0	10	80		
Proportion of year	100%	100%	100%	100%	100%		
Person years	0	10	0	10	80	100	48,864
							47737
Scenario Two							
# Persons	100	0	0	0	0		
Proportion of year	100%	100%	100%	100%	100%		
Person years	100	0	0	0	0	100	48,864

	Scenario One	Scenario Two	Difference		Total #1	Total #2	Total Difference
PCP Prophylaxis	$10,001	$0	($10,001)		$4,886,678	$0	($4,886,678)
MAC Prophylaxis	$75,963	$0	($75,963)		$37,118,397	$0	($37,118,397)
HSV Prophylaxis	$27,258	$0	($27,258)		$13,319,193	$0	($13,319,193)
Fungal Prophylaxis	$41,366	$0	($41,366)		$20,213,243	$0	($20,213,243)
ART Costs	$712,469	$0	($712,469)		$348,140,838	$0	($348,140,838)
Total OD Costs	$449,705	$657,698	$207,993		$219,744,080	$321,377,698	$101,633,619
RW OD Costs	$215,587	$0	($215,587)		$105,344,645	$0	($105,344,645)
Total Cost per Hundred	$1,162,174	$657,698	($504,476)	**Total System Costs**	**$567,884,918**	**$321,377,698**	**($246,507,220)**
RW Cost per Hundred	$928,056	$0	($928,056)	**Total RW Costs**	**$453,485,483**	**$0**	**($453,485,483)**
PCP Cases	3.36	25.10	21.74		1641.33	12265.48	10624.15
MAC Cases	1.37	3.65	2.28		667.88	1782.73	1114.84
CMV Cases	5.12	6.39	1.27		2503.16	3123.03	619.87
Other OD Cases	9.14	21.78	12.65		4465.11	10644.05	6178.94
Total OD Cases	**18.99**	**56.92**	**37.94**		**9277.49**	**27815.28**	**18537.80**
HSV Episodes	**39.73**	**123.15**	**83.42**		**19414.13**	**60175.59**	**40761.47**

1200 Clients per month, FY 1997

6/4/97

Base Case + % on ART
Mono based on NY People

5

1200 d6/97

Scenario Values	None	NART & Pr	MART & Pr	DART & Pr	CART & Pr	Check
Scenario One						Should = 100
# Persons	0	10	0	10	80	
Proportion of year	100%	100%	100%	100%	100%	
Person years	0	10	0	10	80	100
Scenario Two						
# Persons	100	0	0	0	0	
Proportion of year	100%	100%	100%	100%	100%	
Person years	100	0	0	0	0	100

	Scenario One	Scenario Two	Difference		Total #1	Total #2	Total Difference
PCP Prophylaxis	$10,001	$0	($10,001)		$6,326,760	$0	($6,326,760)
MAC Prophylaxis	$75,963	$0	($75,963)		$48,057,021	$0	($48,057,021)
HSV Prophylaxis	$27,258	$0	($27,258)		$17,244,300	$0	($17,244,300)
Fungal Prophylaxis	$41,366	$0	($41,366)		$26,169,994	$0	($26,169,994)
ART Costs	$712,469	$0	($712,469)		$450,736,370	$0	($450,736,370)
Total OD Costs	$449,705	$657,698	$207,993		$284,501,667	$416,086,254	$131,584,587
RW OD Costs	$215,587	$0	($215,587)		$136,389,236	$0	($136,389,236)
Total Cost per Hundred	$1,162,174	$657,698	($504,476)	**Total System Costs**	**$735,238,037**	**$416,086,254**	**($319,151,783)**
RW Cost per Hundred	$928,056	$0	($928,056)	**Total RW Costs**	**$587,125,606**	**$0**	**($587,125,606)**
PCP Cases	3.36	25.10	21.74		2125.03	15880.06	13755.04
MAC Cases	1.37	3.65	2.28		864.71	2308.09	1443.38
CMV Cases	5.12	6.39	1.27		3240.83	4043.37	802.55
Other OD Cases	9.14	21.78	12.65		5780.96	13780.80	7999.84
Total OD Cases	**18.99**	**56.92**	**37.94**		**12011.52**	**36012.32**	**24000.80**
HSV Episodes	**39.73**	**123.15**	**83.42**		**25135.38**	**77909.07**	**52773.69**

1200 Clients per month, FY 1998

Scenario Values	None	NART & Pr	MART & Pr	DART & Pr	CART & Pr	Check Should = 100	POPULATION PERSON From "input2" page
Scenario One							
# Persons	0	10	0	10	80		
Proportion of year	100%	100%	100%	100%	100%		
Person years	0	10	0	10	80	100	49,414
							47737
Scenario Two							
# Persons	100	0	0	0	0		
Proportion of year	100%	100%	100%	100%	100%		
Person years	100	0	0	0	0	100	49,414

	Scenario One	Scenario Two	Difference		Total #1	Total #2	Total Difference
PCP Prophylaxis	$10,001	$0	($10,001)		$4,941,681	$0	($4,941,681)
MAC Prophylaxis	$75,963	$0	($75,963)		$37,536,192	$0	($37,536,192)
HSV Prophylaxis	$27,258	$0	($27,258)		$13,469,111	$0	($13,469,111)
Fungal Prophylaxis	$41,366	$0	($41,366)		$20,440,757	$0	($20,440,757)
ART Costs	$712,469	$0	($712,469)		$352,059,418	$0	($352,059,418)
Total OD Costs	$449,705	$657,698	$207,993		$222,217,460	$324,995,039	$102,777,579
RW OD Costs	$215,587	$0	($215,587)		$106,530,376	$0	($106,530,376)
Total Cost per Hundred	$1,162,174	$657,698	($504,476)	**Total System Costs**	**$574,276,877**	**$324,995,039**	**($249,281,838)**
RW Cost per Hundred	$928,056	$0	($928,056)	**Total RW Costs**	**$458,589,793**	**$0**	**($458,589,793)**
PCP Cases	3.36	25.10	21.74		1659.81	12403.54	10743.73
MAC Cases	1.37	3.65	2.28		675.40	1802.79	1127.39
CMV Cases	5.12	6.39	1.27		2531.33	3158.18	626.85
Other OD Cases	9.14	21.78	12.65		4515.37	10763.85	6248.48
Total OD Cases	**18.99**	**56.92**	**37.94**		**9381.91**	**28128.37**	**18746.45**
HSV Episodes	**39.73**	**123.15**	**83.42**		**19632.65**	**60852.91**	**41220.27**

1300 Clients per month, FY 1997

Scenario Values	None	NART & Pr	MART & Pr	DART & Pr	CART & Pr	Check
Scenario One						Should = 100
# Persons	0	10	0	10	80	
Proportion of year	100%	100%	100%	100%	100%	
Person years	0	10	0	10	80	100
Scenario Two						
# Persons	100	0	0	0	0	
Proportion of year	100%	100%	100%	100%	100%	
Person years	100	0	0	0	0	100

	Scenario One	Scenario Two	Difference		Total #1	Total #2	Total Difference
PCP Prophylaxis	$10,001	$0	($10,001)		$6,501,770	$0	($6,501,770)
MAC Prophylaxis	$75,963	$0	($75,963)		$49,386,367	$0	($49,386,367)
HSV Prophylaxis	$27,258	$0	($27,258)		$17,721,309	$0	($17,721,309)
Fungal Prophylaxis	$41,366	$0	($41,366)		$26,893,904	$0	($26,893,904)
ART Costs	$712,469	$0	($712,469)		$463,204,577	$0	($463,204,577)
Total OD Costs	$449,705	$657,698	$207,993		$292,371,513	$427,595,974	$135,224,461
RW OD Costs	$215,587	$0	($215,587)		$140,162,016	$0	($140,162,016)
Total Cost per Hundred	**$1,162,174**	**$657,698**	**($504,476)**	**Total System Costs**	**$755,576,090**	**$427,595,974**	**($327,980,116)**
RW Cost per Hundred	**$928,056**	**$0**	**($928,056)**	**Total RW Costs**	**$603,366,593**	**$0**	**($603,366,593)**
PCP Cases	3.36	26.10	21.74		2183.81	16319.33	14135.53
MAC Cases	1.37	3.65	2.28		888.63	2371.93	1483.31
CMV Cases	5.12	6.39	1.27		3330.47	4155.22	824.76
Other OD Cases	9.14	21.78	12.65		5940.87	14162.00	8221.13
Total OD Cases	**18.99**	**56.92**	**37.94**		**12343.78**	**37008.49**	**24664.71**
HSV Episodes	**39.73**	**123.15**	**83.42**		**25830.67**	**80064.18**	**54233.50**

1300 Clients per month, FY 1998

Scenario Values	None	NART & Pr	MART & Pr	DART & Pr	CART & Pr	Check Should = 100	POPULATION PERSON From "Input2" page
Scenario One							
# Persons	0	10	0	10	80		
Proportion of year	100%	100%	100%	100%	100%		
Person years	0	10	0	10	80	100	48,314
							47737
Scenario Two							
# Persons	100	0	0	0	0		
Proportion of year	100%	100%	100%	100%	100%		
Person years	100	0	0	0	0	100	48,314

	Scenario One	Scenario Two	Difference		Total #1	Total #2	Total Difference
PCP Prophylaxis	$10,001	$0	($10,001)		$4,831,675	$0	($4,831,675)
MAC Prophylaxis	$75,963	$0	($75,963)		$36,700,602	$0	($36,700,602)
HSV Prophylaxis	$27,258	$0	($27,258)		$13,169,276	$0	($13,169,276)
Fungal Prophylaxis	$41,366	$0	($41,366)		$19,985,728	$0	($19,985,728)
ART Costs	$712,469	$0	($712,469)		$344,222,259	$0	($344,222,259)
Total OD Costs	$449,705	$657,698	$207,993		$217,270,700	$317,760,358	$100,489,658
RW OD Costs	$215,587	$0	($215,587)		$104,158,914	$0	($104,158,914)
Total Cost per Hundred	$1,162,174	$657,698	($504,476)	**Total System Costs**	**$561,492,959**	**$317,760,358**	**($243,732,601)**
RW Cost per Hundred	$928,056	$0	($928,056)	**Total RW Costs**	**$448,381,173**	**$0**	**($448,381,173)**
PCP Cases	3.36	25.10	21.74		1622.86	12127.42	10504.57
MAC Cases	1.37	3.65	2.28		660.37	1762.66	1102.29
CMV Cases	5.12	6.39	1.27		2474.98	3087.88	612.90
Other OD Cases	9.14	21.78	12.65		4414.85	10524.24	6109.39
Total OD Cases	**18.99**	**56.92**	**37.94**		**9173.06**	**27502.20**	**16329.14**
HSV Episodes	**39.73**	**123.15**	**83.42**		**19195.61**	**59498.27**	**40302.67**
					61211.07021		

1100 - year 2 6/6/97

Scenario Values	None	NART & Pr	MART & Pr	DART & Pr	CART & Pr	Check
Scenario One						Should = 100
# Persons	0	10	0	10	80	
Proportion of year	100%	100%	100%	100%	100%	
Person years	0	10	0	10	80	100
Scenario Two						
# Persons	100	0	0	0	0	
Proportion of year	100%	100%	100%	100%	100%	
Person years	100	0	0	0	0	100

	Scenario One	Scenario Two	Difference		Total #1	Total #2	Total Difference
PCP Prophylaxis	$10,001	$0	($10,001)		$6,151,750	$0	($6,151,750)
MAC Prophylaxis	$75,963	$0	($75,963)		$46,727,674	$0	($46,727,674)
HSV Prophylaxis	$27,258	$0	($27,258)		$16,767,290	$0	($16,767,290)
Fungal Prophylaxis	$41,366	$0	($41,366)		$25,446,083	$0	($25,446,083)
ART Costs	$712,469	$0	($712,469)		$438,268,163	$0	($438,268,163)
Total OD Costs	$449,705	$657,698	$207,993		$276,631,821	$404,576,534	$127,944,712
RW OD Costs	$215,587	$0	($215,587)		$132,616,456	$0	($132,616,456)
Total Cost per Hundred	$1,162,174	$657,698	($504,476)	**Total System Costs**	**$714,899,984**	**$404,576,534**	**($310,323,451)**
RW Cost per Hundred	$928,056	$0	($928,056)	**Total RW Costs**	**$570,884,619**	**$0**	**($570,884,619)**
PCP Cases	3.36	25.10	21.74		2066.24	15440.79	13374.55
MAC Cases	1.37	3.65	2.28		840.79	2244.24	1403.45
CMV Cases	5.12	6.39	1.27		3151.18	3931.52	780.35
Other OD Cases	9.14	21.78	12.65		5621.05	13399.60	7778.55
Total OD Cases	**18.99**	**56.92**	**37.94**		**11679.26**	**35016.15**	**23336.90**
HSV Episodes	**39.73**	**123.15**	**83.42**		**24440.09**	**75753.96**	**51313.87**

1100 Clients per month, FY 1998

Scenario Values	None	NART & Pr	MART & Pr	DART & Pr	CART & Pr	Check Should = 100	POPULATION PERSON From "Input2" page
Scenario One							
# Persons	0	10	0	10	80		
Proportion of year	100%	100%	100%	100%	100%		
Person years	0	10	0	10	80	100	48,864
							47737
Scenario Two							
# Persons	100	0	0	0	0		
Proportion of year	100%	100%	100%	100%	100%		
Person years	100	0	0	0	0	100	48,864

	Scenario One	Scenario Two	Difference		Total #1	Total #2	Total Difference
PCP Prophylaxis	$10,001	$0	($10,001)		$4,886,678	$0	($4,886,678)
MAC Prophylaxis	$75,963	$0	($75,963)		$37,118,397	$0	($37,118,397)
HSV Prophylaxis	$27,258	$0	($27,258)		$13,319,193	$0	($13,319,193)
Fungal Prophylaxis	$41,366	$0	($41,366)		$20,213,243	$0	($20,213,243)
ART Costs	$712,469	$0	($712,469)		$348,140,838	$0	($348,140,838)
Total OD Costs	$449,705	$657,698	$207,993		$219,744,080	$321,377,698	$101,633,619
RW OD Costs	$215,587	$0	($215,587)		$105,344,645	$0	($105,344,645)
Total Cost per Hundred	$1,162,174	$657,698	($504,476)	**Total System Costs**	**$567,884,918**	**$321,377,698**	**($246,507,220)**
RW Cost per Hundred	$928,056	$0	($928,056)	**Total RW Costs**	**$453,485,483**	**$0**	**($453,485,483)**
PCP Cases	3.36	25.10	21.74		1641.33	12265.48	10624.15
MAC Cases	1.37	3.65	2.28		667.88	1782.73	1114.84
CMV Cases	5.12	6.39	1.27		2503.16	3123.03	619.87
Other OD Cases	9.14	21.78	12.66		4465.11	10644.05	6178.94
Total OD Cases	**18.99**	**56.92**	**37.94**		**9277.49**	**27815.28**	**18537.80**
HSV Episodes	**39.73**	**123.15**	**83.42**		**19414.13**	**60175.59**	**40761.47**

1200 Clients per month, FY 1997

1200 6/5/97

Scenario Values	None	NART & Pr	MART & Pr	DART & Pr	CART & Pr	Check
Scenario One						Should = 100
# Persons	0	10	0	10	80	
Proportion of year	100%	100%	100%	100%	100%	
Person years	0	10	0	10	80	100
Scenario Two						
# Persons	100	0	0	0	0	
Proportion of year	100%	100%	100%	100%	100%	
Person years	100	0	0	0	0	100

	Scenario One	Scenario Two	Difference		Total #1	Total #2	Total Difference
PCP Prophylaxis	$10,001	$0	($10,001)		$6,326,760	$0	($6,326,760)
MAC Prophylaxis	$75,963	$0	($75,963)		$48,057,021	$0	($48,057,021)
HSV Prophylaxis	$27,258	$0	($27,258)		$17,244,300	$0	($17,244,300)
Fungal Prophylaxis	$41,366	$0	($41,366)		$26,169,994	$0	($26,169,994)
ART Costs	$712,469	$0	($712,469)		$450,736,370	$0	($450,736,370)
Total OD Costs	$449,706	$657,698	$207,993		$284,501,667	$416,086,254	$131,584,587
RW OD Costs	$215,587	$0	($215,587)		$136,389,236	$0	($136,389,236)
Total Cost per Hundred	$1,162,174	$657,698	($504,476)	**Total System Costs**	**$735,238,037**	**$416,086,254**	**($319,151,783)**
RW Cost per Hundred	$928,056	$0	($928,056)	**Total RW Costs**	**$587,125,606**	**$0**	**($587,125,606)**
PCP Cases	3.36	25.10	21.74		2126.03	15880.06	13755.04
MAC Cases	1.37	3.65	2.28		864.71	2308.09	1443.38
CMV Cases	5.12	6.39	1.27		3240.83	4043.37	802.55
Other OD Cases	9.14	21.78	12.65		5780.96	13780.80	7999.84
Total OD Cases	**18.99**	**56.92**	**37.94**		**12017.52**	**36012.32**	**24000.80**
HSV Episodes	**39.73**	**123.15**	**83.42**		**25135.38**	**77909.07**	**52773.69**

1200 Clients per month, FY 1998

Scenario Values	None	NART & Pr	MART & Pr	DART & Pr	CART & Pr	Check Should = 100	POPULATION PERSON From "Input2" page
Scenario One							
# Persons	0	10	0	10	80		
Proportion of year	100%	100%	100%	100%	100%		
Person years	0	10	0	10	80	100	49,414
							47737
Scenario Two							
# Persons	100	0	0	0	0		
Proportion of year	100%	100%	100%	100%	100%		
Person years	100	0	0	0	0	100	49,414

	Scenario One	Scenario Two	Difference		Total #1	Total #2	Total Difference
PCP Prophylaxis	$10,001	$0	($10,001)		$4,941,681	$0	($4,941,681)
MAC Prophylaxis	$75,963	$0	($75,963)		$37,536,192	$0	($37,536,192)
HSV Prophylaxis	$27,258	$0	($27,258)		$13,469,111	$0	($13,469,111)
Fungal Prophylaxis	$41,366	$0	($41,366)		$20,440,757	$0	($20,440,757)
ART Costs	$712,469	$0	($712,469)		$352,059,418	$0	($352,059,418)
Total OD Costs	$449,705	$657,698	$207,993		$222,217,460	$324,995,039	$102,777,579
RW OD Costs	$215,587	$0	($215,587)		$106,530,376	$0	($106,530,376)
Total Cost per Hundred	$1,162,174	$657,698	($504,476)	**Total System Costs**	**$574,276,877**	**$324,995,039**	**($249,281,838)**
RW Cost per Hundred	$928,056	$0	($928,056)	**Total RW Costs**	**$458,589,793**	**$0**	**($458,589,793)**
PCP Cases	3.36	25.10	21.74		1659.81	12403.54	10743.73
MAC Cases	1.37	3.65	2.28		675.40	1802.79	1127.39
CMV Cases	5.12	6.39	1.27		2531.33	3158.18	626.85
Other OD Cases	9.14	21.78	12.65		4515.37	10763.85	6248.48
Total OD Cases	**18.99**	**56.92**	**37.94**		**9381.91**	**28128.37**	**18746.45**
HSV Episodes	**39.73**	**123.15**	**83.42**		**19632.65**	**60852.91**	**41220.27**

1300 Clients per month, FY 1997

WKAD397.XLS scenarios (2) 1300 6/6/97

95 True Costs Vs. No Drugs

Proforma 95

Scenario Values	None	NART & Pr	MART & Pr	DART & Pr	CART & Pr	Check
Scenario One						Should = 100
# Persons	0	10	0	10	80	
Proportion of year	100%	100%	100%	100%	100%	
Person years	0	10	0	10	80	100
Scenario Two						
# Persons	100	0	0	0	0	
Proportion of year	100%	100%	100%	100%	100%	
Person years	100	0	0	0	0	100

	Scenario One	Scenario Two	Difference		Total #1	Total #2	Total Difference
PCP Prophylaxis	$10,001	$0	($10,001)		$6,501,770	$0	($6,501,770)
MAC Prophylaxis	$75,963	$0	($75,963)		$49,386,367	$0	($49,386,367)
HSV Prophylaxis	$27,258	$0	($27,258)		$17,721,309	$0	($17,721,309)
Fungal Prophylaxis	$41,366	$0	($41,366)		$26,893,904	$0	($26,893,904)
ART Costs	$712,469	$0	($712,469)		$463,204,577	$0	($463,204,577)
Total OD Costs	$449,705	$657,698	$207,993		$292,371,513	$427,595,974	$135,224,461
RW OD Costs	$215,587	$0	($215,587)		$140,162,016	$0	($140,162,016)
Total Cost per Hundred	$1,162,174	$657,698	($504,476)	**Total System Costs**	**$755,576,090**	**$427,595,974**	**($327,980,116)**
RW Cost per Hundred	$928,056	$0	($928,056)	**Total RW Costs**	**$603,366,593**	**$0**	**($603,366,593)**
PCP Cases	3.36	26.10	21.74		2183.81	16319.33	14135.53
MAC Cases	1.37	3.65	2.28		888.63	2371.93	1483.31
CMV Cases	5.12	6.39	1.27		3330.47	4155.22	824.76
Other OD Cases	9.14	21.78	12.66		5940.87	14162.00	8221.13
Total OD Cases	**18.99**	**56.92**	**37.94**		**12343.78**	**37008.49**	**24664.71**
HSV Episodes	**39.73**	**123.15**	**83.42**		**25830.67**	**80064.18**	**54233.50**

1300 Clients per month, FY 1998

6/5/97

Base Case + % on ART
Mono based on NY People

#6

Ryan White CARE Act : Part A (Title I)
FY 1998 Formula and Supplemental Grants

Dec 30, 1997	FY 1998 Formula	FY 1998 Supplemental	FY 1998 Total
Atlanta, GA	$6,559,599	$5,461,855	$12,021,454
Austin, TX	$1,503,410	$1,353,342	$2,856,752
Baltimore, MD	$6,398,232	$5,786,249	$12,184,481
Bergen-Passaic, NJ	$2,292,767	$2,061,524	$4,354,291
Boston, MA	$5,182,595	$4,280,535	$9,463,130
Caguas, PR	$761,118	$644,079	$1,405,197
Chicago, IL	$8,231,101	$7,764,411	$15,995,512
Cleveland, OH	$1,350,110	$1,109,333	$2,459,443
Dallas, TX	$4,796,657	$4,285,560	$9,082,217
Denver, CO	$2,173,086	$2,105,075	$4,278,161
Detroit, MI	$3,008,164	$2,620,186	$5,628,350
Dutchess County, NY	$469,311	$385,170	$854,481
Ft. Lauderdale, FL	$5,146,287	$4,982,344	$10,128,631
Ft. Worth, TX	$1,367,592	$1,250,432	$2,618,024
Hartford, CT	$1,824,800	$1,788,229	$3,613,029
Houston, TX	$7,022,187	$5,700,292	$12,722,479
Jacksonville, FL	$1,791,182	$1,651,986	$3,443,168
Jersey City, NJ	$2,787,628	$2,532,672	$5,320,300
Kansas City, MO	$1,452,310	$1,170,099	$2,622,409
Los Angeles, CA	$16,638,361	$13,998,745	$30,637,106
Miami, FL	$9,851,502	$8,620,651	$18,472,153
Middlesex-Somerset-Hunterdon, NJ	$1,344,731	$1,253,192	$2,597,923
Minneapolis-St. Paul, MN	$1,290,942	$1,279,770	$2,570,712
Nassau-Suffolk, NY	$2,682,739	$2,257,132	$4,939,871
New Haven, CT	$2,887,138	$2,461,592	$5,348,730
New Orleans, LA	$2,775,525	$2,146,332	$4,921,857
New York, NY	$47,663,305	$47,662,029	$95,325,334
Newark, NJ	$6,839,304	$5,790,953	$12,630,257
Oakland, CA	$3,098,261	$2,827,933	$5,926,194
Orange County, CA	$2,109,883	$1,700,876	$3,810,759
Orlando, FL	$2,433,964	$2,175,875	$4,609,839
Philadelphia, PA	$7,422,917	$6,658,856	$14,081,773
Phoenix, AZ	$1,811,353	$1,600,684	$3,412,037
Ponce, PR	$1,195,466	$1,004,648	$2,200,114
Portland, OR	$1,573,336	$1,484,130	$3,057,466
Riverside-San Bernardino, CA	$2,953,030	$2,681,397	$5,634,427
Sacramento, CA	$1,282,874	$1,106,496	$2,389,370
St. Louis, MO	$1,900,105	$1,661,745	$3,561,850
San Antonio, TX	$1,678,225	$1,274,014	$2,952,239
San Diego, CA	$4,316,588	$4,135,849	$8,452,437
San Francisco, CA	$18,744,145	$17,650,769	$36,394,914
San Jose, CA	$1,285,563	$1,159,917	$2,445,480
San Juan, PR	$6,144,077	$5,514,835	$11,658,912
Santa Rosa, CA	$632,024	$593,783	$1,225,807
Seattle, WA	$2,620,881	$2,439,652	$5,060,533
Tampa-St. Petersburg, FL	$3,304,005	$3,232,184	$6,536,189
Vineland-Millville-Bridgeton, NJ	$328,114	$265,887	$594,001
Washington, DC	$8,950,532	$7,760,194	$16,710,726
West Palm Beach, FL	$3,148,016	$2,817,465	$5,965,481
TOTAL	**$233,025,042**	**$212,150,958**	**$445,176,000**

Dec 30, 1997

Questions and Answers - Title I Awards

1Q. The number of metropolitan areas receiving title I funding under the CARE Act has remained stable for the last three fiscal years. Does this reflect a moderation in the HIV epidemic?

No. The numbers of people diagnosed with AIDS, as reported to the CDC, has continued to increase, though the rate of increase has slowed. The number of reported AIDS cases are used to identify, under the CARE Act, the metropolitan areas eligible for title I funds. However, in 1996 when the CARE Act was amended, the definition of an eligible metropolitan area was modified to include a size definition. Now, an EMA must have a population of at least 500,000 and have reported 2,000 or more cases of AIDS within the past 5 years to become eligible for Title I funding. We expect one or 2 new EMAs next year.

2Q. Are these cities receiving more money than last year?

A. In the aggregate they are receiving a 3.68 percent increase over last fiscal year.

3Q. Was the method for calculating the formula changed?

A. Yes, for FY 97 and for this year. The 1996 CARE Act amendments changed ways in which formula awards were calculated.

4Q. What are those changes? And, since this is the second fiscal year after the CARE Act was amended, are those changes only now affecting awards?

A. To put it simply, there are two significant statutory changes:

One is a change in how the formula is calculated, and the other is a provision to "hold harmless" (that is, to refrain from substantially reducing formula awards) already qualified EMAs.

Let's explain in more detail.

Fifty (50) percent of the funds appropriated for Title I awards must be awarded as formula grants (50 percent are for competitive supplemental grants). The amount of these formula grants is determined by the ratio of the estimated living AIDS cases in an EMA to the estimated living AIDS cases for all EMAs. Estimated living cases are determined by the number of AIDS cases reported to CDC for each of the most recent 10 years, then applying statutory weights and summing the results across 10 years. These weights must be updated biennially by CDC. The first update is in 1998.

Under the "hold harmless" provision, an EMA receives the greater of the resulting formula amount, or an amount equal to a set percentage of its FY 95 formula award. (See the table below*

for these percentages) Amounts greater than what the formula would have been, are deducted from the funds available for supplemental awards and are added to the funds for the formula amount.

Funds remaining after all formula amounts are determined, are awarded in the competitive supplemental process.

These changes were in effect in FY 97, but because of the relatively large increase in title I appropriations for that year compared to the previous year, the effects of these changes were basically "masked" and resulting awards were still above previous levels.

This year, the increase over FY 97 was much less and that, combined with the statutory changes, has resulted in reduced levels of funding for some metropolitan areas.

There has been one other procedural change. This is the first year we have simplified the application and award process, as authorized under the amended act and today's announced awards combine the both formula and competitive supplemental awards. This change has no impact on the amount of grant awards.

An additional complicating factor contributes to perceptions of substantial reductions between FY 97 and FY 98 awards.

Last year, we adjusted supplemental awards in order to bring "start" dates of Title I grants into sync. There had been six different start dates spread among the 49 cities. Making March 1, 1998 as the common start date, required adjusting FY 97 awards, based on a per diem amount which was then multiplied by the days remaining in the grant period for each city. Consequently, some cities received up to 15 months of supplemental funding, others received less than 12 months. Consequently, today's awards can be accurately compared only to "annualized" FY 97 awards. That comparison shows that 15 cities received, in aggregate, less FY 98 funding.

5Q. What is the bottom line? How many cities are receiving less this year than last?

A. Ten cities are receiving less in formula funding in FY 98 than in FY 97; 15 cities are receiving less in aggregate (formula and supplemental) funding this year than last.

*FY 96 - 100%
FY 97 - 99%
FY 98 - 98%
FY 99 - 96.5%
FY 00 - 95%

DEPARTMENT OF HEALTH & HUMAN SERVICES Office of th

Washington

FACSIMILE COVER SHEET

To: Sandy Thurman

Organization: ONAP

From: M. Martin

Date: 1/9/98

Immediate Office of the Secretary
200 Independence Avenue, SW
Room 605-F
Washington, DC 20201

Phone: (202) 690-5400
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Recipients' Fax Number: 632-1054

Number of pages including cover: 5

Remarks:

Here are the numbers for the Title I Cities and the press release — in draft form. Any questions, please call.

HHS NEWS DRAFT #4

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

For Immediate Release
(date)

Contact: HRSA Press Office
(301) 443-3376

CLINTON ADMINISTRATION AWARDS $445 MILLION TO 49 CITIES FOR HIV/AIDS CARE

HHS Secretary Donna E. Shalala today announced more than $445 million in grants to 49 metropolitan areas hardest hit by the HIV/AIDS epidemic to fund primary health care and support services for low-income individuals with HIV/AIDS.

Today's grants represent almost half of the total $1.15 billion in CARE Act funds that will be awarded in FY 1998. This total is up from $996.3 million in 1997 and $757.4 million in 1996. Ryan White funding has increased by 230 percent under the Clinton Administration.

Funded under Title I of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, the grants are used to provide a wide range of assistance to those who lack or are only partially protected by health insurance. Assistance includes primary health care and medications, case management, support services, and substance abuse and mental health services.

"These CARE Act funds, awarded by the Clinton Administration give communities most affected by the HIV epidemic the means to provide crucial services to those most in need," said Secretary Shalala. "These awards are invaluable in providing comprehensive care for hundreds of thousands of people."

Awards to metropolitan areas are determined by formulas set in law. To qualify for Title I funding, an eligible metropolitan area must have a population of at least 500,000 and have reported more than 2,000 AIDS cases in the preceding five years. Title I grantees receive one grant award consisting of formula and supplemental funds. Formula funds are awarded based on

DRAFT #4

the estimated number of people living with HIV disease and supplemental funds are awarded competitively among metropolitan areas based on demonstration of severe need and other criteria.

"This marks the first year that formula and supplemental funds are being combined into one grant and awarded simultaneously," said Claude Earl Fox, M.D., M.P.H., acting administrator of HHS' Health Resources and Services Administration (HRSA), which administers the CARE Act through its HIV/AIDS Bureau. "This has streamlined the Title I application process, and will help ensure that total funding is available to metropolitan areas as quickly as possible."

Other titles and programs of the CARE Act fund HIV/AIDS services in states and U.S. territories (Title II); provide support to public and nonprofit organizations for outpatient early intervention services (Title III); fund special programs for improving access to HIV care for women, youth, adolescents and families (Title IV); train providers of HIV care (AIDS education and training centers) and reimburse certain schools of dentistry and postdoctoral dental programs for uncompensated costs incurred in dental treatment of HIV-positive patients. Under the Title II program, the CARE Act also supports the AIDS Drug Assistance Program (ADAP), which helps defray the costs of anti-HIV pharmaceutical therapies for uninsured individuals and others unable to pay.

A list of grantees and award amounts is attached.

####

Note: HHS press releases are available on the World Wide Web at: http://www.dhhs.gov.

Ryan White CARE Act--Title I
Fiscal Year 1998 Awards

Eligible Metropolitan Areas	Award
Atlanta	$12,021,454
Austin, Texas	$2,856,752
Baltimore	$12,184,481
Bergen-Passaic, N.J.	$4,354,291
Boston	$9,463,130
Caguas, Puerto Rico	$1,405,197
Chicago	$15,995,512
Cleveland	$2,459,443
Dallas	$9,082,217
Denver	$4,278,161
Detroit	$5,628,350
Dutchess County, N.Y.	$854,481
Ft. Lauderdale, Fla.	$10,128,631
Ft. Worth, Texas	$2,618,024
Hartford, Conn.	$3,613,029
Houston	$12,722,479
Jacksonville, Fla.	$3,443,168
Jersey City, N.J.	$5,320,300
Kansas City, Mo.	$2,622,409
Los Angeles	$30,637,106
Miami	$18,472,153
Middlesex-Somerset-Hunterdon, N.J.	$2,597,923
Minneapolis-St. Paul	$2,570,712
Nassau-Suffolk, N.Y.	$4,939,871
New Haven, Conn.	$5,348,730
New Orleans	$4,921,857
New York	$95,325,334
Newark, N.J.	$12,630,257
Oakland, Calif.	$5,926,194
Orange County, Calif.	$3,810,759
Orlando, Fla.	$4,609,839
Philadelphia	$14,081,773
Phoenix	$3,412,037
Ponce, Puerto Rico	$2,200,114
Portland, Ore.	$3,057,466
Riverside-San Bernardino, Calif.	$5,634,427
Sacramento, Calif.	$2,389,370
St. Louis, Mo.	$3,561,850
San Antonio	$2,952,239
San Diego	$8,452,437
San Francisco	$36,394,914
San Jose, Calif.	$2,445,480
San Juan, Puerto Rico	$11,658,912
Santa Rosa, Calif.	$1,225,807

Seattle	$5,060,533
Tampa-St. Petersburg, Fla.	$6,536,189
Vineland-Millville-Bridgeton, N.J.	$594,001
Washington	$16,710,726
West Palm Beach, Fla.	$5,965,481
TOTAL	**$445,176,000**

Title I Talking Points

- Title I of the CARE Act provides emergency AIDS service funding to the 49 metropolitan areas eligible for funding because of the disproportionate incidence per capita and actual cases of people living with AIDS-defined HIV disease. The Title I decision-making process to define local needs, set service priorities, and allocate funds to those priorities is driven by local planning councils.

- The trends in Title I service priorities, over the past two fiscal years, since the approval of protease inhibitors has continued to shift towards direct medical and enabling health care services, and pharmaceutical drug coverage, in efforts to create new programs that support and keep people in care in the new environment of combination anti-retroviral treatment regimens.

- Medical care has always been the number one service priority of all Title I EMAs. With the availability of new anti-retrovirals, drug coverage soon became the number two priority behind physician visits. **In FY 1997 Title I EMAs allocated $41,051,269 or 10.6% of Title I funds to ADAP making it the number two priority**. This number does not include the drug coverage that Title I provides as a component of other medical care sites that have pharmacies. Because medical care has always been the number one priority small shifts in percentages represent significant shifts in actual dollars.

- Planning Councils have responded to the changing service needs of people with HIV/AIDS and have defunded services that were not tied to basic life needs, or deemed essential to keeping people in care. Planning Councils are not maintaining the status quo and the data demonstrates that fact.

- Planning Councils are dynamic bodies that are designed to be flexible and able to respond to emerging issues. The Councils include people with HIV (at least 25%), affected community leaders and frontline service providers from the local community and are best placed to convene substantive discussions about the new and emerging needs of people with HIV/AIDS.

- Increasingly people living with HIV and specifically clients of CARE Act services drive the community processes of the planning council. Many planning councils have far exceeded the HRSA requirement of 25% HIV+ representation resulting in ever more patient driven service delivery.

- Title I Planning Councils do not duplicate health care services available through other sources. Councils coordinate funding streams available in the local area to create a "system of comprehensive HIV care". Specialized HIV care is a limited commodity and Title I service providers often provide the sole access points in a local area to competent HIV services. Increased funding is critical to maintaining the availability of HIV care services to the many new enrollees that come into care today in hope of taking advantage of the new drugs.

In FY '97 Title I EMAs Spent 59.6% on Health CARE Services

In FY '97 TITLE I EMA Spent $208,319,156 to provide Health Care Services

In FY '97 Title I EMAs Spent $41,051,269 in transfers to ADAP

This category of health care services includes the various components of health care delivery often referred to generally as "primary health care". Depending upon the situation of the individual, any one of these health care services could, at a given point in time, represent their primary emergency health care need.

(1) Medical Office Visits
$106.8 million
(including medical exam, specialty medical care(neurologist, oncologist, dermatologist, radiologist), and lab tests like CD4, PCR viral load, and viral genotyping and phenotyping to rule in or rule out specific pharmaceuticals)

(2) ADAP Transfers
$41,051,269 million

These funds are transferred by EMAs directly to the state based AIDS Drug Assistance Programs administered by the State Departments of Health. These funds once transferred are under the restrictions of any state restrictions in state formulary and eligibility criteria. Many Title I EMAs identify entities within the EMA to administer pharmaceutical drug programs that are not controlled by the state. These programs are often used to augment the state-based formularies with drugs for opportunistic infections that may not be available from the state ADAPs. The Title I programs also have provided increased access to the anti-retroviral drugs needed for combination regimens when the state-based programs established restrictions on access or eligibility for particular drugs. **Because these additive programs administered by Title I are covered within medical care allocations and in some instance entitled "Emergency Pharmaceutical Coverage". They are often not considered in the assessments of the extent to which Title I communities are supporting pharmaceutical access.**

(3) Substance Abuse Treatment
$27.5 million
Substance abuse counseling and treatment is a direct medical care intervention and represents a critical enabling service that support HIV medical care treatment for a person who is dually diagnosed with HIV and Substance Abuse. If current trends continue the number of people with this dual diagnosis will dramatically increase as a percentage of those infected with HIV and

reliant on publicly funded programs.

Mental Health Services
$26.1 million
Addressing the mental health issues of people living with HIV/AIDS by a medical professional is a direct intervention that can be as critical to a person with HIV as an antiretroviral treatment regimen. There are a variety of mental health interventions included in this service category both in group and individual settings. The range of services include therapy for those individuals who are dually or triply diagnosed with HIV infection, mental illness and or substance abuse; and treatment for individuals dealing with depression related to poor outcomes with the new treatments or the crises that can occur in individuals prepared to die now challenged with the prospect of long life in with the advent of combination therapy regimens.

Home Health Care
$16.2 million
While many people are reaping the benefits associated with the difficult combination treatment regimens. There are a significant number of heavily pre-treated individuals in late stage disease for whom the new therapies offer little additional benefit. These people continue to progress in their HIV disease and need increasingly more and complex medical assistance. Title I has always served a high proportion of people with AIDS prior to their eligibility in the Medicaid program because of disability status or financial spend-down issues. Therefore people who are sick enough to be homebound but not acutely ill often receive their health care and assisted living services through home health care programs.

Dental
$12.1 million
The treatment of the oral manifestation of HIV disease are essential to the nutritional and bacterial management efforts of people living with HIV disease. Oral diseases, like Candida(thrush) or hair leukoplakia, is often one of the first and most persistent manifestations of HIV disease. Many people with HIV disease have no history of preventive dental care and because of their weakened immune systems, are at risk for grave illnesses that can be caused by common bacteria present in the mouth. Because of long term neglect, many people with HIV are in need of dental reconstruction and the fitting of prostheses (dentures).

Other Local Health Care Priorities
$11.4 million
This category includes a variety of health care services that do not fit the larger categories that are widely used nationally. The goal of the Planning Councils is to establish creative programmatic solutions to the local HIV health care needs. **Some Title I EMAs use this category to support their Emergency Pharmaceutical Programs. These programs augment the state-based formularies of the ADAPs for people with AIDS in the EMAs and provide essential opportunistic infections prophylaxis and treatment drugs that increasingly are unavailable on state-based formularies. Because of the flexibility of the Title I programs these drug access through these programs can be provided in emergencies situations that are not imminently life threatening.**

Hospice
$4.4 million
Home Hospice and Hospice Centers serve those in the latest stages of HIV disease with diagnoses of six months or less to live. While this imminently terminally ill population represents a smaller percentage of people with AIDS than ever before, people will unfortunately continue to require end-stage AIDS services. However, one of the first indications that the Planning Councils were being responsive to the changing epidemic was the significant numbers of HIV-specific hospice centers that closed nationwide in Title I EMAs in fiscal year 1996/97.

Nutritional Services
$1.4 million

These services include nutritional counseling, training and support by licensed nutritionists. In the new treatment environment, people living with HIV must acquire more knowledge about the types of foods that can mitigate gastro-intestinal distress and ways to increase the absorption of key vitamins and minerals. One of the reasons individuals lose response to Highly Active Anti-Retroviral Therapy (HAART) is malabsorption problems that are a normal part of HIV disease. The inability to absorb or digest essential nutrients can contribute to low drug levels in the blood. Low drug levels, regardless of the reason, are a key contributor to the development of HIV drug resistance and viral load rebound. Diarrhea, a gastro-intestinal condition that is exacerbated by all of the protease inhibitors, can also contribute to drug failure. Many poor individuals have inappropriate dietary habits and must learn for the first time the connection between good health and nutrition. Other programs in Title I provide access to nutritious foods that further assist people with AIDS in improving their health outcomes.

Health Insurance Continuation
$1.3 million

The cost savings of continuing private health insurance coverage for people with HIV disease to delay or prevent their total dependence on the public health system is an effective method of providing health care. This is especially true when the health insurance coverage includes a pharmaceutical benefit package that provides access to the combination therapy regimen. Even in those instance when the drug coverage is limited or non-existent, efforts to share the costs of care in a public private partnership should be encouraged. Unfortunately, the reality of the majority of people living with HIV/AIDS who are dependent on Title I programs do not have insurance plans to continue.

Rehabilitation
$700,000

AIDS defining illnesses are often debilitating and can cause irreversible damage to key organs. The outcome of retinal cytomegalovirus (CMV) left untreated is blindness. Mycobacterial Avium Complex (MAC) and PML are diseases that impact people with AIDS and weakened immune systems can leave individuals with irreversible neurological damage. The anti-retroviral

drugs themselves can promote neuropathy (a debilitating and painful condition that impacts primarily the hands and legs) that dramatically reduces a persons ability to conduct basic everyday functions. Learning sign language, braille, and physical therapy for pain management are essential rehabilitation services for people who are further disabled by these AIDS-related conditions.

In Patient Services
$400,000

Title I communities are allowed to spend no more than 10% of their funds for inpatient care to persons living with HIV/AIDS. These inpatient care services can include drug infusion treatments therapies that are most easily delivered in an inpatient setting. Certain types of chemotherapy, radiation, and dermatological treatments can best be provided by an overnight stay in an inpatient environment.

In FY '97 Title I EMAs Allocated 20% to Support Services

Support Services
20% of National Title I Allocations
$86,617,818 million

These services are often described as supportive or enabling HIV care services. This terminology recognizes the fact that poor people with a terminal illness who have many other problems associated with daily living need more than access to drug prescription save their lives. While many of the problems of the poor exist outside of an HIV context, a person faced with the choice of meeting their everyday basic life needs or adhering to difficult pharmaceutical regimens may make choices that do not result in improved health outcomes related to their HIV disease. Title I attempts to ensure that making the choice between taking care of one's health and basic life needs is not necessary.

Housing
$23.8 million

From the inception of the CARE Act the need for safe and stable housing was identified in most EMAs nationwide. Initially the need was created because of the impoverishing reality of HIV diseases. Early in the epidemic, young adults who were productive members of society quickly experienced disabling illness and a loss of job income needed to maintain their standard of living. Providing stable housing to people in the last stages of life was deemed an appropriate component of palliative health care to ease the suffering of the terminally ill.
Today, the landscape of HIV disease management has changed dramatically and the housing needs of people living with AIDS have changed as well. Increasingly, the people living with HIV infection are dually diagnosed with substance abuse and or mental illness. Many of these individuals are historically poor and many are homeless. If improved health outcomes are to be achieved for this population, they must be provided with safe and stable housing. Indeed many of these individuals will require assisted living situations that not only provide housing but health care counseling and services on-site. These funds are coordinated with housing program funds allocated through HUD. The Housing Opportunities for People With AIDS (HOPWA) program is available to all 49 Title I EMAs and the Title I funds supplement these programs to provide additional access in those communities in crisis. Title I funding used for housing can also provide emergency assistance for individuals who have temporary problems.

Food Bank
Home Delivered Meals
$17.7 million

A primary basic life need is to feed oneself. People living with AIDS have the added challenge of additional dietary needs associated with their HIV disease. Persons with weakened immune systems must rely on their food and other dietary supplements to provide the needed vitamins and minerals essential to absorb the new drug regimens. In addition, unfortunately even today,

with broad access to combination therapy increasing, a significant percentage of individuals are responding to available combinations and are progressing in their HIV disease. For those individuals who are weakened by their illnesses

Client Advocacy
$9.4 million

People with AIDS, especially those new to the health care system are often caught unaware of their eligibility for programs or how to apply for basic assistance. In some circumstances, client advocates are required to assist clients to navigate the federal Social Security Administration's programs for the medically disabled and for financially disadvantaged persons (SSI and SSDI). The advocates also assist people with AIDS to access any state or local assistance programs that might be available. Unfortunately, from time to time persons may face some form of discrimination based solely on their HIV status. In those instances, client advocates would advocate on behalf of the patient to resolve the discrimination claim.

Transportation
$9 million

These funds enable people with AIDS to get to and from their health care sites. These funds augment the tremendous volunteer networks that exist to assist people with AIDS. For most people this assistance means public transportation vouchers. For some homebound people with AIDS, these transportation needs are met through access to handicapped vehicles. For others who live within the EMA but significantly outside public transportation routes, taxi vouchers provided through contract with local taxi companies are provided to get them to and from health care.

Direct Emergency Financial Assistance
$6.6 million
NO direct funding is ever given to individual patients for emergency assistance

These funds are used to support emergency needs of individuals who request assistance. Utility assistance (heating gas, electricity, water, basic telephone service) are the primary emergency services that are supported by this funding.

Day Respite
$6.3 million

Day respite provides a centralized site for the administration of a variety of rehabilitation (visual, and physical) as well as intravenous treatments and prophylaxis for AIDS-related illnesses like retinal CMV and MAI.

Buddy Services
$3.3 million

Buddy services initially were designed to support independent living for people in late stage AIDS. Today the programs still support people in their ability to live independently while faced with additional challenges in adhering to combination regimens.

Patient Outreach
$2.1 million

These funds are used to follow-up on patients who have initiated medical care but need reminders and actual assistance in continuing their drug regimens or maintaining their connections to the CARE Act services that improve their quality of life.

Peer/Professional Counseling Services
$2.1 million

The advent of new treatment regimens mean that patients in treatment have many new questions about side effects, dosing, and medical care instructions that will occur. Peers who are experiencing the same effects can have the best advice for one another related to the resolution of or coping with drug related side effects. Peers are also the best people to discuss with one another the new mental health challenges facing persons who are now experiencing dramatic improvements in their health. Conversely, the professional support services are available to those who are not experiencing the improved health outcomes and feel depression and alienation exacerbated by drug failure.

Health Education Risk Reduction
$100,000

Discretionary AIDS Programs at HHS

PROGRAM	FY97 Enacted	FY98 POTUS Budget	FY98 Enacted
HRSA			
Ryan White CARE Act			
Emergency Relief	449,943	454,943	464,800
Block Grants	249,954	264,954	257,500
AIDS Drug Assistance Program	167,000	167,000	285,500
Early Intervention	69,568	84,568	76,300
Women, Children, Youth	36,000	40,000	41,000
Special Projects			
AIDS Educ. & Training Centers	16,287	17,287	17,300
Dental Reimbursement	7,500	7,500	7,800
Subtotal	**$996,252**	**$1,036,252**	**$1,150,200**
CDC - HIV Prevention	616,790	634,266	634,300
SAMHSA - Substance Abuse Earmark	55,122	52,920	55,122
NIH - AIDS Research	1,501,000	1,541,000	1,607,000
Subtotal	**$2,172,912**	**$2,228,186**	**$2,296,422**
TOTAL	**$3,169,164**	**$3,264,438**	**$3,446,622**
		+ 3%	+ 9%

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PROGRAM	FY97 Enacted	FY98 POTUS Budget	FY98 Enacted
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Women, Children, Youth	36,000	40,000	41,000
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AIDS Educ. & Training Centers	16,287	17,287	17,300
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Subtotal	**$996,252**	**$1,036,252**	**$1,150,200**
CDC - HIV Prevention	616,790	634,266	634,300
SAMHSA - Substance Abuse Earmark	55,122	52,920	55,122
NIH - AIDS Research	1,501,000	1,541,000	1,607,000
Subtotal	**$2,172,912**	**$2,228,186**	**$2,296,422**
TOTAL	**$3,169,164**	**$3,264,438**	**$3,446,622**
		+ 3%	+ 9%

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

May 23, 1997

Dear Colleague:

I wanted to bring to your attention the attached letter from 12 of our nation's governors expressing their support for federal finding for Ryan White CARE Act Title II AIDS Drug Assistance Programs. These governors represent states which have reported 63% of the U.S. AIDS cases. Their support comes at a critical time as Congress and the Administration consider responses to the emergency in funding for access to breakthrough new AIDS therapies.

People with HIV disease who lack Medicaid coverage or access to private health insurance are forced – in rapidly increasing numbers – to depend on ADAPs in order to access revolutionary new HIV/AIDS therapies. Nationally, state ADAPs have reported a 77% increase in clients since January 1996. The programs are collectively averaging approximately 1,000 additional utilizing clients each month nationwide. The costs are growing too – states report a 37% increase in expenditures nationally during the last half of 1996. In 11 states (Arkansas, Connecticut, Idaho, Kentucky, Maryland, Mississippi, New Jersey, North Dakota, Texas, Utah, West Virginia) -- the costs doubled or tripled in six months – forcing immediate and serious restrictions on accessibility to prevent total program collapse in several states.

The NIH and the Public Health Service are poised to release new clinical practice guidelines for treating HIV infection. The recommended goal of treatment will be to bring an individual's level of HIV infection down to undetectable levels to ward off further deterioration of the immune system. Although cost estimates of implementing these new guidelines have not been established by the Administration, these guidelines will have a critical effect on state ADAPs which will realize continuing client growth and overwhelming expenditures.

Sincerely,

Joseph F. Kelly
Deputy Director

Attachment

NASTAD
444 North Capitol Street, NW, Suite 706 Washington, DC 20001-1512 FAX 202-434-8092 PHONE 202-434-8090

May 21, 1997

The Honorable Arlen Specter
Chairman
Appropriations Subcommittee on Labor, HHS, Education
United States Senate
184 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Specter:

As the chief elected official in our respective states, we would like to thank you for your efforts during the FY 1996 and 1997 appropriations cycles in supporting state AIDS Drug Assistance Programs (ADAPs). These funds are appropriated as a dedicated needs-based allocation within Title II of the Ryan White CARE Act specifically for expansion of state ADAPs to include new promising HIV treatments such as protease inhibitors.

Additionally, we would like to thank you for commensurate increases in state Title II non-dedicated core funding. These funds allow states the flexibility to provide other AIDS services such as viral load tests and insurance continuation as well as support for suburban and rural AIDS services.

Currently, the data are proving that state ADAPs save lives and money.

According to the Centers for Disease Control and Prevention, the estimated number of AIDS deaths declined by 13 percent during the first six months of 1996 as compared to the same period the previous year. This decline was attributed in most part to the introduction of new therapies and the corresponding state and federal funding to make these medicines available. In fact, some areas of the country, including metropolitan New York experienced as much as a 50 percent drop in AIDS death rates due in large part to new therapies and state efforts to make them available.

Furthermore, due to the efficiency of state ADAPs and the efficacy of new therapies, states are now grappling with the question of how to accommodate AIDS patients who want to leave the disability and Medicaid rolls and return to gainful employment. This is a positive result.

However, with all these optimistic developments, new AIDS therapies are expensive and state governments continue to need a partnership with the federal government to increase availability of new combination therapies. Therefore, we strongly urge you to continue your support for Title II CARE Act programs.

Again, thank you for all of your hard work on this issue.

Sincerely,

Gov. George E. Pataki, New York

Gov. Lawton Chiles, Florida

Gov. Christine T. Whitman, New Jersey

Gov. Mel Carnahan, Missouri

Gov. Pete Wilson, California

Gov. Robert J. Miller, Nevada

Gov. Parris N. Glendening, Maryland

Gov. John Engler, Michigan

Gov. Pedro Rossello, Puerto Rico

Gov. John G. Rowland, Connecticut

Gov. Gary Locke, Washington

Gov. Arne H. Carlson, Minnesota

COMMUNITY HEALTH CENTER FENWAY

Henia Handler

7 Haviland Street, Boston, MA 02115 • 617-927-6176 • Fax: 617-859-1250

Sandy -

These Title III figures, in case you don't have them might be useful.

The last page has funding for Title III programs across other Titles - 16 states do not receive Title I funds at all - or didn't through 1987 - Title III programs in Massachusetts receive very little - and St. Ilda - It's a mixed picture with only a few big gains in parts -

Best wishes

Henia

Table 1: Demographics of Active HIV+ Caseload: State and U.S. Totals*

Source: HIV Early Intervention Services Program Reports, Reporting Period January 1 to December 31, 1997

	Gender		Race/Ethnicity					Age								
State	Male	Female	Black	White	Hisp	Asian	mer I	<2	2 to 4	5 to 12	13 to 19	20 to 24	25 to 29	30 to 39	40 to 49	50+
Alabama	1,380	562	1,324	601	14	+	+	+	+	+	24	136	327	888	442	114
Alaska	65	14	+	52	16	+	+	0	0	0	0	+	+	42	18	+
Arizona	1,679	294	179	1,154	451	18	+	0	0	0	+	70	235	996	505	164
Arkansas	135	39	131	38	+	+	0	0	0	0	0	13	28	88	34	11
California	11,615	1,743	2,346	6,362	4,034	271	125	+	+	+	34	480	1,727	6,470	3,525	1,116
Colorado	320	48	65	207	89	+	+	0	0	0	+	15	52	178	99	22
Connecticut	481	249	367	75	288	0	0	0	+	+	+	14	62	309	269	64
Delaware	495	296	508	206	57	+	0	+	+	+	+	27	69	332	253	82
District of Columbia	1,843	559	1,822	333	123	16	+	0	0	0	+	42	206	1,030	883	233
Florida	1,252	1,348	1,405	497	640	13	26	+	10	24	172	282	449	953	511	192
Georgia	1,816	1,038	1,951	783	113	+	+	99	24	38	73	150	361	1,221	623	263
Illinois	3,979	1,232	2,942	1,095	1,004	14	16	30	59	49	10	131	516	2,324	1,594	467
Indiana	590	122	261	399	41	0	+	+	0	0	13	86	125	293	142	45
Iowa	116	12	25	96	+	0	0	0	0	+	+	+	16	65	25	11
Kansas	452	62	53	430	26	+	+	0	+	+	+	22	56	258	136	36
Louisiana	1,555	605	1,129	669	37	+	+	43	67	42	21	86	201	909	568	223
Maryland	3,119	1,634	3,838	717	30	+	+	0	0	0	13	583	760	1,800	1,356	241
Massachusetts	2,569	1,056	500	1,694	1,206	+	13	14	11	48	19	251	400	1,438	1,002	229
Michigan	1,604	559	1,348	686	58	+	+	+	+	+	15	52	193	850	792	243
Mississippi	44	33	74	+	0	0	0	0	+	0	+	16	+	29	10	+
Missouri	1,413	215	651	884	64	+	+	0	0	0	11	89	248	843	358	78
Montana	116	20	+	126	+	0	+	0	0	0	0	+	16	72	35	+
Nevada	755	184	190	597	125	15	12	+	+	11	+	53	114	427	229	87
New Jersey	4,524	2,915	4,916	879	1,622	+	+	141	72	65	33	359	731	2,966	2,393	678
New Mexico	687	74	39	407	283	+	28	+	+	+	+	14	71	367	221	84
New York	11,905	6,987	7,915	3,135	7,044	124	27	222	156	326	467	1,021	2,034	6,745	5,327	2,134
North Carolina	333	102	265	156	12	0	+	+	0	0	+	21	44	232	92	40
Ohio	1,785	328	648	1,416	30	+	+	+	+	26	15	76	226	978	555	159
Oklahoma	512	105	118	427	16	+	52	0	0	0	+	31	100	325	141	19
Oregon	466	59	34	422	47	+	15	0	0	0	+	23	69	261	131	37
Pennsylvania	2,479	1,256	2,098	1,177	368	+	10	50	47	79	43	121	391	1,588	1,100	305
Puerto Rico	1,918	829	+	+	2,737	0	0	10	20	27	24	176	421	1,213	689	167
Rhode Island	250	262	184	242	82	+	+	0	0	0	10	36	70	205	144	47
South Carolina	67	31	81	17	0	0	0	0	0	0	+	+	14	42	27	+
Texas	3,815	1,041	1,431	2,260	1,101	20	17	+	+	11	32	333	764	2,276	1,113	311
Virginia	1,293	565	1,019	590	166	26	0	+	+	+	13	49	230	803	624	127
Washington	1,192	112	186	938	114	35	24	0	0	0	+	39	163	679	341	81
Wisconsin	211	87	169	44	82	0	+	0	0	+	+	36	58	121	73	+
US Total	68,830	26,677	40,228	9,820	2,132	632	431	649	516	769	1,089	4,954	11,565	40,616	26,380	8,145

95,507

* Numbers represent patients for whom demographic information was known and reported by grantees.

For confidentiality concerns values less than 10 have been replace with an +.

Table 2: Demographics of New HIV+ Caseload: State and U.S. Totals*

Source: HIV Early Intervention Services Program Reports, Reporting Period January 1 to December 31, 1997

	Gender		Race/Ethnicity					Age								
State	Male	Female	Black	White	Hisp	Asian	Amer In	<2	2 to 4	5 to 12	13 to 19	20 to 24	25 to 29	30 to 39	40 to 49	50+
Alabama	357	148	358	142	+	+	0	+	0	0	+	52	94	221	105	25
Alaska	16	+	0	16	+	+	+	0	0	0	0	+	+	+	+	0
Arizona	277	51	34	175	87	+	+	0	0	0	0	17	47	158	74	32
Arkansas	29	10	28	+	+	+	0	0	0	0	0	+	+	19	+	+
California	3,294	505	695	1,729	1,200	60	36	+	+	+	19	177	544	1,892	873	289
Colorado	69	13	21	38	23	0	0	0	0	0	+	+	14	37	17	+
Connecticut	103	49	70	13	69	0	0	0	0	+	+	+	19	53	51	14
Delaware	107	37	93	35	11	0	+	+	0	0	+	10	13	60	42	14
District of Columbia	584	218	600	96	33	+	+	0	0	0	+	28	89	365	252	62
Florida	376	407	399	152	203	+	23	+	+	+	51	82	131	308	152	53
Georgia	690	401	731	279	75	+	+	10	+	+	18	60	145	511	249	93
Illinois	1,279	395	1,000	356	255	+	+	29	+	0	+	74	200	734	505	113
Indiana	118	26	59	69	+	0	+	+	0	0	+	19	25	73	14	+
Iowa	40	+	+	34	+	0	0	0	0	+	+	+	+	16	11	+
Kansas	68	+	10	55	+	0	+	0	0	0	0	+	13	32	16	+
Louisiana	336	123	295	146	+	+	0	+	+	+	+	15	41	182	142	56
Maryland	875	488	1,136	183	12	+	+	0	0	0	+	102	176	618	375	83
Massachusetts	614	268	110	359	331	+	+	+	+	+	+	86	116	320	203	46
Michigan	371	133	282	155	20	+	0	0	0	+	+	13	54	186	180	54
Mississippi	14	+	17	0	0	0	0	0	0	0	+	+	+	+	+	+
Missouri	282	44	105	204	14	0	+	0	0	0	+	29	54	158	61	16
Montana	35	+	+	37	0	0	+	0	0	0	0	+	+	17	12	+
Nevada	245	59	73	168	55	+	+	+	+	0	+	+	35	168	65	21
New Jersey	980	636	1,080	209	319	+	0	53	+	+	+	51	142	653	557	145
New Mexico	284	34	20	169	114	+	14	+	+	0	+	+	37	183	63	26
New York	2,947	1,771	2,082	517	1,758	24	+	96	32	50	91	227	479	1,858	1,372	497
North Carolina	135	38	95	67	11	0	0	+	0	0	+	12	21	85	37	14
Ohio	200	41	96	136	+	+	0	0	0	0	+	15	43	114	49	12
Oklahoma	363	86	89	307	13	+	37	0	0	0	+	28	67	239	100	14
Oregon	98	+	11	80	13	0	+	0	0	0	+	+	15	54	24	+
Pennsylvania	695	336	607	281	109	0	+	31	+	+	18	45	136	429	271	76
Puerto Rico	406	149	+	0	554	0	0	+	+	+	+	32	76	255	135	40
Rhode Island	84	85	54	91	24	0	0	0	0	0	+	15	35	64	41	+
South Carolina	41	15	47	+	0	0	0	0	0	0	+	+	11	20	13	+
Texas	981	284	372	550	323	+	+	+	+	+	+	95	241	604	238	72
Virginia	205	87	156	84	32	+	0	+	0	0	+	+	38	136	85	17
Washington	353	30	48	272	48	+	+	0	0	0	0	21	65	203	79	15
Wisconsin	84	38	74	16	30	0	+	0	0	0	+	13	22	53	30	+
US Total	**8,035**	**7,035**	**10,959**	**7,237**	**5,765**	**149**	**160**	**263**	**63**	**82**	**312**	**1,388**	**3,265**	**11,090**	**6,511**	**1,945**

* Numbers represent patients for whom demographic information was known and reported by grantees.

For confidentiality concerns values less than 10 have been replace with an +.

Table 3: HIV Exposure Categories for Males: State and U.S. Totals*

Source: HIV Early Intervention Services Program Reports, Reporting Period January 1 to December 31, 1997

State	Men Who Have Sex With Men	Injection Drug Use	Men Who Have Sex with Men and Injection Drug Use	Hemophilia or Coagulation Disorder	Heterosexual Contact	Mother with or at Risk for HIV Infection (Perinatal)	Receipt of Blood Transfusion/ Blood Components/ Tissue	Other Risk, Risk Not Reported, or Risk Unidentified
Alabama	736	101	33	+	397	+	15	91
Alaska	43	11	0	0	+	0	0	+
Arizona	985	101	68	12	104	0	12	397
Arkansas	58	19	+	0	51	0	+	+
California	6,213	675	670	32	756	+	59	3,105
Colorado	260	26	0	+	25	0	+	+
Connecticut	61	277	+	+	46	+	0	91
Delaware	117	139	39	+	99	+	+	91
District of Columbia	885	356	86	0	330	0	12	94
Florida	647	136	31	+	405	10	+	17
Georgia	777	178	58	193	486	68	34	74
Illinois	1,748	1,028	98	+	719	63	21	295
Indiana	397	85	17	0	49	0	+	41
Iowa	93	17	+	+	+	0	0	0
Kansas	389	23	+	+	21	0	+	+
Louisiana	802	252	207	+	72	+	+	209
Maryland	793	1,095	159	+	291	0	+	772
Massachusetts	1,198	721	97	+	264	44	+	243
Michigan	758	145	41	20	154	+	+	475
Mississippi	15	0	0	+	28	0	0	0
Missouri	914	181	155	0	115	0	+	46
Montana	78	14	13	0	11	0	0	0
Nevada	538	104	70	+	20	+	0	13
New Jersey	549	1,895	30	131	1,672	77	84	85
New Mexico	478	40	42	+	33	+	10	81
New York	2,810	3,026	143	+	3,362	366	59	1,086
North Carolina	176	79	10	0	50	+	+	+
Ohio	1,079	103	+	20	91	10	31	446
Oklahoma	249	37	16	0	42	0	+	164
Oregon	318	43	70	0	18	0	0	17
Pennsylvania	1,108	585	94	10	335	84	12	253
Puerto Rico	448	866	57	+	494	22	11	17
Rhode Island	49	109	29	0	50	0	0	+
South Carolina	34	+	0	0	24	0	0	0
Texas	2,228	422	228	+	382	+	27	158
Virginia	529	262	66	+	275	12	18	128
Washington	700	106	167	+	48	0	+	164
Wisconsin	117	33	20	0	39	0	+	+
US Total	**9,377**	**3,299**	**2,835**	**481**	**1,363**	**795**	**456**	**8,693**

* Numbers represent patients for whom exposure information was known and reported by grantees.
For confidentiality concerns values less than 10 have been replace with an +.

Table 4: HIV Exposure Categories for Females: State and U.S. Totals*

Source: HIV Early Intervention Services Program Reports, Reporting Period January 1 to December 31, 1997

State	Injection Drug Use	Hemophilia or Coagulation Disorder	Heterosexual Contact	Mother with or at Risk for HIV Infection (Perinatal)	Receipt of Blood Transfusion/ Blood Components/ Tissue	Other Risk, Risk Not Reported, or Risk Unidentified
Alabama	40	0	475	+	+	36
Alaska	+	0	10	0	0	0
Arizona	54	0	90	0	+	141
Arkansas	+	0	36	0	+	+
California	432	+	669	+	29	597
Colorado	14	0	27	0	+	+
Connecticut	73	0	110	+	0	63
Delaware	113	0	126	+	+	47
District of Columbia	172	0	263	0	10	63
Florida	180	0	1,127	26	11	+
Georgia	97	+	786	89	24	51
Illinois	376	0	680	76	17	83
Indiana	33	0	63	+	+	22
Iowa	+	0	+	0	+	0
Kansas	19	0	40	+	0	+
Louisiana	138	+	269	+	21	172
Maryland	635	0	506	0	+	488
Massachusetts	517	0	436	31	+	63
Michigan	107	0	270	+	+	172
Mississippi	0	0	27	+	0	0
Missouri	54	0	160	0	0	0
Montana	+	0	19	0	0	0
Nevada	69	0	97	14	0	+
New Jersey	952	22	1,642	64	139	93
New Mexico	13	+	36	+	+	17
New York	1,514	0	3,574	299	61	1,001
North Carolina	25	47	26	0	+	+
Ohio	46	0	168	0	+	106
Oklahoma	13	0	66	0	+	24
Oregon	22	0	35	0	0	+
Pennsylvania	329	+	676	94	11	147
Puerto Rico	304	+	485	21	+	12
Rhode Island	167	0	93	0	+	+
South Carolina	11	0	20	0	0	0
Texas	208	0	656	+	+	24
Virginia	105	+	375	+	16	64
Washington	32	0	54	0	+	25
Wisconsin	13	0	73	+	0	0
US Total	**6,890**	**84**	**14,269**	**759**	**413**	**3,528**

* Numbers represent patients for whom exposure information was known and reported by grantees.
For confidentiality concerns values less than 10 have been replace with an +.

Table 5: State Distribution of Adults and Adolescents by CDC Surveillance Category*

Source: HIV Early Intervention Services Program Reports, Reporting Period January 1 to December 31, 1997

State	CD4+ T-CELL COUNT>=500/UL			CD4+ T-CELL COUNT=200-499/UL			CD4+ T-CELL COUNT<200/UL		
	Asymptomatic HIV Infection	Symptomatic HIV	AIDS Indicator	Asymptomatic HIV Infection	Symptomatic HIV	AIDS Indicator	Asymptomatic HIV Infection	Symptomatic HIV	AIDS Indicator
Alabama	88	11	+	59	69	83	32	45	115
Alaska	+	+	0	+	+	0	+	+	+
Arizona	32	11	+	66	74	21	11	27	60
Arkansas	+	+	0	11	+	0	+	+	+
California	576	252	36	629	337	99	239	229	526
Colorado	15	14	+	14	12	+	+	+	11
Connecticut	21	+	+	+	37	+	+	+	54
Delaware	33	+	0	49	11	+	10	22	30
District of Columbia	106	18	+	151	82	15	69	69	206
Florida	131	46	15	221	56	37	73	62	123
Georgia	268	67	28	257	65	26	130	73	167
Illinois	268	105	28	233	166	69	70	140	314
Indiana	38	+	0	29	+	+	16	+	21
Iowa	+	0	0	+	15	0	0	+	13
Kansas	13	+	+	11	10	+	16	+	11
Louisiana	+	0	0	+	+	0	0	+	+
Maryland	354	34	+	272	163	41	151	81	173
Massachusetts	150	45	+	107	161	28	52	90	114
Michigan	122	12	14	141	29	19	65	47	140
Mississippi	27	+	0	17	11	0	0	+	20
Missouri	67	11	+	69	61	11	+	47	40
Montana	+	+	+	+	10	+	+	+	+
Nevada	31	+	0	63	18	11	62	30	69
New Jersey	250	53	16	289	136	52	191	131	275
New Mexico	48	30	12	39	49	33	+	13	77
New York	976	207	29	1041	403	216	424	413	671
North Carolina	52	+	0	53	12	10	+	13	23
Ohio	48	+	0	51	22	0	34	20	10
Oklahoma	60	+	+	143	34	11	39	47	106
Oregon	40	+	0	13	19	+	+	+	17
Pennsylvania	198	40	+	191	98	64	64	76	150
Puerto Rico	113	46	11	114	39	15	41	34	47
Rhode Island	48	0	0	65	+	0	21	11	18
South Carolina	15	0	0	18	+	0	10	+	+
Texas	258	103	25	245	258	43	82	188	264
Virginia	52	+	+	60	33	+	29	21	90
Washington	69	11	+	101	44	20	20	49	61
Wisconsin	+	+	0	40	32	+	+	12	14
U.S. Total	4,605	1,176	251	4,887	2,591	965	1,999	2,022	4,049

* Numbers represent patients for whom CDC classification was known and reported by grantees.

For confidentiality concerns values less than 10 have been replace with an +.

Table 7: State and U.S. Totals for Funding and Staffing

Source: 1997 HIV Early Intervention Services Program Data Reports, Reporting Period January 1 to December 31, 1997

		Source of Funding										Staffing	
State	Number of Grantees	Title III Dollars Received	Title I Dollars Received	Title II Dollars Received	Title IV Dollars Received	Direct Collection Dollars	Third-Party Reimbursed Dollars	Other Sources Dollars	Total Funding Available	Total CARE Funding	Percent Title III of Total CARE	Paid FTE	Volunteer FTE
Alabama	5	$1,979,116	$0	$312,875	$0	$12,213	$274,655	$1,053,889	$3,319,873	$2,291,991	86.3%	43.1	7.6
Alaska	1	$214,860	$0	$0	$0	$4,160	$4,946	$5,581	$229,547	$214,860	100.0%	2	0
Arizona	3	$1,346,280	$62,320	$189,336	$0	$38,387	$463,652	$694,248	$2,542,567	$1,597,936	84.3%	20.4	1.4
Arkansas	1	$422,462	$0	$156,275	$0	$1,713	$20,422	$161,675	$606,272	$578,737	73.0%	4	0
California	20	$7,371,033	$16,265,208	13,039,831	$610,566	$364,900	$3,774,286	$39,457,248	$50,967,467	37,286,638	19.8%	390.7	72.5
Colorado	1	$713,000	$1,680,877	$0	$0	$27,506	$19,570	$0	$760,076	$2,393,877	29.8%	10.4	0
Connecticut	3	$944,371	$244,231	$0	$47,189	$752	$382,952	$397,284	$1,725,359	$1,235,791	76.4%	38.7	0.6
Delaware	1	$151,637	$0	$837,766	$0	$0	$150,000	$927,766	$1,229,403	$989,403	15.3%	22	0
District of Columbia	3	$1,220,437	$2,199,987	$371,069	$0	$49,303	$32,304	$6,588,737	$7,890,781	$3,791,493	32.2%	254	176
Florida	6	$2,502,336	$2,232,440	$336,770	$989,691	$31,362	$172,574	$2,532,544	$5,238,816	$6,061,237	41.3%	82.3	3
Georgia	7	$2,872,672	$221,978	$890,931	$25,963	$48,798	$583,596	$3,608,501	$7,113,567	$4,011,544	71.6%	62.6	1
Illinois	8	$3,538,276	$3,068,429	$1,162,858	$783,206	$59,856	$114,858	$21,616,620	$25,329,610	$8,552,769	41.4%	312.5	11.6
Indiana	1	$450,011	$0	$74,264	$0	$256	$0	$647,625	$1,097,892	$524,275	85.8%	11.5	0
Iowa	2	$482,133	$0	$0	$0	$755	$79,739	$126,823	$689,450	$482,133	100.0%	3.4	0
Kansas	1	$415,503	$0	$29,389	$0	$0	$232,585	$34,027	$682,115	$444,892	93.4%	5.6	0
Louisiana	2	$681,633	$159,203	$652,500	$0	$68,539	$728,583	$14,483,591	$15,962,346	$1,493,336	45.6%	136	45
Maryland	1	$523,294	$1,526,301	$438,880	$0	$33,991	$895,007	$4,678,651	$6,130,943	$2,488,475	21.0%	38.5	2
Massachusetts	10	$3,318,020	$626,699	$429,946	$794,243	$440,128	$1,854,574	$7,014,662	$12,627,384	$5,168,908	64.2%	112.6	0.2
Michigan	4	$1,556,122	$543,544	$253,224	$302,444	$16,487	$280,600	$2,981,296	$4,834,505	$2,655,334	58.6%	61.1	0.7
Mississippi	1	$68,682	$0	$0	$0	$415	$13,363	$93,086	$175,546	$68,682	100.0%	2.8	0
Missouri	3	$1,890,412	$401,911	$435,839	$0	$53,148	$1,976,000	$3,356,598	$7,276,158	$2,728,162	69.3%	27	14.5
Montana	1	$338,190	$0	$5,905	$0	$8,894	$21,355	$131,477	$499,916	$344,095	98.3%	2.1	2
Nevada	2	$720,405	$1,050,469	$89,930	$0	$210,851	$5,649	$1,502,368	$2,439,273	$1,860,804	38.7%	4.7	0
New Jersey	8	$3,576,285	$2,496,295	$589,130	$297,685	$246,851	$1,273,943	$5,399,793	$10,496,872	$6,959,395	51.4%	176.2	7
New Mexico	1	$418,091	$0	$0	$0	$26,881	$160,997	$788,414	$1,394,383	$418,091	100.0%	2.7	0
New York	32	$12,338,590	$4,721,062	$2,100,438	$2,860,518	$258,709	$13,689,938	$12,800,647	$39,087,884	22,020,608	56.0%	524.1	10.6
North Carolina	2	$636,057	$0	$32,297	$0	$6,907	$486,886	$218,999	$1,348,849	$668,354	95.2%	9.2	0.1
Ohio	2	$678,599	$0	$134,004	$0	$93,844	$492,678	$1,263,379	$2,528,500	$812,603	83.5%	11.9	25
Oklahoma	2	$1,051,874	$0	$226,508	$0	$2,067	$889	$314,646	$1,369,476	$1,278,382	82.3%	19.5	1.5
Oregon	1	$567,927	$214,648	$230,442	$0	$37,790	$447,694	$802,920	$1,856,331	$1,013,017	56.1%	19.8	0
Pennsylvania	8	$3,540,227	$641,623	$381,746	$140,000	$43,694	$699,755	$3,352,022	$7,635,698	$4,703,596	75.3%	83.8	3.1
Puerto Rico	7	$3,879,130	$2,069,636	$121,594	$0	$15,076	$25,366	$2,265,003	$6,184,575	$6,070,360	63.9%	58.4	5
Rhode Island	1	$270,470	$0	$62,250	$0	$6,500	$152,391	$235,420	$664,781	$332,720	81.3%	17.5	0
South Carolina	1	$320,000	$0	$34,140	$0	$962	$11,045	$0	$332,007	$354,140	90.4%	3.6	0
Texas	7	$3,081,025	$7,017,646	$1,748,770	$71,800	$173,441	$361,943	$7,092,594	$10,709,003	11,919,241	25.8%	106.6	16
Virginia	1	$206,584	$1,416,095	$297,849	$0	$0	$0	$2,612,754	$2,819,338	$1,920,528	10.8%	51.1	20.2
Washington	3	$1,237,614	$922,527	$0	$0	$74,410	$1,117,168	$1,477,285	$3,906,477	$2,160,141	57.3%	66.7	0.2
Wisconsin	1	$406,749	$0	$111,200	$0	$270	$361,051	$21,000	$789,070	$517,949	78.5%	4.9	0
US Total	164	$65,930,107	$49,783,129	$25,777,956	$6,923,305	$2,459,816	$31,363,014	$150,739,173	$250,492,110	$148,414,497	44.42%	2,804.0	426.8