ADAPs in need

Panel warns of a major shortfall in funding the program that gets anti-HIV drugs to people who can't pay

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by Bob Roehr

Increased funding for the AIDS Drug Assistance Program was the cornerstone of much testimony, lobbying and meetings during AIDS Watch '97, held in Washington, D.C., in mid-April.

The ADAP Working Group, a coalition of AIDS organizations and pharmaceutical companies, has identified a "shortfall" of $66.8 million in funding for ADAP in the current year. It says that next year the federal government should increase its share of ADAP funding by $131.7 million, while states need to kick in an additional $46.2 million.

Bill Arnold, co-chair of the working group, said that only five state ADAP programs cover all of the basic drugs necessary to treat HIV. Four states still do not pay for any of the protease inhibitors, while 10 have capped the number of participants and have waiting lists. Others restrict access to the program below accepted standards of care.

"We should be ashamed of ourselves," Mary Fisher told congressional staff members at an April 17 briefing. She was as moving and eloquent as when she addressed two Republican national conventions. "Nearly two decades into an epidemic that has killed hundreds of thousands of Americans, we have gathered to discuss how many more should die."

PHOTO BY BOB ROEHR

Mary Fisher

She stated a very simple equation: "What stands between these Americans and death is drugs; what stands between these Americans and drugs is money; and what stands between these Americans and money is...us, the American people, the United States government and the AIDS Drug Assistance Program."

PHOTO BY BOB ROEHR

Bill Arnold

Fisher noted that the rate of death has gone down for men, because of their access to drugs, while it has continued to rise for women. "We have no cure, but we have within our power the ability to end the immoral discrepancy between those who live and those who die for lack of access to drugs."

And she called on those assembled "to assure that life-prolonging and death-deferring drugs are available for every HIV-infected person in this nation, not when we stand at death's door, but while we stand in the public square. Politics and science make it possible; economics and morality make it imperative. If we do not embrace the opportunity now, we have consciously and unconsciously prolonged the legacy of shame."

Chip Schooley, M.D., a researcher and physician at the University of Colorado, outlined the medicine of new therapies. Over the past two years the UC patient census has grown by 50 percent, but the number of days spent in hospital has declined by 75 percent. He saw these therapies as being highly cost-effective, both in terms of treating patients and in limiting the further spread of HIV.

"By not making drugs available, and by giving people no incentive to find out if they are infected, and by continuing to have people in an infectious state [with a high viral load], we are only shooting ourselves in the foot down the road."

Michael Saag, M.D., of the University of Alabama-Birmingham, said experience with HIV and earlier drugs has shown that misuse can quickly lead to resistance: "We don't want to repeat that [with triple combinations]."

He urged increased funding which would ease Alabama's "incredibly stringent" Medicaid eligibility criteria and allow a sliding scale of ADAP assistance for working people with inadequate or no health insurance. Alabama's ADAP program has enrolled for 728 of its 750 slots and will soon begin to put people on a waiting list.

George Benjamin, M.D., deputy secretary of health for Maryland, outlined that state's aggressive ADAP program. When it ran short of money and began a waiting list, the governor authorized an immediate emergency appropriation which allowed them to cover all patients and all approved HIV drugs.

Over the past 12 months Maryland ADAP expenditures have increased 147 percent. Benjamin called it "one of these rare investments that does make a true difference in the lives of individuals. It very clearly shifts the paradigm from treating critical illness to keeping people healthy and productive."

Manhattan Congressman Jerrold Nadler said, "We are always told that the United States has the best medical system in the world, but if people do not get the benefits of that technology simply because they don't have the money, then we do not have the best medical system in the world. Life and death should not be a question of your pocketbook."