ADAP Crisis Threatens Access to Lifesaving HIV Care

The United States has made major progress in its long fight to prevent and treat HIV. Today, however, a foundational part of the HIV care system and the last resort for access to lifesaving antiretroviral therapy (ART) for many people with HIV, the **AIDS Drug Assistance Program (ADAP)**, is under threat as recent policy changes, economic conditions, and the unwinding of pandemic-related Medicaid coverage extensions are leading more people to rely on ADAP services at a time when funding has not increased. ADAP is the largest component of the Ryan White HIV/AIDS Program (RWHAP). It provides access to HIV medications, including paying co-payment assistance, and pays premiums to enroll individuals in insurance coverage when it is cost-effective.

The primary clinical goal of treating HIV is to ensure that individuals remain engaged in care and adhere to an antiretroviral therapy (ART) regimen that enables them to achieve and maintain viral suppression. This is important because it stops disease progression and prevents death and allows individuals with HIV to lead healthy, productive lives. Research also has shown that when individuals are virally suppressed or "undetectable," they cannot transmit HIV through sex. This is known as U=U or undetectable equals untransmittable. This makes supporting viral suppression a primary strategy for curbing the spread of HIV.

Even for people with insurance, the RWHAP and ADAP are critical pieces of a broader system that gets people into care and supports viral suppression. National efforts to expand access to care and focus on achieving and maintaining viral suppression are succeeding. Between 2011 and 2022, U.S. HIV-related deaths fell from 7,683 to 4,748, and new infections dropped from 40,000 to 31,800. Over the same period, viral suppression improved substantially from 30% among people with HIV, and 73% among Ryan White HIV/AIDS Program clients in 2011 to 67% among people living with HIV and 91.4% of Ryan White clients in 2024. Ensuring stable access to ART and related services is critical to driving down the number of new cases and HIV-related deaths. Since the average lifetime treatment cost for a person with HIV is estimated at over $1 million, ensuring reliable access to ADAP and stable HIV care averts massive future spending.

FUNDING NEGLECT CREATED THIS CRISIS

The RWHAP has been relatively flat-funded by Congress for many years and ADAP has not received increased funding in 12 years. The most pressing current threat to people living with HIV is states reducing ADAP eligibility. Five states are considering lowering financial eligibility (AR, LA, RI, VA, and WA) and one (WA) may restrict medical criteria for eligibility — all of which are ways to deny access to clinically recommended ART to people who need them.

Waiting lists for access to ART medications through state ADAPs in which persons that meet the eligibility requirements for assistance are told they will not be served until additional slots become available, have been an occasional feature of our fragmented and under-resourced HIV care system and could arise again. In 2004, when waiting lists reached the highest level, eleven states had waiting lists for access to ADAP with 1,629 people waiting for access to lifesaving services. This caused the Bush Administration to take emergency action and make available $20 million to address this crisis. Following the 2008-2009 economic crisis, by 2011, twelve states had waiting lists and at its peak, 9,298 people with HIV were on waiting lists. The Obama Administration also took a number of steps to provide emergency resources to ADAP programs. Waiting lists have not been used by states in more than a decade, but two states (AR and LA) are considering them.

There are numerous contributors to the current ADAP crisis. Moreover, the Ryan White Program has been relatively flat-funded by Congress for many years and ADAP has not received increased funding in 12 years.

NINETEEN STATES FORECAST ADAP BUDGET DEFICITS

For the fiscal year that ends on March 31, 2026:
10 states reported an ADAP deficit

For the fiscal year that began on April 1, 2026:
19 states project an ADAP deficit

Source: *ADAP Watch: February 2026*, NASTAD.

FLORIDA'S CUTS ILLUSTRATE THE THREAT TO STABLE ACCESS TO HIV MEDICATION

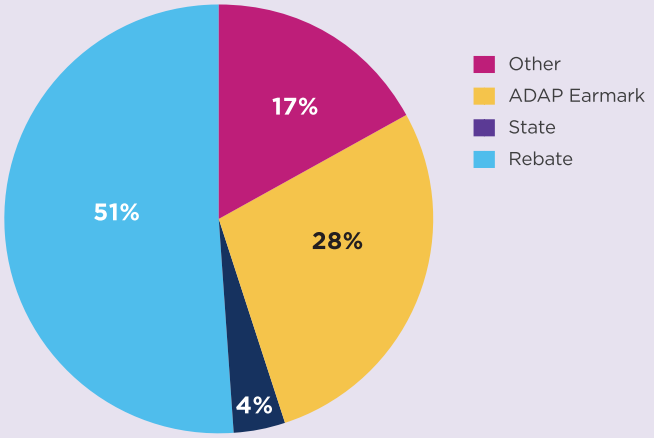
Florida is not the only state implementing cost-containment measures in ADAP. Its actions, however, demonstrate the threat:

- **Reduced ADAP eligibility** from an annual income (single person) from 400% of poverty ($63,840) to 130% of poverty ($20,748)
- **Dropping coverage of the single-tablet regimen (STR)** that accounts for more than half of all prescribed ART regimens in the U.S. STRs are important for supporting adherence to care
- **Stopping premium subsidies** that enabled persons ineligible for Medicaid to obtain marketplace insurance in place of simply medication coverage

It has been reported that 16,000 people are at risk of losing medication coverage completely and another 16,000 receive some other support from the state that could be affected.

In March 2026, Florida Governor Ron DeSantis signed HB697 into law. This bill contains the $30.9M in stopgap funding until June 30th. The bill restores eligibility to 400% FPL but does not include subsides for premium assistance or coverage of STRs. Nonetheless, the state's actions demonstrate the potential loss of coverage facing people with HIV in Florida and other states.

THE ADAP EARMARK ACCOUNTS FOR LESS THAN 1/3 OF THE TOTAL ADAP BUDGET



Notes: Compared to 2011, the ADAP earmark has fallen from 43% of the overall ADAP budget to 29%. The state share has fallen from 16% to 4%, rebates have risen from 33% to 52%, and the other category has risen from 8 to 17%.

Source: *2026 National Ryan White HIV/AIDS Program Part B ADAP Monitoring Project Annual Report*, NASTAD, February 2026.

There are numerous contributors to the current ADAP crisis. Increased enrollment due to Medicaid unwinding and the success of EHE initiatives improving linkage to cage, increasing prescription drug costs (especially for an aging population), and 340B revenue competition with other covered entities have contributed to this crisis. The Affordable Care Act (ACA) expanded access to insurance, but policies in the One Big Beautiful Bill Act (OBBBA) including work requirements and more stringent eligibility verification processes could cause people with HIV to lose Medicaid coverage. Further, the expiration of the Enhanced Premium Tax Credits for private marketplace coverage is making coverage unaffordable for more people, including people with HIV. ADAPs purchase insurance coverage through the marketplace as a cost-effective strategy for providing health coverage, however rising marketplace premiums are making this harder for ADAP programs to do. States and local jurisdictions are faced with tough decisions about whether to invest more state appropriated funds in ADAP or primary care and other services. Thus, with flat funding, these supplemental resources are not able to respond to growing need. States have sustained their ADAP programs by maximizing revenue from the 340B Drug Pricing Program, but many states report that rebates through this program have decreased.

ACTION IS NEEDED TO ENSURE ACCESS TO HIV MEDICATIONS

Longer-term solutions are needed to regain momentum for expanding access to healthcare and to increase federal funding support for the RWHAP and ADAP to adjust for rising need and costs. In the face of this current crisis, however, immediate action is needed:

Trump Administration Leadership: In his first administration, President Donald Trump launched the Ending the HIV Epidemic Initiative (EHE) that set a goal of eliminating HIV as a public health threat by 2030 by targeting jurisdictions with a high disease burden and led Congress to appropriate increased funding. Following the precedent of prior Administrations, the President could use transfer authority to redirect federal funding from other sources to increase funding for ADAP in the face of this immediate crisis. His budget request also should include a 3-5 year crisis response request for increased RWHAP funding. Today, EHE funding should ensure ADAPs are fully resourced to provide the treatment necessary for individuals linked and relinked to care because of this initiative. Further, the Health Resources and Services Administration (HRSA), and its technical assistance partners, has a responsibility to maximize the public health impact of its investment in states and it has a wealth of expertise that should be made available to states. Instead of waiting for requests for technical assistance, HRSA should ensure that it is actively involved in guiding state cost-containment decisions with the goal of minimizing coverage losses.

Congressional Action: There is a history of Congress responding to emerging national crises by enacting emergency supplemental funding. The crisis of denying Americans access to lifesaving ART also demands an emergency response and Congress should consider a supplemental funding package to ensure stable access to ADAP.

State Commitment: There is no doubt that states are facing a variety of economic pressures and the OBBBA is shifting costs onto states. In 2011, states provided 16% of the total ADAP budget, but by FY 2024, this had fallen to 4%. To address this crisis, states should increase commitments to ADAP budgets. To maintain Medicaid enrollment, states can exempt people with HIV from Medicaid work requirements and take steps to simplify eligibility recertifications to keep people with HIV on Medicaid and therefore reduce impact on the RWHAP.

THE TIME IS NOW

Most of our major HIV political advances have come about only through sustained advocacy and federal commitment. As this ADAP crisis is just beginning, there is an urgent need to address it now. To address this crisis, the RWHAP will require reinvestment from both federal and state governments.

TO LEARN MORE

For additional background information, see:

Constrained Budgets Lead States to Restrict HIV Drug Access Through Ryan White, KFF, March 2, 2026.

ADAP Watch: February 2026, NASTAD.

2026 National Ryan White HIV/AIDS Program Part B ADAP Monitoring Project Annual Report, NASTAD, February 2026.

O'NEILL INSTITUTE
CENTER FOR HIV & INFECTIOUS DISEASE POLICY

APRIL 2026

This Quick Take is a product of the Center for HIV and Infectious Disease Policy of the **O'Neill Institute for National and Global Health Law**. It was developed with support from and in partnership with ***Gilead Sciences, Inc.***

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