



AIDS Treatment Activists Coalition

**AIDS Drug Assistance Programs
(ADAP)**

[NEW: Final 2004 Save ADAP Sign-On Letter](#)

Save ADAP goes to Washington, February 2004

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Help SAVE ADAP!!

The Save ADAP Committee is a Working Group of the AIDS Treatment Activists Coalition (ATAC), a national coalition of AIDS treatment activists and policy advocates. Working in conjunction with ADAP clients and service providers on the grassroots level, Save ADAP aims to ensure adequate funding for the AIDS Drug Assistance Program.

WE NEED YOU!

SAVE ADAP is looking for new members to help us with our fight! We have a goal of having at least one member from each state for this year's battle.

SAVE ADAP is a "working group," and members are expected to contribute to the campaign. Volunteers may assist with writing or distributing Alerts, organizing your state or community, or setting up district visits with legislators. You don't need to be an expert on ADAP or advocacy to be effective. We help and support one another.

If you would like to be part of SAVE ADAP, please send an email to Ryan Clary at rclary@projectinform.org You'll be added to the email listserve and will be invited to participate in future conference calls.

If you do not have the time to participate in this working group but want to receive our Alerts and updates, please send an email to saveadap@hotmail.com with "subscribe" in the subject field.

Action Alert: Send Your Message in a Pill Bottle / Ask Congress for a Refill of Emergency Funding for the AIDS Drug Assistance Program

From: TheAccessProject@aol.com

Date: Tue, 20 Jan 2004 20:02:03 EST

Please help distribute through your networks, apologies for duplications.

Save ADAP Action Alert: Send Your Message in a Pill Bottle / Ask Congress for a Refill of Emergency Funding for the AIDS Drug Assistance Program

Are you sick of hearing about the growing ADAP waiting lists? Tired of feeling powerless? Join Save ADAP's MESSAGE IN A PILL BOTTLE Campaign to demand emergency funding for the AIDS Drug Assistance Program!

Save ADAP will be sending pill bottles in January to every member of Congress and the White House. The label on the bottle will say:

Patient: Congress Person's Name

Condition: AIDS Drug Assistance Program Funding Emergency

Dosage: One Dose of Accountability

Direction: Support \$180 Million Emergency Supplemental for ADAP.

Each bottle will be inserted with this message:

Dear Member of Congress, we are writing to request an Emergency Supplemental Appropriation of \$180 Million dollars for the AIDS Drug Assistance Program (ADAP). ADAP provides life-saving medication to nearly 100,000 Americans living with HIV/AIDS each month. This supplemental funding is necessary to immediately eliminate current waiting lists in over ten state ADAP programs, and to accommodate new clients seeking life-prolonging medications provided by ADAP until the end of fiscal year 2004. The program needed a \$215 million increase to keep pace with the growing demand, yet it only received a \$35 million increase for FY 2004. Without additional funding, approximately half of the programs in the country will start the new fiscal year with their doors closed to new clients. Americans living with HIV will once again start dying from preventable diseases in large numbers. Please do everything within your power to support an Emergency Supplemental for ADAP!

What you can do to help:

When you have your prescriptions refilled each month, keep the empty bottles, write your own messages to your elected officials and put them inside, tell

them the importance of ADAP and how HIV treatment has helped you personally. Send the bottles to your congressional members' DC office. Keep sending them every month until adequate ADAP funding is provided. To find out who represents you in Congress, go to <http://www.congressmerge.com/onlinedb/index.htm>

**PROVE TO CONGRESS THAT THE AIDS COMMUNITY IS ALIVE AND STRONG,
TELL THEM TO STOP USING THE LIVES OF PWAs TO BALANCE THE
BUDGET! JOIN SAVE ADAP AND SEND YOUR MESSAGE IN THE BOTTLE!
ASK FOR A REFILL OF EMERGENCY ADAP FUNDING NOW!**

SAVE ADAP Update

Join Us For An Emergency Supplemental Campaign!
January 8, 2004

The SAVE ADAP Committee of the AIDS Treatment Activists Coalition wishes everyone a very Happy New Year! Thank you for all of your hard work the past year advocating for adequate funding for the AIDS Drug Assistance Program. While we have fallen far short of getting the money needed, we have succeeded in educating Congress about the importance of this lifesaving program. Your calls, letters, emails, and meetings with your elected officials have played a major role in this success.

Below is an update on the current status of ADAP appropriations and information about our upcoming advocacy campaign aimed at getting an emergency supplemental to help relieve the current ADAP crisis. We hope that you will continue to join us in this fight and that you will encourage others to do the same. This is an election year, which means that many legislators are more accessible to their constituents. We must take advantage of this by making 2004 a year of massive grassroots advocacy focused on demanding the funds needed to ensure access to treatment for everyone who needs it.

Thank you again for all your hard work. Please look for Alerts in the coming weeks with more details on how you can get involved. To make sure you receive these Alerts, send an email to saveadap@hotmail.com with "subscribe" in the subject field.

Update on Fiscal Year 2004 Appropriations:

Congress has yet to complete work on the Fiscal Year 2004 appropriations bill. Because the fiscal year began on October 1, 2003, Congress has passed a series of "continuing resolutions", to keep programs funded until it can pass a final bill.

It does not look like ADAP will get an adequate increase in the FY 04 appropriations bill, however. The joint House/Senate conference committee approved a \$35 million increase, far short of the \$215 million identified as needed to alleviate the

ADAP crisis. The full House of Representatives approved this recommendation by the conference committee, and the Senate is expected to vote shortly.

Because ADAP is likely to receive such an inadequate increase, SAVE ADAP is focusing immediately on a campaign to ask for an emergency supplemental appropriation of \$180 million. This means that we are asking the Bush Administration and Congress to pass a bill authorizing the immediate spending of an additional \$180 million for ADAP for the current fiscal year. This could happen as a separate bill, or more likely as an amendment to another emergency supplemental bill.

The Emergency Supplemental Campaign:

The SAVE ADAP emergency supplemental campaign starts next week and there are several ways you can get involved. Below are some of the activities. More details will be sent in upcoming Alerts.

Week of January 12th: "ADAP Emergency Visibility Week". Everyone is encouraged to participate by calling their Members of Congress this week to demand an emergency supplemental for ADAP. Further details with a call-in script will be sent on Monday, Jan. 12th. Congress needs to hear from us again that its lack of leadership is resulting in waiting lists and other restrictions to treatment access.

During this week, we will also start circulating an organizational sign-on letter urging the Bush Administration and Congress to provide an emergency supplemental. Please help us with our goal of obtaining 1,000 organizational signatures on this letter by urging your local ASO, clinics, etc. to add their names.

Week of January 19th: "Pill Bottle campaign". SAVE ADAP will mail an empty pill bottle to each Member of Congress with a message inside demanding an emergency supplemental. Everyone is encouraged to participate in this campaign by sending their own empty bottles with a personal message inside once a month to their elected officials. Look for more details in upcoming Alerts.

February 23-25th: SAVE ADAP Lobby Day. Members of SAVE ADAP and other advocates will go to Washington, DC to meet with Representatives and Senators to identify champions for an ADAP emergency supplemental. Scholarships for this event are available, with priority going to ADAP clients, people on ADAP waiting lists, women, people of color, PWA/HIVs, and frontline service providers living in one of the following ADAP crisis states (Alabama, Alaska, Arkansas, Colorado, Idaho, Indiana, Kentucky, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, Oklahoma, Oregon, South Dakota, Texas, Washington, West Virginia, Wyoming.) To receive a scholarship application, contact Lei Chou at theaccessproject@aol.com

These are just a few of the activities that you can participate in to make 2004 the year that Congress decides to show leadership and fund ADAP at an

adequate level. Please take a few minutes to read over our Alerts in the coming weeks and help us make a difference!

The Save ADAP Committee is a Working Group of the AIDS Treatment Activists Coalition (ATAC), a national coalition of AIDS treatment activists and policy advocates. Working in conjunction with ADAP clients and service providers on the grassroots level, Save ADAP aims to ensure adequate funding for the AIDS Drug Assistance Program. For more information, go to <http://www.atac-usa.org/adap.html>, or email Ryan Clary at rclary@projectinform.org

2003 SAVE ADAP GRASS ROOTS ADVOCACY CAMPAIGN

- [**Action Alert, September 29, 2003**](#)
[Final Decisions Being Made on ADAP Funding](#)
[Please call your Representative/Senators one last time to save ADAP!](#)
- [**Senators who turned their backs on People living with HIV/AIDS, September 12, 2003**](#)
[Senate Roll Call on the Schumer Amendment](#)
- [**Press Release, September 11, 2003**](#)
[Senate Says No To Increased ADAP and AIDS Funding](#)
[No Relief In Sight for People Living With HIV/AIDS](#)
- [**Action Alert, September 05, 2003**](#)
[Schumer Amendment on ADAP/Ryan White CARE Act To Be Introduced Next Week](#)
[Faxes and Calls Still Needed!!](#)
- [**Action Alert, August 04, 2003**](#)
[Call the White House This Week!](#)
- [**Press Release, July 28, 2003**](#)
[Save ADAP sent 180 Organizations signed-on Letter to President Bush requesting full funding for ADAP](#)
- [**Save ADAP Letter to President Bush, July 29, 2003**](#)
[180 Organizations signed-on requesting full funding for ADAP](#)
- [**Action Alert July 07, 2003:**](#)
[Urgent Calls needed! 20,000 to go without ADAP in 2004](#)
[U.S. House of Representatives To Vote on Appropriations Bill This Thursday](#)
[Your Help Is Again Needed To Save ADAP!!](#)

- [Action Alert June 23, 2003:
House Subcommittee Approves Highly Inadequate Increase for ADAP
Senate to start process on Wednesday](#)
- [Action Alert June 16, 2003:
Congress To Begin Debating Funding Levels For Next Year
AIDS Drug Assistance Program Crisis Continues](#)
- [2002 Save ADAP Archived Material](#)

2003 FACT SHEETS FOR MEETING WITH YOUR ELECTED OFFICIALS

- [The AIDS Drug Assistance Program
A Fiscal and Moral Crisis](#)
[or as a pdf for printing.](#)
- [FY 2004 ADAP Appropriations Overview](#)
[or as a pdf for printing.](#)
- [Estimates of Eligible ADAP Clients Not Served in FY'04](#)
[or as a pdf for printing.](#)

Save ADAP Action Alert, September 29, 2003

Final Decisions Being Made on ADAP Funding

Please call your Representative/Senators one last time to save ADAP!

Thank you again to everyone who has helped try to save ADAP this year by calling, writing, and meeting with your Members of Congress about this important issue! As you know from our last update, the Senate voted against the Schumer amendment, which would have provided a substantial increase for ADAP and other Ryan White CARE Act programs.

We are now at the end of the appropriations process for Fiscal Year 2004, and there is a final opportunity to encourage Congress to pass the highest possible increase for ADAP. Because the House of Representatives and the Senate proposed different increases for ADAP, a joint House/Senate "conference committee" will come together to work out differences.

The amounts passed by the Senate and House are extremely inadequate. The House has proposed a \$39 million increase, while the Senate voted for a \$25 million increase. Both amounts are far below the \$215 million

increase identified by AIDS treatment experts as needed to alleviate the current ADAP crisis.

Once again, Senator Charles Schumer (D-NY) is taking the lead on fighting for people with HIV by authoring a "Dear Colleague" to the conference committee. The letter asks for increases for the entire Ryan White CARE Act, including an additional \$214.8 million increase for ADAP, at the levels included in his amendment.

This letter provides another chance for Senators to do the right thing and fight for funding needed for vital care and treatment programs for people with HIV/AIDS.

In addition, House Representatives need to be asked to convey their support for adequate ADAP funding to the conference committee members. Key members of that committee need to hear from people around the country that their leadership is needed to alleviate the treatment access crisis. Please take a few minutes this week to make some important phone calls.

What you can do:

There are several phone calls you can make this week to make a difference. A toll-free number is included below, so there is no cost to you. Please make as many of these calls as possible!

1. Call your two U.S. Senators' D.C. office. Ask to speak to the legislative aide who handles HIV/AIDS and healthcare issues. If your Senator voted in favor of the Schumer Amendment (see list below), thank him/her for his vote and ask that the Senator sign Senator Schumer's "Dear Colleague" letter.

If your Senator voted against the Schumer amendment, express your disappointment in that vote and let them know that you expect them to sign Senator Schumer's letter. If you are in one of the ADAP crisis states, and your Senator voted no, ask how he/she can justify turning their back on their constituents who are facing barriers to treatment access.

2. Call your U.S. Representative's D.C. office and ask to speak to the legislative aide who handles HIV/AIDS and healthcare issues. Identify yourself as a constituent and let them know that you urge your Representative to ask the Labor-HHS appropriations conference committee to support a \$215 million increase for the AIDS Drug Assistance Program, the amount needed to alleviate the current fiscal crisis.

3. Call the following key members of the conference committee (toll-free number below):

Senator Arlen Specter (R-PA)
Chair of Senate Labor-HHS Appropriations Subcommittee

Senator Tom Harkin (D-IA)
Ranking Member, Senate Labor HHS Appropriations Subcommittee

Representative Ralph Regula (R-OH)
Chair of House Labor-HHS Appropriations Subcommittee

Representative David Obey (D-WI)
Ranking Member, House Labor-HHS Appropriations Subcommittee

Unless you are a constituent, do not ask for a legislative aide, but leave the following message with the person who answers the phone:

"I am calling to urge Senator/Representative_____ to support adequate funding for HIV/AIDS care and treatment programs, including a \$215 million increase for the AIDS Drug Assistance Program. Senator/Representative_____ is making decisions in conference committee that affect people with HIV across the country and should support the funding increase needed to ensure that all Americans have access to lifesaving treatment."

Contact information:

You can call your Representative and Senators toll-free by calling the Capitol Switchboard at 1-800-648-3516. You'll need to know their names and ask to be transferred. Don't know who your Senators/Representatives are? Go to www.vote-smart.org for help.

Senators who turned their backs on People Living With HIV/AIDS, September 12, 2003

Senate Roll-Call Vote on Schumer Amendment

**i indicates member of Conference Committee

Alabama - ADAP Crisis State (107 on waiting list)

**Senator Richard C. Shelby (R- AL) - Voted No

p: 202-224-5744 / f: 202-224-3416

Senator Jeff Sessions (R- AL) - Voted No
p: 202-224-4124 / f: 202-224-3149

Alaska - ADAP Crisis State

****Senator Ted Stevens (R- AK) - Voted No**

p: 202-224-3004 / f: 202-224-2354

Senator Lisa Murkowski (R- AK) - Voted No

p: 202-224-6665 f: 202-224-5301

Arizona

Senator John McCain (R- AZ) - Voted No

p: 202-224-2235 / f: 202-228-2862

Senator Jon Kyl (R- AZ) - Voted No

p: 202-224-4521 / f: 202-224-2207

Arkansas - ADAP Crisis State

Senator Blanche Lambert Lincoln (D- AR) - Voted Yes

p: 202-224-4843 / f: 202-228-1371

Senator Mark Pryor (D- AR) - Voted Yes

p: 202-224-2353 / f: 202-228-0908

California

Senator Dianne Feinstein (D- CA) - Voted Yes

p: 202-224-3841 / f: 202-228-3954

Senator Barbara Boxer (D- CA) - Voted Yes

P: 202-224-3553 / f: 415-956-6701

Colorado - ADAP Crisis State (80 on waiting list)

Senator Ben Nighthorse Campbell (R- CO) - Voted No

P: 202-224-5852 / f: 202-228-4609

Senator Wayne Allard (R- CO) - Voted No

P: 202-224-5941 / f: 202-224-6471

Connecticut

Senator Christopher J. Dodd (D- CT) - Voted Yes

P: 202-224-2823 / f: 202-224-1083

Senator Joseph I. Lieberman (D- CT) - Did not vote

P: 202-224-4041 / f: 202-224-9750

Delaware

Senator Joseph R. Biden, Jr. (D- DE) - Voted Yes

P: 202-224-5042 / f: 202-224-0139

Senator Thomas R. Carper (D- DE) - Voted No

P: 202-224-2441 / f: 202-228-2190

Florida

Senator Bob Graham (D- FL) - Voted Yes

P: 202-224-3041 / f: 202-224-2237

Senator Bill Nelson (D- FL) - Voted Yes

P: 202-224-5274 / f: 202-228-2183

Georgia - ADAP Crisis State

Senator Zell Miller (D- GA) - Voted No

P: 202-224-3643 / f: 202-228-2090

Senator Saxby Chambliss (R- GA) - Voted No

p: 202-224-3521 / f: 202-224-0103

Hawaii

****Senator Daniel K. Inouye (D- HI) - Voted Yes**

p: 202-224-3934 / f: 202-224-6747

Senator Daniel K. Akaka (D- HI) - Voted Yes

p: 202-224-6361 / f: 202-224-2126

Idaho - ADAP Crisis State

****Senator Larry E. Craig (R- ID) - Voted No**

P: 202-224-2752 / f: 202-228-1067

Senator Mike Crapo (R- ID) - Voted No

P: 202-224-6142 / f: 202-228-1375

Illinois

Senator Richard J. Durbin (D- IL) - Voted Yes

P: 202-224-2152 / f: 202-228-0400

Senator Peter Fitzgerald (R- IL) - Voted No

P: 202-224-2854 / f: 202-228-1372

Indiana - ADAP Crisis State (48 on waiting list)

Senator Richard G. Lugar (R- IN) - Voted No

P: 202-224-4814 / f: 202-228-0360

Senator Evan Bayh (D- IN) - Voted Yes

P: 202-224-5623 / f: 202-228-1377

Iowa

Senator Charles E. Grassley (R- IA) - Voted No

P: 202-224-3744 / f: 202-224-6020

****Senator Tom Harkin (D- IA) - Voted Yes**

P: 202-224-3254 / f: 202-224-9369

Kansas

Senator Sam Brownback (R- KS) - Voted No

P: 202-224-6521 / f: 202-228-1265

Senator Pat Roberts (R- KS) - Voted No
P: 202-224-4774 / f: 202-224-3514

Kentucky - ADAP Crisis State (165 on waiting list)
Senator Mitch McConnell (R- KY) - Voted No
P: 202-224-2541 / f: 202-224-2499
Senator Jim Bunning (R- KY) - Voted No
P: 202-224-4343 / f: 202-228-1373

Louisiana
Senator John B. Breaux (D- LA) - Voted Yes
P: 202-224-4623 / f: 202-228-2577
****Senator Mary Landrieu (D- LA) - Voted Yes**
P: 202-224-5824 / f: 202-224-9735

Maine
Senator Olympia Snowe (R- ME) - Voted No
P: 202-224-5344 / f: 202-224-1946
Senator Sue Collins (R- ME) - Voted No
P: 202-224-2523 / f: 202-224-2693

Maryland
Senator Paul S. Sarbanes (D- MD) - Voted Yes
P: 202-224-4524 / f: 202-224-1651
Senator Barbara A. Mikulski (D- MD) - Voted Yes
P: 202-224-4654 / f: 202-224-8858

Massachusetts
Senator Edward M. Kennedy (D- MA) - Voted Yes
P: 202-224-4543 / f: 202-224-2417
Senator John F. Kerry (D- MA) - Voted Yes
P: 202-224-2742 / f: 202-224-8525

Michigan
Senator Carl Levin (D- MI) - Voted Yes
P: 202-224-6221 / f: 202-224-1388
Senator Debbie A. Stabenow (D- MI) - Voted Yes
P: 202-224-4822 / f: 202-228-0325

Minnesota
Senator Mark Dayton (D- MN) - Voted Yes
P: 202-224-3244 / f: 202-228-2186
Senator Norm Coleman (R- MN) - Voted No
P: 202-224-5641 / f: 202-224-1152

Mississippi

****Senator Thad Cochran (R- MS) - Voted No**

p: 202-224-5054 / f: 202-224-9450

Senator Trent Lott (R- MS) - Voted No

P: 202-224-6253 / f: 202-224-2262

Missouri

Senator Christopher S. Bond (R- MO) - Voted No

P: 202-224-5721 / f: 202-224-8149

Senator James Michael Talent (R- MO) - Voted No

P: 202-224-6154 / f: 202-228-1815

Montana - ADAP Crisis State (4 on waiting list)

Senator Max Baucus (D- MT) - Voted Yes

P: 202-224-2651 / f: 202-228-3687

Senator Conrad R. Burns (R- MT) - Voted No

P: 202-224-2644 / f: 202-224-8594

Nebraska - ADAP Crisis State (30 on waiting list)

Senator Chuck Hagel (R- NE) - Voted No

P: 202-224-4224 / f: 202-224-5213

Senator Ben Nelson (D- NE) - Voted Yes

P: 202-224-6551 / f: 202-228-0012

Nevada

****Senator Harry Reid (D- NV) - Voted Yes**

P: 202-224-3542 / f: 202-224-7327

Senator John Ensign (R- NV) - Voted No

P: 202-224-6244 / f: 202-228-2193

New Hampshire - ADAP Crisis Expected this year

****Senator Judd Gregg (R- NH) - Voted No**

P: 202-224-3324 / f: 202-224-4952

Senator John Sununu (R- NH) - Voted No

P: 202-224-2841 / f: 202-228-4131

New Jersey

Senator Jon Corzine (D- NJ) - Voted Yes

P: 202-224-4744 / f: 202-228-2197

Senator Frank Lautenberg (D- NJ) - Voted Yes

P: 202-224-3224 / f: 202-228-4054

New Mexico

****Senator Pete V. Domenici (R- NM) - Voted No**

P: 202-224-6621 / f: 202-224-7371

Senator Jeff Bingaman (D- NM) - Voted Yes
P: 202-224-5521 / f: 202-224-2852

New York

Senator Charles Schumer (D- NY) - Authored amendment, voted Yes
P: 202-224-6542 / f: 202-228-3027

Senator Hillary Rodham Clinton (D- NY) - Voted Yes
P: 202-224-4451 / f: 202-228-0282

North Carolina - ADAP Crisis State (8 on waiting list)

Senator John Edwards (D- NC) - Did Not Vote

P: 202-224-3154 / f: 202-228-1374

Senator Elizabeth Dole (R- NC) - Voted No

P: 202-224-6342 / f: 202-224-1100

North Dakota

Senator Kent Conrad (D- ND) - Voted No

P: 202-224-2043 / f: 202-224-7776

Senator Byron L. Dorgan (D- ND) - Voted No

P: 202-224-2551 / f: 202-224-1193

Ohio

****Senator Mike DeWine (R- OH) - Voted Yes**

P: 202-224-2315 / f: 202-224-6519

Senator George Voinovich (R- OH) - Voted No

P: 202-224-3353 / f: 202-228-1382

Oklahoma - ADAP Crisis State

Senator Don Nickles (R- OK) - Voted No

P: 202-224-5754 / f: 202-224-6008

Senator James M. Inhofe (R- OK) - Voted No

P: 202-224-4721 / f: 202-228-0380

Oregon - ADAP Crisis State (228 on waiting list)

Senator Ron Wyden (D- OR) - Voted Yes

P: 202-224-5244 / f: 202-228-2717

Senator Gordon Smith (R- OR) - Did Not Vote

P: 202-224-3753 / f: 202-228-3997

Pennsylvania

****Senator Arlen Specter (R- PA) - Voted No**

P: 202-224-4254 / f: 202-228-1229

Senator Rick Santorum (R- PA) - Voted No

P: 202-224-6324 / f: 202-228-0604

Rhode Island

Senator Jack Reed (D- RI) - Voted Yes

P: 202-224-4642 / f: 202-224-4680

Senator Lincoln D. Chafee (R- RI) - Voted No

P: 202-224-2921 / f: 202-228-1232

South Carolina

****Senator Ernest F. Hollings (D- SC) - Voted Yes**

P: 202-224-6121 / f: 202-224-4293

Senator Lindsey Graham (R- SC) - Voted No

P: 202-224-5972 / f: 202-224-1189

South Dakota - ADAP Crisis State (50 on waiting list)

Senator Thomas A. Daschle (D- SD) - Voted Yes

P: 202-224-2321 / f: 202-224-6603

Senator Tim Johnson (D- SD) - Voted Yes

P: 202-224-5842 f: 202-228-5765

Tennessee

Senator William H. Frist (R- TN) - Voted No

P: 202-224-3344 / f: 202-228-1264

Senator Lamar Alexander (R- TN) - Voted No

P: 202-224-4944 / f: 202-228-3398

Texas - ADAP Crisis Expected this year

****Senator Kay Bailey Hutchison (R- TX) - Voted No**

P: 202-224-5922 / f: 202-224-0776

Senator John Cornyn (R- TX) - Voted No

P: 202-224-2934 / f: 202-228-2856

Utah

Senator Orrin G. Hatch (R- UT) - Voted No

P: 202-224-5251 / f: 202-224-6331

Senator Robert F. Bennett (R- UT) - Voted No

P: 202-224-5444 / f: 202-228-1168

Vermont

Senator Patrick J. Leahy (D- VT) - Voted Yes

P: 202-224-4242 / f: 202-224-3479

Senator James M. Jeffords (I- VT) - Voted Yes

P: 202-224-5141 / f: 202-228-0776

Virginia

Senator John W. Warner (R- VA) - Voted No

P: 202-224-2023 / f: 202-224-6295

Senator George Allen (R- VA) - Voted No
P: 202-224-4024 / f: 202-224-5432

Washington - ADAP Crisis State
****Senator Patty Murray (D- WA) - Voted Yes**
P: 202-224-2621 / f: 202-224-0238
Senator Maria Cantwell (D- WA) - Voted Yes
P: 202-224-3441 / f: 202-228-0514

West Virginia - ADAP Crisis State (15 on waiting list)
****Senator Robert C. Byrd (D- WV) - Voted Yes**
P: 202-224-3954 / f: 202-228-0002
Senator John D. Rockefeller, IV (D- WV) - Voted Yes
P: 202-224-6472 / f: 202-224-7665

Wisconsin
****Senator Herb Kohl (D- WI) - Voted Yes**
P: 202-224-5653 / f: 202-224-9787
Senator Russell D. Feingold (D- WI) - Voted Yes
P: 202-224-5323 / f: 202-224-2725

Wyoming
Senator Craig Thomas (R- WY) - Voted No
P: 202-224-6441 / f: 202-224-1724
Senator Michael Enzi (R- WY) - Voted No
P: 202-224-3424 / f: 202-228-0359

Save ADAP Press Release, September 11, 2003

SENATE SAYS NO TO INCREASED ADAP AND AIDS FUNDING
NO RELIEF IN SIGHT FOR PEOPLE LIVING WITH HIV/AIDS

For additional information:

Ryan Clary, Senior Policy Advocate/Project Inform (415) 558-8669 ext. 224

Patrick M. Lee, Self Advocacy Coordinator/NC Council for Positive Living
(336)586-0062 ext. 13

FOR IMMEDIATE RELEASE
Thursday, September 11, 2003

Washington, DC -The U.S. Senate yesterday voted down an attempt to add \$400 million to the ailing Ryan White CARE Act for fiscal year 2004. An amendment to the House Labor/Health and Human Services Appropriations

bill (H.R.2660) offered by Senator Charles Schumer (D-NY) that would have added \$214.8 million to the AIDS Drug Assistance Program (ADAP), was defeated on a vote of 53 to 44, ruled out of order by the Chair as it would "exceed discretionary spending limits and thus be in violation of section 504 of the Congressional Budget Resolution" - the agreement adopted this year by Congress that sets overall spending limits.

The Ryan White CARE Act was first authorized by Congress in 1990, creating a federal program to address the growing domestic AIDS epidemic. The AIDS Drug Assistance Program (ADAP) is a primary component of the CARE Act. Administered by the states, ADAP provides access to HIV/AIDS treatments for low-income people who are uninsured or lack adequate prescription drug coverage.

Speaking on his amendment, Sen. Schumer said, "This has broad bipartisan support in the Senate. I hope we will fund it. This is not an ideological issue. No one disputes whether Government should do this. It is not a question of whether the money is needed. We all agree it is needed. I hope we can step to the plate and support this modest increase so that Ryan White is appropriated at the level that is needed." Senators Hillary Clinton (D-NY) and Bill Nelson (D-FL) also spoke persuasively in favor of the amendment during introduction and debate.

Referring to the amount already allocated in the bill, Senator Arlen Specter (R-PA), who raised the original point of order against the amendment, stated during debate, "There has been a certification from the Director of HIV/AIDS that this \$2 billion is all that can be appropriately used." The vote, which split almost entirely along party lines, Sen. Mike DeWine (R-OH) being the exception, followed immediately.

"Senator Specter has it wrong," said Jean-Michel Breville, a SAVE ADAP activist from Maryland. "The \$2 billion he cites was requested for Global AIDS programs and is also inadequate, not the Ryan White CARE Act. I don't know if he was himself confused or if he was trying to confuse others on the issue. ADAPs have been drastically underfunded for the past three years by this Congress and the Administration, and people are dying waiting for life-saving drugs." The first deaths were reported in West Virginia less than two weeks ago, where two people on the ADAP waiting list died waiting to access the program.

"This is an outrage," said Daniel Kubert, Access Project Associate for the AIDS Treatment Data Network in New York. "At a time when our national conversation centers on pride in America and courage in the face of adversity, this is an uncommonly cowardly act depriving vulnerable Americans of the only lifeline they have."

"The Congressional Budget Resolution isn't sacred doctrine," stated Jerry Spillman, California SAVE ADAP activist. "The Senate can waive its requirements if it so chooses. Budgets are as flexible as the people who make them. This isn't a budget issue, it's a human issue and a national crisis. And a national disgrace."

"The Senate is honestly considering giving the Bush Administration an additional \$87 billion for a questionable war and foreign occupation, but can't seem to find a way to make \$400 million available to care for its own citizens in need," said David Ernesto Munar, Associate Director of AIDS Foundation of Chicago.

Fifteen states currently have waiting lists or access restrictions on their ADAPs, according to the National Alliance of State and Territorial AIDS Directors (report issued 8/29/03.) Of these, 15 Senators from 10 states voted against any increase for ADAP in 2004 -- Alabama, Alaska, Colorado, Idaho, Indiana, Kentucky, Montana, Nebraska, North Carolina, and Oklahoma -- where combined waiting lists exceed 430 people. Oklahoma, and two other states not already mentioned (New Hampshire and Texas), also anticipate imposing new or additional restrictions this year. Senators for these states also voted against increases.

Sen. Specter's amendment (S.Amdt. 1542), which substituted the language and funding amounts from the Senate version of the bill, was passed. The final version of the Labor/HHS Appropriations bill was passed on a vote of 94 to 0. The bill now moves to conference committee.

Save ADAP Action Alert, September 05, 2003

**Schumer Amendment on ADAP/Ryan White CARE Act To Be Introduced Next Week
Faxes and Calls Still Needed!!**

Thank you to everyone who has called, written, and/or met with your U.S. Senators and urged them to support Senator Schumer's amendment to increase funding for the AIDS Drug Assistance Program (ADAP) and other Ryan White CARE Act programs. From what we've been hearing from Senate offices, the grassroots is weighing in loud and clear on this issue.

We wanted to provide a brief update on the situation. The amendment has been written and will be introduced during the week of September 8th. It asks for the community's funding request for all Titles of the CARE Act, including the AIDS Drug Assistance Program. Senator Schumer's office is looking for co-sponsors for the amendment and for Senators who are

willing to speak on its behalf on the Senate floor. Republican support for this amendment is particularly important.

There are still ways that you can help fight for the passage of this amendment:

1. If you haven't yet called your two U.S. Senators' DC offices, please do so on Monday, September 8th. Below is a toll-free number to reach them and a sample message.

2. If you have access to a FAX machine, you can write a short letter in support of the Schumer amendment and fax it to your two U.S. Senators' offices. These will provide a hard copy follow-up to your phone call and will further demonstrate strong support for the amendment. You can use the sample letter below to help craft your message. Letters are needed as soon as possible, and preferably by end of day Monday, Sept. 8th.

3. Finally, you can ask others to call and fax their Senators as well. Please consider asking at least two people you know to take action on this issue. The more calls and letters that are received by our Senators, the better the chance that they will vote for the amendment.

Thank you again for your efforts! Together we can make a difference and help increase access to care and treatment for people with HIV/AIDS!

Sample phone message:

"I urge Senator _____ to support Senator Schumer's amendment to the Labor-HHS Appropriations bill which will increase funding for the Ryan White CARE Act. This amendment will provide badly needed increases for the AIDS Drug Assistance Program and other vital HIV/AIDS programs."

Contact information:

You can call your Senators toll-free by calling the Capitol Switchboard at 1-800-648-3516. You'll need to know the names of your Senators and ask to be transferred.

Don't know who your Senators are? Go to www.vote-smart.org for help.

Sample letter:

(Letters should be FAXed. You can find most fax numbers for Senators on Project Inform's online legislative directory,

The Honorable _____ U.S. Senate Washington, DC 20510

Dear Senator _____:

I strongly urge you to support Senator Schumer's amendment to the Labor-HHS Appropriations bill that will increase funding for the Ryan White CARE Act. This amendment will provide badly needed increases for the AIDS Drug Assistance Program and other vital HIV/AIDS programs.

(Insert personal statement here. If you or someone you care about depends on ADAP and/or other Ryan White CARE Act programs, talk a little bit about the importance of the program. If there is a waiting list or other restriction to treatment access in your state, mention that here. Otherwise, write a few sentences about why you care about this issue).

The increases for these programs offered by the House of Representatives are extremely inadequate. The Schumer amendment offers an opportunity for Congress to demonstrate real leadership on behalf of people with HIV/AIDS. Please do everything in your power to make sure it passes the Senate. Thank you for your consideration.

Sincerely,

Your name

Your complete home address

Save ADAP Action Alert, August 04, 2003

Call the White House This Week

Background:

Last week, 180 community-based organizations from 29 states sent a letter to President Bush asking that he provide \$283 million in new federal funding for AIDS Drug Assistance Programs in Fiscal Year 2004, as well as the highest level of funding for all Titles of the Ryan White CARE Act.

For the past four years, ADAP has been inadequately funded to meet the increasing demand. The funding levels being proposed this year are particularly shocking. To date, Congress has voted to appropriate only 10% to 15% of the amount needed. By the end of 2004, over 20,000 newly diagnosed HIV + Americans will not be able to receive life-saving medications from ADAP.

The expected widespread Program closures and access restrictions have already started. Nearly 600 people are currently on ADAP waiting lists

across the country. Twelve states have capped enrollment (Alabama, Alaska, Arkansas, Colorado, Idaho, Kentucky, Nebraska, North Carolina, Oregon, South Dakota and West Virginia). Three states (New York, Washington and Oklahoma) have restricted access using other means (lowering financial eligibility caps, reducing formularies) and at least six additional states (including Texas and California) have reported that they anticipate implementing substantial new restrictions.

Please take a moment now to urge President Bush to fully fund ADAP by calling the White House

Take Action!

Anytime this week, August 4th to 8th, Call the White House comment line, (202) 456-1111, and follow the prompts to reach a real person.

Sample Message:

"My name is _____ and I'm calling from (city, state). I am calling to urge President Bush to include a request for a \$283 million increase for the AIDS Drug Assistance Program (ADAP) in his Statement of Administration's Principles regarding the Labor, Health and Human Services and Education appropriations bill. I also urge that the Administration support the highest possible funding for all Titles of the Ryan White CARE Act."

Please also include a personal message stating how important ADAP is to you and your love ones.

Thanks for your help to Save ADAP!

What are ADAPs?

AIDS Drug Assistance Programs (ADAPs), funded primarily through the Ryan White CARE Act, provide HIV/AIDS prescription drugs to uninsured and underinsured individuals living with HIV/AIDS in the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam and other U.S. Territories.

ADAP covers patients who are primarily poor (81% earn less than \$18,000 a year), minority (33% African American, 25% Hispanic) and without insurance covering prescription drugs. ADAP currently serves approximately 90,000 clients per month.

The Save ADAP Committee is a Working Group of the AIDS Treatment Activist Coalition (ATAC), a national coalition of AIDS treatment activists and policy advocates. Working in conjunction with ADAP clients and

service providers on the grassroots level, Save ADAP aims to ensure adequate funding for the AIDS Drug Assistance Program.

SAVE ADAP Press Release, July 28, 2003

Save ADAP sent 180 Organizations signed-on Letter to President Bush requesting full funding for ADAP

For Immediate Release

July 28, 2003

Contact: Ryan Clary Project Inform, (415) 558-8669 x224

180 Community Based Organizations Ask President for Additional ADAP Funding Today, 180 community-based organizations from 29 states released a letter to President Bush today asking that he provide \$283 million in new federal funding for AIDS Drug Assistance Programs in FY 2004. To date, Congress has voted to appropriate only 10% to 15% of that amount for FY 2004.

AIDS Drug Assistance Programs (ADAPs), funded primarily through the Ryan White CARE Act, provide HIV/AIDS prescription drugs to uninsured and underinsured individuals living with HIV/AIDS in the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam and other U.S. Territories.

Nearly 600 people are currently on ADAP waiting lists. Twelve states have capped enrollment (Alabama, Alaska, Arkansas, Colorado, Idaho, Kentucky, Nebraska, North Carolina, Oregon, South Dakota and West Virginia). Three states (New York, Washington and Oklahoma) have restricted access using other means (lowering financial eligibility caps, reducing formularies) and at least six additional states (including Texas and California) have reported that they anticipate implementing substantial new restrictions.

"Anti-HIV drugs have been successful in dropping the death rate from AIDS in the United States by over two-thirds since 1996," said Ryan Clary of Project Inform. "Today's news from the CDC that death rates continue to decline as access to new therapies expands sends a clear message that this is the wrong time to restrict access to these life-prolonging medications for Americans most in need."

ADAP covers patients who are primarily poor (81% earn at or below 200% of the federal poverty level), minority (African American (33%), Hispanic

(25%)) and without insurance covering prescription drugs. ADAP currently serves approximately 90,000 unduplicated clients per month.

"The Administration must take as public a stand on domestic AIDS needs as it has on addressing the global AIDS crisis," the letter states.

SAVE ADAP Letter to President Bush, July 29, 2003

180 Organizations signed-on requesting full funding for ADAP

1775 T Street, NW, Washington, DC 20009

July 29, 2003

**The Honorable George W. Bush
The White House
1600 Pennsylvania Ave. NW
Washington, DC 20500**

Dear President Bush:

The undersigned organizations strongly urge you to include a request for a \$283 million increase for the AIDS Drug Assistance Program (ADAP) in your Statement of Administration's Principles regarding the Labor, Health and Human Services and Education appropriations bill. This increase is needed to keep AIDS Drug Assistance Programs stable through FY 2004. We also ask that the Administration support the highest possible funding for all Titles of the Ryan White CARE Act. These Titles provide critical support and healthcare services and must also receive adequate funding to meet growing demand.

The Administration must take as public a stand on domestic AIDS needs as it has on addressing the global AIDS crisis. The rationales for such action are clear:

- 1. As you have stated, antiretroviral drugs have created new hope for longer and better lives for those patients that can access them. Since the introduction of protease inhibitors, death rates in the U.S. have fallen from 40,000 to 15,000 per year with corresponding drops in morbidity.**
- 2. ADAPs are in dire need of substantial new funding. ADAPs are the final safety net for Americans who have no other means of accessing HIV medications. That safety net, now serving approximately 90,000**

unduplicated clients per month, is in danger. The National Alliance of State and Territorial AIDS Directors (NASTAD) has reported that, at the close of the first quarter of the FY '03 funded ADAP program year (July 1st, 2003), over 500 Americans were already on state ADAP waiting lists, 11 states had capped enrollment and at least 20 states had initiated, or were planning to initiate, ADAP program restrictions.

3. The number of patients depending on ADAP continues to grow. The Administration has strongly encouraged that all Americans know their HIV status and by implementing policies such as the approval and dissemination of the rapid HIV test, the numbers of people being tested are growing. Unfortunately, as the ADAP Monitoring Report produced by NASTAD, the AIDS Treatment Data Network and the Kaiser Family Foundation illustrates, many of these new HIV cases are people who are disproportionately uninsured and poor. Other pressures are also causing ADAP needs to grow. Medicaid in many states has had to restrict access to care for optional categories of enrollees, including many people with HIV. They, too, are now being forced to look to ADAP for access to the medicines that are extending their lives.

Mr. President, the Administration must take bold steps in addressing this urgent need. Ask Congress to approve the \$283 million increase that the program requires to provide treatment to all Americans who need it, and support the highest possible funding for all programs funded by the Ryan White CARE Act to protect critical support and care services for people with HIV/AIDS

Sincerely,

ACT UP Atlanta, Atlanta, GA
ACT UP East Bay, Oakland, CA
ACT UP/New York, New York, NY
ADAP Working Group, Washington, DC
AIDGwinnett, Inc., Lawrenceville GA
AIDS Action, Washington, DC
AIDS Action Baltimore, Baltimore, MD
AIDS Action Committee, Boston, MA
AIDS Action Project NW, Portland, OR
AIDS Alabama, Birmingham, AL
AIDS Alliance for Children, Youth & Families, Washington, DC
AIDS Council of Northeastern New York
AIDS Education Global Information System (AEGiS), San Juan Capistrano, CA
AIDS Foundation of Chicago, Chicago, IL
AIDS Housing Alliance, Sacramento, CA
AIDS Housing Association of Tacoma, Tacoma WA

AIDS Law Project of Pennsylvania, Philadelphia, PA
AIDS Legal Council of Chicago, Chicago, IL
AIDS Policy Project, Philadelphia, PA
AIDS Project Greater Danbury, Danbury, CT
AIDS Project Los Angeles, Los Angeles, CA
AIDS-Related Community Services (ARCS), Hawthorne, NY
AIDS ReSearch Alliance, West Hollywood, CA
AIDS Resource Council of Southwest Florida, Inc.
AIDS Service Center of NYC, New York, NY
AIDS Services Foundation Orange County, Irvine, CA
AIDS Survival Project, Atlanta, GA
AIDS Treatment Activists Coalition (ATAC)
AIDS Treatment Data Network, New York, NY
ActionAIDS, Philadelphia, PA
Action for a Better Community, Inc., Rochester, NY
Alaska Native Health Board, Anchorage, AK
American Academy of HIV Medicine, Los Angeles, CA
American College of Traditional Chinese Medicine, San Francisco, CA
Asian & Pacific Islander American Health Forum, San Francisco, CA and Washington, DC
Association for Drug Abuse Prevention and Treatment (ADAPT), Brooklyn, NY
Bay Area Consortium for Quality Health Care, Inc., Oakland, CA
Being Alive Long Beach, Long Beach, CA
Being Alive: People With HIV/AIDS Action Coalition of Los Angeles, West Hollywood, CA
Beth Israel Adult AIDS Clinical Trials Group, New York, NY
Bluegrass Care Clinic/University of Kentucky Medical Center, Lexington, KY
Breaking Barriers, Sacramento, CA
C.A.R.E of Augusta, Augusta, GA
Cascade AIDS Project, Portland, OR
Catalyst Foundation, Lancaster, CA
Catholic Charities/Catholic Youth Organization, San Francisco, CA
Center for Women Policy Studies, Washington, DC
Center in Asbury Park, Asbury Park, NJ
Central Louisiana AIDS Support Services (CLASS), Alexandria, LA
Central New York Health Systems Agency, Inc., Syracuse New York
Central New York HIV Care Network, Syracuse, NY
CHAMP Advocacy of Utah, Salt Lake City, UT
Chicago House and Social Service Agency, Chicago, IL
Christie's Place, San Diego, CA
Community Fitness Today, Inc., Minneapolis, MN
Community HIV/AIDS Mobilization for Power (CHAMP), Brooklyn, NY
Community Health Care, Tacoma, WA
Community Health Law Project, South Orange, NJ

Community Healthcare Network, New York, NY
Community Leadership Institute, Philadelphia, PA
Consortium Trainer & Treatment Advocate, Los Angeles, CA
Cooper Early Intervention Program, Camden, NJ
Duke AIDS Research and Treatment Center (DART), Durham, NC
Elizabeth Glaser Pediatric AIDS Foundation, Washington, DC
Florida AIDS Action, Tampa, FL
Fairfax/Falls Church-CSB/ Regional ACT Program, Alexandria, VA
Fredericksburg Area HIV/AIDS Support Services, VA
Gay & Lesbian Medical Association, San Francisco, CA
Gay, Lesbian, Bisexual, and Transgender Community Center of Baltimore and Central Maryland
Gay Men's Health Crisis (GMHC), New York, NY
Georgia ADAP Task Force, Atlanta, GA
George Rural Urban Summit, Decatur GA
GO CARE, Monroe, LA
Heartland CARES, Inc., Paducah, KY
Hemophilia Association Of New York
Hendry/Glades Departments of Health, Ryan White Title III Clinic, Clewiston, FL
Hep C Advocate Network, Inc. (HepCAN), Longview, TX
Hepatitis C Caring Ambassadors Program, Oregon City, OR
Hispanic Urban Minority Alcoholism and Drug Abuse Outreach Program, Cleveland, OH
HIV/AIDS Support Ministry of Trinity United Church of Christ, Chicago, IL
HIV Alliance, Eugene, OR
HIV and Hepatitis.com, San Francisco, CA
HIV Consumer Association of Indiana, Indianapolis, IN
HIV Medicine Association, Alexandria, VA
HIV Resource Planning Council/Denver EMA, CO
Housing Works, Inc., New York, NY
Human Rights Campaign, Washington, DC
Hyacinth AIDS Foundation, New Brunswick, NJ
Inland Northwest AIDS Coalition, Spokane, WA
Integrated Fisheries Research Organisation, Nairobi, Kenya
International AIDS Empowerment, El Paso, TX
International Foundation for Alternative Research in AIDS (IFARA), Portland, OR
Jersey City Connections, Inc., Jersey City, NJ
Keeping Hope Alive HIV/AIDS Ministry, Chicago IL
Lambda Legal Defense and Education Fund, New York, NY
Liberty Resources, Inc., Syracuse, NY
LIFE LINES/ Friends of the Shattuck Shelter, Ltd., Jamaica Plain, MA
Lifelong AIDS Alliance, Seattle, WA
LLEGO, the National Latina/o Lesbian, Gay, Bisexual, and Transgender Organization, Washington, DC

Long Island Association for AIDS Care (LIAAC), NY
Matthew 25 AIDS Services, Inc, Henderson, Ky
Medical Advocates for Social Justice, Chicago, IL
Mendocino County AIDS Volunteer Network/Community Care HIV/AIDS Project, Ukiah, CA
Miami Family Care Program /University of Miami School of Medicine, FL
Michigan Advocates Exchange (MAX), Ypsilanti, MI
Michigan Positive Action Coalition (Mi-Poz)
Midwest AIDS Training & Education Center/Institute For Quality Healthcare, Iowa City, IA
Minority AIDS Project, Los Angeles, CA
NAMES Project Foundation/Central New Jersey Chapter, New Brunswick, NJ
National Alliance of State and Territorial AIDS Directors (NASTAD), Washington, DC
National Association of People with AIDS (NAPWA), Washington, DC
National Association for Victims of Transfusion-Acquired AIDS, Bethesda, MD
National Association of Black Social Workers, Inc., Washington, DC
National Black Alcoholism & Addictions Council, Inc. - NBAC, Orlando, FL
National Coalition for LGBT Health, Washington, DC
National Health Care for the Homeless Council, Baltimore, MD
National Minority AIDS Council, Washington, DC
Natividad Medical Foundation, Salinas, CA
New Jersey Lesbian and Gay Coalition, New Brunswick, NJ
New York AIDS Coalition, New York, NY
New York Blade News, New York, NY
New York Peer AIDS Education Coalition, New York, NY
NO/AIDS Task Force, New Orleans, LA
North Carolina AIDS Action Network, Burlington, NC
North Carolina Council for Positive Living, Burlington, NC
North General Hospital, New York, NY
North Idaho AIDS Coalition, Coeur d'Alene, ID
Northeast Florida Leadership Council, Lake City, FL
Northern Manhattan Women and Children HIV Project/ Columbia University, New York, NY
Northern Nevada HOPES, Reno, NV
Northern Virginia AIDS Ministry, Arlington, VA
NYC AIDS Housing Network, Brooklyn, NY
Optimum Graphics USA, LLC, Pennington, NJ
Pan American Concerned Citizens Action League, Inc., Jersey City, NJ
The People's Caucus, San Antonio, TX
Persons Living with HIV Action Network of Colorado, Denver, CO
Pierce County AIDS Foundation, Tacoma, WA
Positive Health Clinic, Pittsburgh, PA
Positive Wellness Alliance, Lexington, NC

Positively Living of East Tennessee, Knoxville, TN
Premier Care & Learning Center, Inc., Shreveport, LA
Prevention Point Philadelphia, Philadelphia, PA
Project Inform, San Francisco, CA
Project Open Hand, Atlanta, GA
Provincetown AIDS Support Group/dba AIDS Support Group of Cape Cod, Provincetown, MA
ResourceFULL Network Services, Chicago, IL
RRD Outreach Ministry, Saint Thomas, US Virgin Islands
Ryan White Title III EIS Grant, Washington, DC
Saint Francis Memorial Hospital/HIV Care Services, San Francisco, CA
Saint Luke Baptist Church/SOZO HIV/AIDS Ministry, Paterson, NJ
San Luis Valley HIV/AIDS Coalition, South Fork, CO
San Francisco AIDS Foundation, San Francisco, CA
San Francisco Community Clinic Consortium, San Francisco, CA
San Francisco Suicide Prevention/AIDS/HIV/HepC Nightline, San Francisco, CA
Santa Clara County HIV Planning Council, Campbell, CA
Selma AIR (AIDS Information Referral), Selma, AL
Siouxland Community Health Center, Sioux City, IA
Sonoma County Commission on AIDS (California) & West County Health Centers, Guerneville CA
Southeast Idaho AIDS Coalition, Pocatello, ID
Southern Illinois University School of Medicine, Springfield, IL
Southern Tier AIDS Program, Inc., Johnson City, NY
The South Jersey Council On AIDS, Inc., Barrington, NJ
Spokane AIDS Network, Spokane, WA
St. Louis Metropolitan CHA-CHA, Epiphany UCC, St. Louise, MO
Tarrant County Samaritan Housing, Fort Worth, TX
Tennessee AIDS Support Services, Inc.
Test Positive Aware Network, Chicago, IL
Texas AIDS Network, Austin, TX
Tender Loving Care/Memphis Managed Care Corporation, Memphis, TN
Title II Community AIDS National Network (TIICANN), Washington, DC
Tom Thom Club, An Effort for Prevention and Support for HIV/AIDS, South Fork, CO
Toya Management Services, Highland, IN
Treatment Access Expansion Project (TAEP)
Treatment Action Group, New York, NY
Triad Health Project, Greensboro, NC
Tulsa C.A.R.E.S, Tulsa, OK
United Bronx Parents, Inc., New York, NY
Unity Coalition/Coalicion Unida de Miami-Dade, Miami, FL
University of Illinois at Chicago/ HIV/AIDS Project, Chicago, IL
Ursuline Sisters HIV/AIDS Ministry, Canfield, OH
Volunteers of America of Kentucky Inc., Louisville, Ky

Waikiki Health Center, Honolulu, HI
Welch Terrace Apartments, Syracuse, NY
Wesley Housing Development Corporation, Alexandria, VA
Women's Prison Association & Home, Inc. (WPA), New York, NY
WV HIV Care Consortium, Wheeling, WV

SAVE ADAP Action Alert July 07, 2003

**Urgent Calls needed! 20,000 to go without ADAP in 2004
U.S. House of Representatives To Vote on Appropriations Bill This
Thursday
Your Help Is Again Needed To SAVE ADAP!!**

On Thursday, the House of Representatives will vote on Fiscal Year 2004 funding levels for HIV/AIDS care and treatment programs, including the AIDS Drug Assistance Program (ADAP). The amount of increase being proposed will only meet 14% of the projected demand on the program.

The \$39 million increase for ADAP approved by the House Appropriations Committee falls severely short of the \$283 million identified as needed to alleviate the current ADAP crisis. Over 20,000 newly diagnosed HIV positive Americans will not have access to anti-HIV medications in 2004. In addition, the proposed flat funding for Title I of the Ryan White CARE Act and cuts to other Titles represents a dangerous turning point in the history of the CARE Act. These Titles must have adequate increases to provide essential support and healthcare services to people with HIV/AIDS.

This wholesale retreat from the promise of the Ryan White CARE Act will devastate these life saving programs. Newly identified HIV positive people by the CDC's Rapid HIV Testing initiative will find severe limits on accessing care and treatment. Individuals cut off from Medicaid due to new restrictions will be put on ADAP waiting lists. Fifteen ADAPs have already closed enrollment, with seven more about to join the ranks. Without adequate funding, the ADAP crisis will reach unprecedented proportions.

There is still time to make your voice heard if you call your elected officials immediately. Please take a few minutes to call your House Representative and urge him/her to support adequate funding for ADAP and other critical HIV/AIDS programs. Lives do depend on it!

Action needed:

Call your U.S. Representative immediately and no later than end of day Wednesday, July 9th. Ask to speak to their legislative aide who handles

HIV/health care issues. You can use the following phone script to help craft your message.

"I am a constituent of Representative_____. I am urging the Congressman/woman to do everything in his/her power to secure a \$283 million increase for the AIDS Drug Assistance Program (ADAP). ADAP received a very inadequate increase from the House Appropriations Committee and must be improved. I encourage Representative_____ to fight on the House floor for a \$283 million increase for ADAP and the highest possible increases for all HIV/AIDS programs.

Contact information:

You can call the Capitol Switchboard toll-free at 1-800-839-5276. Ask to be connected to your Representative.

You can also find phone numbers and other contact information on Project Inform's legislative directory,
www.projectinform.org/org/FedLegislative/index.html

Don't know who your representatives are? Call 1-888-VOTE-SMART or visit
www.vote-smart.org/index.phtml

SAVE ADAP Action Alert June 23, 2003

House Subcommittee Approves Highly Inadequate Increase for ADAP

Senate to start process on Wednesday

Your help is needed to SAVE ADAP!!

On Thursday of last week, the House Labor-HHS Appropriations Subcommittee voted on Fiscal Year 2004 funding levels for HIV/AIDS care and treatment programs, including the AIDS Drug Assistance Program (ADAP). The results are extremely disappointing and demonstrate a clear lack of commitment to mounting a real fight against the epidemic.

The Subcommittee approved a \$39 million increase for ADAP. This amount falls severely short of the \$283 million identified as needed to alleviate the current ADAP crisis. It is less than half of the \$100 million increase for ADAP requested by President Bush. In addition, the Subcommittee approved only flat funding for Title I of the Ryan White CARE Act and cuts

in other Titles. This lack of leadership will result in greatly reduced access to treatment and care for people living with HIV/AIDS across the country.

Congress must hear from constituents that these funding levels are highly inadequate and must be improved during the remainder of the appropriations process. The full House Appropriations Committee is expected to review the funding bill on Wednesday of this week. The same day, the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education will begin its own process.

Both the House and the Senate are moving much quicker than expected but there is time to make your voice heard if you call your elected officials immediately. Please take a few minutes to call your House Representative and two U.S. Senators and urge them to support adequate funding for ADAP and other critical HIV/AIDS programs. Lives depend on it.

Action needed:

Call your U.S. Representative and two U.S. Senators immediately and no later than 5 pm EST Tuesday, June 24th. Ask to speak to their legislative aide who handles HIV/health care issues. Use the following phone scripts to help craft your message.

(For Representatives):

"I am a constituent of Representative_____. I am urging the Congressman/woman to do everything in his/her power to secure a \$283 million increase for the AIDS Drug Assistance Program (ADAP). ADAP received a very inadequate increase from the House Labor-HHS Appropriations Subcommittee and must be improved. I encourage Representative_____ to convey his/her support for a \$283 million increase for ADAP and the highest possible increases for all HIV/AIDS programs to members of the full House Appropriations Committee."

(For Senators):

"I am a constituent of Senator_____. I am urging the Senator to do everything in his/her power to secure a \$283 million increase for the AIDS Drug Assistance Program (ADAP). ADAP provides access to treatment to people with HIV who otherwise couldn't afford it. The program is in a fiscal crisis and this amount is needed to make sure that people can benefit from lifesaving medications. I encourage Senator_____ to convey his/ support for this increase and the highest possible increases for all HIV/AIDS programs to members of the Senate Labor-HHS-Education Appropriations Subcommittee."

Contact information:

You can call the Capitol Switchboard toll-free at 1-800-839-5276. Ask to be connected to your Representative/Senator.

You can also find phone numbers and other contact information on Project Inform's legislative directory,
www.projectinform.org/org/FedLegislative/index.html

Don't know who your representatives are? Call 1-888-VOTE-SMART or visit
www.vote-smart.org/index.phtml

SAVE ADAP Acton Alert June 16, 2003

Congress To Begin Debating Funding Levels For Next Year AIDS Drug Assistance Program Crisis Continues

Congress is starting its Fiscal Year 2004 appropriations process earlier than expected. On Thursday June 19th, the House Labor-Health and Human Services (HHS) Appropriations Subcommittee is expected to begin debating and voting on funding levels for programs funded by Labor-HHS. Included in this bill will be funding for the AIDS Drug Assistance Program (ADAP) and other HIV/AIDS care, treatment, prevention, and research programs.

Despite tireless efforts from people around the country, the crisis in the AIDS Drug Assistance Program (ADAP) rages on. Congress approved an \$80 million increase for ADAP in the final FY 03 appropriations bill, less than half the amount identified as needed to alleviate the crisis. In addition, many states are facing severe financial problems and are unable to make sufficient contributions to the program.

A recent report called the "National ADAP Monitoring Report", issued by the Kaiser Family Foundation, the National Alliance of State and Territorial AIDS Directors, and the AIDS Treatment Data Network, finds that ADAPs across the country continue to be unable to meet the needs of people who depend on the program. Fourteen states have implemented waiting lists and/or access restrictions as of April 2003, with several more predicting the need to make similar restrictions sometime this year. For more information and to download the report, go to <http://www.atdn.org/access/adap/index.html>

AIDS treatment policy experts have determined that a \$283 million increase is needed for ADAP for Fiscal Year 2004 (which starts on October 1, 2003) in order to alleviate the ADAP crisis. This figure takes into account the current budget shortfall in the program, the needs of those on waiting lists, and the addition of Fuzeon and Hepatitis C treatments.

While there may be efforts later this year to obtain an emergency supplemental appropriation for ADAP, right now your help is needed to encourage the House of Representatives to support full funding for ADAP and the highest possible increases for all HIV/AIDS programs for FY 04. Please take a few minutes to call your Representative today!

How you can help:

Please call your U.S. Representative before Thursday, June 19th. Ask to speak to the legislative aide who handles HIV/healthcare issues. Whether you speak live to the staffer or leave a voicemail, please convey the following message:

"I am a constituent of Representative_____. I am urging the Congressman/woman to do everything in his/her power to secure a \$283 million increase for the AIDS Drug Assistance Program (ADAP). ADAP provides access to treatment to people with HIV who otherwise couldn't afford it. The program is in a fiscal crisis and this amount is needed to make sure that people can benefit from lifesaving medications. I encourage Representative_____ to convey his support for this increase and the highest possible increases for all HIV/AIDS programs to members of the Labor-HHS Appropriations Subcommittee."

****Note that calls to Senators are not needed at this time****

Contact information:

You can call the Capitol Switchboard toll-free at 1-800-839-5276. Ask to be connected to your Representative.

You can also find phone numbers and other contact information on Project Inform's legislative directory,

<http://www.projectinform.org/org/FedLegislative/index.html>

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SAVE ADAP FACT SHEET

The AIDS Drug Assistance Program: A Fiscal and Moral Crisis

What is the AIDS Drug Assistance Program?

The AIDS Drug Assistance Program (ADAP) is a federal program funded primarily through Title II of the Ryan White CARE Act. It provides access to HIV/AIDS treatments for low-income people who are uninsured or lack adequate prescription drug coverage. It is administered by the states and, in some cases, augmented by state funding. Because it is administered by the states, programs vary widely from state to state, including number of available drugs on the formulary, financial and clinical eligibility criteria, and other program controls.

Who utilizes ADAPs?

An estimated 90,000 people monthly utilize ADAP for their HIV medications. ADAPs serve a very diverse population of people living with HIV. In 2002, 81% of the ADAP clients earn less than \$18,000 a year, 68 % are minority Americans (33% African American, 25% Hispanic). The number of clients served increased by 160% between July 1996 and June 2002. This includes a 10% increase in clients served in the last year alone.

The current fiscal crisis in ADAP

ADAP is currently at a budget shortfall of \$145 million. The shortfall is largely a result of several consecutive years of underfunding compounded by increasing demand. Many ADAPs across the country are experiencing severe financial crises, resulting in limits to treatment access.

Widespread Program closures and access restrictions have already started. Nearly 600 people are currently on ADAP waiting lists across the country. Twelve states have capped enrollment (Alabama, Alaska, Arkansas, Colorado, Idaho, Kentucky, Nebraska, North Carolina, Oregon, South Dakota and West Virginia). Three states (New York, Washington and Oklahoma) have restricted access using other means (lowering financial eligibility caps, reducing formularies) and at least six additional states

(including Texas and California) have reported that they anticipate implementing substantial new restrictions.

If the current fiscal crisis continues, states may seek to control costs in ways that threaten the health of both the program and the thousands of Americans who rely on it. States are looking at lowering the financial eligibility criteria and capping new enrollment. ADAP medical advisory boards are dropping medications currently provided on formularies and delaying adding new Anti-HIV drugs. States are also considering co-pays or medical pre-authorizations that may put the program out of reach for the most vulnerable and create additional barriers to access for many others.

America's investments in research, which have yielded increasingly effective therapies, will not be fully realized in health improvements due solely to the inability of Americans living with HIV to access these therapies.

What is driving the ADAP crisis?

There are several factors contributing to the ADAP problem:

- Inadequate federal funding. Congress appropriated less than half of the needed increase in FY03, while the demand on ADAP continues to grow. More people are living with AIDS due to effective therapies. AIDS death rates in the U.S. have fallen from 40,000 to 15,000 per year with corresponding drops in morbidity.**
- Increases in costs of new treatments. Management of HIV disease has become increasingly complex, requiring new drugs to treat viruses that have become resistant to available therapies. New and effective treatments have recently been approved by the FDA, including three new antiretrovirals in the past year alone.**
- Increase in HIV testing programs across the country. The new CDC rapid testing initiative will increase the number of people being tested, leading to increasing demand for treatment and care. A quarter of the estimated 1 million HIV positive Americans are unaware of their status, while more than 40,000 new infections continue to occur each year. Approximately 25% of these newly identified HIV positive individuals will need to access treatment and care through ADAP.**
- Increase in the number of uninsured Americans. The current economic crisis has produced record number of unemployment, increases in insurance premiums and co-pays, as well as Medicaid cut backs. Without ADAP and Ryan White funded services, HIV + Americans with no healthcare coverage will have no access to life-saving medications and healthcare.**

What must be done to end the crisis?

Congress must appropriate an increase of \$283 million in federal funding for ADAP for Fiscal Year 2004 (October 1, 2003 to September 30, 2004). This figure includes the current \$145 million shortfall plus an \$138 million increase needed in the next fiscal year to provide adequate financial relief to ADAP.

The President's goal, as articulated in his FY2003 budget, of reducing the number of new infections 50% by 2005, cannot be achieved without a sufficient funding commitment on the part of the federal government. There is a direct fiscal and epidemiological relationship between testing, surveillance, care and treatment, individual longevity, and reduction in new infections. The national response to AIDS carried out through the various federal agencies (e.g., NIH, CDC, HRSA, etc.), is a linked strategy. Shortfalls in one program area inherently impact capacity and success in other program areas.

Although funding for the CARE Act has grown over the past ten years, federal and state funding have not kept up with growing demand for services. The states' Ryan White care and treatment programs are safety net programs. They are the payer of last resort and provide services to those most in need. Without an increase of, at minimum, \$283million in FY'03, states will be unable to maintain their existing programs, much less enroll new clients.

SAVE ADAP FACT SHEET

FY 2004 ADAP Appropriations Overview

Ryan White CARE Act Title II (ADAP)

All figures are represented in millions of dollars

FY '03 FINAL	FY '04 President's Budget Request		FY '04 House Appropriations		FY '04 Senate Appropriations		FY '04 HIV/AIDS Need	
Dollars	Dollars	Difference from Previous FY	Dollars	Difference from Previous FY	Dollars	Difference from Previous FY	Dollars	Difference from Previous FY
\$714.0	\$739.0	+\$25.0	\$753.0	+\$39.0	\$739.0	+\$25.0	\$997.0	+\$283.0

ADAP has been under-funded for the past three fiscal years. Each year, AIDS policy experts requested moderate but critical increases to meet existing and anticipated needs, which Congress did not provide. In FY 03, Congress appropriated an increase of \$ 75 million dollars, resulting in an \$145 million budget shortfall for ADAP. When funding fails to keep pace with increased demands and delivery costs, the impact is the same as a reduction in funding.

An average of 650 new clients seek out ADAP services each month. The approximate cost for combination therapy per person each year is \$13,000. Although expensive, these costs are comparatively less than dollars that would be expended by the public health system to care for people living with HIV who become sick and require emergency room services, hospitalization, or rehabilitation and other social services.

ADAPs continue to seek out innovative strategies for reducing the cost of delivering HIV medications to eligible clients, including participation in the federal 340B drug discount program, utilizing manufacturer rebate programs, and development of cost-saving alternatives such as insurance purchasing programs.

SAVE ADAP FACT SHEET

Estimates of Eligible ADAP Clients Not Served in FY 04

State	02 Active Clients Served	State % of Total ADAP Clients	FY03 Federal Shortfall Breakdown by states	FY 03 Number of People Not Served (Annual Pcap \$12,381)	FY04 Federal Shortfall Breakdown by states	FY 04 Number of People Not Served (Annual Pcap \$13,006)
Alabama	919	1.09%	\$1,584,575.16	128	\$3,075,626.19	236
Alaska	32	0.04%	\$55,175.63	4	\$107,094.71	8
Arizona	668	0.79%	\$1,152,366.05	93	\$2,236,717.63	172
Arkansas	316	0.37%	\$544,859.36	44	\$1,057,560.26	81
California	15,330	18.14%	\$26,432,575.86	2,135	\$51,305,059.29	3,945
Colorado	765	0.91%	\$1,319,042.44	107	\$2,560,232.90	197
Connecticut	883	1.05%	\$1,522,502.58	123	\$2,955,144.64	227
Delaware	179	0.21%	\$308,638.69	25	\$599,061.03	46
District of Columbia	982	1.16%	\$1,693,202.19	137	\$3,286,468.90	253
Florida	13,813	16.35%	\$23,816,906.09	1,924	\$46,228,100.71	3,554
Georgia	3,272	3.87%	\$5,641,708.30	456	\$10,950,434.05	842
Guam	5	0.01%	\$8,621.19	1	\$16,733.55	1
Hawaii	158	0.19%	\$272,429.68	22	\$528,780.13	41
Idaho	81	0.10%	\$139,663.32	11	\$271,083.48	21
Illinois	2,895	3.43%	\$4,991,670.39	403	\$9,688,724.50	745
Indiana	180	0.21%	\$310,362.93	25	\$602,407.74	46
Iowa	147	0.17%	\$253,463.06	20	\$491,966.32	38
Kansas	234	0.28%	\$403,471.80	33	\$783,130.06	60

Kentucky	490	0.58%	\$844,876.85	68	\$1,639,887.74	126
Louisiana	1,536	1.82%	\$2,648,430.30	214	\$5,140,546.06	395
Maine	83	0.10%	\$143,111.79	12	\$277,776.90	21
Maryland	1,486	1.76%	\$2,562,218.38	207	\$4,973,210.57	382
Massachusetts	1,058	1.25%	\$1,824,244.31	147	\$3,540,818.83	272
Michigan	664	0.79%	\$1,144,894.35	92	\$2,222,215.22	171
Minnesota	401	0.47%	\$691,419.63	>56	\$1,342,030.58	103
Mississippi	439	0.52%	\$756,940.69	61	\$1,469,205.55	113
Missouri	1,060	1.26%	\$1,828,267.53	148	\$3,548,627.82	273
Montana	49	0.06%	\$84,487.69	7	\$163,988.77	13
Nebraska	182	0.22%	\$313,811.40	25	\$609,101.16	47
Nevada	480	0.57%	\$827,634.47	67	\$1,606,420.64	124
New Hampshire	154	0.18%	\$265,532.73	21	\$515,393.29	40
New Jersey	3,322	3.93%	\$5,727,920.22	463	\$11,117,769.53	855
New Mexico	320	0.38%	\$551,756.31	45	\$1,070,947.10	82
New York	12,191	14.43%	\$21,019,616.54	1,698	\$40,798,622.05	3,137
North Carolina	1,440	1.70%	\$2,483,478.15	201	\$4,820,377.50	371
North Dakota	19	0.02%	\$32,760.53	3	\$63,587.48	5
Northern Mariana Is.	2	0.00%	\$3,448.48	0	\$6,693.42	1
Ohio	940	1.11%	\$1,620,784.17	131	\$3,145,907.09	242
Oklahoma	422	0.50%	\$727,628.64	59	\$1,412,311.48	109
Oregon	305	0.36%	\$525,892.74	42	\$1,020,746.45	>78
Pennsylvania	2,213	2.62%	\$3,815,739.75	308	\$7,406,268.51	569
Puerto Rico	2,798	3.31%	\$4,824,419.26	390	\$9,364,093.67	720
Rhode Island	221	0.26%	\$381,056.70	31	\$739,622.84	57
South Carolina	1,035	1.22%	\$1,784,012.08	144	\$3,462,728.94	266
South Dakota	23	0.03%	\$39,657.48	3	\$76,974.32	6
Tennessee	152	0.18%	\$262,084.25	21	\$508,699.87	39
Texas	6,838	8.09%	\$11,790,917.46	952	\$22,885,916.31	1,760
Utah	144	0.17%	\$248,290.34	20	\$481,926.19	37
Vermont	63	0.07%	\$108,627.02	9	\$210,842.71	16
Virgin Islands	51	0.06%	\$87,936.16	7	\$170,682.19	13
Virginia	1,521	1.80%	\$2,622,566.72	212	\$5,090,345.41	391
Washington	1,083	1.28%	\$1,867,350.27	151	\$3,624,486.58	279
West Virginia	137	0.16%	\$236,220.67	19	\$458,499.23	35
Wisconsin	279	0.33%	\$481,062.54	39	\$933,732.00	72
Wyoming	28	0.03%	\$48,278.68	4	\$93,707.87	7
total	84,489	100.00%	\$145,678,610.00	11,766	\$282,759,038.00	21,741

Estimates provided by the Data Subcommittee of the ADAP Working Group and The AIDS Treatment Data Network (NY, NY) July 2003.

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***ATAC is a national coalition of people living with HIV/AIDS and advocates
working together to end the AIDS epidemic***

by improving HIV research and treatment access.