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U.S. News

Texas Health Department May Alter ADAP Rules if Program Goes Into Deficit

The [Texas Department of Health](#) has developed a contingency plan to revise eligibility requirements for the [Texas HIV Medication Program](#), the state's AIDS Drug Assistance Program, to overcome a budget deficit the program may face in coming years, the [Houston Chronicle](#) reports. Health officials project that the ADAP have an \$11 million deficit in two years, even though the state Legislature recently increased the program's budget to \$44.6 million (Ross Hughes, *Houston Chronicle*, 8/7). The federal-state ADAP program provides free or low-cost medication to low-income HIV-positive individuals. Many state ADAP programs are experiencing financial trouble due to high demand for the drugs, soaring prescription costs and state budget shortfalls ([Kaiser Daily HIV/AIDS Report](#), 5/12). The four new potential rule changes would only apply to new enrollees, according to the *Chronicle*. The possible rule changes, which would be phased in as needed, may include:

- Altering the medical criteria for drug assistance eligibility. To control costs, the program would "wait until a [new] patient's condition worsens before starting the treatment";
- Prohibiting program participants from subtracting the cost of antiretroviral drugs, which could cost up to \$20,000 per year per person, from their reported taxable income;
- Decreasing the income eligibility from \$17,960 per year per person to as low as \$11,225 per year per person; and

- Closing enrollment to all new applicants until budget deficits are eliminated.

Criticism

Terry Wilson, state coordinator of AIDS Coalition of Texas, questioned the need to develop a deficit contingency plan for the ADAP because he believes that "the budget could end in a surplus," according to the *Chronicle*. Wilson said that his group sees the medical eligibility requirement as the "least troubling" potential rule change, but he added that the "one drawback" to the rule is that the government would "then start dictating clinical practice to physicians and patients." Wilson said that eliminating patients' ability to subtract the cost of antiretroviral drugs from their taxable income would be "counterproductive," adding that the change would result in "prompting workers contributing to the economy to quit their jobs in order to access the drugs." Dr. Sharilyn Stanley, associate commissioner for disease control and prevention at the Texas Department of Health, said that the rules would not go into effect immediately and would only be applied if they were needed to overcome a deficit, according to the *Chronicle*. "The Legislature did give us \$26.5 million (increased funding), which was an incredible, wonderful, substantive act, but it doesn't fully meet our projected deficit," Stanley said (*Houston Chronicle*, 8/7).

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