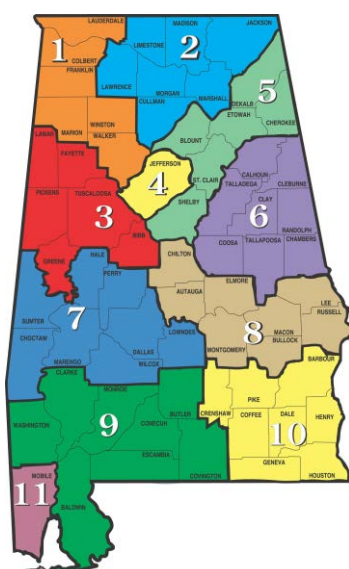# State of Alabama

AIDS Drug Assistance Program (ADAP)

Quarterly Report

This report reflects active clients currently enrolled in Alabama's Insurance Assistance Program (AIAP), the AIDS Drug Assistance Program (ADAP) & Medicare Part D Client Assistance Plan (MEDCAP), as of March 31, 2016

Prepared by:

Division of HIV Prevention and Care

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For additional information, please visit http://adph.org/aids

Alabama's AIDS Drug Assistance Program (ADAP) provides continuous access to life-saving treatment and care for low income, uninsured, and underinsured people living with HIV (PLWH). Alabama's Insurance Assistance Program (AIAP) was launched in 2015, providing cost-effective health insurance to eligible PLWH. ADAP is comprised of two main components: 1) the full price purchase of medications and 2) the purchase of cost-effective insurance coverage through AIAP on behalf of eligible individuals. Premium, co-payment, and out of pocket expense assistance is also provided for eligible individuals receiving coverage through the Medicare Part D Client Assistance Program (MEDCAP). These ADAP categories are intended to reduce the morbidity and mortality experienced by PLWH, while also assisting PLWH achieve and maintain viral suppression, thus decreasing the risk of HIV transmission to non-infected individuals. The Ryan White HIV/AIDS Program (RWHAP) Part B funding is intended to provide seamless care and support across the HIV care continuum. The percentage of ADAP clients served by each program category as of March 31, 2016 is depicted in Figure 1.
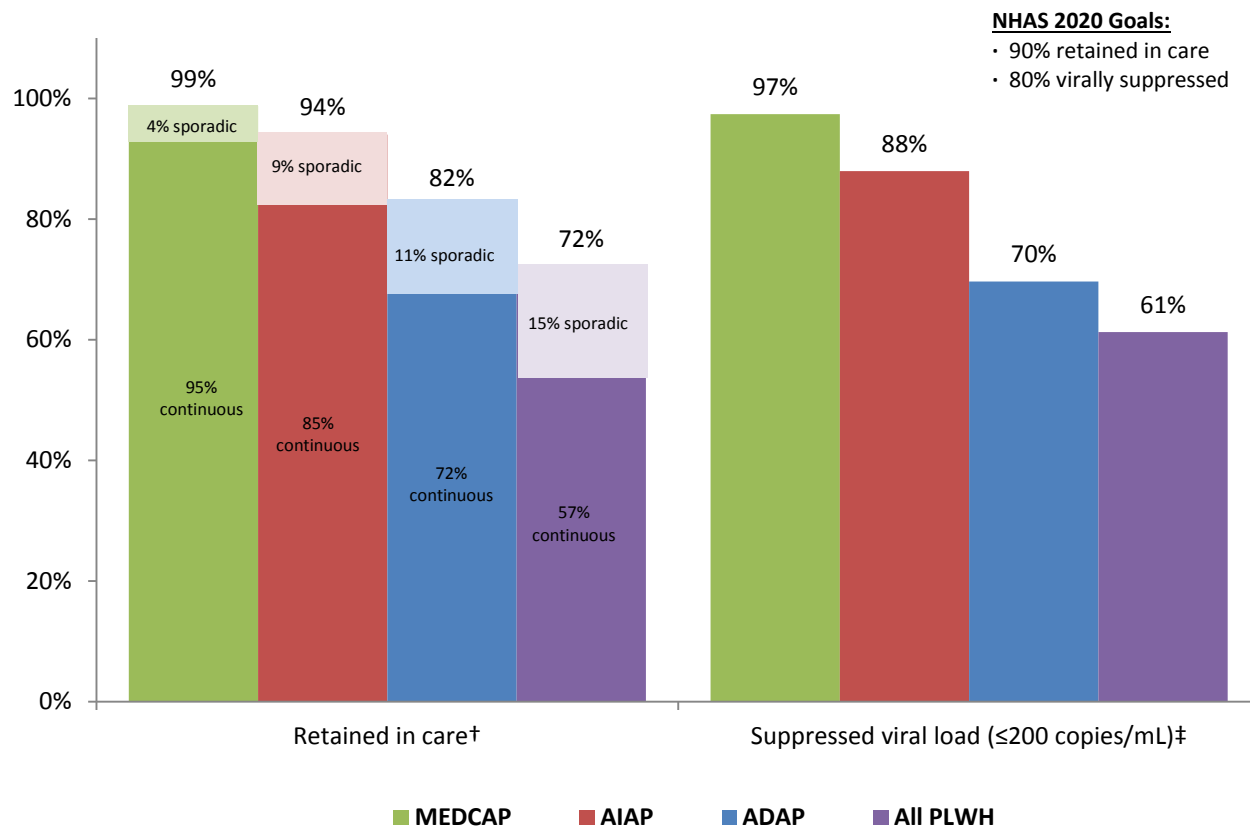
Figure 1. ADAP Clients Served by Program Category, as of March 31, 2016
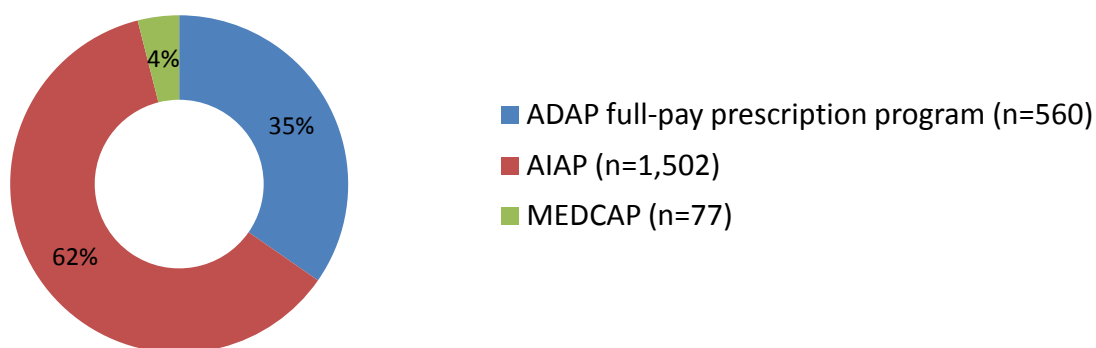
Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Percentages may not total 100% due to rounding.

The ADAP plays an integral role in the achievement of the National HIV/AIDS Strategy (NHAS) updated goals for 2020, which include: 1) reducing new HIV infections; 2) increasing access to care and improving health outcomes; and 3) reducing HIV-related disparities and health inequities. ADAP has a measurable impact on multiple bars of the HIV care continuum, most notably retention in care and viral load suppression. Being virally suppressed improves the health of PLWH and enhances their lifespan, while also significantly reducing the risk of transmitting HIV to others. PLWH who adhere to antiretroviral therapy (ART) and have suppressed viral loads can reduce the risk of sexual transmission of HIV by 96 percent. ADAP clients achieve optimal health outcomes at a higher rate than all PLWH in Alabama. In fact, AIAP and MEDCAP clients have already surpassed the NHAS 2020 goal of 80 percent viral suppression while 70 percent of ADAP clients have achieved viral suppression (Figure 2). MEDCAP clients have already surpassed the NHAS 2020 goal for 90 percent (continuous) retention in HIV medical care, while 85 percent of AIAP clients and 72 percent of ADAP clients were continuously retained in HIV medical care during the preceding 12 months, compared to only 57 percent of all PLWH in Alabama (which includes ADAP, AIAP, and MEDCAP clients).

Figure 2. Retention in Care and Viral Suppression Among PLWH, Alabama

NHAS 2020 Goals:
· 90% retained in care
· 80% virally suppressed

Retained in care† Suppressed viral load (≤200 copies/mL)‡

■ MEDCAP   ■ AIAP   ■ ADAP   ■ All PLWH

Sources: Alabama Department of Public Health, Division of HIV Prevention and Care; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19 (No. 3).
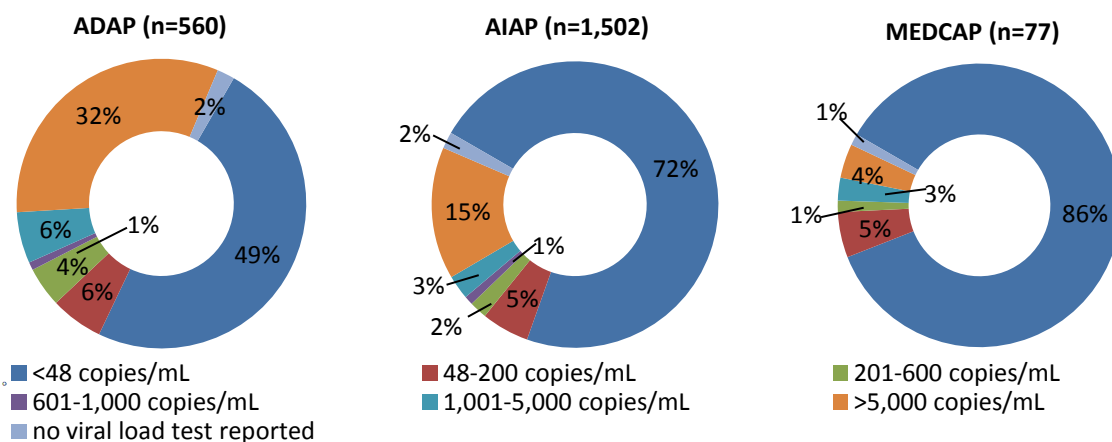Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program; NHAS – National HIV/AIDS Strategy; PLWH – all persons living with HIV (including ADAP, AIAP, and MEDCAP clients). Calculations include persons diagnosed with HIV infection through March 31, 2015 and alive as of March 31, 2016, allowing a full 12 months to assess retention in care and viral suppression.
† Calculated as the percentage of persons accessing care during the previous 12 months (i.e., April 1, 2015 to March 31, 2016), among those diagnosed with HIV through March 31, 2015 and alive as of March 31, 2016. Sporadic care is evidenced by only 1 CD4 or viral load test while continuous care is evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.
‡Calculated as the percentage of persons who had suppressed viral load (≤200 copies/mL) during the previous 12 months (i.e., April 1, 2015 to March 31, 2016), among those diagnosed with HIV through March 31, 2015 and alive as of March 31, 2016.

The majority of clients actively served by ADAP reported viral suppression (i.e., viral load ≤ 200 copies/mL) at the last viral load test collected during the preceding 12 months (Figure 3). However, the level of viral suppression varied by service category with MEDCAP reporting the most virally suppressed clients (91 percent), followed by AIAP (77 percent) and ADAP (55 percent). As only fifty-five percent of active ADAP clients are currently virally suppressed, this indicates a need for improved adherence to antiretroviral therapy (ART) and retention in care in this service category. However, it should be mentioned that many newly diagnosed clients eligible for RWHAP Part B services are enrolled in ADAP until the next AIAP open enrollment period. These newly diagnosed clients may not have achieved viral suppression yet or been in care long enough to reach the retained in care criteria. Ensuring all ADAP clients recertify during federally required biannual eligibility reviews will improve access to continuous ART.
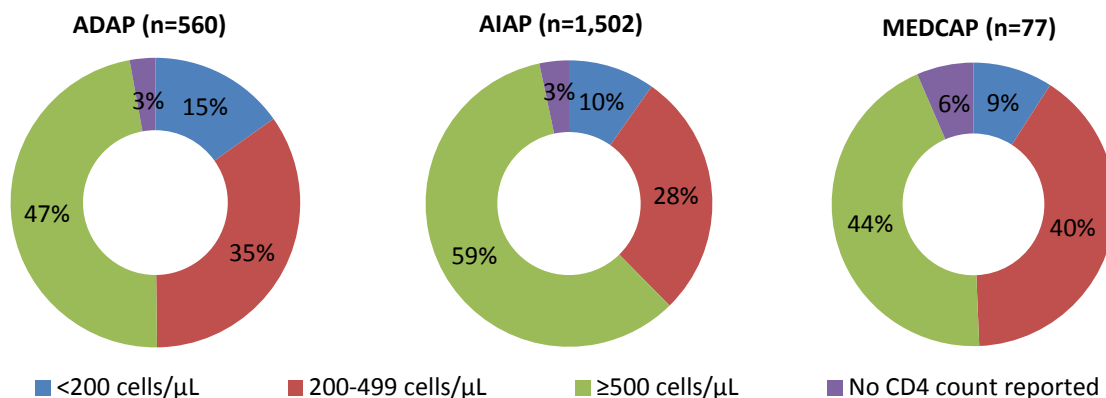
Figure 3. Viral Load Range at Last Reported Test by Service Category, Alabama

ADAP (n=560)

AIAP (n=1,502)

MEDCAP (n=77)

■ <48 copies/mL	■ 48-200 copies/mL	■ 201-600 copies/mL
■ 601-1,000 copies/mL	■ 1,001-5,000 copies/mL	■ >5,000 copies/mL
■ no viral load test reported		

Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Viral load reported during the previous 12 months (i.e., April 1, 2015 to March 31, 2016). Percentages may not total 100% due to rounding.

In addition to viral load suppression, improved access to care and ART adherence is associated with increased CD4 counts and reduced progression to AIDS. Stratification by program category reveals the majority of clients actively served by ADAP as of March 31, 2016 reported non-AIDS defining CD4 counts (i.e., CD4 ≥200 cells/µL) during the previous 12 months (Figure 4).
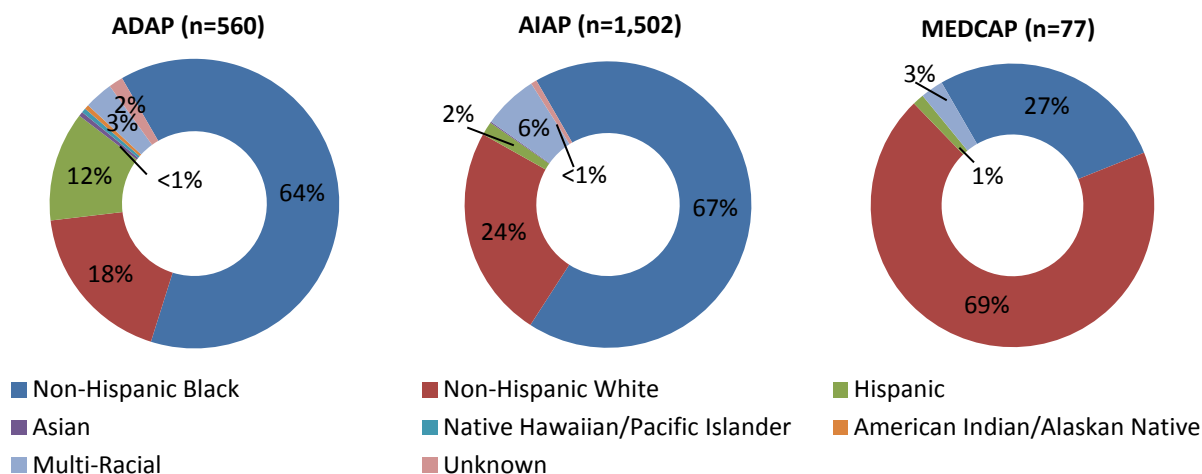
Figure 4. CD4 Count Range at Last Reported Test by Service Category, Alabama

ADAP (n=560)

AIAP (n=1,502)

MEDCAP (n=77)

■ <200 cells/µL   ■ 200-499 cells/µL   ■ ≥500 cells/µL   ■ No CD4 count reported

Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. CD4 counts reported during the previous 12 months (i.e., April 1, 2015 to March 31, 2016). Percentages may not total 100% due to rounding.

Racial and ethnic differences are seen when stratifying by program category. While the majority of ADAP and AIAP clients are Black or African American, the majority of MEDCAP clients are White (Figure 5). This suggests an under utilization of MEDCAP among African Americans. HIV surveillance data indicate African Americans continue to be disproportionately affected by HIV in Alabama. While African Americans comprise only 27 percent of Alabama's population, they represent 70 percent of newly diagnosed infections in current years and 65 percent of all persons living with HIV in Alabama.
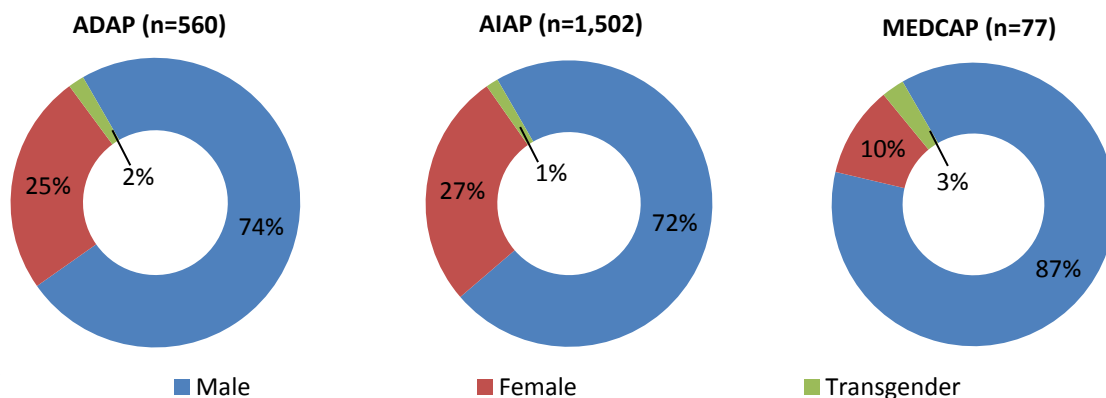
Figure 5. Race/Ethnicity of ADAP Clients Served by Program Category, as of March 31, 2016

ADAP (n=560)

AIAP (n=1,502)

MEDCAP (n=77)

ADAP: 2%, 3%, <1%, 64%, 18%, 12%

AIAP: 2%, 6%, <1%, 67%, 24%

MEDCAP: 3%, 27%, 1%, 69%

- ■ Non-Hispanic Black
- ■ Non-Hispanic White
- ■ Hispanic
- ■ Asian
- ■ Native Hawaiian/Pacific Islander
- ■ American Indian/Alaskan Native
- ■ Multi-Racial
- ■ Unknown

Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Percentages may not total 100% due to rounding.

Stratification by gender reveals the majority of clients report male for both birth sex and current gender identity across program categories (Figure 6). However, Alabama's transgender population is growing with thirty-two clients identifying as transgender (6 female-to-male and 26 male-to-female) as of March 31, 2016.
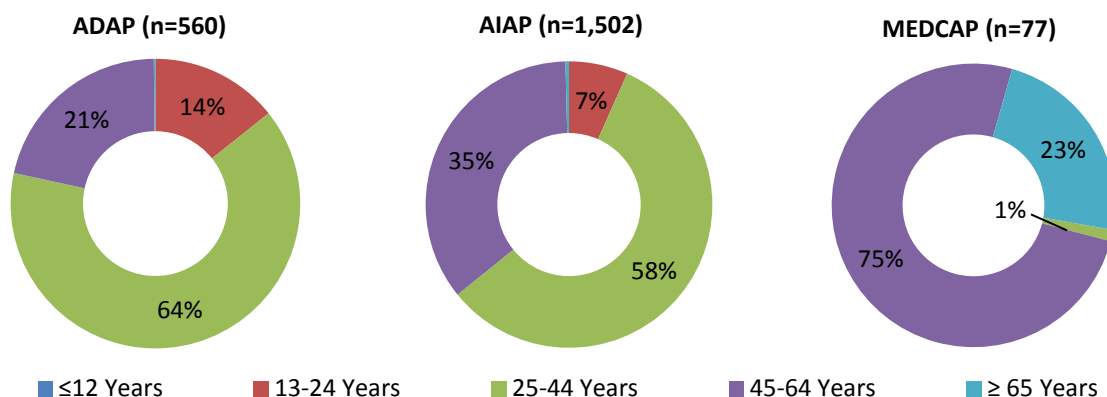
Figure 6. Gender of ADAP Clients Served by Program Category, as of March 31, 2016

ADAP (n=560)

AIAP (n=1,502)

MEDCAP (n=77)

ADAP: 25%, 2%, 74%

AIAP: 27%, 1%, 72%

MEDCAP: 10%, 3%, 87%

- ■ Male
- ■ Female
- ■ Transgender

Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Percentages may not total 100% due to rounding.

While the majority of ADAP and AIAP clients served as of March 31, 2016 were 25 to 44 years old, a larger percentage of 45 to 64 years olds utilized AIAP compared to ADAP (Figure 7). MEDCAP clients represent an older population, with the majority of clients age 65 or older. As of March 31, 2016, no clients served by ADAP, AIAP, or MEDCAP were 12 years old or younger. By law, the Ryan White HIV/AIDS Program (including ADAP) must be the payer of last resort. Children of low income families are able to obtain healthcare coverage through Alabama's Medicaid and AllKids insurance programs.
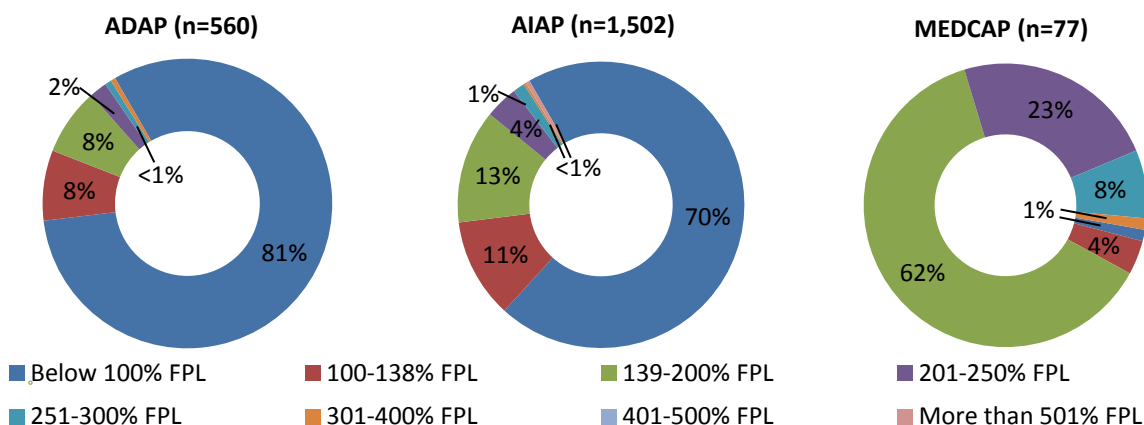
Figure 7. Age of ADAP Clients Served by Program Category, as of March 31, 2016

ADAP (n=560)   AIAP (n=1,502)   MEDCAP (n=77)

■ ≤12 Years   ■ 13-24 Years   ■ 25-44 Years   ■ 45-64 Years   ■ ≥ 65 Years

Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Age as of March 31, 2016. Percentages may not total 100% due to rounding.

Alabama's income eligibility criteria for all RWHAP Part B programs (including ADAP, AIAP, MEDCAP, and other Part B services) is currently set at 300 percent of the federal poverty level (FPL). The income level of ADAP, AIAP, and MEDCAP clients served is depicted in Figure 8. While the majority of ADAP and AIAP clients are below 138 percent of the FPL, the majority of MEDCAP clients are between 139 to 250 percent of the FPL.

Figure 8. ADAP Clients Served by Income Level and Program Category, as of March 31, 2016

ADAP (n=560)   AIAP (n=1,502)   MEDCAP (n=77)

■ Below 100% FPL   ■ 100-138% FPL   ■ 139-200% FPL   ■ 201-250% FPL
■ 251-300% FPL   ■ 301-400% FPL   ■ 401-500% FPL   ■ More than 501% FPL

Sources: Alabama Department of Public Health, Division of HIV Prevention and Care. *Federal Register*, Vol. 81, No. 15, January 25, 206, pp. 4036-4037. Also see https://aspe.hhs.gov/poverty-guidelines.
Abbreviations: ADAP - AIDS Drug Assistance Program; AIAP - Alabama Insurance Assistance Program; FPL - Federal Poverty Level; MEDCAP - Medicare Part D Client Assistance Program. Percentages may not total 100% due to rounding.

For more information about Alabama's AIDS Drug Assistance Program, including eligibility requirements and a current list of all formulary medications covered by ADAP, please visit http://adph.org/aids.