



# ADAP Watch: February 2026

This report tracks the current and projected fiscal health and cost-containment measures of AIDS Drug Assistance Programs (ADAPs). ADAPs provide life-saving HIV treatment to low income, uninsured and underinsured individuals living with HIV/AIDS in all 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, three U.S. Pacific Territories (Guam, the Commonwealth of the Northern Mariana Islands, and American Samoa) and one Associated Jurisdiction (the Republic of the Marshall Islands). Federal funding for ADAPs has remained relatively unchanged over the last decade, while client enrollment and healthcare costs, including prescription drug, insurance premium, and cost-sharing expenditures, have continued to increase.

### Reporting Jurisdictions

Analysis based on data received in response to a Request for Information (RFI), conducted, January 20 – 30, 2026, from the following 44 states and territories:

Alabama, Alaska, Arkansas, Arizona, California, Colorado, Connecticut, Delaware, District of Columbia, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nevada, New Jersey, New Mexico, New York, North Carolina, Oklahoma, Oregon, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Vermont, Virginia, Washington, Wisconsin

## At a Glance: Fiscal Outlook

*Status of ADAP Budgets for Current RWHAP Part B Fiscal Year vs. Next Fiscal Year*

Ten respondents reported deficits in the current fiscal year, 19 ADAPs forecast deficits for the upcoming year.

| Metric                             | Current RWHAP Part B Fiscal Year (ending 3/31/26) | Forecasted Next Part B Fiscal Year (starts 4/1/26) |
|------------------------------------|---|--|
| Minor Deficit (<5% of ADAP Budget) | 5 ADAPs   | 10 ADAPs   |
| Major Deficit (>5% of ADAP Budget) | 5 ADAPs   | 9 ADAPs  |

## Drivers of Budget Deficits

*Top reported reasons for current or forecasted deficits (Count of ADAPs)*

The primary driver of deficits is the rising cost of medication per client, followed closely by the external policy pressures, specifically the expiration of the enhanced premium tax credits for the purchase of insurance through the Affordable Care Act marketplaces and increased program enrollment.

- Increased drug costs/expenditures per client: (17)
- Expiration of enhanced premium tax credits/higher insurance costs: (13)
- Increased client enrollment: (12)



- Decreased 340B rebates: (9)
- Changes in federal allocations or supplemental funding: (9)
- Reduction in state general revenue/funding: (2)

## Current Cost-Containment Measures

### ADAPs Implementing Financial Eligibility Reductions

*ADAPs lowering Federal Poverty Level (FPL) caps to contain costs*

| State        | Financial Eligibility | Client Impact        | Implementation   |
|--------------|-----------------------|----------------------|--|
| Florida      | 400% to 130% FPL      | >12,000 <sup>1</sup> | Beginning March 1, 2026. FPL reduction applies to full-pay medication program; premium-assistance program to be discontinued; cost-sharing assistance will remain available to self-insured <sup>2</sup> clients with incomes up to 400% FPL |
| Pennsylvania | 500% to 350% FPL      | ~1,592               | New eligibility limit applied to all new applicants beginning 10/1/25 and current clients until next reenrollment cycle  |
| Kansas       | 400% to 250% FPL      | ~230                 | Clients above 250% FPL no longer eligible for ACA insurance premium support. Financial eligibility for full-pay medication program remains unchanged (400% FPL)  |
| Delaware     | 500% to 350% FPL      | ~176                 | New eligibility limit applies to all new applicants beginning 1/1/26 and current clients beginning 4/1/26  |
| Rhode Island | 500% to 400% FPL      | ~51                  | New eligibility limit applied to all new applicants beginning 10/29/25 and current clients beginning 3/1/26  |

<sup>1</sup> Florida did not respond to NASTAD's Request for Information (RFI); based on public information shared by Florida Department of Health (DOH) and CY2024 data provided previously to NASTAD. NASTAD updated its original estimate of >16,000 clients impacted updated to >12,000, accounting for FL DOH clarification that cost-sharing assistance will continue for clients up to 400% FPL (3,951 clients served in CY2024 received deductible, copayment, or coinsurance assistance only)

<sup>2</sup> Examples: Clients with Medicare, employer-sponsored insurance, or self-funded commercial insurance

### ADAPs Implementing Waiting Lists

*Zero waiting lists currently reported*

## **ADAPs with Other Cost Containment Measures**

*Active measures currently in place*

### **Reduced RWHAP Part B funding for core medical/support services**

- Arkansas, Connecticut, Delaware, Kansas, Louisiana, Michigan, Pennsylvania, Rhode Island, Virginia, Wisconsin

### **Implementing or reimplementing six-month recertification requirements**

- Alaska, Oklahoma, Rhode Island

### **Restricted medical criteria for eligibility**

- Arizona

### **Expenditure caps (annual or monthly per-client limits)**

- Arizona, Colorado, Delaware, District of Columbia, Nevada

### **Reduced formulary**

- Arizona, Florida, Louisiana, Michigan, Nevada, Pennsylvania

### **Decreased/restricted insurance premium assistance**

- Florida, Michigan, Montana, Oklahoma, Wisconsin

## **Watch List: ADAPs Considering New/Additional Cost-Containment Measures**

### **Waiting Lists & Eligibility**

#### **Establishing a waiting list**

- Arkansas, Louisiana, New Jersey

#### **Lowering financial eligibility**

- Arkansas, Louisiana, New Jersey, Rhode Island, Virginia, Washington State

#### **Restricting medical criteria for eligibility**

- Washington State

### **Funding & Service Reductions**

#### **Reduced RWHAP Part B funding for core medical/support services**

- Hawaii, Idaho, Montana, Pennsylvania, Rhode Island, South Carolina, Washington State



#### **Expenditure caps (annual or monthly per-client limits)**

- Colorado, Nevada

#### **Reduced formulary**

- Arizona, District of Columbia, Michigan, Pennsylvania, Rhode Island, Virginia, Washington State

#### **Decreased/restricted premium assistance**

- Arizona, Arkansas, Montana

#### **Discontinued reimbursement for laboratory assays/ADAP ancillary services**

- Idaho

### **Operational**

#### **Implementing or reimplementing six-month recertification requirements**

- Kansas, Pennsylvania

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### **Resources**

**Context & Policy Analysis:** [Federal Policy Changes and Their Impact on ADAPs \(Oct 2025\)](#)

**Operational Guidance:** [ADAP Cost Containment Considerations \(Nov 2025\)](#)