

ADAP Fiscal Year 2027 Funding Request

AIDS Drug Assistance Programs (ADAPs) are a component of the Ryan White HIV/AIDS Program Part B funding line. ADAPs provide life-saving HIV treatments 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 drug prices, have continued to increase.

In FY2026, ADAPs received \$900.3 million in federal funding. For FY2027, NASTAD believes ADAPs must receive a significant increase to deal with current and anticipated funding challenges. **To address these shortfalls, ADAPs must receive an increase of \$175 million, bringing total funding to \$1.075 billion. Of the \$175 million increase, \$75 million should be allocated through the ADAP base funding awards, and \$100 million should be added to the ADAP Emergency Relief Funding, bringing those awards to a total of \$175 million.**

FY2027 ADAP Increase Justification

- Federal ADAP funding has remained stagnant since FY2013, while ADAPs have continued to serve more clients.
- In 2024, ADAPs served over 250,000 clients, an increase of 10% in total clients enrolled compared to 2022.
- Due to funding constraints, several ADAPs have instituted or are considering introducing cost-containment measures. NASTAD’s most recent [ADAP Watch](#) shows that 17 ADAPs have or forecast budget deficits for FY2026 and/or FY2027.
- Five states (Florida, Pennsylvania, Kansas, Delaware, and Rhode Island) have reduced their FPL eligibility level, leaving thousands of clients without access to ADAP.
- ADAPs have faced increasing costs of drug prices and insurance premiums.
- Between 2022 and 2024, ADAP Program expenditures have significantly increased.
 - Prescription drug costs have increased 17.4%
 - Insurance premium costs have increased 12.1%
 - Cost-sharing expenditures have increased 14.7%
- Premium increases in the federally facilitated marketplaces from 2025 to 2026 are also affecting ADAP’s purchase power.

Metal Level	% Increase in Average Premium	% Increase in Lowest Premium (Min)	% Increase in Highest Premium (Max)
Silver	+17.19%	+22.01%	+18.12%
Bronze	+20.10%	+26.63%	+21.13%
Gold	+14.88%	+19.92%	+39.85%
Catastrophic	+23.93%	+24.75%	+26.82%

- The expiration of the Enhanced Premium Tax Credits will also drastically increase ADAP’s insurance costs.

Income Level (FPL)	2025 Monthly Premium (With ePTCs)	2026 Monthly Premium (No ePTCs)	Monthly Dollar Increase	Monthly % Increase
150% FPL	\$0.00	\$81.97	+\$81.97	++
200% FPL	\$50.20	\$172.15	+\$121.95	+242.9%
250% FPL	\$125.50	\$275.25	+\$149.75	+119.3%
300% FPL	\$225.90	\$389.68	+\$163.78	+72.5%
350% FPL	\$318.46	\$454.67	+\$136.21	+42.8%
400% FPL	\$426.70	\$519.78	+\$93.08	+21.8%
500% FPL	\$500.00	\$590.00 (full cost)	+\$90.00	+18.0%

Upcoming Challenges for ADAPs and Ryan White Providers

- There are massive expected disenrollments from Medicaid due to changes from the One Big Beautiful Bill Act (H.R.1). The Congressional Budget Office [estimates 5.3 million](#) will lose coverage, while analysts at the Center on Budget and Policy Priorities [project 9.9 to 14.9 million](#), citing administrative burdens.
- Beginning January 1, 2027, most adults enrolled in Medicaid expansion will be required to document 80 hours of “qualifying activities” each month to remain enrolled.
- It is [estimated](#) that roughly two-thirds of individuals who would lose Medicaid coverage under H.R. 1’s work requirements are likely to be disenrolled due to administrative burdens and procedural barriers—not because they fail to meet work criteria. Many of these individuals are already working or qualify for exemptions due to disability, student status, caregiving responsibilities, or other factors.