

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 April 8 – 21, 2026, from the following 46 states and territories:*

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

Jurisdictions reporting for the first time since the February 2026 ADAP Watch: Mississippi, Nebraska, New Hampshire, North Dakota, Ohio, and Wyoming.

Q1 respondents that did not respond to the Q2 RFI: Alabama, Florida, Guam, Puerto Rico, and Washington State. Where high-impact public information is available for non-respondents (e.g., Florida), it is noted below

## At a Glance: Fiscal Outlook

### Status of ADAP Budgets for the Current RWHAP Part B Fiscal Year (ending March 31, 2027)

Nineteen ADAPs (19) report a projected deficit for the current fiscal year—10 minor (<5% of total operating budget) and 9 significant (≥5%). This figure closely matches the February 2026 ADAP Watch forecast of 19 deficits for this fiscal year (10 minor, 9 major). Twenty-one ADAPs (21) report a balanced budget, and six (6) anticipate a surplus.

Metric	Current RWHAP Part B Fiscal Year (ending 3/31/27)
Minor Deficit (<5% of ADAP Budget)	10 ADAPs
Major Deficit (≥5% of ADAP Budget)	9 ADAPs
Balanced Budget	21 ADAPs
Surplus Anticipated	6 ADAPs

*ADAPs by anticipated budget status for the current RWHAP Part B fiscal year (ending March 31, 2027)*

**Minor deficit projected (<5% of total operating budget) — 10 ADAPs:**

Arizona, Connecticut, Idaho, Illinois, Michigan, New Hampshire, New Jersey, South Carolina, District of Columbia, Wisconsin

**Significant deficit projected (≥5% of total operating budget) — 9 ADAPs:**

Hawaii, Iowa, Massachusetts, Missouri, Montana, Nebraska, Pennsylvania, Rhode Island, Utah

**Balanced budget — 21 ADAPs:**

Alaska, Arkansas, California, Colorado, Delaware, Georgia, Indiana, Kansas, Louisiana, Maine, Maryland, Minnesota, Nevada, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Vermont

**Surplus anticipated — 6 ADAPs:**

Kentucky, Mississippi, South Dakota, Tennessee, Virginia, Wyoming

## Drivers of Budget Deficits

**Top reported reasons for projected deficits (count of ADAPs reporting a deficit, n=19)**

As in the February 2026 ADAP Watch, the primary driver of deficits remains the rising cost of medication per client. External insurance-market pressures are also prominent: respondents cite rising premium costs and the expiration of enhanced premium tax credits—reported separately this quarter—as the next most-common drivers.

1. Increased drug costs/expenditures per client: (15)
2. Increasing premium costs: (14)
3. Expiration of enhanced premium tax credits: (11)
4. Increased client enrollment: (10)
5. Decreased 340B rebate revenue: (9)
6. Changes in federal allocations or supplemental funding: (9)

Note on comparability: In the February 2026 report, “Expiration of enhanced premium tax credits / higher insurance costs” was a single combined response option (13 responses). In the April 2026 RFI, the two were separated; 14 ADAPs selected rising premium costs and 11 selected expiration of the enhanced premium tax credits.

## Current Cost-Containment Measures

### ADAPs Implementing Waiting Lists

Two ADAPs report active waiting lists—the first ADAP waiting lists reported to NASTAD since the February 2026 ADAP Watch, which identified zero.

State	Individuals on Waiting List	Waiting List Start Date
Iowa	1,106	March 9, 2026
Utah	10	March 19, 2026

### ADAPs Establishing a Maximum Number of Clients Served

Two ADAPs report a maximum enrollee cap:

**Indiana:** maximum of 4,500 clients

**Utah:** maximum of 225 clients (full-pay enrollment cap paired with the waiting list above)

### ADAPs Implementing Financial Eligibility Reductions

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

State	Financial Eligibility	Client Impact	Implementation
Pennsylvania	500% to 350% FPL	~1,592	New eligibility limit applied to all new applicants beginning 10/1/25 and to current

			clients at next reenrollment cycle. No additional changes reported in Q2
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). No additional changes reported in Q2.
Delaware	500% to 350% FPL	~176	New eligibility limit applied to all new applicants beginning 1/1/26 and to current clients beginning 4/1/26. No additional changes reported in Q2.
Rhode Island	500% to 400% FPL	~51	New eligibility limit applied to new applicants beginning 10/29/25 and to current clients beginning 3/1/26. Q2 update: initial estimate of ~51 disenrollments revised to 47 confirmed disenrollments.

No additional FPL reductions were reported by Q2 respondents. Rhode Island provided an updated disenrollment count (47 confirmed vs. ~51 estimated in Q1).

**Update on Florida**

Florida did not respond to the Q2 RFI; the following reflects publicly available information. On March 1, 2026, Florida reduced ADAP income eligibility from 400% to 130% FPL, discontinued the premium-assistance program, and restricted its formulary—removing Biktarvy for direct dispense (the most widely prescribed single-tablet regimen, previously used by approximately 60% of Florida ADAP clients) and requiring prior authorization for Descovy (effective April 1, 2026, and limited to clients with renal insufficiency). On March 24, 2026, Governor DeSantis signed HB 697, appropriating \$30.9 million in emergency bridge funding that restored the 400% FPL eligibility threshold through June 30, 2026. HB 697 did not reverse the formulary restrictions or restore premium assistance, both of which remain in effect. Florida's status beyond June 30, 2026 is uncertain, creating a policy cliff early in the next fiscal year.

**ADAPs with Other Cost Containment Measures**

*Active measures currently in place*

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

Delaware, Hawaii, Illinois, Iowa, Kansas, Louisiana, Michigan, Missouri, Montana, Nevada, Pennsylvania, Virginia, Wisconsin **(13 ADAPs; Q1 reported 10)**

**Changes to / decreased insurance premium assistance**

Florida, Kansas, Louisiana, Michigan, Montana, New Jersey, Oklahoma, District of Columbia, Wisconsin **(9 ADAPs)**

Program-specific changes include: Florida discontinued its premium-assistance program effective March 1, 2026 (not restored by HB 697); Kansas reduced premium-assistance eligibility from 400% to 250% FPL; Michigan removed COBRA premium assistance (1/1/26); Montana implemented a \$500/month premium cap; Oklahoma implemented a \$1,500/month premium cap; the District of Columbia increased its premium cap to \$1,300/month; Wisconsin capped monthly ACA individual-plan assistance, stopped paying ACA family plans, shifted new ACA enrollees to more cost-effective Gold plans, and ended Medicare Supplement payment; Louisiana limited the approved Marketplace plan menu; and New Jersey contracted an intermediary to facilitate cost-share payments.

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

Colorado, Delaware, Nevada **(3 ADAPs)**

**Reduced formulary**

Arizona (removed select manufacturer drugs due to 340B contract pharmacy reporting requirements), Florida (Biktarvy no longer covered for direct dispense; Descovy requires prior authorization effective 4/1/26 and is limited to clients with renal insufficiency), Michigan (removed Cabenuva, 10/1/25), Pennsylvania **(4 ADAPs)**

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

No new reports in Q2

**Other operational measures reported**

Illinois (ended ADAP assistance with tax payments associated with APTC reconciliation), Indiana (implemented individual fill limits to ensure primary insurance pays first), Missouri (prior authorization requirements for Mavyret, Ozempic, Trulicity), New Hampshire (reduced dental fee schedule), North Dakota (requires clients to obtain eligible health coverage), Ohio (aligned Part B subrecipient budgets to actual staffing [eliminating “to be determined” positions]) **(6 ADAPs)**

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

**Waiting Lists & Eligibility**

**ESTABLISHING A WAITING LIST**

Illinois

### ESTABLISHING A MAXIMUM NUMBER OF CLIENTS SERVED

Connecticut, Illinois, District of Columbia

### LOWERING FINANCIAL ELIGIBILITY

Connecticut, Maine, Nebraska, New Hampshire, South Carolina

## Funding & Service Reductions

### REDUCED RWHAP PART B FUNDING FOR CORE MEDICAL/SUPPORT SERVICES

Arizona, Hawaii, Illinois, Maine, Missouri, Nebraska, Pennsylvania, Rhode Island, South Carolina

### EXPENDITURE CAPS (ANNUAL OR MONTHLY PER-CLIENT LIMITS)

Connecticut, Montana, New Hampshire, Rhode Island

### REDUCED FORMULARY

Arizona, Illinois, Missouri, New Hampshire, Pennsylvania, Rhode Island, Utah

### CHANGES TO / DECREASED INSURANCE PREMIUM ASSISTANCE

Arizona, Idaho, Illinois, Nebraska, New Hampshire

### DISCONTINUED REIMBURSEMENT FOR LABORATORY ASSAYS/ADAP ANCILLARY SERVICES

Arizona

## Operational

### IMPLEMENTING OR REIMPLEMENTING SIX-MONTH RECERTIFICATION REQUIREMENTS

Pennsylvania, Rhode Island

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## References & Resources

1. **Context & Policy Analysis:** [Federal Policy Changes and Their Impact on ADAPs \(Oct 2025\)](#)
2. **Operational Guidance:** [ADAP Cost Containment Considerations \(Nov 2025\)](#)
3. **Previous:** [ADAP Watch – February 2026](#)