



## **5 Questions Advocates Should Be Asking about Their ADAP's Fiscal Outlook**

April 2026

Advocates and other community leaders have opportunities to interact with their state's AIDS Drug Assistance Programs through Part B and ADAP planning bodies, state drug formulary committees, ending the HIV epidemic town halls, planning sessions, or direct engagement with state health department leadership. Advocates also can work with state legislators to develop ADAP-specific questions for use during health department budget hearings or other hearings on topics related to HIV. Some suggested questions advocates can use in these contexts include:

**1. What are your projections for funding sustainability for the next two fiscal years (FY2027 and FY2028 – the Part B/ADAP grant year runs from April through March)? Do you anticipate a shortfall?**

- a. If yes, why will there be a shortfall?
- b. How much of a shortfall are you anticipating?

**Question Context:** ADAPS must use detailed financial forecasting methodologies to track client increases and attrition, insurance costs, drug expenditures, and spending over time. Forecasting will assist program staff in making decisions about programmatic changes.

**2. How are you maximizing ADAP rebate or program income generation on medication dispenses for insured clients?**

- a. What methods are you applying to maximize rebates, such as strategic insurance purchasing and rebate forecasting?
- b. Have you used NASTAD's cost-effectiveness tool to assess insurance plan selections to optimize rebates?

**Question Context:** It is important to assess available insurance options that ADAP will support, considering both costs and revenue-generation opportunities.

**3. What conversations have you had with all Ryan White-funded entities in the state about allocating resources (including rebates and program income) across different service categories?**

- a. Are options available to allocate additional funds to ADAPs from Part A jurisdictions in your state?
- b. Is a loss of rebates or program income due to other covered entities (e.g., Part A subrecipients, Part C recipients) receiving 340B discounts on dispenses for patients who are also ADAP clients contributing to the ADAP budget shortfall?
- c. Has the ADAP discussed 340B discount [right-of-way or sharing options](#) with these other covered entities?



**4. Have you developed a plan in case cost containment measures are necessary? If**

**yes:**

- a. How are you engaging Ryan White Program clients and other Ryan White grantees for input?
- b. Which cost-containment measures is the ADAP/Part B program considering?
  - i. Are you considering discontinuations, caps, or prior authorizations for any drugs on the formulary?
  - ii. Are you anticipating decreased Part B funding for other service categories?
- c. How did you come to these decisions?

**5. If ADAP has to resort to lowering FPL or instituting a waiting list, what plans do you have to assist clients in transitioning to other sources of medication access?**

- a. Will you allow sufficient time to identify alternative sources for treatment access?
- b. Will your ADAP create a list of clients being removed from the program to ensure a successful transition to medication coverage, or to be reenrolled in the program if additional funding becomes available?
- c. Will you discuss possible transition plans with partner agencies in your jurisdiction to mitigate treatment disruptions?