# Medicaid and State AIDS Drug Assistance Programs: The Impact of the Public Health Emergency

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## Highlights

Stable Medicaid coverage during the COVID-19 Public Health Emergency (PHE) reduced reliance on ADAP, particularly in Medicaid expansion states, while post-PHE disenrollment rapidly shifted coverage back onto ADAP; highlighting its critical role amid anticipated future Medicaid changes.

## Background

### ADAP and Medicaid Interdependence

AIDS Drug Assistance Programs (ADAPs) provide HIV medications and insurance assistance to low-income PWH as part of the Ryan White HIV/AIDS Program's role as payer of last resort. Because ADAPs and Medicaid may serve similar low-income populations, changes in Medicaid enrollment directly affect demand for ADAP services.

### COVID-19 Public Health Emergency

The COVID-19 PHE suspended Medicaid eligibility redeterminations from 2020 until 2023, producing unprecedented coverage stability. When redeterminations resumed, millions lost Medicaid coverage, creating a unique opportunity to assess how shifts in Medicaid policy translate into changes in ADAP enrollment across states with differing Medicaid expansion status.

### Study Objective

Our objective is to evaluate how Medicaid coverage stability during the COVID-19 Public Health Emergency and subsequent disenrollment affected ADAP enrollment from 2016–2023, comparing Medicaid expansion and non-expansion states

## Methods



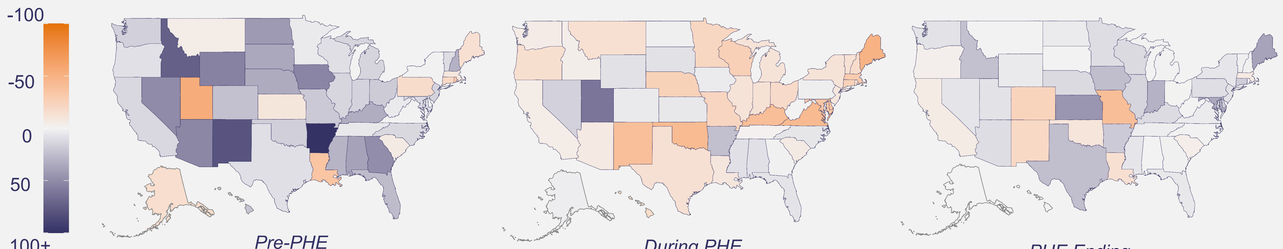
NASTAD National ADAP Monitoring Report Data 2016 – 2023

Annual ADAP clients served by each state

% Change in Enrollment Stratified by Medicaid expansion pre-PHE, during PHE, and through PHE unwinding

## Results

**Period Percent Change in ADAP Clients Served Before, During and After the Public Health Emergency**




*Pre-PHE (2016-2019)*

ADAP enrollment **increased** in 38 states. The mean percent change was 19% (SD: 39%) with a range of -53% to 225%.

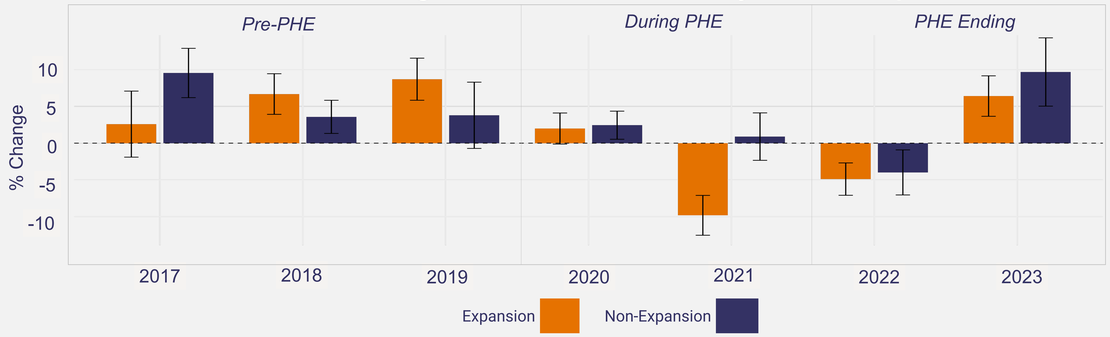
*During PHE (2019-2022)*

ADAP enrollment **decreased** in 34 states. The mean percent change was -10% (SD: 19%) with a range of -49% to 61%.

*PHE Ending (2022-2023)*

ADAP enrollment **increased** in 35 states. The mean percent change was 7% (SD: 16%) with a range of -40% to 45%.

**Year-Over-Year Percent Change in ADAP Clients Served by Medicaid Expansion Status**




## Discussion

- Stable Medicaid coverage during the COVID-19 PHE substantially reduced reliance on ADAP, particularly in Medicaid expansion states.
- Limitation: State-level annual data preclude definitive individual-level linkage, but ADAP's statutory role as payer of last resort supports absorption of many individuals losing Medicaid.
- The rapid rebound in ADAP enrollment during Medicaid continuous coverage unwinding highlights the vulnerability of PWH to Medicaid coverage disruptions.
- ADAPs play a critical role in preserving access to HIV medications during these disruptions.
- **Upcoming Medicaid policy changes, including more frequent redeterminations and eligibility restrictions, are likely to increase coverage churn and pressure on ADAPs.**

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