



COMMONWEALTH of VIRGINIA

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MEMORANDUM

TO: The Honorable L. Louise Lucas
Chair, Senate Finance and Appropriations Committee

The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable Mark D. Sickles
Vice Chair, House Appropriations Committee

FROM: Karen Shelton, MD
State Health Commissioner, Virginia Department of Health

SUBJECT: 2025 Virginia Medication Assistance Program (VA MAP) Report

This report is submitted in compliance with Chapter 725 of the 2025 Virginia Acts of the Assembly – Item 275 E, which states:

The State Health Commissioner shall monitor patients who have been removed or diverted from the Virginia Medication Assistance Program (VA MAP), formerly the AIDS Drug Assistance Program, due to budget considerations. At a minimum the Commissioner shall monitor patients to determine if they have been successfully enrolled in a private Pharmacy Assistance Program or other program to receive appropriate anti-retroviral medications. The Commissioner shall also monitor the program to assess whether a waiting list has been developed for services provided through the VA MAP program. The commissioner shall report findings to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees annually on October 1.

Should you have any questions or need additional information, please feel free to contact me at (804) 864-7002.

KS/KB
Enclosure

Pc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources

VIRGINIA MEDICATION ASSISTANCE PROGRAM (VA MAP) REPORT

REPORT TO THE GENERAL ASSEMBLY



VIRGINIA DEPARTMENT OF HEALTH

PREFACE

Chapter 725 of the 2025 Virginia Acts of the Assembly – Item 275 E mandates that the State Health Commissioner monitor patients who have been removed or diverted from the Virginia Medication Assistance Program (VA MAP) to determine if they have been enrolled in another program to receive appropriate antiretroviral medications. In addition, the State Health Commissioner is mandated to monitor a waiting list for VA MAP services if one exists. These findings must be reported to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees annually on October 1. The fulfillment of this mandate was delegated 100% to the Virginia Department of Health (VDH).

VIRGINIA MEDICATION ASSISTANCE PROGRAM

HIV Care Services

Kimberly Scott, Ryan White Part B Program Principal Investigator/Program Director

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EXECUTIVE SUMMARY

The Virginia Medication Assistance Program (VA MAP), formerly known as the AIDS (Acquired Immunodeficiency Syndrome) Drug Assistance Program (ADAP), is a state administered program authorized under Part B of the federal Ryan White HIV/AIDS Treatment Extension Act of 2009. The Ryan White HIV/AIDS Treatment Extension Act of 2009 requires that VA MAP serve as the payer of last resort. The Health Resources and Services Administration (HRSA) provides federal oversight for the Ryan White HIV/AIDS Program Part B (RWHAP B), which includes the VA MAP.

The VA MAP program provides access to Human Immunodeficiency Virus (HIV) medications for people with HIV (PWH) in Virginia who have limited or no health coverage and meet all the program's eligibility requirements. The VA MAP supplies HIV medications directly and through the support of insurance coverages, including Medicare prescription drug coverage and employer-based insurance. The VA MAP purchases coverage through the state-based exchange.

FINDINGS

For calendar year (CY) 2024 (January 1, 2024 – December 31, 2024), 5,862 clients were enrolled in VA MAP. There was no waiting list for VA MAP services during this time period, and no clients were disenrolled due to budget considerations.

INTRODUCTION

VIRGINIA MEDICATION ASSISTANCE PROGRAM MANDATE

Chapter 725 of the 2025 Virginia Acts of the Assembly – Item 275 E mandates that the State Health Commissioner monitor patients who have been removed or diverted from VA MAP to determine if they have been enrolled in another program to receive appropriate antiretroviral medications. In addition, the State Health Commissioner is mandated to monitor a waiting list for VA MAP services if one exists. These findings must be reported to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees annually on October 1 (Appendix A).

REPORT OUTLINE

The report provides background information on VA MAP including eligibility criteria, historical context, and ongoing monitoring for sustainability. The report also provides a summary of VA MAP enrollment and services provided from January 1, 2024, to December 31, 2024. It uses programmatic data reported to Health Resources and Services Administration (HRSA) in the annual Ryan White ADAP Data Report. Lastly, the report provides findings, recommendations, and conclusions that address the report mandate.

BACKGROUND

VA MAP provides access to life-saving medications for the treatment of HIV infection for eligible clients through three mechanisms:

1. Paying health insurance premiums and medication cost shares (e.g., deductibles, copayments, and coinsurance) for Affordable Care Act (ACA) and Medicare prescription drug coverage plans purchased through a regulated exchange.
2. Paying medication copayments for clients with employer-based insurance coverage for medications that are on VA MAP's formulary.
3. Direct provision of medications on the VA MAP formulary to uninsured clients.

The eligibility requirements for VA MAP include household income at or below 500% of the Federal Poverty Level, a documented HIV diagnosis, proof of Virginia residency, and documentation that the client does not have Medicaid coverage or any other third-party coverage for HIV medication access.

More than a decade ago, Virginia and many other states experienced a shortfall in ADAP funding and utilized wait lists until additional resources could be obtained. Increases in federal Ryan White funding, the availability of the ACA insurance plans through the Marketplace beginning in 2014, the use of pharmaceutical rebates earned on medications provided through

insurance coverage, and the expansion of Virginia Medicaid in 2019 have all contributed to the program's financial stability.

On an ongoing basis, the VA MAP monitors and reports client enrollment, service utilization, and resources that support the program's sustainability. The VA MAP also provides data to show whether a waiting list develops for HIV medication services provided through the VA MAP or if client enrollment is impacted due to budget considerations.

VIRGINIA MEDICATION ASSISTANCE PROGRAM CLIENTS

As of December 31, 2024, VA MAP had 5,862 clients enrolled, and 4,527 of the enrolled clients received VA MAP services. Of the clients that received services, 2,648 received insurance-based services and 1,879 received direct provision of medications.

CLIENT FOLLOW UP

Virginia Department of Health contracted providers for Ryan White services conduct client eligibility assessments, which include screening for Medicaid eligibility. Clients found eligible for Medicaid receive enrollment assistance from the VA MAP's insurance benefits manager to help ensure that Ryan White remains the payer of last resort.

Between January 1, 2024, and December 31, 2024, 245 clients were disenrolled from VA MAP due to having Medicaid coverage for medication access. VDH confirms Medicaid enrollment using two data sources: (1) monthly data from the Department of Medical Assistance Services (DMAS) that confirm client utilization of pharmacy benefits for HIV medication or (2) a paired set of transactions that tie the VA Ryan White HIV/AIDS Part B (RWHAP B) program's client-level database to the DMAS database for eligibility and benefit inquiry and responses about a client's Medicaid coverage. VDH matches data with its VA MAP client list prior to any disenrollments. Twenty (20) clients were disenrolled from VA MAP when the service providers confirmed that they were deceased. Service providers also confirm when clients move out of state, however no clients were disenrolled for this reason during this period.

FINDINGS

Virginia Medication Assistance Program findings are as follows:

1. No VA MAP clients were disenrolled due to budget considerations during CY 2024.
2. There was no waiting list for VA MAP services during CY 2024.
3. Any clients disenrolled from VA MAP are confirmed as either (1) enrolled in other coverage that provides access to antiretroviral medications, (2) confirmed to have moved out of state and are no longer eligible for the program (this also holds true if clients do not meet all the eligibility requirements and, when feasible, the VA MAP makes referrals to other ADAP programs), or (3) confirmed as deceased by service providers.

To help sustain VA MAP's financial stability, it is critically important that people with HIV enroll and utilize the appropriate program for which they qualify, including Medicaid and Medicare. The receipt of pharmaceutical rebates and the provision of insurance plans through the state marketplace creates cost savings for VA MAP compared to direct provision of HIV medication. These alignments are not only essential to the individual health of clients, but also to the financial stability of the HIV service delivery system in Virginia, including VA MAP.

CONCLUSIONS

Virginia MAP will continue to leverage Ryan White funds to maximize services and maintain provision of insurance, which is vital to VA MAP performance and sustainability. The program will vigorously pursue insurance coverage for all clients, including for clients who are eligible for Medicare Part D coverage. These efforts enable VDH to allocate resources to meet the current and changing needs of PWH. VDH will continue to monitor patients who have been removed or diverted from the VA MAP due to budget considerations and assess whether a waiting list exists for the services provided by the program.

APPENDIX A – CHAPTER 725 OF THE 2025 ACTS OF ASSEMBLY (ITEM 275 E)

Item 275	First Year - FY2025	Second Year - FY2026
Communicable Disease Prevention and Control (40500)	\$253,718,468	\$253,763,468 \$191,148,466
Immunization Program (40502)	\$62,778,087	\$62,778,087 \$19,640,225
Tuberculosis Prevention and Control (40503)	\$2,520,820	\$2,520,820
Sexually Transmitted Disease Prevention and Control (40504)	\$5,004,150	\$5,004,150 \$6,004,150
Disease Investigation and Control Services (40505)	\$85,764,259	\$85,764,259 \$63,987,119
HIV/AIDS Prevention and Treatment Services (40506)	\$81,273,631	\$81,273,631
Pharmacy Services (40507)	\$16,377,521	\$16,422,521 \$17,722,521
Fund Sources:		
General	\$15,585,003	\$15,585,003 \$16,585,003
Special	\$2,900,493	\$2,900,493
Dedicated Special Revenue	\$13,519,145	\$13,564,145
Federal Trust	\$221,713,827	\$221,713,827 \$158,098,825

Authority: §§ [32.1-11.1](#), [32.1-11.2](#), and [32.1-35](#) through [32.1-73](#), Code of Virginia; and P.L. 91-464, as amended, Federal Code.

A. Out of this appropriation, \$90,000 the first year and \$90,000 the second year from the general fund shall be used to purchase medication and supplies for individuals who have drug-susceptible or drug-resistant tuberculosis but who do not qualify for free or reduced prescription drugs and who do not have adequate income or insurance coverage to purchase the required prescription drugs.

B. The requirement for testing of tuberculosis isolates set out in § [32.1-50](#) E, Code of Virginia, shall be satisfied by the submission of samples to the Division of Consolidated Laboratory Services, or such other laboratory as may be designated by the Board of Health.

C. Out of this appropriation, \$840,288 the first year and \$840,288 the second year from nongeneral funds shall be used to purchase the Tdap (tetanus/diphtheria/pertussis) vaccine for children without insurance.

D. Out of this appropriation, \$200,000 the first year and \$200,000 the second year from the general fund shall be provided to the State Pharmaceutical Assistance Program (SPAP) for insurance premium payments, coinsurance

payments, and other out-of-pocket costs for individuals participating in the Virginia Medication Assistance Program (VA MAP), formerly AIDS Drug Assistance Program, with incomes meeting the VA MAP's current requirements and who are Medicare prescription drug coverage beneficiaries. *These funds may also be used for the purchase of medications, co-insurance payments and other out-of-pocket costs for individuals served by the Virginia Department of Health's HIV Pre-Exposure Prophylaxis (PrEP) and non-occupational Post Exposure Prophylaxis (n-PEP) programs to prevent HIV infection.*

E. The State Health Commissioner shall monitor patients who have been removed or diverted from the Virginia Medication Assistance Program (VA MAP), formerly AIDS Drug Assistance Program, due to budget considerations. At a minimum the Commissioner shall monitor patients to determine if they have been successfully enrolled in a private Pharmacy Assistance Program or other program to receive appropriate anti-retroviral medications. The commissioner shall also monitor the program to assess whether a waiting list has developed for services provided through the VA MAP program. The commissioner shall report findings to the Chairmen of the House Appropriations and Senate Finance and Appropriations Committees annually on October 1.

APPENDIX B – ACRONYMS AND ABBREVIATIONS

This is a listing of the acronyms and abbreviations appearing throughout the report and its appendices.

ACA – Affordable Care Act

ADAP – AIDS Drug Assistance Program (Former Title for Virginia Medication Assistance Program)

AIDS – Acquired Immunodeficiency Syndrome

CY – Calendar Year

DMAS – Department of Medical Assistance Services

HAB – HIV/AIDS Bureau

HIV – Human Immunodeficiency Virus

HRSA – Health Resources and Services Administration

Marketplace – Federal Health Insurance Exchange

PWH – People with Human Immunodeficiency Virus

RWHAP B – Ryan White HIV/AIDS Program Part B

VA MAP – Virginia Medication Assistance Program

VDH – Virginia Department of Health