Emergency Medical Care Subcommittee Meeting
Behavioral Science Research
2121 Ponce de Leon Boulevard, Suite 215
Coral Gables, FL 33134

February 6, 2026 Minutes

Approved February 27, 2026

#	Members	Present	Absent
1	Baez, Ivet	X	
2	Dougherty, James	X	
3	Friedman, Lawrence	X	
4	Miller, Juliet	X	
5	Rojas, Vanessa	X	
6	Romero, Javier	X	
7	Serrano-Irizarry, Yendi	X	
8	Ysea, Cristhian A.	X	
Quorum: 4			

Guests	
Casas, Manuel	
Gonzalez de Obando, Tivisay	
Morillo, Michael	
Nieto, Ana M.	
Ortiz, Angela	
Patel, Prachi	
Singh, Hardeep	
Valle-Schwenk-Carla	
Staff	
Gattorno, Frank	Ladner, Robert
Hilton, Karen	Meizoso, Marlen
Lucas, Morela	

All documents referenced in these minutes were accessible to both members and the general public prior to and during the meeting, at https://partnershipmiami.org/the-partnership-2/#mcsc1.

I. Call to Order — *James Dougherty*

The Chair, James Dougherty, called the meeting to order at 9:41 a.m. He introduced himself, provided an overview of the work for the day's meeting, and welcomed everyone.

II. Introductions — *All*

Mr. Dougherty requested that members, guests, and staff introduce themselves.

III. Meeting Housekeeping — *James Dougherty*

Mr. Dougherty reviewed the meeting housekeeping presentation, including people first language, meeting protocols, location of Subcommittee meeting items online, and identification of resource persons.

IV. Floor Open to the Public — *Cristhian Ysea*

The Vice Chair, Cristhian Ysea, read the following:

"Pursuant to Florida Sunshine Law, I want to provide the public with a reasonable opportunity to be heard on any item on our agenda today. If there is anyone who wishes to be heard, I invite you to speak now. Each

person will be given three minutes to speak. Please begin by stating your name and address for the record before you talk about your concerns. BSR has a dedicated phone line and email for statements to be read into the record. No statements were received."

There were no comments, so the floor was closed.

V. Review/Approve Agenda *All*

The Subcommittee reviewed the agenda and requested that "Emergency." be added to title, and that the prescription formulary discussion should come after the allowable conditions item.

Motion to accept the agenda as discussed.
Moved: Dr. Vanessa Roja Seconded: Dr. Lawrence Friedman Motion: Passed

VI. Review/Approve Minutes of January 23, 2026 *All*

Members reviewed the minutes of January 23, 2026, and made no corrections.

Motion to accept the minutes of January 23, 2026, as presented.
Moved: Dr. Lawrence Friedman Seconded: Cristhian Ysea Motion: Passed

VII. Standing Business

- **Response to the 2026 ADAP Program Changes-Updates**

The Miami-Dade Ryan White Program indicated that they are preparing a request to the Florida Department of Health for guidance on eligibility changes and documentation. Ryan White Program Part A/MAI subrecipients have received communication from the Office of Management and Budget on the contingency planning work in process; and a letter is being prepared to be shared with RWHAP clients.

The media campaign to promote the Ryan White Program has launched with a dedicated website; County Ryan White staff have included the website link on their emails. No RFP will be issued for 2026-2027 services at this time; instead, an extension of contracts has been requested.

The Ryan White grant is expected to receive a reduction of about $200,000 based on the new formula methodology from HRSA. The final award has not been received yet.

Attendees were reminded that no official communication from the state has been provided about ADAP changes and business should continue as usual. Local programs can develop contingency planning. The local ADAP office can issue a notice of ineligibility but not a non-qualification notice.

Funding should be applied to essential services to serve those clients above 130 FPL%. If contingency plans go forward, changes would be phased in likely with a 60-day window of change and service prioritization.

For some patient assistance programs, denial letters are needed.

Some FQHCs may have medications on hand to provide. The most important thing is not have gaps in prescription drugs and outpatient ambulatory health care which are critical services.

MAI funding is similar to Part A but the provision of services is different in that it provides limited services to minority clients. The current program is under-spending the five funded services and needs to maximize usage.

The ADAP year runs from April 1-March 31.

At the Jackson Health clinic, eligibility specialist are reaching out to clients to verify medications and doctors in case any changes are needed.

Medical Case Managers should remind clients to maintain eligibility and request a 90-day supply of medications.

- **Formulary Reviews and Prioritization**

  - Oral Health Care Formulary

    In FY 2025, over $4 million dollars were allocated to oral health care, which is a category that spends most of the allocation (97%). With the current situation, services may need to be reduced to basics cutting back on root canals, dentures, and implants. Reducing services to oral evaluations, diagnostics, preventive services, restoratives and extractions could produce an estimated $2 million in savings.

    Dr. Manual Casas, a dental provider, indicated that reducing services may impact quality of life.

    The Medicaid program has two dental insurance programs, one of which covers many services, including dentures.

    Additional resources for oral health care:

    - Lindsey Hopkins;
    - Community Smiles;
    - UF/Nova Southeastern (discounts offered); and
    - Sliding fee scale at centers.

    The former Oral Health Care Workgroup members were requested to prioritize oral health care services, and a copy of the reply by one of the members was included in the meeting materials. The former OHC workgroup members will be requested to review utilization for codes and offer areas for cost-savings.

  - Allowable Conditions

    Some additional services that are currently offered may need to be cut if not specific to HIV care, e.g. ophthalmology, chiropractic care, and podiatry.

    Labs under outpatient ambulatory health services account for $3 million in expenditures and frequency may need to be addressed. Utilization of outpatient ambulatory health services codes by cost and number of clients will be brought to the next meeting for evaluation.

- □ Prescription Drugs Formulary

  The Subcommittee opted to wait to address changes to the Ryan White prescription drug formulary until additional information on formulary changes is released by the ADAP program.

VIII. Announcements *All*

No announcements were made.

IX. Next Meeting *Cristhian Ysea*

The next meeting is scheduled for Friday, February 27, 2026, at 9:30 a.m. at BSR.

X. Adjournment *James Dougherty*

Mr. Dougherty thanked everyone for participating in the meeting and called for a motion to adjourn.

Motion to adjourn.
Moved: Dr. Vanessa Rojas **Seconded: Juliet Miller** **Motion: Passed**

The meeting adjourned at 11:28 a.m.