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

January 23, 2026 Minutes

Approved February 6, 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	
Alcala, Carolina	Urbino, Karla
Cunningham, Trevor	Valle-Schwenk, Carla
Gonzalez de Obando, Tivisay	Wall, Dan
Hardeep Singh	Wilson, Max
Mcpahell, Alester	
Nieto, Ana Maria	
Oquendo, Lirian	
Ortiz, Angela	
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 9:44 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 because of the urgency of the ADAP items requested items #8 - #11 be deferred.

Motion to accept the agenda but defer items #8 - #11.
Moved: Dr. Lawrence Friedman Seconded: Dr. Javier Romero Motion: Passed

VI. Review/Approve Minutes of November 21, 2025 *All*

Members reviewed the minutes of November 21, 2025, and Dr. Romero noted the sentence on page 4 "The head of household letter… ACA program" should be stricken since it is incorrect.

Motion to accept the minutes of November 21, 2025, with the corrections discussed.
Moved: Cristhian Ysea Seconded: Dr. Javier Romero Motion: Passed

VII. Reports

- **Ryan White Program** *Carla Valle-Schwenk*

Carla Valle-Schwenk indicated the latest Ryan White expenditure and clients served reports are posted online and in the meeting materials.

- **Vacancy Report** *Marlen Meizoso*

Marlen Meizoso indicated the January 2026 vacancy report was posted online and in the meeting materials.

VIII. Special Discussion *All*

- 2026 Changes to ADAP and Impact

Meeting materials included an email sent by the Dr. Choe at the Florida Department of Health regarding the changes to ADAP, detailing the removal of ACA premium support, moving to direct dispense only, capping FPL at 130%, and formulary changes removing Biktarvy and restricting Descovy.

Clients were only advised of the changes to the ADAP program if they consented to contact by mail. Letters were sent by the Department of Health in English only. No formal notice has been given nor was any shared with the statewide planning groups, no community groups were engaged, nor are any questions being answered.

While Florida is only being affected at this time, other states such as Texas, Alabama, and Indiana are taking note. ADAP clients in Miami-Dade comprise 25% of the total state program. The Health Resource Service Administration (HRSA) has not been responsive, but local legislators have been approached.

It is important that upcoming changes be shared with clients so they can try to get a three-month supply of medication, when available.

Conversations are being held with pharmaceutical companies and AIDS United has advocated via letter to the Florida Surgeon General about the changes.

While the Miami-Dade HIV/AIDS Partnership and its committees can't lobby, private citizens can share their concerns.

Dan Wall shared some preliminary analysis on the potential impact of the ADAP program changes. Annual medication cost for clients in ADAP is roughly $21,840 per person for direct dispense. Under the Affordable Care Act (ACA) Insurance Premium support from ADAP. payments total over $53 million dollars. The potential impact to the Ryan White Part A/MAI program for clients transitioning back into outpatient/ambulatory health is over $6 million dollars, and over $77 million for prescription drug assistance for those clients using direct dispense. This does not include the additional $33.1 million for those ACA clients who no longer will have ACA covered prescription coverage. Overall, absorbing all ACA clients into RWP outpatient medical care and providing prescription drugs for all clients over 130% of FPL is not financially feasible. Various options are being explored to mitigate the impact including changing formularies, reducing eligibility, placing financial caps, and no longer funding select services. Programs with 340B/330B designated funding could use some of their funding to assist clients at their agencies.

The Part B program currently funds EFA providing food vouchers, and money is always returned to the state. The Partnership could request that other services be covered to assist with shortfalls.

Additionally, Minority AIDS Initiative funding is underutilized and improvements to usage are necessary for those categories it funds.

Ending the HIV Epidemic funding can't be used to fill the gap in services.

The Local AIDS Pharmaceutical Program (LPAP) is not intended for short term usage.

The Subcommittee agreed that the first step in the contingency development to address the changes to the ADAP program is to scale back services. Several options were discussed to reduce costs, and areas of potential cost savings were highlighted, including:

- Reducing the RWP Part A/MAI FPL eligibility threshold from 400% to 350% (estimate 1,100 clients);
- Review medical procedures for cost savings and restricting possible conditions, such as podiatry and ophthalmology.
- Eliminating health insurance for one year while logistics and financials are reviewed;
- Scaling back diagnostic testing;
- Reduced the number of substance abuse residential days from current total of 180;

- Find efficiencies under medical case management;
- Reassesses EFA coverage restrictions to Test and Treat;
- Use patient assistance programs (PAP) for medications;
- Under oral health care, removing specialty procedures or restricting procedures to basic care similar to the Medicaid program;
- Under medical transportation, removing rideshares such as Lyft and Uber;
- Eliminating food bank since there are food pantries in the community;
- Reduce some medications on the formulary;
- Eliminate outreach;
- Use Part B funding ($1.6 million) to cover selected services

Motion to extend the meeting by 5 minutes.
Moved: Juliet Miller **Seconded: Dr. Javier Romero** **Motion: Passed**

The Subcommittee would like the Care and Treatment Committee to consider the following: reductions to food bank and oral health, including possible oral health formulary changes, find efficiencies and reduce medical case management spending, reduce the number of substance abuse residential days, eliminate ride share (Uber/Lyft) from medical transportation, reduce the FPL threshold for RWP eligibility, consider tweaks to the allowable conditions list for outpatient ambulatory services, and consider reductions to the formulary. These cost savings hopefully will create additional funding to support outpatient ambulatory health services. Additional assistance would be needed for medications which hopefully the Part B program or LPAPs can help with.

The Subcommittee requested to meet again on February 6, 2026, to continue to address the issues which will include the oral health care codes, allowable conditions list, and ADAP formulary.

IX. Announcements and Open Discussion *All*

Dan Wall advised individuals to contact their legislators and speak their mind.

No additional announcements or open discussion items were made.

X. Next Meeting *Cristhian Ysea*

The next meeting will be scheduled for Friday, February 6, 2026, in this room at 9:30 a.m. and the regularly scheduled Subcommittee meeting is scheduled for Friday, February 27, 2026, at 9:30 a.m. at BSR.

XI. Adjournment *James Dougherty*

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

Motion to adjourn.
Moved: Yendi Serrano-Irizarry **Seconded: Cristhian Ysea** **Motion: Passed**

The meeting adjourned at 11:34 a.m.