

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: March 10, 2026 [] Consent [X] Regular
[] Ordinance [] Public Hearing

Department
Submitted By: Community Services
Submitted For: Community Services

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

- A. adopt a Resolution regarding proposed changes to the Florida AIDS Drug Assistance Program (ADAP); and
- B. delegate authority to the County Administrator, or designee, to execute forms, certifications, contracts/agreements, and amendments thereto, with qualified pharmaceutical manufacturers, wholesalers, and/or pharmacies for the dispensing of 340B medications to eligible clients, at no cost to the County and within existing budgeted resources, that do not substantially change the scope of work, or the terms and conditions.

Summary: ADAP is a statewide payer-of-last-resort program administered by the Florida Department of Health (FDOH) that provides access to life-saving medications for low-income persons with HIV. In February 2026, FDOH published rule changes to ADAP effective March 1, 2026 that would a) reduce income eligibility from 400% to 130% of the Federal Poverty Level (FPL); b) eliminate health insurance premium assistance; c) impose formulary restrictions on Descovy, and remove Biktarvy, the most commonly prescribed single-tablet HIV treatment regimen; and d) discontinue reciprocal eligibility recognition between FDOH and Florida Counties.

Of the 1,792 Palm Beach County (PBC) residents currently receiving ADAP assistance, 1,568 individuals (87.5%) will be affected by these changes. Without action, the County's HIV system of care is projected to experience an estimated \$22.2 million annual negative fiscal impact, which would significantly undermine progress toward ending the HIV epidemic by disrupting treatment access and viral suppression.

At its February 23, 2026 meeting, the HIV Comprehensive AIDS Resources Emergency Council (HIV CARE Council) took action to advance a proposed resolution to the PBC Board of County Commissioners (BCC) urging the state of Florida, through FDOH, to maintain current ADAP eligibility criteria and program benefits; the Florida legislature to appropriate additional funding to ADAP to sustain existing eligibility criteria and program benefits; and the United States Congress to increase funding to the Ryan White HIV/AIDS Program to support state-administered ADAPs. Countywide (JBR)

Background and Policy Issues: The HIV CARE Council serves as the Ryan White Part A HIV Services Planning Council for Palm Beach County, as mandated under the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, P.L. 101-381, as amended. The HIV CARE council is legislatively authorized to carry out its duties and responsibilities within the jurisdiction, including developing a comprehensive plan for the organization and delivery of health services to persons with HIV, establishing priorities and allocation of funds, and issuing directives to the grant recipient regarding service delivery models and strategies.

- Attachments:
- 1. Proposed Resolution
 - 2. Resolution No. R2011-1560
 - 3. FDOH Emergency Rule 64D

Recommended By: Taruna Mallotra 2/26/2026
Department Director Date
Approved By: [Signature] 3/5/26
Deputy County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2026	2027	2028	2029	2030
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT					

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes No X
 Does this item include the use of federal funds? Yes No X
 Does this item include the use of state funds? Yes No X

B. Recommended Sources of Funds/Summary of Fiscal Impact:

There is no fiscal impact on this item

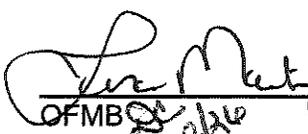
C. Departmental Fiscal Review:

DocuSigned by:

05AC9C7C05BC444
 Julie Dowe, Director, Financial & Support Services

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

 2/27/2026  3/2/26
 OFMB *SM* Contract Development and Control

B. Legal Sufficiency:

 3/2/2026
 Assistant County Attorney

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

RESOLUTION NO. R-2026-_____

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, URGING THE STATE OF FLORIDA TO MAINTAIN CURRENT ELIGIBILITY CRITERIA AND BENEFITS UNDER THE STATE'S AIDS DRUG ASSISTANCE PROGRAM (ADAP); URGING THE FLORIDA LEGISLATURE TO APPROPRIATE ADDITIONAL FUNDING TO THE STATE'S ADAP IN ORDER TO MAINTAIN ELIGIBILITY CRITERIA AND PROGRAM BENEFITS AT EXISTING LEVELS; URGING THE UNITED STATES CONGRESS TO APPROPRIATE ADDITIONAL FUNDING TO THE RYAN WHITE HIV/AIDS PROGRAM TO BE ALLOCATED FOR STATE-ADMINISTERED AIDS DRUG ASSISTANCE PROGRAMS

WHEREAS, Acquired Immunodeficiency Syndrome ("AIDS") is a chronic, life-threatening condition caused by the Human Immunodeficiency Virus ("HIV"); and

WHEREAS, HIV attacks the body's immune system and impedes an individual's ability to fight off other infections and diseases; and

WHEREAS, more than 700,000 people in the United States have died from AIDS-related causes since the disease was first identified in 1981, and it is estimated that over 1.1 million people are living with HIV nationwide, and 9,175 people with HIV are living in Palm Beach County; and

WHEREAS, despite progress, HIV and AIDS continue to be a major public health issue in the United States, with Florida continuing to have one of the highest incidence rates in the country; and

WHEREAS, while there is no cure for HIV/AIDS, advancements in HIV medications, known as "Antiretroviral Therapy," can reduce and suppress the viral load in the body to levels so low that they are undetectable by standard tests, preventing transmission of the virus to others and allowing the immune system to recover; and

WHEREAS, by stopping the virus from replicating, these medications help people with HIV to live long, healthy lives, and are an essential tool in fighting HIV and its devastating effects; and

WHEREAS, in order for the virus to remain suppressed and treatment to be successful, taking these medications consistently as prescribed is essential, as discontinuing them will result in the viral load increasing; and

WHEREAS, these antiretroviral medications are generally expensive; and

WHEREAS, most individuals who need these medications cannot afford them without insurance or other financial assistance; and

WHEREAS, under the Ryan White HIV/AIDS Program, the federal government appropriates and allocates grant funding to states and localities to help support the provision of services to persons with HIV; and

WHEREAS, the AIDS Drug Assistance Program (“ADAP”) is a state-administered program authorized under Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009, that provides medications approved by the United States Food and Drug Administration to low-income people with HIV who have limited or no health coverage from insurance; and

WHEREAS, while the United States Department of Health and Human Services enforces certain conditions for use of federal grant funds, individual states generally administer their own ADAPs, including setting their own financial eligibility criteria, benefits, and covered medications; and

WHEREAS, the Florida Department of Health (“FDOH”) administers Florida’s ADAP as payer of last resort; and

WHEREAS, eligibility criterion for ADAP in Florida has been income at or below 400 percent of the federal poverty level, or about \$62,600, for a single person; and

WHEREAS, under Florida ADAP, the FDOH provides direct access to HIV medications for eligible individuals, and in certain instances, assists with the costs of their insurance premiums, copays, and deductibles; and

WHEREAS, it is estimated that Florida ADAP served 32,248 clients in 2025; and

WHEREAS, in January 2026, without prior warning, the FDOH announced that direct access to HIV medications provided under the program will now be limited to individuals with an income at or below 130 percent of the federal poverty level, or about \$20,345, for a single person; and

WHEREAS, it has been reported that the FDOH also intends to discontinue ADAP-funded insurance premiums regardless of income, as well as remove the most commonly prescribed antiretroviral drug Biktarvy from the ADAP formulary; and

WHEREAS, the FDOH stated reason for the announced changes is to prevent a \$120 million funding shortfall due to the rising health care costs and lack of additional grant funding under the Ryan White HIV/AIDS Program; and

WHEREAS, the FDOH’s changes to ADAP threaten to immediately disrupt treatment for a reported 10,000-16,000 Floridians; and

WHEREAS, many individuals currently enrolled in Florida's ADAP have already received letters from the FDOH informing them that their receipt of medication and health insurance services will end on February 28, 2026; and

WHEREAS, this sudden policy shift threatens the progress, health and well-being of thousands of Floridians who depend on uninterrupted HIV treatment; and

WHEREAS, it is the desire of this Board that these vulnerable individuals be protected; and

WHEREAS, accordingly, this Board requests that the FDOH not proceed with the intended cuts to ADAP, and that the Florida Legislature provide additional state funding to support the program, as necessary; and

WHEREAS, additionally, this Board urges the United States Congress to increase federal funding for state-administered ADAPs, particularly in light of the increased costs in administering these programs due to rising insurance costs, attributable in part to the recent expiration of enhanced premium tax credits under the Affordable Care Act.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, THAT:

Section 1. Urges the State of Florida, through the Florida Department of Health, to maintain existing eligibility criteria and benefits under the state's AIDS Drug Assistance Program.

Section 2. Urges the Florida Legislature to appropriate additional funding to the state's AIDS Drug Assistance Program to maintain eligibility criteria and program benefits at existing levels.

Section 3. Urges the United States Congress to appropriate additional funding to the Ryan White HIV/AIDS Program, to be allocated to state-administered AIDS Drug Assistance Programs in light of rising health insurance costs.

Section 4. Directs the Clerk of the Board to transmit a certified copy of this resolution to Governor Ron DeSantis, the Surgeon General/Secretary of the Florida Department of Health, the Director of the Florida Department of Health's ADAP Office, Senate President Ben Albritton, House Speaker Daniel Perez, and the Chair and Members of the Palm Beach State Legislative Delegation.

Section 5. Directs the Clerk of the Board to transmit a certified copy of this resolution to the members of the Florida Congressional Delegation.

Section 6. Directs the County's state lobbyists to advocate for action described in sections 1 and 2 above and authorizes and directs the Department of Intergovernmental

Affairs and Community Engagement to amend the 2026 State Legislative Agenda to include this item.

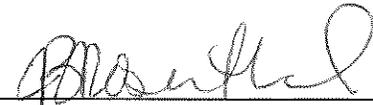
Section 7. Directs the County’s federal lobbyists to advocate for the issue identified in section 3 above and authorizes and directs the Department of Intergovernmental Affairs and Community Engagement to amend the 2026 Federal Legislative Agenda to include this item.

The foregoing resolution was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____, and upon being put to a vote, the vote was as follows:

Commissioner Sara Baxter, Mayor	-	_____
Commissioner Marci Woodward, Vice Mayor	-	_____
Commissioner Maria G. Marino	-	_____
Commissioner Gregg K. Weiss	-	_____
Commissioner Joel G. Flores	-	_____
Commissioner Maria Sachs	-	_____
Commissioner Bobby Powell Jr.	-	_____

The Mayor thereupon declared the Resolution duly passed and adopted this ____ day of _____, 2026.

APPROVED AS TO FORM &
LEGAL SUFFICIENCY

By: 
Assistant County Attorney

PALM BEACH COUNTY, A
POLITICAL SUBDIVISION OF
THE STATE OF FLORIDA BY
AND THROUGH ITS BOARD OF
COUNTY COMMISSIONERS

MICHAEL A. CARUSO
CLERK of the
CIRCUIT COURT &
COMPTROLLER

BY: _____
Deputy Clerk

RESOLUTION NO. R-2011-1560

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, DESIGNATING THE PALM BEACH COUNTY HIV COMPREHENSIVE AIDS RESOURCES EMERGENCY COUNCIL, HEREAFTER REFERRED TO AS "CARE COUNCIL", AS THE HIV SERVICES PLANNING COUNCIL REQUIRED UNDER PART A OF THE RYAN WHITE ACT; REPEALING RESOLUTION NO. R97-1067; AND UPDATING GRANT TITLE TO RYAN WHITE PART A AND PART B.

WHEREAS, Palm Beach County has been identified as a locality which is disproportionately affected by the HIV epidemic and which has a substantial need for service; and

WHEREAS, the local demand for services far exceeds the capacity of local resources to meet that demand; and

WHEREAS, Congress has enacted the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, P.L. 101-381, as amended, for the purpose of providing emergency financial support services to persons affected by the AIDS epidemic; and

WHEREAS, the Ryan White Act requires a grantee to establish or designate a HIV Services planning Council; and

WHEREAS, the current HIV Services Planning Association has worked with the grantees for Ryan White Part B and Housing Opportunities for Persons With AIDS (HOPWA) funds to establish a coordinated planning and advisory body to enhance the delivery of services to HIV-infected persons in Palm Beach County, and has created the CARE Council; and

WHEREAS, the Palm Beach County Board of County Commissioners wishes to designate the CARE Council as the HIV Services Planning Council.

NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, that:

- I. Designation of the CARE Council. The Board of County Commissioners hereby concurs with the establishment of a Board to be known as the Palm Beach County HIV Comprehensive AIDS Resources Emergency Council (CARE Council), and designates the CARE Council to serve as the Ryan White Part A HIV Services Planning Council as mandated under Part A of the Ryan White Act.
- II. Membership. The initial membership of the CARE Council shall consist of all members in good standing of the Palm Beach HIV Services Planning Council as constituted pursuant to Resolution R97-1067, on the day this resolution is enacted. Subsequently, the total membership shall be reduced to no more than 33 members through a process of attrition. As vacancies occur on the CARE Council, replacements shall be selected in accordance with the required "Nominations Process" which shall be adopted by the CARE Council. The nomination process must be in compliance with Article II of the CARE Council By-Laws and the requirements of Part A of the Ryan White Act, as amended.

IV. Duties and Responsibilities. The CARE Council shall:

- a) Develop a comprehensive plan for the organization and delivery of health services described in the Ryan White Act, as amended, that is compatible with any existing state or local plan regarding the provision of health services to individuals with HIV disease;
- b) Establish priorities and allocations of funds within the eligible area, including how to best to meet each such priority and additional factors that the grantee should consider, based on:
 1. Documented need of the HIV-infected population;
 2. Cost and outcome effectiveness of proposed service strategies and interventions, to the extent that such data are reasonably available (either demonstrated or probable);
 3. Priorities of the HIV-infected communities for whom the services are intended and;
 4. Availability of other governmental and non-governmental resources;
- c) Assess the efficiency of the administrative mechanism in rapidly allocating funds to the areas of greatest need within the eligible area and assess the effectiveness, either directly or through contractual arrangements, of the services offered in meeting the identified needs.
- d) Establish a grievance procedure to address grievances filed against the council.
- e) Participate in the development of a Statewide Coordinate Statement of Need initiated by the state public health agency responsible for administering grants under Part B of the Ryan White Act.
- f) Establish methods for obtaining input on community needs and priorities, which may include public meetings, conducting focus groups, and convening ad-hoc panels.
- g) Coordinate and monitor service provision and planning outcomes with a designated Lead Agency for the administration of Ryan White Part B funds.
- h) Provide a written report to the Board of County Commissioners by January 15th of each year on the membership, attendance records and activities and accomplishments of the CARE Council.

V. Grantee. Palm Beach County is the grantee for Part A Ryan White Act funds. The Board of County Commissions of Palm Beach County shall serve as the chief elected official for the purpose of applying for, receiving and distributing federal Part A Ryan White Act funds. The Department of Community Services shall provide administrative support, prepare grant applications and agreements and monitor funds necessary to comply with Part A requirements. Distribution of grant funds to Palm Beach County Providers shall be through agreements between the County and each provider. The application for and use of grant funds shall be in accordance with Ryan White Act.

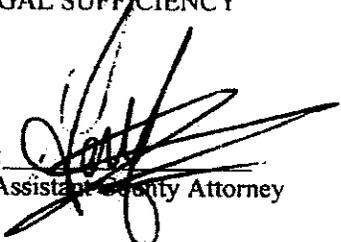
VI. Repeal of Resolution R97-1067. Resolution R97-1067 which created the HIV Services Planning Council is hereby repealed in its entirety.

VII. Effective date. This resolution shall become effective upon adoption. The foregoing Resolution was offered by Commissioner Aaronson, who moved its adoption. The motion was seconded by Commissioner Vana, and upon being put to a vote, the vote was as follows:

Commissioner Karen T. Marcus, Chair	-	Aye
Commissioner Shelley Vana, Vice-Chair	-	Aye
Commissioner Paulette Burdick	-	Aye
Commissioner Steven L. Abrams	-	Aye
Commissioner Burt Aaronson	-	Aye
Commissioner Jess R. Santamaria	-	Aye
Commissioner Priscilla A. Taylor	-	Aye

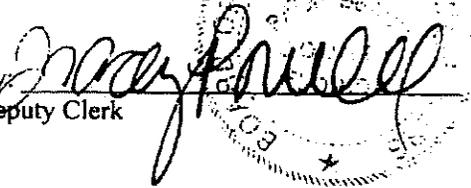
The Chair thereupon declared the resolution duly passed and adopted this 18th day of October, 2011.

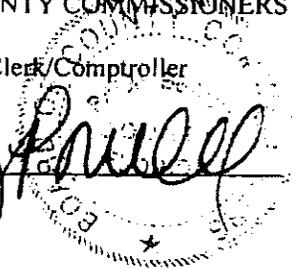
APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

By: 
Assistant County Attorney

PALM BEACH COUNTY, FLORIDA BY ITS
BOARD OF COUNTY COMMISSIONERS

Sharon R. Bock, Clerk/Comptroller

By: 
Deputy Clerk



Notice of Emergency Rule

DEPARTMENT OF HEALTH

Division of Disease Control

RULE NO.: RULE TITLE:

64DER26-3 AIDS Drug Assistance Program (ADAP)

SPECIFIC REASONS FOR FINDING AN IMMEDIATE DANGER TO THE PUBLIC HEALTH, SAFETY OR WELFARE: The Ryan White Grant program is a voluntary federal program that issues grant monies to states for HIV/AIDS prevention and treatment. There is no state statute compelling the Department to participate in that grant program nor is there any federal requirement that the Department participate. The Department has, however, applied for the grant as part of the Department's broad authority to implement programs and policies that provide for the prevention and control of communicable diseases. See § 381.0011, Fla. Stat. Specifically, the Department has broad authority and discretion to determine which programs, if any, to implement (and the contours of those programs) for the prevention and control of human immunodeficiency virus infection and acquired immune deficiency syndrome. See § 381.003, Fla. Stat.

That authority and discretion have been exercised, in part, by applying for and administering a federal grant program to provide certain medications to low-income individuals with HIV/AIDS. The program, as implemented by the Department includes, among other things, direct dispense medication and the payment of insurance premiums for full healthcare coverage (not just limited to medication) to certain individuals who qualify under the Department's program parameters. The health insurance has been acquired and provided through the Affordable Care Act (ACA) marketplace exchange.

The federal government implemented enhanced subsidies in 2021 that helped maintain ACA insurance premiums at a certain level. The federal government ended those enhanced subsidies for ACA insurance premiums in 2025. As a result, ACA insurance costs have increased by almost double. Concurrently, the federal government has not increased Ryan White Grant funding to offset the ACA insurance cost increases.

The Department is allotted a finite sum of money under the Ryan White Grant and a much smaller amount of state dollars is allocated yearly by the legislature for this program. The federal government requires that States receiving the grant provide direct dispense medication with the grant money, but it does not require use of grant money for ACA insurance.

If current program eligibility and program parameters are not adjusted, the Department will have insufficient funds such that it could have to terminate all services to all eligible persons. Put more simply, the Department has not been allocated enough money federally or at the state level to continue with the program as-is for the remainder of the calendar year. Approximately 32,000 persons with HIV/AIDS could lose access to some or all medications as a result.

The Department concludes that such a situation would create an immediate danger to the public health, safety, or welfare. Without any continued medication, the viral loads in 32,000 infected persons could elevate and could facilitate transmission of HIV within the state. Accordingly, in an attempt to mitigate that situation, it is necessary to ensure the greatest number of people can receive some direct dispense medication within the constraints of available funding, which is the baseline federal requirement under the grant. Accordingly, the Department must immediately update the program parameters to ensure access to HIV/AIDS Patient Care Programs by those most in financial need of medication. While not all currently eligible persons may receive medication, and while the insurance component of the program will be terminated to achieve these goals, the continuance of direct dispense medication under revised parameters will continue to comply with federal grant requirements, will provide the greatest medical benefit to those in greatest financial need, and will mitigate risk of transmission – all within the constraints of allocated funding.

REASON FOR CONCLUDING THAT THE PROCEDURE IS FAIR UNDER THE CIRCUMSTANCES: The program parameters are set by existing rules. The federal enhanced subsidies for ACA insurance ended late 2025. The Department is engaged in non-emergency rulemaking procedures to ensure public participation in the rulemaking process. However, that legislatively established process will take too long to immediately address the consequences from the lack of adequate funding. There is no other feasible mechanism under the Administrative Procedure Act to revise the existing program parameters other than an emergency rule that modifies existing rules.

SUMMARY: The emergency rule updates the eligibility requirements for AIDS Drug Assistance Programs. THE PERSON TO BE CONTACTED REGARDING THE EMERGENCY RULE IS: Amber Pepe at amber.pepe@flhealth.gov or (850)901-6953.

THE FULL TEXT OF THE EMERGENCY RULE IS:

64DER26-3 (64D-4.007) AIDS Drug Assistance Program (ADAP).

(1) No change

(2) To receive ADAP Program for Medication Co-Payment and Medication Deductibles Premium Plus Insurance Program benefits, individuals participants must be deemed eligible according to subsection (1), above, and use an ADAP contracted pharmacy(ies) to receive medication co-payment and/or assistance with medication deductibles.:

~~(a) Use the ADAP contracted insurance benefits manager to enroll in an ADAP approved plan to receive insurance premium assistance.~~

~~(b) Need insurance policy pharmaceutical coverage to the extent that payment cannot be made or cannot reasonably be expected to be made by another payer source.~~

~~(c) Use an ADAP contracted pharmacy(ies) to receive premium assistance, medications co-payment and/or deductible.~~

~~(3) To receive ADAP insurance benefits for plans purchased through the federally facilitated Marketplace, participants must be deemed eligible according to subsection (1) above; meet the ADAP Premium Plus Insurance Program requirements in subsection (2) above; and comply with the following requirements:~~

~~(a) Determination of available subsidies must be requested when submitting a Marketplace application. If an individual qualifies for a premium tax credit, the individual must select the advanced premium tax credit that is paid directly to the insurance provider.~~

~~(b) All supporting documentation submitted to the Marketplace as part of the application and/or enrollment process must also be submitted to ADAP.~~

(3) Individuals previously deemed eligible and currently enrolled in ADAP who do not meet the definition of "low-income" in Emergency Rule 64DER26-1, F.A.C., are no longer eligible and are terminated effective March 1, 2026.

(4) The ADAP Premium Plus Insurance Program is terminated effective March 1, 2026.

Rulemaking Authority 381.0011(2), 381.003(2) FS. Law Implemented 381.0011, 381.003(1)(b) FS. History—New 7-4-16, Amended 4-5-21, 11-1-22,_____.

THIS RULE TAKES EFFECT UPON BEING FILED WITH THE DEPARTMENT OF STATE UNLESS A LATER TIME AND DATE IS SPECIFIED IN THE RULE.

EFFECTIVE DATE: February 24, 2026

64DER26-1 (64D-4.002) Definitions.

For the purpose of Emergency Rules 64DER26-2 and 64DER26-3, the words and phrases below are defined as follows:

(1) “Federal Poverty Level” – the poverty income guidelines (effective January 2026) as published by the U.S. Department of Health and Human Services, which is incorporated by reference and available at <https://www.floridahealth.gov/wp-content/uploads/2026/02/FPL-2026-FederalRegister.pdf>.

(2) “Household Income” – income from all sources received by the applicant, the applicant’s spouse (if married), anyone who lives with the applicant who the applicant can claim as a dependent on their taxes, and anyone who lives with the applicant and claims the applicant as a dependent on their taxes.

(3) “Household Size” – the number of persons in an applicant’s household, which includes the applicant, the applicant’s spouse (if married), all persons the applicant could claim as dependents on their taxes, and anyone living with the applicant who could claim the applicant as a dependent on their taxes.

(4) “HIV/AIDS Patient Care Programs” – include the following programs:

(a) Ryan White Part B Consortia Program, a federal grant program authorized by 42 U.S.C. §300ff-23, that assesses the service needs of persons living with HIV/AIDS in an area that received Ryan White Part B funding, and secures providers to deliver the needed core medical and support services based on available funding;

(b) Ryan White Part B AIDS Drug Assistance Program (ADAP), a federal grant program that provides medications to uninsured or underinsured individuals living with HIV/AIDS disease, authorized under 42 U.S.C. §300ff-26. Services are provided through the distribution of medications directly to eligible individuals;

(c) ADAP Program for Medication Co-Payment and Medication Deductibles, a component of ADAP designed to assist eligible individuals, as defined in Emergency Rule 64DER26-3, F.A.C., who have insurance and need assistance with medication copays, and/or medication deductibles; and

(d) HIV/AIDS patient care programs provided by the patient care networks, as defined in rule 64D-2.001, F.A.C., and county health departments as administered by the Florida Department of Health, Bureau of Communicable Diseases.

(5) State Housing Opportunities for Persons with AIDS (HOPWA) Program, as defined by 24 C.F.R. Part 574 (04/01/13), a housing program, funded by the U.S. Department of Housing and Urban Development and administered by the state, that is intended to prevent the condition of homelessness from occurring to individuals or families living with HIV/AIDS; or if already homeless, to transition the individuals or families back into stable housing as soon as possible, as well as to create a strategy for long-term housing stability for persons living with HIV/AIDS. The program funds short-term rent, mortgage and utility assistance, permanent housing placement, transitional housing, resource identification and case management.

(6) “Low Income” – is defined as follows:

(a) For ADAP, adjusted gross household income at or below 130 percent of the Federal Poverty Level.

(b) For ADAP Program for Medication Co-Payment and Medication Deductibles, adjusted gross household income at or below 400 percent of the Federal Poverty Level.

(c) For HOPWA, 80 percent of a county’s median income, as defined by the U.S. Department of Housing and Urban Development, County Income Limits 2025, effective April 01, 2025, which is incorporated by reference and is available at https://www.floridahealth.gov/wp-content/uploads/2026/02/Median-County-Income_2025.pdf.

(d) For all other HIV/AIDS Patient Care Programs under paragraphs 64DER26-1(4)(a) and (d), F.A.C., adjusted gross household income at or below 400 percent of the Federal Poverty Level.

(7) “Notice of Eligibility” – a document issued by the department or a contractor or subcontractor of the department that indicates an individual meets the eligibility requirements to receive allowable Ryan White services, as stated in Emergency Rule 64DER26-2, F.A.C., and that lists, at a minimum, the individual’s name, address, household size and income, which must meet the definition of low income.

Rulemaking Authority 381.0011(2), 381.003(2) FS. Law Implemented 381.0011, 381.003(1)(b) FS. History—New 1-23-07, Amended 8-31-07, 3-21-08, 10-27-08, 3-30-09, 7-4-16, 5-5-21, 10-12-22, 2-24-26.

64DER26-2 (64D-4.003) Eligibility and Documentation Requirements.

Only an individual seeking assistance, or their court-appointed representative, legal representative, or legal guardian seeking assistance on their behalf, may apply for services. Program enrollment and services are subject to available funding. An applicant for HIV/AIDS Patient Care and/or HOPWA Programs is eligible to be linked to services based on a preliminary positive HIV test result from a test approved by the Food and Drug Administration to determine the presence of HIV infection. For this rule, linkage to service is defined as referring the applicant to eligibility determination and counseling services and the scheduling of medical appointments. To be considered eligible for an HIV/AIDS Patient Care and/or HOPWA Program an applicant:

(1) Must have a positive test result from a test approved by the Food and Drug Administration to determine the presence of HIV infection.

(2) Must be living in Florida which may be documented by providing one of the following: current state or local Florida photo identification; utility bill, with name and street address; housing, rental or mortgage agreement in client's name; recent school records; bank statement, with name and street address; letter from person with whom the applicant resides; property tax receipt or W-2 form for previous year; unemployment document with street address; current voter registration card; official correspondence, postmarked in last 3 months; prison records, if recently released; current documentation from the Florida Medicaid Managed Information System (FLMMIS) or the Medical Eligibility Verification System (MEVSNET) showing that the applicant is currently receiving Medicaid or assistance from the Supplemental Nutritional Assistance Program (SNAP), formally known as food stamps; Florida Department of Corrections offender search website photo print out; or a Declaration of Domicile, as per section 222.17, F.S. If homeless: a statement from the shelter in which the applicant resides or visits; physical observation of location of residence by eligibility staff; a written statement from the applicant describing living circumstances may be used, signed and dated by the applicant. Eligibility staff may provide assistance with writing the statement; or a statement from a social service agency attesting to the homeless status of the applicant.

(3) Cannot be receiving the same services or be eligible to participate in local, state, or federal programs where the same type service is provided or available.

(4) Must have low-income, which must be verified through the provision of W2s, tax returns, pay stubs, documentation of unemployment, or Medicaid award documentation.

(5) Must submit a completed and signed Application to Receive Allowable Services, DH8028-DCHP-02/2026 (eff. 02/2026), which is incorporated by reference and available at https://www.floridahealth.gov/wp-content/uploads/2026/02/DH8028-DCHP-02.2026_ER-application.pdf, be willing to cooperate with eligibility staff during the eligibility process, and comply with the Rights and Responsibilities stated in the application.

(6) Must have their eligibility confirmed every 366 days or at shorter intervals if the individual's income or other factors change. To avoid a lapse in eligibility, individuals may confirm eligibility up to 45 days before the expiration of their Notice of Eligibility.

Rulemaking Authority 381.0011(2), 381.003(2) FS. Law Implemented 381.0011, 381.003(1)(b) FS. History—New 1-23-07, Amended 10-27-08, 7-4-16, 10-12-22, 2-24-26.

64DER26-3 (64D-4.007) AIDS Drug Assistance Program (ADAP).

(1) To participate in the AIDS Drug Assistance Program an individual must be determined eligible as defined in Rule 64D-4.003, F.A.C.

(2) To receive ADAP Program for Medication Co-Payment and Medication Deductibles benefits, individuals must be deemed eligible according to subsection (1) and use an ADAP contracted pharmacy(ies) to receive medication co-payment and/or assistance with medication deductibles.

(3) Individuals previously deemed eligible and currently enrolled in ADAP who do not meet the definition of “low-income” in Emergency Rule 64DER26-1, F.A.C., are no longer eligible and are terminated effective March 1, 2026.

(4) The ADAP Premium Plus Insurance Program is terminated effective March 1, 2026.

Rulemaking Authority 381.0011(2), 381.003(2) FS. Law Implemented 381.0011, 381.003(1)(b) FS. History—New 7-4-16, Amended 4-5-21, 11-1-22, 2-24-26.