



FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Broward County HIV Health Services Planning Council
Thursday, June 25, 2026 – 9:30AM
Meeting at Broward Regional Health Planning Council and Microsoft Teams

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Meeting ID: 276 548 094 708 69

Passcode: p3AJ7gj6

Dial in by phone

[+1 469-998-5921](tel:+14699985921), [954300600#](tel:+1954300600) United States, Dallas

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Phone conference ID: 954 300 600#

Chair: Shawn Tinsley • Vice Chair: Franchesca D'Amore

This meeting is audio and video recorded.

Quorum for this meeting is 13

DRAFT AGENDA

Not Approved by Executive Committee

ORDER OF BUSINESS

I. CALL TO ORDER/ESTABLISHMENT OF QUORUM

II. WELCOME FROM THE CHAIR

- a. Meeting Ground Rules
- b. Statement of Sunshine
- c. Introductions & Abstentions
- d. Moment of Silence

III. PUBLIC COMMENT

IV. ACTION: Approval of Agenda for June 25, 2026

V. ACTION: Approval of Minutes for May 28, 2026 (**Handout A**)

VI. FEDERAL LEGISLATIVE REPORT– Federal and State Legislative Report (**Handout B**)

CONSENT ITEMS

- a. **Action Item:** Motion to approve the follow HIVPC Members for Reappointment for the next term limit cycle January 2027 through December 2029; Brad Barnes, Ronald Bhrangger, Von Biggs, Jose Castillo, Franchesca D'Amore, Bisiola Fortune-

Evans, Kendra Hayes, Rafael Jimenez, William Marcoviche, Brad Mester, Dr. Timothy Moragne, Lorenzo Robertson, Joshua Rodriguez, Dr. Mark Schweizer, and Shawn Tinsley. **(Handout C)**

Justification: *In accordance with the HIVPC By-Laws, Article IV, Section 7, the Membership/Council Development Committee (MCDC) has reviewed members whose first terms conclude on December 31, 2026, and has voted to certify those seeking reappointment. Approval of these reappointments will enable the recommendations to be forwarded to the Broward County Board of County Commissioners for consideration, ensuring continuity of membership, sustained representation, and compliance with established appointment requirements.*

PROPOSED BY: Membership/Council Development Committee

VII. STANDARD COMMITTEE ITEMS None

VIII. OLD BUSINESS None

IX. DISCUSSION ITEMS

- a. **Action Item:** Approval of the 2027–2031 Integrated HIV Prevention and Care Plan Letter of Concurrence; plan highlights presented by Ashley Mayfair, Integrated Planning Workgroup Member **(Handout D1, D2)**.

Justification: *Approval is necessary to meet the June 30 HRSA and CDC deadline. The draft Broward County Integrated HIV Prevention and Care Plan was distributed to HIVPC members on June 9. The Letter of Concurrence authorizes the Chair to sign on behalf of the Council, confirming its agreement with the activities and strategies outlined in the plan.*

NEW BUSINESS

- a. **Action Item:** Motion to approve Local Pharmacy Advisory Committee (LPAC) Policies & Procedures **(Handout E)**

Justification: *The LPAC has been reestablished as a standing committee of the Broward HIV Planning Council. Accordingly, it is necessary to develop and implement formal policies and procedures that clearly define the committee's purpose, roles, responsibilities, structure, and operational processes. This framework ensures alignment with Planning Council requirements and supports the committee's effective and consistent functioning.*

PROPOSED BY: Local Pharmacy Advisory Committee

- b. **Action Item:** Motion to approve Local Pharmacy Advisory Committee (LPAC) Committee Work Plan. **(Handout F)**

Justification: *As a newly established standing committee of the Broward HIV Planning Council, the LPAC requires a work plan to outline its goals, objectives, activities, and priorities. The work plan will provide a framework for the committee's efforts, guide its activities throughout the year, and ensure alignment with the Planning Council's responsibilities and strategic priorities.*

PROPOSED BY: Local Pharmacy Advisory Committee

- c. **Action Item:** Motion to approve Ryan White Part A Formulary Changes **(Handout G)**

Justification: *Proposed changes to the LPAC formulary were presented by Dr. Paula Eckardt and Von Biggs and subsequently reviewed and discussed by the committee. A motion was approved to adopt their recommendations, excluding antiretroviral medications (ARVs) and any drugs included in the Tier 2 formulary.*

PROPOSED BY: Local Pharmacy Advisory Committee

- d. **Action Item:** Approval of FY2026 Reallocation/Sweeps – Cycle One; *PSRA Chair (Handout H1, H2, H3)*
Justification: The PSRA Committee’s June 18th meeting was canceled due to the failure to meet the 48-hour agenda notification requirement. The HIVPC general body will review, discuss, and approve the reallocation of Ryan White Part A funds in accordance with the recommendations and justifications provided by the Recipient’s Office.

COMMITTEE REPORTS

- a. **Community Empowerment Committee (CEC)**
 Chair: Lorenzo Robertson • Vice Chair: Vacant
Canceled due to lack of quorum.
 - ii. **Work Plan Item Update/Status Summary:** None.
 - iii. **Data Requests:** None.
 - iii. **Rationale for Recommendations:** None.
 - iv. **Data Reports/Data Review Updates:** None.
 - v. **Other Business Items:** None.
 - vi. **Agenda Items for Next Meeting:** To be Determined.
 - vii. **Next Meeting Date:** July 7, 2026, at 3:00 PM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

- b. **System of Care Committee (SOC)**
 Chair: Jose Castillo • Vice Chair: Kendra Hayes
No Meeting Scheduled
 - iv. **Work Plan Item Update/Status Summary:** None.
 - v. **Data Requests:** None.
 - iv. **Rationale for Recommendations:** None.
 - v. **Data Reports/Data Review Updates:** None.
 - vi. **Other Business Items:** None.
 - vii. **Agenda Items for Next Meeting:** To be Determined.
 - viii. **Next Meeting Date:** July 2, 2026, at 9:30AM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

- c. **Membership/Council Development Committee (MCDC)**
 Chair: Dr. Timothy Moragne • Vice Chair: Vacant
 June 11, 2026
 - vi. **Work Plan Item Update/Status Summary:** MCDC convened a special meeting to review members whose terms are expiring and to develop reappointment recommendations for submission to the Executive Committee and Planning Council for approval prior to forwarding them to the Intergovernmental Affairs Office.
 - vii. **Data Requests:** None.
 - v. **Rationale for Recommendations:** None.
 - vi. **Data Reports/Data Review Updates:** None.
 - vii. **Other Business Items:** None.
 - viii. **Agenda Items for Next Meeting:** To be Determined.
 - ix. **Next Regular Meeting Date:** July 9, 2026, at 9:30 AM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

d. **Quality Management Committee (QMC)**

Chair: Bisiola Fortune-Evans • Vice Chair: Matthew Patterson

June 15, 2026

- ii. **Work Plan Item Update/Status Summary:** The committee reviewed its work plan and received key updates related to Support Services for Quarter 1. Members were provided with updates on the QIP Toolkit and received a presentation on preliminary Continuum of Care data, including the impact of recent ADAP changes on client outcomes and service delivery.
- iii. **Data Requests:** None.
- iv. **Rationale for Recommendations:** None.
- v. **Data Reports/Data Review Updates:** None.
- vi. **Other Business Items:** None.
- vii. **Agenda Items for Next Meeting:** To be Determined.
- viii. **Next Meeting Date:** July 20, 2026, at 12:00PM at Broward Regional Health Planning Council and via Microsoft Teams Videoconference

e. **Executive Committee**

Chair: Shawn Tinsley • Vice Chair: Franchesca D'Amore

June 16, 2026 – Meeting Canceled

- ix. **Work Plan Item Update/Status Summary:** None.
- x. **Data Requests:** None.
- vi. **Rationale for Recommendations:** None.
- vii. **Data Reports/Data Review Updates:** None.
- viii. **Other Business Items:** None.
- ix. **Agenda Items for Next Meeting:** To be Determined.
- x. **Next Meeting Date:** July 16, 2026, at 12:45PM Broward Regional Health Planning Council and via Microsoft Teams Videoconference

f. **Local Pharmacy Advisory Committee**

Chair: Brad Mester • Vice Chair: Dr. Paula Eckardt

June 5, 2026

- i. **Work Plan Item Update/Status Summary:** The committee reviewed proposed formulary recommendations, examined its newly developed Policies and Procedures and work plan, and discussed the frequency of future committee meetings.
- ii. **Rationale for Recommendations:** None.
- viii. **Data Reports/Data Review Updates:** None.
- ix. **Other Business Items:** None.
- x. **Next Meeting Date:** September 4, 2026, at 3:00PM, at Broward Regional Health Planning Council and via Microsoft Teams Videoconference
- xi. **Agenda Items for Next Meeting:** To be determined

g. **Priority Setting & Resource Allocation Committee (PSRA)**

Chair: Brad Barnes • Vice Chair: Mark Schweizer

June 18, 2026 – Meeting Canceled

- iii. **Work Plan Item Update/Status Summary:** None.
- iv. **Rationale for Recommendations:** None.
- ix. **Data Reports/Data Review Updates:** None.
- xii. **Other Business Items:** None.
- xiii. **Next Meeting Date:** August 20, 2026, at 9:30AM Broward Regional Health Planning Council and via Microsoft Teams Videoconference
- xiv. **Agenda Items for Next Meeting**

- i. **Action Item:** Approval of FY2026 Reallocation/Sweeps – Cycle Two

X. RECIPIENT REPORTS

- a. Part A (**Handout I**)
- b. Part B (**Handout J1, J2**)
- c. Part C
- d. Part D
- e. Part F
- f. HOPWA
- g. HIV Prevention (*Quarterly - April, July, October, January*)

XI. DATA REQUEST(S)

XII. PUBLIC COMMENT

XIII. AGENDA ITEMS FOR THE NEXT MEETING

Next Meeting Date:

- a. Thursday, July 23, 2026, at 9:30AM at Broward Regional Health Planning Council (BRHPC) and via Microsoft Teams.
- b. Agenda Item
 - i. Recommended Bylaws Revisions
 - ii. NMAC Community Advocacy Presentation

XIV. ANNOUNCEMENTS

XV. ADJOURNMENT

For a detailed discussion on any of the above items, please refer to the minutes available at: [HIV Planning Council Website](#)

Please complete your [meeting evaluation](#).

*Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •*

Vision: To ensure the delivery of high-quality, comprehensive HIV/AIDS services to low-income and uninsured Broward County residents living with HIV by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care. **Mission:** *We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high-quality, comprehensive care that positively impacts the health of individuals at all stages of illness.* In so doing, we: (1) Foster the substantive involvement of the HIV-affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

[Broward County Board of County Commissioners](#)

Mark D. Bogen (**Mayor**) • Robert McKinzie (**Vice-Mayor**) • Nan H. Rich • Michael Udine • Lamar P. Fisher • Steve Geller • Beam Furr • Alexandra P. Davis • Hazelle P. Rogers



June 2026

Broward HIV Health Services Planning Council Calendar



All events listed on this calendar are free and open to the public. Meeting dates and times are subject to change. Please contact support staff at hivpc@brhpc.org or (954) 561-9681 ext. 1244/1343. Visit [HIV Health Service Planning Council](#) for updates.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	Community Empowerment Committee (CEC) 3:00PM - 5:00PM	2	3	4	5 Local Pharmacy Advisory Committee (LPAC) 2:00PM - 4:00PM
7	8	Bylaws Ad Hoc Committee Meeting (MCDC) 9:30AM - 11:30AM	9	10	11 Membership/Council Development Committee Meeting (MCDC) 9:30AM - 11:30AM	12
14	15 Quality Management Committee Meeting (QMC) 12:30PM - 2:30PM	16 Support Services Network Meeting (CQM) 9:00AM - 10:15AM	17	18 PSRA Committee Meeting 9:30AM - 11:30AM Executive Committee Meeting 12:45PM - 2:45PM	19 JUNE TEENTH	20
21 HAPPY FATHER'S DAY	22	23	24	25 HIV Planning Council Meeting 9:30AM to 11:30AM	26	27 National HIV TESTING Day JUNE 27
28	29	30				GET CARE BROWARD TREAT HIV BEAT HIV RYAN WHITE PART A

Broward Regional Health Planning Council (BRHPC):
200 Oakwood Lane, Suite #100, Hollywood, FL 33020
Links are active and lead to meetings or Awareness Day Information. **Information is subject to change.**

Meetings in **RED** are canceled. Meetings in **BLUE** are for the HIV Planning Council Committees. Meetings in **GREEN** are for the Provider Network. Holidays and meetings outside of the HIV Planning Council are in **BLACK**.

June 2026

Broward HIV Health Services Planning Council Calendar



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<p>TODOS ESTAN BIENVENIDOS!</p>	<p>ALL ARE WELCOME!</p>	<p>BON VINI!</p>
<p>A menos que se anote de forma diferente en el calendario, todas las reuniones se realizarán en: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020</p> <p>Para confirmar información acerca de la reunión de Consejo de Planeación HIV, o confirmar la reserva de servicios especiales tales como: Traducción Inglés a Español o a Criollo (Haitiano), servicios para discapacitados en visión o audición, por favor llame con 48 horas de antelación para que puedan hacerse los arreglos necesarios.</p>	<p>Unless otherwise noted on the calendar, all meetings are held at: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020</p> <p>To confirm HIV Planning Council meeting information, or reserve special needs services such as Translation from English to Spanish or Creole, or are hearing or visually impaired, please call 48 hours in advance so that arrangements can be made for you.</p>	<p>Sòf si yo ta ekri yon lòt bagay nan almanak-la, tout rankont-yo ap fèt: Broward Regional Health Planning Council (BRHPC): 200 Oakwood Lane, Suite #100, Hollywood, FL 33020</p> <p>Pou konfime enfòmasyon ou resewva sou rankont Konsèy Planifikasyon HIV-a, oswa pou rezève sèvis pou bezwen Espesyal tankou: Tradiksyon angle an panyòl oswa kreyòl; oswa, si ou gen pwoblèm wè oswa tandè, rele 48 tè alavans pou yo ka fè aranjman pou ou.</p>
<p>HIVPC Committee Descriptions</p>		
<p>HIV Health Services Planning Council (HIVPC): Continuously monitors, evaluates, and improves the quality of HIV care for Ryan White Part A and MAI-funded patients.</p>		
<p>Executive Committee (EXEC): Oversees the HIV Integrated Prevention and Care Plan, work of HIVPC committees, recommendations, and grievance resolution. Sets HIVPC agendas, manages conflicts of interest, and review attendance.</p>		
<p>Priority Setting and Resource Allocation Committee (PSRA): Recommends priorities and allocates Ryan White Part A funds based on data review. Develops, monitors, and refines eligibility, service definitions, and strategies to meet community needs.</p>		
<p>Quality Management Committee (QMC): Ensures high-quality HIV care by developing outcomes and indicators. Oversees standards of care, evaluates programs, assesses client satisfaction, and training.</p>		
<p>Membership/Council Development Committee (MCDC): Recruits and screens applicants to ensure the Council meets demographic requirements. Provides recommendations, orientation, training for new members.</p>		
<p>Community Empowerment Committee (CEC): Engages in community outreach to Ryan White Part A consumers to inform them about opportunities to participate in the HIV Planning Council and provide input.</p>		
<p>System of Care Committee (SOC): Evaluates the system of care and the impact of policies on people living with HIV in Broward County. Plans and coordinates care across diverse groups to improve access and reduce disparities.</p>		



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**Broward County HIV Health Services Emergency
Planning Council Meeting**
Thursday, May 28, 2026 – 9:30 AM
Meeting at Broward Regional Health Planning Council and via Microsoft Teams

DRAFT MINUTES

HIVPC Members Present: B. Barnes, R. Bhrangger, V. Biggs, J. Castillo, F. D'Amore, J. De La Nuez, B. Fortune-Evans, K. Hayes, A. Machado, W. Marcoviche, B. Mester, J. Rodriguez, M. Schweizer, R. Hadley, C. Williams, J. Rogers, H. Bahi, S. Tinsley

Members Absent: R. Jimenez, T. Morange, L. Robertson, S. Hafley (excused), Y. Barrientos

Recipient Part A Staff Present: G. James, T. Thompson, R. Pena, W. Cius, D. Watkins, R. Honick, S. Rimland

FL Department of Health/Recipient Part B Staff Present: No representatives

Planning Council Support & Clinical Quality Management Staff Present: G. Berkeley-Martinez, M. Lacroix, S. Isidore, E. Mondesir

Guests Present: J. Shirley, G. Verger-Coreus, K. Giglioli, S. Thompson, H. Singh

Call to Order, Welcome from the Chair & Public Record Requirements:

The HIVPC Chair called the meeting to order at **9:40 AM**. and welcomed all attendees. The Chair noted that the meeting operates under Florida's "Government-in-the-Sunshine Law," which includes meeting reporting requirements and the recording of minutes. Additionally, attendees were informed that while acknowledgment of HIV status is not required, any disclosure would be subject to public record. PCS conducted a roll call of Council members, Ryan White Part A recipient staff, PCS/CQM staff, and guests, followed by a moment of silence.

1. Public Comment:

None.

2. Meeting Approvals

Motion #1: R. Hadley, on behalf of HIVPC, made a motion to approve the May 28, 2026, HIV Health Services Planning Council agenda. The motion was seconded by M. Schweizer and was passed unanimously.

Motion #2: R. Hadley, on behalf of HIVPC, made a motion to approve the April 23, 2026, HIV Health Services Planning Council minutes. The motion was seconded by M. Schweizer and was passed unanimously.

3. Federal Legislative Report

S. Rimland provided an overview of the Federal Legislative Report. He explained relevant topics, such as the budget and the ADAP program. The new budget maintained the current 400% eligibility with new standards. The Florida Department of Health would also have to provide reports to the government. This is still being reviewed by the governor of Florida. [summarize from transcript].

There was a special session on redistricting, which made significant changes to the districting of Broward County. The government announced a special session on property taxes, which would have a significant impact on the county budget.

B. Mester questioned the impact that the proposed property tax exception would have on the county budget, which is estimated to lose \$300 million as a result. S. Rimland answered that this would indeed have a major impact on the county budget and county services, especially since the proposal would limit what the county to spend money on, but specific consequences are currently unknown. V. Biggs asked how House Bill 1121 – which relates to aging and disability services, food and nutrition for older adults, and housing – would impact older adults living with HIV. S. Rimland could not provide a specific answer.

H. Bahi wanted confirmation that nothing would change for ADAP until the proposed bill received 60% of the vote in November. S. Rimland clarified that the governor could veto certain provisions before it was put on the ballot. G. James asked whether this proposal would restore premium assistance for ADAP. S. Rimland clarified that the proposal neither prohibited nor restored premium assistance in explicit terms.

4. Consent Items: None

5. Standard Committee Items: None

6. Discussion Items: None

7. Old Business: None

8. New Business:

- a. **Discussion:** Priority Setting & Resource Allocation (PSRA) Committee FY2026-2027 Ranking Results ([Handout C](#))

Purpose: In accordance with HRSA requirements, the Planning Council is responsible for setting service priorities and allocating Ryan White Part A resources to best meet the needs of people with HIV. The PSRA Committee leads this process by developing recommended priorities and funding allocations for Broward County, with final priority setting and resource allocation informed by the full HIV Planning Council.

PSRA Overall Justification for Core & Support Services Not Funded by Part A FY27-28: Our priority is maintaining the existing continuum of services, where nearly 90% of funding is already committed and outcomes have shown strong success and retention rates. While we would like to expand into additional service categories, doing so at this time could jeopardize the stability and effectiveness of the current continuum.

B. Mester explained the nature, purpose, and results of the PSRA service category rankings.

Motion #3: The Priority Setting and Resource Allocation Committee made a motion to accept the PRSA Service Category Rankings as presented. The motion was seconded by R. Hadley and was passed unanimously.

- b. **Discussion:** Review and Vote How to Best to Meet the Need FY2027-2028
(Handout D)

Purpose & Justification: RWHAP Part A Planning Councils are required to establish priorities for fund allocation and determine “how best to meet the need.” The SOC reviews this language to guide local decision-making on effective and cost-efficient strategies, including service delivery approaches, priority populations, and geographic focus, to ensure resources are directed where they will have the greatest impact. SOC’s recommendations are submitted to the PSRA committee.

B. Mester explained the nature and purpose of the “How Best to Meet the Need” recommendations. G. Berkeley-Martinez conducted an overview of the recommendations.

Motion #4: The Priority Setting and Resource Allocation Committee made a motion to accept the “How Best to Meet the Need” Language Recommendations as presented. The motion was seconded by M. Schweizer and was passed unanimously.

- c. **Discussion: Motion to Approve FY2027-2028 Allocations (Handout E)**

Allocate Part A Core Services FY2027-2028

- a. **Motion #5: Motion to allocate \$5,746,053 to Outpatient Ambulatory Health Services for FY2027–2028.**

Justification: OAHS continues to be one of our most accessed services. Historically we see final expenditures exceed the initial allocation with provider unbillables due to allocation cap at year end each year. Due to changes in Florida ADAP benefits that may result in additional clients seeking Part A ambulatory assistance in FY26 and FY27, we recommend a dollar amount increase of \$449,100 for the service category.

The motion was proposed by the Priority Setting and Resource Allocation Committee and seconded by M. Schweizer. The motion passed unanimously.

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: M. Schweizer

ABSTENTIONS: None

- b. **Motion #2: Motion to allocate \$377,535 to AIDS Pharmacy Assistance (LPAP) for FY2027–2028.**

Justification: ADAP assistance had been temporarily drastically reduced by the State in early 2026 and the future of the program remains uncertain. Due to this uncertainty and the potential that Part A will be responsible for HIV-related medication support, we recommend a dollar amount increase of \$184,610 for the service category.

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: R. Hadley

ABSTENTIONS: H. Bahi, B. Fortune-Evans

- c. **Motion #3: Motion allocate \$2,751,017 to Oral Health for FY2027–2028.**

Justification: Utilization rates for oral health care remain high with provider unbillables due to allocation cap each year. Routine services are leading the utilization. There remains only one specialty provider. As with ambulatory, there is concern that individuals losing health insurance might also look to Part A for their oral health services. We recommend a \$200,000 reduction in the Oral Health Specialty subcategory and a \$495,925 increase in Oral Health Routine. This is a recommended overall increase of \$259,925.

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: J. Castillo

ABSTENTIONS: None

- d. Motion #4: Motion to allocation **\$822,465** to **Health Insurance Premium & Cost Sharing** for FY2027–2028.

Justification: Provides financial assistance to enable PLWH to maintain health insurance or standalone dental insurance by paying their premiums or other cost-sharing expenses, including co-pays, deductibles, and funds to contribute to a client's Medicare Part D true out-of-pocket costs (TrOOP)

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: None

- e. Motion #5: Motion to allocate **\$820,081** to **Medical Case Management** for FY2027–2028.

Justification: Provides client-centered activities designed to improve health outcomes, such as assessment of service needs, development and updating of an individualized care plan, coordinated access to medical care and support services, continuous client monitoring, treatment adherence counseling.

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: None

- f. Motion #6: Motion to allocate **\$130,000** to **Mental Health** for FY2027–2028.

Justification: Supports diagnostic and therapeutic services, such as primary care, diagnostic testing including laboratory testing, treatment adherence, and specialty services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: J. Castillo

ABSTENTIONS: H. Bahi

- g. Motion #7: Motion to allocate **\$250,000** to **Medical Nutrition Therapy** for FY2027–2028.

Justification: The goal of MNT is to provide medically tailored food items and meals that are approved by a licensed registered dietitian or other licensed nutrition professional that reflect appropriate dietary therapy based on evidence-based practice guidelines. Diets and meals recommended by a licensed registered dietitian or licensed nutritional professional will be based on a nutritional assessment and a prescription by a medical

provider to address medical diagnoses, symptoms, allergies, medication management and side effects to ensure the best possible nutrition-related health outcomes for clients. Clients are required to report to the clinician at a minimum quarterly to discuss their progress and nutritional treatment plan goals.

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: B. Barnes, J. Castillo

- h. Motion #8: Motion to allocate **\$150,000** to **Substance Abuse - Outpatient** for FY2027–2028.

Justification: Provides outpatient services for the treatment of drug or alcohol use disorders, including both drug-free treatment and counseling and medication-assisted therapy, harm reduction; can include syringe access services that meet current appropriations law and applicable HHS-, HRSA-, and HAB-specific guidance; does not include the purchase of syringes

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: R. Hadley

ABSTENTIONS: H. Bahi

- i. Motion #9: Motion to allocate **\$11,047,151** to **Total Part A Core Services** for FY2027–2028.

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: B. Mester

Allocate Part A Support Services FY2027-2028

- a. Motion #1: Motion to allocate **\$349,378** to **Non-Medical Case Management [Centralized Intake & Eligibility Services]** for FY2027–2028.

Justification: CIED remains highly utilized, with unbillables due to allocation cap at the end of FY25-26. We recommend maintaining initial CIED (Part A and MAI) funding overall in line with the current FY26-27 contracted levels.

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: None

- b. Motion #2: Motion to allocate **\$820,081** to **Non-Medical Case Management [Case Management]** for FY2027–2028.

Justification: NMCM Case Management utilization has continued steadily increasing. Due to ADAP changes and the goal of increasing Ambulatory, LPAP and Oral Health funding, we recommend a decrease of \$364,278.

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: M. Schweizer

ABSTENTIONS: None

- c. Motion #3: Motion to allocate **\$115,872** to **Emergency Financial Assistance** for FY2027–2028.

Justification: EFA provides limited one-time or short-term payments to assist clients with emergent needs for paying for medication not covered ADAP or AIDS Pharmaceutical Assistance (Local). Provision of allowable Ryan White Part A pharmaceutical assistance to a client beyond thirty (30) days must not be funded through EFA. Ryan White funds are used for EFA only as a last resort, ensuring that insurance plans, Patient Assistance Programs (“PAPs”), pharmaceutical vouchers and/or pharmaceutical samples are utilized in advance of EFA.

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: C. Williams

Opposed: J. Castillo, J. Rodriguez

ABSTENTIONS: H. Bahi, B. Fortune-Evans

- d. Motion #4: Motion to allocate **\$635,000** to **Food Bank/Food Voucher** for FY2027–2028.

Justification: Provides grocery items or a voucher program to purchase food Can be used for essential non-food items limited to personal hygiene products and household cleaning supplies, plus water filtration/purification systems in communities with water safety issues.

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: R. Hadley

ABSTENTIONS: B. Barnes, H. Bahi, J. Castillo

- e. Motion #5: Motion to allocate **\$129,151** to **Other Professional Services (Legal Services)** for FY2027–2028.

Justification: Supports professional and consultant services, including legal services, permanency planning, and income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: V. Biggs

ABSTENTIONS: None

- f. Motion #6: Motion to allocate **\$2,049,482** to **Total Part A Support Services** for FY2027–2028.

PROPOSED BY: Priority Setting and Resource Allocation Committee

SECONDED BY: F. D’Amore

ABSTENTIONS: None

- g. Motion #7: Motion to allocate **\$13,096,633** to **Total Part A Core and Support Services** for FY2027–2028.

PROPOSED BY: V. Biggs

SECONDED BY: M. Schweizer

ABSTENTIONS: None

Allocate Part A MAI Core Services FY2027-2028

- a. Motion #1: Motion to allocate **\$50,000** to **Outpatient Ambulatory Health Services** for FY2027–2028.
Justification: Diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: V. Biggs
ABSTENTIONS: B. Barnes, J. Castillo

- b. Motion #2: Motion to allocate **\$65,000** to **Mental Health** for FY2027–2028.
Justification: Outpatient psychological and psychiatric assessment, diagnosis, and treatment services offered to clients living with HIV. Services are conducted in an outpatient group or individual session.
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: V. Biggs
ABSTENTIONS: H. Bahi

- c. Motion #3: Motion to allocate **\$300,000** to **Substance Abuse - Outpatient** for FY2027–2028.
Justification: Outpatient services for the treatment of drug or alcohol use disorders.
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: J. Castillo
ABSTENTIONS: H. Bahi

- d. Motion #4: Motion to allocate **\$415,000** to **Total MAI Core Services** for FY2027–2028.
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: J. Castillo
ABSTENTIONS: None

Allocate Part A MAI Support Services FY2027-2028

- a. Motion #1: Motion to allocate **\$424,066** to **Non-Medical Case Management – Centralized Intake & Eligibility Services** for FY2027–2028.
Justification: Provides guidance and assistance in accessing medical, social, community, legal, financial, and other needed services.
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: C. Williams
ABSTENTIONS: None

- b. Motion #2: Motion to allocate **\$187,004** to **Non-Medical Case Management** for FY2027–2028.
Justification: Assessment of service needs, development and updating of an individualized care plan, coordinated access to medical care and support services, continuous client monitoring, treatment adherence counseling
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: J. Castillo

ABSTENTIONS: H. Bahi

- c. Motion #3: Motion to allocate **\$611,070** to **Total MAI Support Services** for FY2027–2028
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: C. Williams
ABSTENTIONS: None

- d. Motion #4: Motion to allocate **\$1,026,070** to **Total MAI Core and Support Services** for FY2027–2028.
PROPOSED BY: Priority Setting and Resource Allocation Committee
SECONDED BY: V. Biggs
ABSTENTIONS: None

9. Committee Reports

- a. **Community Empowerment Committee – May 5, 2026**
Chair: Lorenzo Robertson, Vice Chair: Vacant

The report stands.

- b. **System of Care Committee – May 7, 2026**
Chair: J. Castillo, Vice Chair: K. Hayes

The report stands. J. Castillo thanked the committee members for their participation during the “How Best to Meet the Need” process. He also announced that the committee will meet in July.

- c. **Membership/Council Development Committee – No Meeting**
Chair: T. Morange, Vice Chair: Vacant

The report stands. G. Berkeley-Martinez announced that the committee will hold a special meeting on June 11, 2026 to certify the term limits.

- d. **Quality Management Committee – PSRA Workshop Day 2**
Chair: Bisiola Fortune-Evans, Vice Chair: Matthew Patterson

The report stands.

- e. **Executive Committee – May 21, 2026**
Chair: Shawn Jackson-Tinsley, Vice Chair: Franchesca D’Amore

The report stands.

- f. **Priority Setting and Resource Allocation Committee – May 18, 2026 – May 20, 2026**
Chair: B. Barnes, Vice Chair: Mark Schweizer

The report stands. B. Barnes announced that reallocations/sweeps will take place during the June meeting.

10. Recipient's Report

a. Part A:

G. James noted that this year's Sweeps will be based on circumstances at the state level. The Part A Office has received its final notice of award for FY26-27. They have also submitted the final Part A / MAI Expenditure Report to HRSA for FY25-26, showing 99% utilization. He noted that the EMA qualifies for less carryover compared to the previous year.

Monitoring season will begin June of 2026. Final monitoring reports for 2025-2026 are being sent to providers. G. James shared information regarding upcoming outreach and community engagement events. W. Cius explained the presentations that they will conduct during the National Ryan White Conference in August.

B. Barnes had a question regarding the restriction of funding for Pride events. It was clarified that this policy was set to take effect next year. B. Fortune-Evans asked if the lack of carryover funds would have a significant impact on Sweeps. G. James noted that may have an effect. B. Mester questioned whether the new law would impact LPAP. G. James answered that it depends on final state of the bill, but PSRA and LPAC should start having these discussions. S. Tinsley asked whether World AIDS Day was recognized by the state and county. G. James clarified that Broward County recognizes World AIDS Awareness Month.

b. Part B: The report stands.

c. Part C: The report stands.

B. Fortune-Evans reported that the HRSA site visit was a success.

d. Part D: The report stands.

B. Fortune reported that a HRSA site visit is upcoming.

e. Part F: The report stands. M. Schweizer noted that there have been no changes for the previous fiscal year. Part F is on track to expend its yearly budget.

f. HOPWA: No representative or formal report.

g. Prevention: The report stands.

11. Data Request(s): None.

12. Public Comment: None.

13. Agenda Items for Next Meeting:

- a. The next HIVPC meeting will be held on **June 25, 2026**, at **9:30 a.m.** Location: Broward Regional Health Planning Council and Virtual through Microsoft Teams

14. Announcements:

- B. Barnes: Integrated Plan is scheduled to meet the following day, May 29th, to conduct a

- final review of the draft of the next cycle's plan.
- S. Tinsley: HIVPOSSIBLE, Empower HIV Health, Black Public Health Academy have been holding town halls throughout the month of May.
 - F. D'Amore: June 11, 6:30 PM, Hollywood Arts and Cultural Center. Screening of trilogy of documentary called "Open Dialogue". Honored with the "Vanguard Voices" award.

15. Adjournment

There being no further business, the meeting was adjourned at **10:58 AM**

HIVPC Attendance for CY 2026

Count	Meeting Month	Jan	Feb	Mar	Apr	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
	Meeting Date	15	26	26	9	23	28								
1	Barnes, B.	X	X	X	X	X	X								
2	Bhrangger, R.	X	X	X	E	X	X								
3	Biggs, V.	X	X	X	X	X	X								
4	Castillo, J.	X	X	X	X	X	X								
5	D'Amore, F. (Vice-Chair)	X	X	E	X	X	X								
6	B. Fortune-Evans	X	X	X	X	X	X								
7	Hayes, K.	A	X	A	X	X	X								
8	Jackson-Tinsley, S. (Chair)	X	X	X	X	X	X								
9	Jimenez, R.	X	X	X	X	X	A								
10	Machado, A.	X	X	X	X	A	X								
11	Marcoviche, W.	X	X	E	E	E	X								
12	Mester, B.	X	X	X	X	X	X								
13	Moragne, T.	X	X	X	X	X	A								
14	Robertson, L.	X	X	X	A	X	A								
15	Rodriguez, J.	X	X	X	X	X	X								
16	Schweizer, M.	X	X	X	X	X	X								
17	De La Nuez, J.	A	X	A	X	A	X								
18	Hadley, R.	A	X	X	X	X	X								
19	Barrientos, Y.	A	X	X	X	X	A								
20	Williams, Colby	A	X	X	A	X	X								
21	Hafley, Shalisa	X	X	E	X	X	E								
22	Rogers, Jonathan	A	A	X	A	X	X								
23	Bahi, Haroun	X	A	A	X	X	X								
	Commissioner Rogers	A	X	A	A	A	A								
	Tyler, Natalie	A	A	A											R
	Creary, K.	X	E	A	A				Z						
	Quorum = 14	18	22	17	18	21	18								

Legend:	
1 - present	N - newly appointed
A - absent	Z - resigned
E - excused	C - canceled
NQA - no quorum absent	W - warning letter
NQX - no quorum present	R - removal letter
CX - canceled due to quorum	

HIV Health Services Planning Council Meeting Minutes – March 26, 2026, Minutes prepared by PCS Staff

FEDERAL LEGISLATIVE REPORT

MAY 2026



OFFICE OF INTERGOVERNMENTAL AFFAIRS

EXECUTIVE SUMMARY

FY27 Appropriations. As of mid-June 2026, the House Appropriations Committee has advanced 11 of 12 FY 2027 spending bills. Two have passed the full House. The Senate has not yet advanced any bills. Combined with reconciliation and unresolved policy fights, a continuing resolution past October 1 is widely expected.

Reconciliation 2.0: Secure America Act. President Trump signed the Reconciliation 2.0 package on June 10. The bill provides \$38.5 billion for ICE, \$26 billion for Border Patrol, and a \$5 billion DHS Secretary-controlled pool. Trump has now called for a \$350 billion Reconciliation 3.0 covering defense priorities and the SAVE America Act.

OMB Proposes Overhaul of Federal Grant Rules. OMB published a proposed rule on May 29 rewriting 2 CFR Part 200, the framework governing every federal grant Broward administers. The rule would require political appointee sign-off before any discretionary award, embed DEI-related executive orders into grant conditions, expand termination authority, and convert the Uniform Guidance from non-binding guidance into binding regulation. OMB intends to finalize by October 1 for FY27 awards.

ROAD to Housing Act. The House passed an amended version of the 21st Century ROAD to Housing Act on May 20, sending it back to the Senate because the chambers passed different versions. The May 20 House version stripped a controversial build-to-rent forced-sale provision the Senate had added. Key remaining provisions touch CDBG and HOME modernization, a new Whole-Home Repairs program, and narrower institutional investor limits on single-family homes.

FISA Section 702 Lapses; DNI Leadership in Turmoil. A House extension of Section 702 failed on June 11, and the authority is now lapsed. DNI Tulsi Gabbard is resigning June 30. Trump named FHFA Director Bill Pulte as acting DNI starting June 19, then on June 11 nominated former SEC Chair Jay Clayton for the permanent post. Senate Democrats have made clear they will block FISA reauthorization while Pulte serves. The lapse creates uncertainty for federal-local intelligence sharing.

National Defense Authorization Act (NDAA). House Armed Services passed the FY27 NDAA (H.R. 8800) 44-12 on June 4 at \$1.15 trillion in discretionary funds, about \$350 billion below the President's request. The House Rules Committee has set a June 18 deadline for amendments and could meet the week of June 29 to tee up the bill for floor action ahead of the July recess.

OBBBA Medicaid Changes. Although OBBBA's January 2027 new Medicaid work requirements do not apply to Florida because Florida is a Medicaid non-expansion State, other OBBBA provisions do apply including: six-month eligibility redeterminations beginning December 2026, retroactive coverage dropping from three months to two in January 2027, and new provider tax restrictions taking effect October 1, 2026.

APPROPRIATIONS AND BUDGET OUTLOOK

As of mid-June 2026, the House Appropriations Committee has advanced 11 of the 12 FY27 spending bills for floor consideration. Two have passed the full House as noted below. The Senate has not yet advanced any bills. Current status of all 12 bills:

1. **MilCon-VA (Military Construction & Veterans Affairs):** Passed House 400-15 on May 15 | \$157 billion
2. **AG-FDA (Agriculture, Rural Development, Food & Drug Admin.):** Passed House 213-210 on June 4 | \$26.27 billion
3. **CJS (Commerce, Justice, Science):** Approved full committee 32-28 on May 13 | \$77.34 billion
4. **E&W (Energy & Water Development):** Approved full committee 34-25 on May 20 | \$58.5 billion
5. **FSGG (Financial Services & General Government):** Approved full committee 34-25 on April 22 | \$25.3 billion
6. **DHS (Homeland Security):** Approved full committee 34-27 on June 10 | \$64.9 billion
7. **Interior-Environment:** Approved full committee 35-27 on June 3 | \$38.9 billion
8. **LHHS (Labor, Health & Human Services, Education):** Approved full committee 34-28 on June 9 | \$189.3 billion
9. **Legislative Branch:** Approved full committee 34-28 on May 20 | \$7.3 billion
10. **National Security & State (formerly SFOPs):** Approved full committee 35-27 on April 28
11. **THUD (Transportation, Housing & Urban Development):** Approved full committee 34-27 on June 3 | \$92.2 billion
12. **Defense:** Approved subcommittee (classified) June 11 | Full committee markup: June 24 | \$1.072 trillion

On the Senate side, the Senate Appropriations Committee has not advanced any FY27 bills. FY27 Congressional Appropriations Tracker: <https://www.congress.gov/crs-appropriations-status-table>.

For Broward, E&W and THUD are among the most consequential bills as they contain several Community Project Funding (CPF) requests made by the County.

BUDGET RECONCILIATION

Republicans are pursuing multiple reconciliation vehicles (learn more about Budget Reconciliation here: <https://bipartisanpolicy.org/explainer/budget-reconciliation-simplified/>). The first, the One Big Beautiful Bill Act (OBBBA), signed July 4, 2025, is in implementation. The second was signed June 10, 2026. A third is in the works.

Reconciliation 2 — Secure America Act (Signed)

President Trump signed the Secure America Act on June 10, 2026, providing approximately \$70 billion in immigration enforcement funding through FY29: \$38.5 billion for Immigration and Customs Enforcement (ICE) hiring, training, transportation, and removal operations; \$26 billion for Customs and Border Protection (CBP) personnel and operations; and a \$5 billion pool controlled by the Secretary of Homeland Security. The Senate passed the bill 52-47 on June 5, with Sen. Lisa Murkowski joining all Democrats in opposition; the House passed it 214-212 on June 9 on a party-line vote. The Administration's June 1 signing deadline slipped after Republican objections to a \$1.8 billion DOJ anti-weaponization fund and \$1 billion in Secret Service funding tied to White House renovations, both stripped from the final package.

Reconciliation 3 — \$350B Defense Supplemental (Proposed)

On the same day the President signed the Secure America Act, he publicly called on Congressional Republicans to pass a \$350 billion Reconciliation 3.0 to fund the defense priorities (drones, missile defense, munitions, and the Golden Dome system), which is being left out of the base NDAA. He also called for the SAVE America Act, an elections measure imposing significant new voter eligibility requirements, to be included, which may hinder passage (which he also has tried to attach to other vehicles, including FISA).

OMB PROPOSED GRANTS REGULATION

On May 29, 2026, OMB published a proposed rule in the Federal Register (91 FR 22744) that would represent the largest rewrite of federal grant rules since 2013. The rule applies to all federal grants, cooperative agreements, and pass-through awards – roughly \$1 trillion in annual federal grant funding. OMB intends to issue a final rule effective October 1, 2026 for FY27 awards.

The provisions to monitor for Broward County are several:

First, every discretionary award would require pre-issuance review and approval by a senior political appointee applying principles that include alignment with the President’s policy priorities.

Second, the rule embeds executive orders restricting DEI activity into grant conditions, prohibits federal funds from being used to fund, promote, encourage, subsidize, or facilitate DEI policies, and introduces a new prohibition on discriminatory event services by public entities receiving federal awards. A NACO analysis indicates that events held on county property could imperil grant eligibility if an event sponsor violates an executive order on prohibited content.

Third, the rule expands discretionary termination authority modeled on the FAR’s termination for convenience framework, allowing agencies to terminate awards that no longer effectuate program goals, agency priorities, or the national interest, and adds a new temporary suspension authority.

Fourth, the rule eliminates fixed-amount awards and fixed-amount subawards.

Fifth, it imposes new prohibitions on covered foreign collaborations extending the Wolf Amendment restrictions across federal financial assistance, mandates E-Verify and Do Not Pay participation, and adds new restrictions on allowable costs including advertising, publication, conference, and lobbying costs.

Counties that serve as pass-through entities face additional requirements. Political appointee review introduces budget uncertainty for grant-funded county services because award timing and continuation become subject to shifting federal priorities. Discretionary termination authority is particularly concerning for multi-year housing, emergency management, and infrastructure grants where mid-cycle termination cannot be absorbed without service disruption. The DEI event services provision creates a compliance question for the thousands of public events held annually on county property.

NACO has identified this as a top-priority issue and is preparing comments. Legal challenges are widely expected, but a court is not guaranteed to act before October 1.

LEGISLATIVE WATCH

HOUSING POLICY — 21st CENTURY ROAD TO HOUSING ACT

The House passed an amended version of the 21st Century ROAD to Housing Act (H.R. 6644) on May 20, 2026, by a vote of 396-13 under suspension of the rules. The bill returns to the Senate for further consideration because the chambers have now passed different versions. The May 20 House version stripped a controversial build-to-rent forced-sale provision from the Senate text that homebuilder and apartment industry groups warned could have reduced rental supply by 40,000-72,000 units annually.

The bill is a 56-provision package covering housing supply, manufactured housing, mortgage financing, rural housing, veteran housing, and community banking. Provisions most relevant to Broward County include CDBG and HOME modernization, a new Whole-Home Repairs program, an expansion of the Rental Assistance Demonstration, the BUILD Housing Act authorizing intergovernmental housing development activity, restrictions on large institutional investors purchasing single-family homes (narrower in scope than the Senate version), and regulatory streamlining to reduce construction costs.

SURVEILLANCE POLICY — FISA SECTION 702 AND DNI LEADERSHIP

Section 702 has lapsed. After the House passed a three-year reauthorization that was blocked in the Senate, Congress passed a 10-day extension in mid-April and a 45-day extension on April 30. A June 6 Senate procedural vote then failed, with seven Republicans including Sen. Rick Scott joining Democrats. On June 11, a House short-term extension to July 2 failed 198-218 and the authority lapsed.

The underlying policy dispute remains the same: whether intelligence agencies must obtain a court or attorney order before searching communications of Americans incidentally collected under foreign intelligence authorities. The lapse creates operational uncertainty for CIA, NSA, and FBI and may affect information sharing with local law enforcement and emergency management partners.

The DNI succession has become entangled with the reauthorization effort. DNI Tulsi Gabbard announced her resignation effective June 30 and on June 2, the President named Federal Housing Finance Agency (FHFA) Director Bill Pulte as acting DNI, accelerated his start date to June 19, and directed him to downsize the intelligence community while retaining his FHFA role. Senate Democrats have indicated they will not advance Section 702 reauthorization while Mr. Pulte serves as acting DNI and Pulte has generated opposition from members of both parties. In response, on June 11, the President nominated former SEC Chair Jay Clayton for the permanent post. However, by trying to attach the SAVE America Act to FISA as well, this has delayed Clayton's nomination.

SURFACE TRANSPORTATION REAUTHORIZATION — BUILD AMERICA 250 ACT

House Transportation and Infrastructure Chair Sam Graves and Ranking Member Rick Larsen released the BUILD America 250 Act (H.R. 8870) on May 18. It is a five-year, \$580 billion package intended to replace the current authorization before its September 30 expiration. The Committee approved the bill and sent it toward the House floor. Of the \$580 billion total, \$474.4 billion is guaranteed through Highway Trust Fund (HTF) contract authority and roughly \$106 billion is subject to future annual appropriations.

Significant provisions include the first new HTF revenue stream in over 30 years: annual registration fees of \$130 on electric vehicles (EVs) and \$35 on plug-in hybrid electric vehicles (PHEVs), escalating biennially from 2029. The bill includes the largest federal bridge investment in any surface transportation reauthorization in U.S. history, with roughly \$50 billion over five years and a bridge formula program at

\$9.2 billion annually. It establishes a new Surface Transportation Accelerator Grant program at \$2.4 billion annually, continues Safe Streets and Roads for All ramping to \$1 billion by FY31, and creates a federal framework for autonomous commercial vehicle operations. The bill eliminates the PROTECT Resiliency Formula Program, the Carbon Reduction Program, and the National Electric Vehicle Infrastructure Program (roughly \$3.7 billion annually combined), while providing \$2.5 billion over five years for discretionary PROTECT grants. Notably, a rail safety amendment incorporating the Railway Safety Act (H.R. 928), including hazardous materials requirements, crew size standards, and tank car safety measures, was adopted in committee with bipartisan support.

Senate progress, by contrast, remains significantly behind: four Senate committees retain jurisdiction, and none has acted. With the current authorization expiring September 30, a short-term extension is increasingly viewed as the likely near-term outcome.

AVIATION SAFETY — FAA SMS COMPLIANCE REVIEW AND ALERT ACTS

Following the January 29, 2025 Reagan National mid-air collision between an American Eagle/PSA regional jet and an Army Black Hawk that killed all 67 people aboard the two aircraft, Congress has continued advancing aviation safety legislation. Senate Commerce passed the FAA SMS Compliance Review Act in February, directing FAA to establish an independent panel for a comprehensive Safety Management System. The House advanced the ALERT Act in April, addressing airspace safety, technology coordination, and oversight. Both have broad bipartisan support.

The FY26 appropriations package signed February 4 funded 2,500 new air traffic controllers, 54 new safety inspectors, and \$4 billion in ATC infrastructure while prohibiting privatization. OBBBA separately allocated \$12.5 billion for FAA ATC modernization. These investments are directly relevant to FLL.

FY27 NATIONAL DEFENSE AUTHORIZATION ACT

The House Armed Services Committee passed the FY27 National Defense Authorization Act (NDAA) (H.R. 8800) on June 4, authorizing \$1.15 trillion in discretionary funds, nearly \$350 billion below the President's \$1.5 trillion request. The Senate Armed Services Committee subsequently voted to advance its own version and released the bill text this week.

The House Rules Committee set a June 18 deadline for amendments and is likely to meet the week of June 29 to set the floor rule, with House passage targeted before the July 4 recess. The roughly \$350 billion in defense priorities the Administration sought (drones, missile defense, munitions, and Golden Dome) were left out of the base bill and are intended for the separate Reconciliation 3.0 vehicle the President has now publicly called for, creating uncertainty about whether those priorities actually get funded.

FEDERAL AI LEGISLATION — STATE PREEMPTION FIGHT

On June 4, Reps. Jay Obernolte and Lori Trahan released a bipartisan discussion draft of the Great American AI Act. Florida Rep. Scott Franklin is among the co-sponsors. The headline provision is a three-year freeze on state and local laws regulating the development of AI models, while preserving state authority over AI use. Other provisions include mandatory semi-annual third-party audits for large frontier developers (companies with more than \$500 million in revenue training the largest models), required reporting of critical AI safety incidents, criminal penalties for AI impersonation of government officials, and a new Center for AI Standards and Innovation at the Department of Commerce.

In parallel, the Trump Administration is in active negotiations to pair narrower, subject-matter-specific AI preemption with three online safety bills: the Senate version of the Kids Online Safety Act (KOSA), the NO FAKES Act, and age verification legislation. Unlike the Great American AI Act, this approach would preempt only state AI laws covering the same subject matter as the three federal bills.

Separately, House Energy and Commerce Committee Chair Brett Guthrie has requested that the White House and FBI examine whether Chinese interests are behind organized local opposition to data center development. For Florida and Broward, the central question remains whether state-level AI procurement and use policies would survive either preemption approach and what obligations the final framework would impose on county AI governance practices.

PERMITTING REFORM

Bipartisan Senate negotiations on permitting continued in May around project review timelines, agency coordination, judicial review, and infrastructure delivery certainty. The surface transportation reauthorization deadline and the Administration’s push to accelerate energy and infrastructure development have added urgency. For local governments, changes to review timelines and litigation standards could materially affect the cost and pace of infrastructure delivery.

ADMINISTRATIVE AND REGULATORY DEVELOPMENTS

FEMA POLICY AND DISASTER RECOVERY

FEMA remained active on disaster funding in May and into June. On May 27, the agency approved more than \$60 million in post-disaster Public Assistance and Hazard Mitigation Grant Program funding for Florida and other southeastern states, including \$937,000 to Cleveland Clinic Weston Hospital for COVID-19 emergency measure reimbursement. Separately, FEMA announced approximately \$89 million in federal aid for Florida communities affected by Hurricanes Debby, Helene, Milton, and related 2024–25 storm events. The largest component, \$69 million in Public Assistance program funding, includes roughly \$40 million directed to the Florida Division of Emergency Management and other state agencies for debris removal, park and beach recovery, and emergency protective measures; the remainder covers \$13 million for health care facilities, \$12 million for home hardening and elevation projects, and \$7 million to reimburse Lee County for temporary student facilities following severe school damage. For Broward County, these announcements underscore the continued availability of federal disaster recovery funding streams and the importance of maintaining current project documentation for Public Assistance reimbursement claims under active disaster declarations.

Separately, the FEMA Review Council’s final report, sent to President Trump on May 7, recommended a substantial restructuring of federal disaster policy. The report proposes narrowing the number of declarations qualifying for federal assistance, replacing Individual Assistance with a new direct-payment program (FAIR), and replacing Public Assistance reimbursements with parametric block grants routed through states (RAPID). Most of this requires Stafford Act amendments and thus requires congressional action, but elements relating to declaration thresholds and mitigation priorities could move administratively.

TREASURY PREVIEWS EDUCATION FREEDOM TAX CREDIT GUIDANCE

On June 10, Treasury and the IRS released a fact sheet previewing forthcoming guidance on the Education Freedom Tax Credit, enacted as Section 70411 of OBBBA. The credit launches January 1, 2027 and allows individual taxpayers to receive a dollar-for-dollar federal credit of up to \$1,700 for contributions to state-

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approved Scholarship Granting Organizations (SGOs). Treasury expects to issue proposed regulations in September 2026. Taxpayers and SGOs may rely on the proposed regulations for tax year 2027. The IRS will operate an SGO portal for administration.

Florida opted in on January 28, 2026, joining 22 other states. Florida's existing scholarship infrastructure (the Florida Tax Credit Scholarship Program and the state's universal Family Empowerment Scholarship) means the federal credit will function as a supplemental funding stream rather than the primary school choice vehicle. It is worth watching which Florida SGOs will be designated as eligible to receive federally credited contributions, and how that pool overlaps with the Step Up For Students and AAA Scholarship Foundation networks that already operate at scale in the County.

OBBBA MEDICAID PROVISIONS — IMPACT ON FLORIDA

OBBBA, signed July 4, 2025, requires all states that have adopted Medicaid expansion to implement 80-hour-per-month community engagement requirements for ACA expansion adults ages 19-64 by January 1, 2027, with tracking beginning December 2026. Florida has not expanded Medicaid, so the work requirements do not apply to Florida Medicaid enrollees.

Other OBBBA Medicaid provisions do directly affect Florida: (i) Eligibility redeterminations for affected categories shift to every six months beginning December 2026, increasing churn and uncompensated care exposure; (ii) Retroactive coverage is shortened from three months to two months for traditional enrollees beginning January 2027 (and to one month for expansion adults in expansion states); (iii) New provider tax restrictions take effect October 1, 2026, with implications for the supplemental payment programs that support safety-net hospitals; and (iv) OBBBA also restricts the definition of qualified immigrants for Medicaid and CHIP eligibility, with carveouts for certain Cuban and Haitian immigrants.

CHILDHOOD VACCINE SCHEDULE — EXECUTIVE ORDER

On May 29, the President signed Executive Order 14407 directing CDC and the Advisory Committee on Immunization Practices (ACIP) to review an HHS scientific assessment comparing U.S. childhood immunization recommendations with those of peer developed nations and take appropriate steps to update the schedule. This follows a December 5, 2025 presidential memorandum and a January 5, 2026 acting CDC director action approving a revised schedule (developed by the NIH Director, CMS Administrator, and FDA Commissioner, rather than ACIP) that reduced the recommended childhood schedule from 17 diseases to 11. A federal district court in Massachusetts stayed that schedule on March 16, 2026, finding the process bypassed required ACIP review, and also stayed the appointments of 13 ACIP members HHS Secretary Robert F. Kennedy Jr. had installed in June 2025. The federal government appealed to the First Circuit on April 29. The May 29 EO routes any new schedule changes back through ACIP.

All vaccines remain available and are covered by Medicaid, VFC, CHIP, and ACA marketplace plans through at least end of 2026. If ACIP ultimately removes vaccines from universal recommendation, private insurer coverage mandates could be affected after the current transition period. The American Academy of Pediatrics has broken with CDC and is continuing to recommend immunization for 18 diseases.

TRADE POLICY — FORCED LABOR SECTION 301 TARIFFS

On June 2, USTR proposed Section 301 tariffs following investigations into 60 countries' failure to enforce bans on forced labor goods. The proposed rates are 10 percent for 15 trading partners that have taken partial steps toward forced labor bans, and 12.5 percent for 45 that have not. The list includes China, the

EU, Japan, South Korea, the UK, Mexico, India, and Taiwan. Exemptions cover aviation parts and equipment, select agricultural products, pharmaceuticals, industrial inputs, and goods already subject to Section 232 duties. Public hearings before the Section 301 Committee begin July 7.

Additional tariffs of 10-12.5 percent layered on existing duties could reduce cargo volumes from targeted countries, with implications for port revenue, the South Florida logistics economy, and consumer prices. On June 1 the Administration also adjusted Section 232 duties on aluminum, copper, and steel, with reduced rates for USMCA-compliant goods. The aviation parts exemption is relevant to FLL's maintenance and operations ecosystem.

EMERGING POLICY ISSUES

SUPREME COURT — MAJOR DECISIONS PENDING

The Court is in its final opinion month before recess, with roughly 23 cases expected before July 4. *Louisiana v. Callais* (April 29) affected Section 2 Voting Rights Act (VRA) enforcement and accelerated Florida's redistricting. The consolidated Temporary Protected Status (TPS) cases *Mullin v. Doe* (Syria, formerly Noem v. Doe) and *Trump v. Miot* (Haiti) were argued April 29, and a decision is expected before the July recess. Other pending cases address birthright citizenship, presidential authority to fire members of independent agencies, transgender athlete laws (Florida has a comparable statute), and a campaign finance case that could reshape 2026 midterm spending.

DATA CENTERS, AI INFRASTRUCTURE, AND GRID RELIABILITY

Congressional attention to AI infrastructure continues to accelerate. House Energy and Commerce held an April hearing on draft legislation called the Ratepayer Protection Act, which would amend the Public Utility Regulatory Policies Act of 1978 to require large electricity users (data centers, AI facilities, and cryptocurrency mining operations) to cover the full cost of the infrastructure needed to serve them. Chair Brett Guthrie said he wants to put the Administration's voluntary Ratepayer Protection Pledge into statute and is committed to finding common ground with Democrats. Energy Subcommittee Ranking Member Kathy Castor (FL) signaled bipartisan interest. Democrats have raised concerns about scope and structure, and competing proposals exist (the Hawley-Blumenthal bill would force data centers to find independent power sources).

TRANSPORTATION SAFETY TECHNOLOGY

The Senate Commerce Surface Transportation Subcommittee held a hearing on transportation safety technology as Congress works on vehicle, rail, and aviation safety bills. Chairman Todd Young and Ranking Member Gary Peters both pressed for legislative engagement on autonomous vehicles, train inspection portals, and vehicle-to-everything (V2X) technology that allows vehicles to receive data from their surroundings. Peters reiterated his call for the surface transportation reauthorization to include a federal AV framework. Industry witnesses pressed for preemption of the patchwork of state AV laws and a single national standard from NHTSA.

For Broward, the relevant question is whether a federal AV framework will preempt state and local authority over deployment, operations, and incident response, particularly first-responder interactions and street-level operating restrictions. A 2024 Consumer Reports survey indicated that a majority of Americans want local government to retain authority over whether and how AVs operate in their communities.

SOCIAL SECURITY TRUSTEES REPORT — OASI FUND DEPLETION IN 2032

The Social Security Administration released its 2026 Annual Trustees Report on June 9, projecting that the OASI Trust Fund will be depleted in the fourth quarter of 2032 (three months earlier than last year’s projection). At depletion, incoming payroll tax revenue would cover only 78 percent of scheduled benefits, meaning an automatic across-the-board cut of roughly 22 percent absent congressional action. The combined OASI and Disability Insurance funds remain projected to deplete in 2034. The accelerated depletion date is attributed in part to OBBBA’s new \$6,000 senior deduction, the Social Security Fairness Act’s elimination of the Windfall Elimination Provision, and higher-than-expected cost-of-living adjustments.

Congress could avert benefit cuts through payroll tax adjustments, benefit modifications, retirement age changes, or other structural reforms. The Committee for a Responsible Federal Budget estimates a typical retiree could lose roughly \$500 per month at depletion based on the current average benefit of \$2,071.

2026 ATLANTIC HURRICANE SEASON — BELOW-NORMAL FORECAST; NOAA UNDER PRESSURE

NOAA released its 2026 Atlantic Hurricane Season outlook on May 21, forecasting a below-normal season driven by developing El Niño conditions: 8-14 named storms, 3-6 hurricanes, and 1-3 major hurricanes (Category 3 or higher), with 55 percent probability of below-normal activity. The Atlantic season runs June 1 through November 30.

NOAA’s ability to deliver accurate forecasts is under pressure. The Administration proposed cutting NOAA’s budget approximately 30 percent for FY26, but Congress rejected most cuts and approved \$6.1 billion in March 2026, still below the prior year. The FY27 budget request proposes a further cut to \$4.5 billion and hundreds of NOAA employees already have been fired.

NWS Miami, which covers South Florida, has been affected by broader NWS staffing reductions. Former NWS directors from both parties have warned in an open letter that cuts to satellite programs, research, and ocean observation will degrade forecast accuracy, with the greatest risk in rapid-intensification forecasting, the scenario most dangerous for South Florida. Accurate hurricane forecasting underpins every aspect of emergency management: evacuation decisions, shelter-in-place orders, pre-positioning, and public communications.

OTHER NEWS

Florida Congressional Redistricting: Governor DeSantis signed new congressional maps on May 4 following a special legislative session in April, producing a projected 24-4 Republican-to-Democratic split across Florida’s 28 congressional seats. A voting rights group filed suit in Leon County Circuit Court challenging the map’s constitutionality. The Leon County court (Judge Joshua Hawkes) denied a preliminary injunction on May 26, citing the Purcell principle and the closeness of the filing deadline, and the Florida Supreme Court declined an emergency request to block the map. Accordingly, the new map will be in place for the upcoming November election.

Under the new configuration, Broward County gains a fifth congressional representative, with five districts now carrying partial Broward coverage. Florida law permits candidates to qualify and run in any district regardless of residence, contributing to the candidate repositioning that occurred by the June 12 qualifying deadline.

Primary elections are scheduled for August 18, 2026; the general election is November 3, 2026.

Fort Lauderdale/Broward County EMA
Broward County HIV Health Services Planning Council

200 Oakwood Lane, Suite 100, Hollywood, FL, 33020

Tel: 954-561-9681 / Fax: 954-561-9685

An Advisory Board of the Broward County Board of County Commissioners



August X, 2026

Handout C

Kilishi St Preux

Intergovernmental Affairs / Boards Section- Office of the County Administrator

100 S Andrews Avenue, Main Library, 8th Floor

Fort Lauderdale, Florida 33301

Subject: Term Limit Re-Appointments

Dear Ms. St. Preux,

At its June 25, 2026, meeting, the HIV Health Services Planning Council (HIVPC) unanimously voted to recommend the following individuals for reappointment by the Broward County Board of County Commissioners. These members are completing their first term (January 2024–December 31, 2026), with the proposed reappointment covering the term of January 2027 through December 2029:

- Brad Barnes
- Ronald Bhrangger
- Von Biggs
- Jose Castillo
- Franchesca D'Amore
- Bisiola Fortune-Evans
- Kendra Hayes
- Rafael Jimenez
- William Marcoviche
- Brad Mester
- Dr. Timothy Moragne
- Lorenzo Robertson
- Joshua Rodriguez
- Dr. Mark Schweizer
- Shawn Tinsley

In accordance with the HIVPC By-Laws, Article IV, Section 7, "The Membership/Council Development Committee (MCDC) will recommend prospective members six months prior to the end of each three-year term to the Council." Upon receipt of these recommendations, "The Council will recommend prospective members for appointment four months prior to the end of each three-year term to the County Commission" (Article IV, Section 7, Subsection 3).

Copies of the reappointment applications are provided for reference.

Sincerely,

Shawn Tinsley

Chair, Broward County HIV Health Services Planning Council

cc: Franchesca D'Amore, Vice-Chair, Broward County HIV Health Services Planning Council

Dr. Timonthy Morgane, Membership/Council Development Committee Chair

Enclosures: Term Limit Survey Responses (15)

HIV Planning Council Support Staff Contact Information

Michele Rosiere, Vice President of Programs, mrosiere@brhpc.org (954) 561-9681 Ext. 1247

Dr. Gritell Berkeley-Martinez, Director of Planning & Quality Management, gmartinez@brhpc.org, (954) 561-9681 Ext.1250

Planning Council Support Staff, hivpc@brhpc.org (954) 561-9683 Ext. 1244 or 1343

Broward Regional Health Planning Council - 200 Oakwood Lane, Suite 100 - Hollywood, FL, 33020 - Fax Number: (954) 561-9685

Appendix VII-A. Letter of Concurrence —HIV Health Services Planning Council

Subject: Letter of Concurrence for the Broward County Integrated HIV Prevention and Care Plan, CY 2027–2031

To Whom It May Concern:

The [Broward County HIV Health Services Planning Council \(HIVPC\)](#), **concur**s with the following submission by the Broward County Ryan White Part A Recipient in response to the guidance set forth for health departments and HIV planning groups funded by the CDC’s Division of HIV Prevention (DHP) and HRSA’s HIV/AIDS Bureau (HAB) for the development of an Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) for CY 2027-2031.

The planning body has reviewed the Integrated HIV Prevention and Care Plan submission to the CDC and HRSA to verify that it describes how programmatic activities and resources are being allocated to the most disproportionately affected populations and geographical areas with high rates of HIV. The planning body **concur**s that the Integrated HIV Prevention and Care Plan submission fulfills the requirements put forth by the CDC’s Notice of Funding Opportunity for Integrated HIV Surveillance and Prevention Programs for Health Departments and the Ryan White HIV/AIDS Program legislation and program guidance.

The HIVPC participated in development of the Plan through the Broward Integrated Planning Workgroup, committee review, data and needs assessment discussion, community engagement input, and development of plan priorities, goals, objectives, and monitoring approaches. The local jurisdiction plans to continue to coordinate the HIV Planning process with the State of Florida’s HIV planning process through participation in the Florida Comprehensive Planning Network (FCPN) and FCPN committees.

The signature(s) below confirms the **concurrence** of the planning body with the Integrated HIV Prevention and Care Plan.

Sincerely,

Chair/Authorized Designee

Date: _____

Broward County

CY 2027–2031

Integrated HIV Prevention & Care Plan

Vote: Letter of Concurrence Summary for the HIVPC

Summary of the current uploaded plan: prevention, care, treatment, community engagement, SMART objectives, and monitoring.

Plan values carried forward

“Lead with kindness, respect, and compassion.”
“Be bold, thoughtful, and accountable.”



The plan in one page: align the system around earlier diagnosis and durable care

The 2027–2031 plan connects epidemiology, community priorities, resource allocation, and measurable targets across the four EHE pillars.

22,524

people with HIV

2024 prevalence

561

new HIV diagnoses

2024 incidence

20.7%

out of care

key upstream gap

89.7%

suppressed in care

care works when accessed

Core planning conclusion

Broward performs strongly once people are engaged in care; the 2027–2031 opportunity is earlier diagnosis, same-week linkage, re-engagement, and equitable prevention reach.

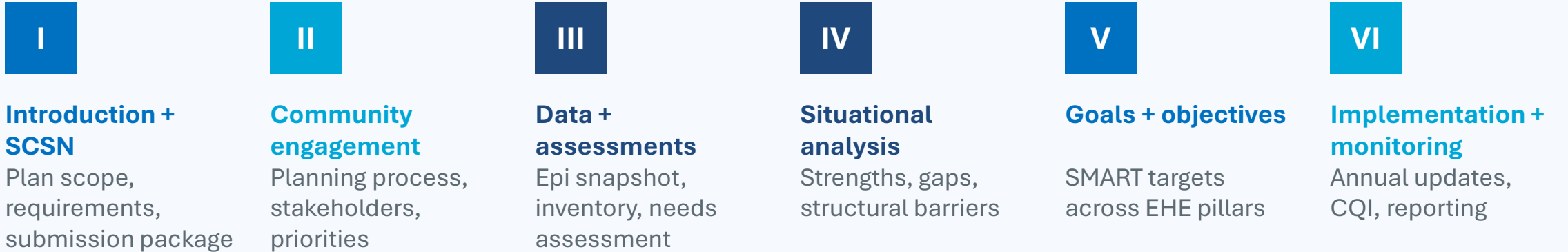
HIVPC focus

Monitor implementation, equity, resource alignment, and annual progress.

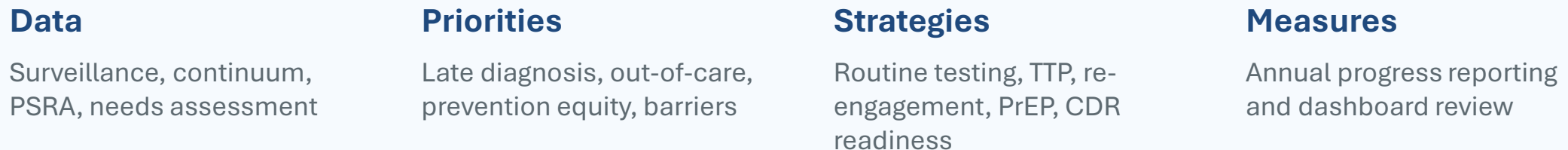
Status-neutral approach: every contact links people to prevention or care support.

How the plan is organized: from requirements to accountable action

Six sections translate guidance, local data, and community voice into goals, implementation, monitoring, and concurrence.



Evidence-to-action chain



Shared governance anchors the plan and keeps HIVPC connected to implementation

A multi-body Integrated Planning Workgroup aligned prevention, care, consumers, providers, and community partners.

Part A HIV Planning Council

RWHAP Part A planning
leadership

Integrated Planning Workgroup

Part B HIV Advisory Body (SFAN)

Community + provider
prevention/care perspectives

Local Prevention Advisory Body (BCHPPC)

Prevention planning and CDC-
funded priorities

HIVPC role in the plan

Participate in shared review, prioritize
**resources, monitor disparities, and translate
community input into PSRA and quality-
improvement decisions.**

Part A EHE Advisory Board

EHE implementation and
targeted services

Current plan enhancements

Strengthens the 2027–2031 strategy by making outreach more geographic, education-focused, trusted, and measurable.

Geographic equity

Use heat maps to find hotspots, service deserts, hard-to-reach areas, and underserved groups.

Trust + confidentiality

Reduce fear related to stigma, immigration status, confidentiality, and institutions.

STI-first prevention

Use STI education, testing, and navigation when HIV risk is not perceived.

Emerging options

Increase awareness and access for injectable ART and long-acting PrEP.

Education every contact

Use testing, linkage, treatment, PrEP navigation, and outreach as education moments.

U=U + treatment literacy

Center U=U, medication understanding, viral suppression, and long-acting options.

Trusted messengers

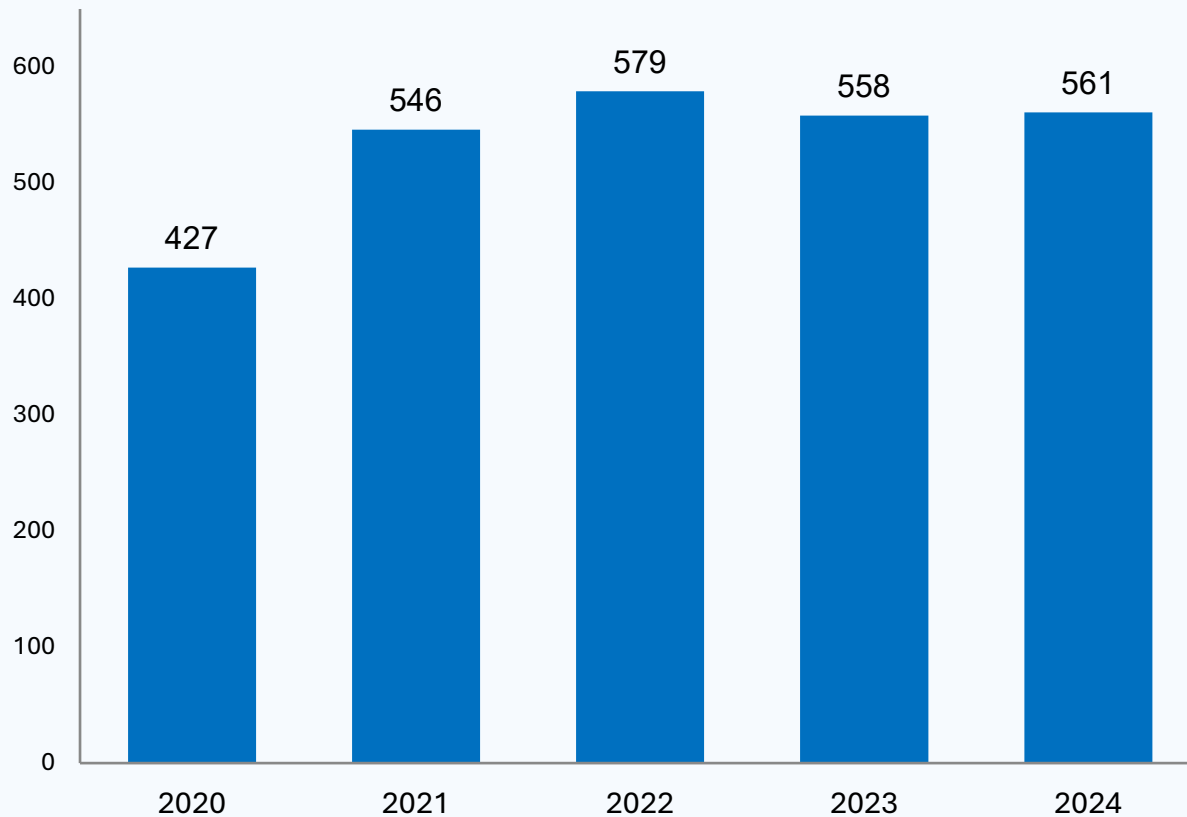
Support peer outreach in faith communities, campuses, barbershops, salons, and nightlife.

Measurable outcomes

Track understanding of U=U, PrEP, STI prevention, treatment, and long-acting choices.

Epidemiology snapshot: stabilized diagnoses, growing care demand

Five-year trend shows diagnoses stabilizing after 2022 peak, while number of people with HIV continues to grow.



New HIV diagnoses, 2020–2024

1,991,978

Broward mid-year population

2024 denominator

+3.8%

growth in PWH

21,705 → 22,524

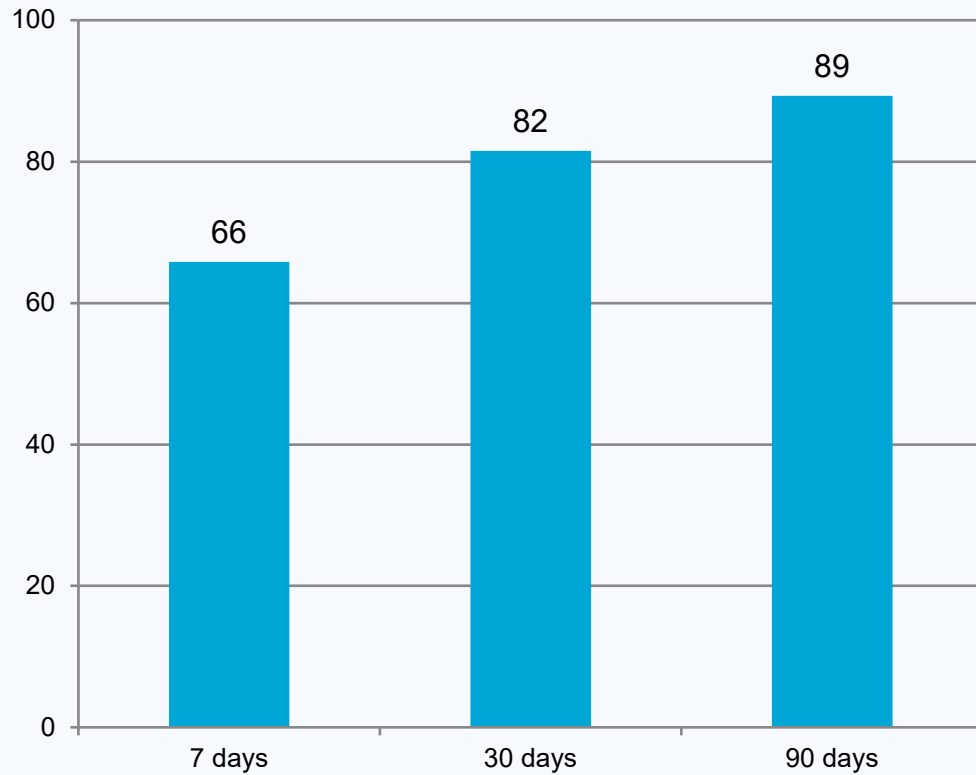
61.8%

PWH age 50+

chronic care demand

Diagnosis + linkage: same-week access is the largest early opportunity

Linkage within 30 and 90 days is comparatively strong; plan targets earlier detection and same-week linkage to close upstream gaps.



Newly diagnosed linkage to care, 2024

Late diagnosis

19.4%

AIDS within 3 months of HIV diagnosis, 2024 baseline

2031 target: 12.0%

Plan response

Routine opt-out screening, hotspot deployment, mobile/self-testing, partner services, and Test & Treat workflows.

Treatment continuum: care works when people are connected

The plan preserves a strong core medical services foundation while addressing engagement, no-recent-viral-load, and retention gaps.



2024 care continuum indicators

Key gap to close

20.7%

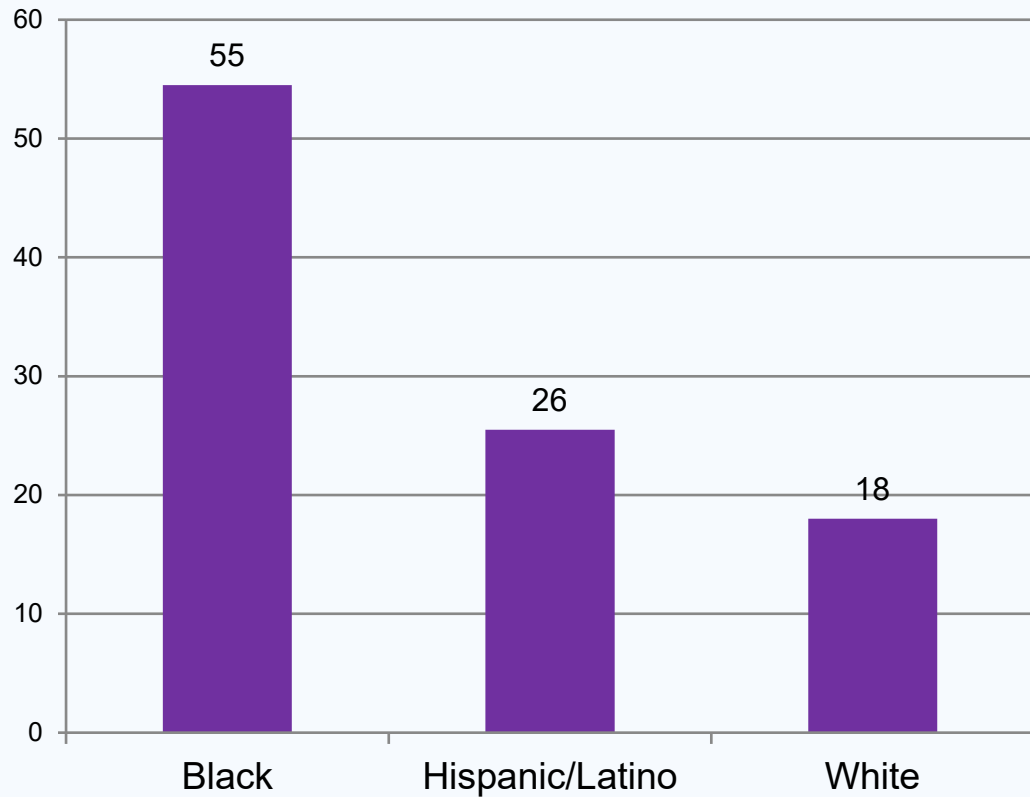
PWH out of care in 2024

23.0% had no recent viral load — reinforcing need for re-engagement, lab monitoring, navigation, and enabling supports.

2031 target: out-of-care reduced to 15.0%; overall viral suppression increased to 80.0%.

Equity lens: focus intensity where burden and barriers are highest

Disparities are visible across race/ethnicity, age, sex, geography, country of birth, housing status, and care engagement.



Share of new diagnoses, 2024

28.7%

female share of new diagnoses

up from 18.3% in 2020

52.8%

heterosexual contact

adult/adolescent diagnoses

39.0%

residents age 50+

of county population

Priority populations include newly diagnosed, out-of-care, not virally suppressed, youth/young adults, Black and Hispanic/Latino communities, Haitian communities, women, and people facing housing or behavioral-health barriers.

Needs assessment: structural barriers shape HIV outcomes

Needs assessment findings show that clinical access alone is not enough; stability, navigation, and trust are required to sustain outcomes.

Access barriers

Stigma and discrimination, fear of testing, confidentiality concerns, low perceived risk, and uneven routine screening.

Stability barriers

Housing affordability, homelessness, food insecurity, transportation challenges, and emergency financial needs.

Care continuity barriers

Long waits for oral health and behavioral health, substance-use needs, insurance or medication disruptions, and navigation complexity.

Plan response themes

Sustain core medical services, strengthen enabling supports, expand peer navigation, simplify eligibility/recertification, and embed community feedback in continuous quality improvement.

Objectives By Pillar: Baseline & 2031 Target

DIAGNOSE	TREAT	PREVENT	RESPOND
D1 Status known 95.0% by 2031	T1 30-day linkage 81.5% → 95.0%	P1 PrEP coverage 39.4% → 50.0%	R1 CDR process By end of 2027
D2 Late diagnosis 19.4% → 12.0%	T2 Out-of-care 20.7% → 15.0%	P2 PrEP timeliness 80.0% start ≤14 days	R2 CDR timeliness 90% within 30 days
D3 7-day linkage 65.8% → 85.0%	T3 Viral suppression 71.1% → 80.0%	P3 Hotspot reach +15% by 2028	R3 Genotype testing +20.0% by 2031

Additional T3 detail

Maintain/improve in-care suppression from 89.7% to at least 90.0%; reduce no-recent-VL from 23 % to 15% by 2031.

Implementation and monitoring: a structured learning cycle

Broward will distinguish jurisdiction-level outcomes from local implementation indicators and use regular review to refine strategy.

Implement

Operationalize Section V objectives through existing service and planning infrastructure.

Monitor

Review local workflow indicators, disparities, and jurisdiction-level outcomes.

Evaluate

Interpret whether strategies are producing intended and equitable results.

Improve

Trigger QI when objectives are off track or disparities persist.

Report

Share planning body updates, dashboards, PSRA/QM reports, and community-facing summaries.

Review cadence

Quarterly

Workflow and service-delivery indicators

Biannually

Cross-pillar progress and disparities

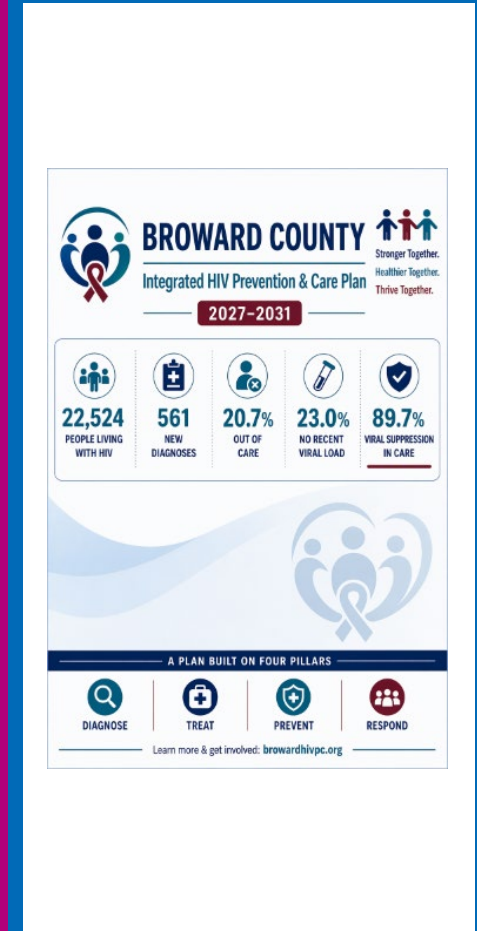
Annually

Epi refresh and objective status

Vote: Letter of Concurrence

The decision is whether to issue HIVPC's letter of concurrence for the current uploaded CY 2027–2031 Integrated HIV Prevention and Care Plan.

- 1 Confirm current objectives** Track the D1–D3, T1–T3, P1–P3, and R1–R3 commitments.
- 2 Vote on concurrence** Document the HIVPC concurrence action and any implementation expectations.
- 3 Connect PSRA to strategy** Use scorecards to align resources with plan priorities and service gaps.
- 4 Center community voice** Keep PWH and affected communities involved in implementation and QI.



2027–2031

Concurrence package includes letters from HIVPC, SFAN, HIV Prevention, and EHE Planning Bodies

LOCAL PHARMACY ADVISORY COUNCIL COMMITTEE (LPAC)

Revised and Updated:

Approved by HIVPC:

I. Purpose

The **Local Pharmacy Advisory Committee (LPAC)** to provide recommendations to improve the quality, coordination, and allocation of pharmacy services within the Part A system of care; develop standardized pharmacy processes (including policies, procedures, drug access, formulary changes, and impact analysis); evaluate pharmacy utilization, and eligibility data; coordinate pharmacy services across funding streams (e.g., ADAP, Part B, Medicaid, and private insurance); and review current pharmacologic treatment regimens and federal guidelines.

II. Policy Statement & Key Activities

The LPAC Committee is responsible for the following:

- A. To make recommendations to the appropriate committees of the HIPVC to improve the quality, effectiveness, and allocation of resources to pharmacy services.
- B. To develop and implement a standardized mechanism for pharmacy services. (i.e. policies and procedures, drug access, formulary changes and impact analysis).
- C. To efficiently collect and evaluate current pharmacy data (i.e., utilization, eligibility) for the impact on the Part A system of care.
- D. To coordinate pharmacy services in collaboration with other funding streams (i.e. ADAP, Part B, Medicaid, private payers, including private insurance providers).

III. Procedures

1. Data Collection and Review
 - a. Collect pharmacy-related data, including utilization, eligibility, and outcomes, from relevant sources.
 - b. Review and analyze data to identify trends, gaps, and areas for improvement in pharmacy services.
 - c. Use data findings to guide recommendations and inform decision-making.
2. Formulary and Drug Access Review
 - a. Conduct routine reviews of the local AIDS Pharmacy Assistance Program (LPAP) formulary at least quarterly or as needed based on emerging therapies.
 - b. Evaluate requests for:
 - i. Addition of new medications
 - ii. Removal of outdated or ineffective medications
 - iii. Therapeutic substitutions or restrictions
 - c. Assess each formulary change based on:
 - i. Clinical effectiveness and safety
 - ii. Federal HIV treatment guidelines (e.g., DHHS guidelines)
 - d. Maintain documentation of all formulary review decisions and rationale

IV. Membership

Individuals interested in serving solely as committee members must submit a standing committee application, which requires approval from the LPAC Chair and the HIVPC General Body.

The ideal committee composition shall include, but not be limited to, members with pharmacological and medical expertise and consumer representatives. Desired member qualifications include:

- A. Willingness to collaborate and learn
- B. Basic understanding of data interpretation
- C. Familiarity with quality standards (local/state/federal)
- D. Effective communication skills

Community members are not required to possess all competencies upon joining, but they must be committed to actively learning and engaging with quality management principles and systemic analysis.



Local Pharmacy Advisory Committee (LPAC) Workplan FY2026-2027

Meeting Time & Frequency: Meets quarterly on Fridays at 3:00 PM, with at least one meeting held annually.

Committee Purpose: Provide recommendations to improve the quality, cost-effectiveness, coordination, and allocation of pharmacy services within the Part A system of care; develop standardized pharmacy processes (including policies, procedures, drug access, and formulary changes); evaluate pharmacy utilization and eligibility data; and review current pharmacologic treatment regimens and federal guidelines.

T = On Target B = Behind Target C = Completed

Activity	Description	Action Steps/Deliverable	Responsible Party	Projected Month	Progress	Notes
Objective 1: Develop and provide recommendations for the AIDS Pharmaceutical Assistance (LPAP) Formulary.						
1.1	Present newly approved medications to the HIV Planning Council (HIVPC) for review and potential inclusion in the LPAP Formulary and provide recommendations for the removal of medications from the Ryan White Part A Formulary.	Identify newly approved HIV-related medications and develop supporting justifications for presentation to the HIV Planning Council (HIVPC) for consideration for inclusion in the LPAP Formulary and identify recommended medications for removal from the LPAP Formulary with supporting justifications for presentation to the HIVPC.	LPAC, Recipient, PSRA Committee, PCS Support	As needed		
Objective 2: Standardized Process for Formulary Change Requests						
2.1	Maintain a standardized process for submitting and reviewing formulary change requests.	Review and recommend updates, as needed, to the <i>RWPA Formulary Change Request Form</i> for submission to the HIVPC for approval.	LPAC, Recipient, & PCS Support	At least annually		
Objective 3: Pharmacy Data Analysis and Evaluation						
3.1	Assess pharmacy utilization data and develop a report of findings to support the priority setting and resource allocation process.	Provide recommendations to the PSRA Committee based on an analysis of HIV-related medication utilization, its impact on the Ryan White Part A system of care, and to support informed program decision-making.	Recipient, LPAC, PCS Support	As needed		



Objective 4: Coordinate interdisciplinary review and alignment of pharmacologic regimens.

4.1	Ensure coordinated, evidence-based pharmacy service delivery by adhering to current federal guidelines and standards of care for pharmacologic practices.	Facilitate structured dialogue among pharmacists and licensed healthcare providers to review pharmacologic regimens and federal guidelines, ensuring alignment with best practices.	LPAC, Recipient, PCS Support	As needed		
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Local Pharmacy Advisory Council Committee Formulary Recommendations

Approved by the LPAC June 5, 2026

Formulary Update:

Proposed changes to the LPAC formulary were presented by Dr. Paula Eckardt and Von Biggs and subsequently reviewed and discussed by the committee. A motion was approved to adopt their recommendations, excluding antiretroviral medications (ARVs) and any drugs included in the Tier 2 formulary.

Next Steps:

The LPAC Committee's recommendations are submitted to the HIV General Body for further consideration. The formulary consists of Tier 1 and Tier 2 medications; Tier 2 aligns with the ADAP formulary and cannot be modified at the local level. Approved recommendations will be reviewed by the Recipient Office to assess cost-effectiveness through pricing estimates and fiscal impact analysis. For proposed medication removals, utilization data from the past three to four years will be evaluated to determine appropriateness.

1. Medication and Supply Recommendations

Consider adding **Vimpat (lacosamide)** to the formulary, as neurologists frequently prescribe it for breakthrough seizures in patients already on Keppra. Several Ryan White/ADAP patients have been prescribed this medication. While some have temporarily accessed it through Patient Assistance Programs (PAP), long-term availability through these programs is uncertain.

2. Additionally, consider including **continuous glucose monitoring (CGM) systems**, such as **Dexcom or Freestyle Libre**, under covered diabetic supplies, as these tools significantly improve diabetes management outcomes.

3. Formulary Changes and Recommendation

Should the state consider removing certain brand name antiretroviral medications (ARVs) from the formulary to address projected budget shortfalls, the following is proposed:

Remove (can try to obtain through PAP):

1. Alirocumab
2. Azelastine/fluticasone
3. Bempedoic acid
4. Evolocumab

Change (if more affordable) to individual components:

- | | |
|----------------------------|--------------------------------------|
| 1. Amlodipine/atorvastatin | 7. Bismuth subcitrate |
| 2. Amlodipine/benazepril | potassium/metronidazole/tetracycline |
| 3. Amlodipine/olmesartan | |
| 4. Almodipine/valsartan | 8. Canagliflozin/metformin |
| 5. Atenolol/chlorthalidone | 9. Dapagliflozin/metformin |
| 6. Benazepril/HCTZ | 10. Dorzolamide/ timolol |



- 11. Enalapril/hydrochlorothiazide
- 12. Ezetimibe/rosuvastatin
- 13. Irbesartan/hydrochlorothiazide

- 14. Losartan/hydrochlorothiazide
- 15. Olmesartan/hydrochlorothiazide
- 16. Valsartan/hydrochlorothiazide

Aging and Comorbidity Support

- Calcium citrate as an alternative to calcium carbonate for patients on acid suppression therapy
- Mirabegron for urinary urgency in patient's intolerant of anticholinergics

Behavioral Health and Substance Use

- Extended-release ***buprenorphine injection** for patients with adherence challenges
- Non benzodiazepine sleep agents such as **ramelteon** to reduce reliance on controlled substances

Preventive and Supportive Care

- High dose vitamin D protocols clearly delineated for deficiency treatment vs maintenance
- Iron sucrose injection as an alternative for patient's intolerant of oral iron
- Create a consistent list of approved wound care and skin protection products so providers don't have to keep requesting exceptions for non-covered items.

Note: *The following medications were recommended but are already included on the formulary: doxycycline, ritonavir, alendronate, memantine, donepezil, naltrexone, and buprenorphine.*

Ft. Lauderdale/Broward EMA
 Ryan White Part A and MAI
 FY 26-27 Allocations

Handout H1

	Service Category	Contract/ Allotted Amount	Expended Amount As of MAY Invoice	Expended %	Unduplicated Clients Served	Average Cost Per Client	Unexpended Amount	Average Monthly Expenditures	FY 2026-27 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	Staying With Category	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation	
Core Medical Services	Ambulatory- Integrated Primary Care and Behavioral Health Services (7)	5,746,053	487,776	8%	1876	\$260.01	5,258,277	162,592	1,951,102	-	3,794,951	(280,000.00)	-	(280,000)	(280,000)	5,466,053	
	AIDS Pharmaceutical Assistance (3)	550,000	-	0%	0	\$0.00	550,000	-	-	-	550,000	(409,125.00)	-	(409,125)	(409,125)	140,875	
	Oral Health Care	Routine (4)	2,404,053	528,693	22%	1223	\$513.51	1,875,360	176,231	2,114,772	-	289,281	-	-	-	-	2,404,053
		Specialty (1)	346,964	99,335	29%			247,629	33,112	397,340	-	(50,376)	-	-	-	-	-
	Medical Case Management	Disease Case Management (9)	820,081	188,866	23%	374	\$504.99	631,215	62,955	755,463	-	64,618	38,909.00	38,909	-	38,909	858,990
	Mental Health- Trauma-Informed (3)		130,000	27,834	21%	29	\$959.81	102,166	9,278	111,338	-	18,662	10,000	10,000	-	10,000	140,000
	Health Insurance Premium & Cost Sharing Assistance		650,000	50,190	8%	347	\$144.64	599,810	16,730	200,761	-	449,239	-	-	-	-	650,000
	Medical Nutrition Therapy (1)		250,000	6,207	2%	12	\$517.22	243,793	2,069	24,826	-	225,174	-	-	-	-	250,000
Substance Abuse-Outpatient (1)		150,000	80,194	53%	23	\$3,486.67	69,807	26,731	320,774	-	(170,774)	40,000	40,000	-	40,000	190,000	
Support Services	Non-Medical Case Management	Centralized Intake and Eligibility Determination (1)	349,378	59,103	17%	858	\$68.88	290,275	19,701	236,412	-	112,966	-	-	-	-	349,378
	Non-Medical Case Management	Case Management (10)	820,081	344,666	42%	1602	\$215.15	475,415	114,889	1,378,665	-	(558,584)	230,000	230,000	-	230,000	1,050,081
	Food Services	Food Bank (2)	600,000	133,744	22%	928	\$144.12	466,257	44,581	534,974	-	65,026	-	-	-	-	600,000
		Food Voucher (2)	35,000	6,000	17%	77	\$77.92	29,000	2,000	24,000	-	11,000	-	-	-	-	35,000
	Legal Assistance (1)		129,151	32,918	25%	45	\$731.51	96,233	10,973	131,672	-	(2,521)	-	-	-	-	129,151
Emergency Financial Assistance (3)		115,872	8,712	8%	40	\$217.81	107,160	2,904	34,849	-	81,023	-	-	-	-	115,872	
Total Part A Funds		13,096,633	2,054,237	16%			11,042,396	684,746	8,216,949	-	4,879,684	(370,216)	318,909	(689,125)	(370,216)	12,726,417	
* Some of the providers have not billed for month of MAY 2026																	
	Service Category	Contract/ Allotted Amount	Expended Amount As of MAY Invoice	Expended %	Unduplicated Clients Served	Average Cost Per Client	Unexpended Amount	Average Monthly Expenditures	FY 2026-27 Projected Expenditures	Provider Unspent Billables	Potential Unexpended Dollars	Staying With Category	Recommended Sweep To	Recommended Sweep From	Grantee Recommended Sweep Amount	Funding Allocation Recommendation	
Core Medical Services	MAI Ambulatory (1)	50,000	-		0		50,000	-	-	-	50,000	-	-	-	-	50,000	
	MAI Mental Health (1)	65,000	24,716	38%	22	\$1,123.46	40,284	8,239	98,865	-	(33,865)	7,500	7,500	-	7,500	72,500	
Support Services	MAI Substance Abuse-Outpatient (1)	300,000	109,035	36%	19	\$5,738.66	190,965	36,345	436,138	-	(136,138)	7,432	7,432	-	7,432	307,432	
	MAI Non-Medical Case Management	Case Management (4)	187,004	90,768	49%	300	\$302.56	96,236	30,256	363,074	-	(176,070)	25,000	25,000	-	25,000	212,004
MAI Non-Medical Case Management	Centralized Intake and Eligibility Determination (1)	424,066	186,133	44%	2580	\$72.14	237,933	62,044	744,533	-	(320,467)	-	-	-	-	424,066	
Total MAI Funds		1,026,070	410,652	40%			615,418	136,884	1,642,609	-	(616,539)	39,932	39,932	-	39,932	1,066,002	
* Some of the providers have not billed for month of MAY 2026																	
Total Part A and MAI Funding		14,122,703	2,464,890	17%			11,657,813	821,630	9,859,559	-	4,263,144	(330,284)	358,841	(689,125)	(330,284)	13,792,419	

FIRST REALLOCATION RATIONALE

HISTORY

- On March 26, 2026 the HIVPC approved the reallocation of funds among Ryan White service categories to decrease funding for certain core and support services and increase funding for specified Core Medical Services including AIDS Pharmaceutical Assistance Local (LPAP) and Integrated Primary Care and Behavioral Health (Ambulatory) to allow for the additional Clients projected to require Broward County Ryan White services due to the impact of changes to the State AIDS Drug Assistance Program (ADAP).
 - Relevant Core Services
 - LPAP increased by \$357,075 over where the Service Category began the Fiscal Year (FY)
 - Ambulatory increased by \$449,100
 - Medical Case Management decreased by **-\$17,842**
 - Trauma Informed Mental Health decreased by **-\$73,125**
 - Substance Abuse Outpatient decreased by **-\$230,684**
 - Relevant Support Services
 - Non-Medical Case Management decreased by **-\$364,278**
- The current budget for the State of Florida restores ADAP Direct Dispense eligibility to 400% FPL and will restore Biktarvy and Descovy to the formulary, thereby eliminating the need for the increase in LPAP funding that was approved.
- Ambulatory:
 - None of the Ambulatory subrecipients has yet noticed an uptick in the number of clients being served this fiscal year as was projected due to the potential loss of health insurance coverage for many clients.
 - Currently overall Ambulatory utilization is lower than expectations
- Providers in the following core and support service categories are already highly overutilized through April and May invoices.
 - Trauma Informed Mental Health
 - Substance Abuse Outpatient
 - Medical Case Management
 - Non-Medical Case Management
- HRSA Funding for FY25-26
 - Applied For: \$16,772,369
 - Received: \$16,225,574
 - Difference: **-\$546,795 Deficit**
 - Result:
 - Overbudgeted in Part A Subrecipient contracts by \$370,216
 - Underbudgeted in MAI Subrecipient contracts by \$39,932

RECOMMENDATIONS

- Cover the \$370,216 Part A subrecipient contracts deficit using LPAP which no longer requires those funds.
- Provide additional funding to the overutilized core and support service categories by reducing the increase to Ambulatory. **Overall the service category will remain \$169,100 above where it began the FY.
- Allocate the \$39,932 additional MAI dollars among the MAI service categories that are currently overutilized under Part A.

**Department of Human Services
Community Partnership Division
Ryan White Part A Recipient**

- Regarding Outpatient Ambulatory (OA) 8% Expended
 - Part of the under-expended amount is attributed to the reduce lab fee schedule, which was expected. However there appears to be an issue with PE imports preventing all information from making its way into PE creating a volume of codes that are currently not being picked up. The Recipient Office is working with each OA agency as needed and should be addressed by sweeps in August.
- Regarding 8% expended in Health Insurance Continuation and cost sharing Program (HICP)
 - Clients and agencies have not been submitting their invoices to HICP and a reminder email was sent to all agencies to submit their invoices in a timely manner for payment to HICP and processing. The Recipient Office expects utilization to increase in June and July
- Regarding 2% expended in Medical Nutrition Therapy (MNT)
 - MNT had staff turnover that was recently remedied, it is anticipated utilization to increase in June and July
 - Regarding 17% expended in Part A CIED
 - This is a fairly standard pattern since MAI is billed first. Part A CIED has upticks in Q2 and Q3 historically.



Ryan White Part A

Administrative Update

Admin/Contracts

- The Ryan White Part A Office is preparing amendments related to the eligibility modifications voted on earlier this fiscal year.
- The EHE Program/Project Coordinator Senior position remains vacant.
- One Contract/Grant Administrator position also remains vacant.

Monitoring

- Monitoring season will begin July of 2026; official notification letters have begun to be routed to providers.
- Final monitoring reports for 2025-2026 are still being sent to providers.

ADAP

- Governor DeSantis has not yet signed the State budget for the upcoming 2026-2027 fiscal year which includes:
 - Maintained eligibility at 400% FPL
 - Full restoration of the formulary beginning July 1
 - Remove the review of the program from DOH and transfer responsibility to Office of Program Policy Analysis and Government Accountability (OPPAGA)

Outreach & Community Engagement

June 3rd, 2026 – To Be Rescheduled

- Food Insecurity Event

June 20th, 2026

- Stonewall Pride – Wilton Drive
- Attended by Part A Office staff, EHE Advisory Board Members and staff of The Poverello Center.

August 29th, 2026

- National HIV and AIDS Awareness Day 2026 - Pompano Beach Library Multipurpose Room 10 a.m. - 3 p.m.

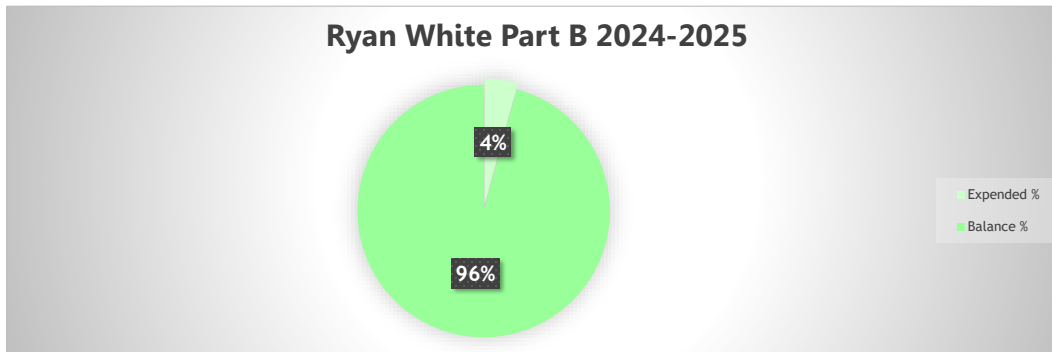
December 2026

- December 1 - World AIDS Day Celebration- African American Research Library and Cultural Center
- December 8 - World AIDS Day Proclamation- Broward County Government Center East

Questions?

Ryan White Part B
PTC26: April 1, 2026 to March 31, 2027 **Handout J1**
Expenditures for April 2026

<i>Service Category</i>	<i>Allocated</i>	<i>Expended April 2026</i>	<i>Expended YTD</i>	<i>Expended %</i>	<i>Balance %</i>	<i>Balance</i>
Administrative Services	\$ 85,825	\$ 192	\$ 192	0%	100%	\$ 85,633.36
Health Insurance Premium/Cost Sharing	\$ 187,750	\$ 3,547	\$ 3,547	2%	98%	\$ 184,202.92
Home & Community Based Health	\$ 25,000	\$ 796	\$ 796	3%	97%	\$ 24,204.50
Medical Nutritional Therapy	\$ 30,000	\$ -	\$ -	0%	100%	\$ 30,000.00
Emergency Financial Assistance	\$ 277,154	\$ 17,640	\$ 17,640	6%	94%	\$ 259,514.00
Home Delivered Meals	\$ 10,000	\$ -	\$ -	0%	100%	\$ 10,000.00
Medical Transportation	\$ 135,476	\$ -	\$ -	0%	100%	\$ 135,476.00
Non-Medical Case Management	\$ 227,628	\$ 16,681	\$ 16,681	7%	93%	\$ 210,946.80
Referral For Health Care/Support Services	\$ 95,000	\$ 5,641	\$ 5,641	6%	94%	\$ 89,358.89
Residential Substance Abuse	\$ 25,000	\$ -	\$ -	0%	100%	\$ 25,000.00
Clinical Quality Management	\$ 58,096	\$ 4,749	\$ 4,749	8%	92%	\$ 53,347.32
Planning and Evaluation	\$ 5,000	\$ -	\$ -	0%	100%	\$ 5,000.00
TOTALS	\$ 1,161,929	\$ 49,245	\$ 49,245	4%	96%	\$ 1,112,683.79



ADAP REPORT May 2026	
Enrollment May 2026	
Total Enrolled May 2026	5398
ADAP Enrollments and Re-enrollments processed	362
New Clients (new to PE)	32*
Assessments completed using RWPA NOE	83
Viral Suppression May 2026	
Total Virally Suppressed at 6 months	4459
Percentage of Virally Suppressed	92.29%
% Uninsured Virally Suppressed at 6 months	87.47%
% Insured Virally Suppressed at 6 months	96.04%
Missed Original Appointment Report May 2026	
Missed Original Appointment Report	33%
Missed Original Appointment Report Last Month	36%

*The 32 new clients include both those who have recently been diagnosed and those who were already in care but faced hardships such as: losing Medicaid, losing employment, relocating, or becoming unable to afford premiums or copays.



HIV HEALTH SERVICES PLANNING COUNCIL MEETING GROUND RULES

1. The Council, its members, and the public recognize and respect the committee process adopted by this Council. The Council, its members, and the public recognize that full discussion and analysis of issues occurs at the committee level rather than at Council meetings.
2. Before a member can make a motion or speak in debate, the member must be recognized by the Chair as having the exclusive right to be heard at that time.
3. All speakers are expected to address the Council in a respectful manner to respect time limits, to speak briefly and to the point, and to stay on agenda. All other persons in attendance should not interrupt the speaker who is recognized by the Chair as having the floor.
4. If the member who made the motion claims the floor and has not already spoken on the question, that member is entitled to be recognized in preference to other members.
5. No person is entitled to the floor a second time in debate on the same item as long as any other person who desires the floor has not spoken on the item.
6. Speakers should restrict comments and debate to the pending question or motion. Speakers must address their remarks to the Chair and maintain a courteous tone. The Chair may impose time limits on debate or discussion to ensure efficient conduct of Council business.
7. Members should not name service providers and/or persons during any discussion unless the service provider or person is identified in the subject of the motion or agenda item. Specific concerns regarding service providers should be directed towards the Grantee, outside of the meeting.
8. Members of the public may only address the Council upon recognition by the Chair. They are subject to the same rules of conduct expected of Council members.
9. No alcohol or drug use (unless prescribed by a licensed physician), is permitted at Council meetings, grantee or support staff offices.
10. No abusive language, threats of violence, or possession of weapons are permitted in Council meetings, grantee or staff offices.
11. Repeated violation of these meeting rules may result in no further recognition of the offending member or attendee by the Chair at that meeting. Any serious breach of conduct which disrupts the Council's meeting may subject the offender to removal from the meeting, administrative or legal process.



CONSEJO DE PLANEACIÓN DE SERVICIOS DE SALUD VIH

REGLAS BÁSICAS DE LA REUNIÓN

1. Los miembros deberán aceptar y respetar el proceso de comité adoptado por este Consejo. Las discusiones y el análisis en pleno de los temas tendrán lugar a nivel de comité y no en las reuniones plenarias del Consejo.
2. Antes de que un miembro pueda iniciar una moción o de que una persona pueda hablar en un debate, el Presidente de la reunión deberá reconocer que él o ella tienen el derecho exclusivo de hablar en ese momento dado.
3. Se espera que todos los ponentes se dirijan al Consejo de una manera respetuosa, que no se interrumpa al ponente con derecho al habla en el momento, que cuando se hable se haga de forma clara y concisa, y que se mantenga la agenda.
4. Si el miembro que inicia una moción no ha hablado todavía y reclama su derecho a hablar sobre un asunto, él/ella tendrán el derecho a que con preferencia se les reconozca.
5. Nadie tendrá derecho a reclamar el habla por una segunda vez, en un debate sobre el mismo tema, cuando otra persona que no ha hablado todavía, desea hacerlo.
6. Los debates deben ceñirse a los asuntos o mociones que estén pendientes. Al hablar, los ponentes deben referirse al Presidente, y mantener un tono cortés.
7. Los miembros del público solo podrán dirigirse al Consejo cuando hayan sido reconocidos por el Presidente de la reunión. Estarán sujetos a las mismas reglas de conducta que se esperan de los miembros del Consejo. Se establecerán límites de tiempo según sea necesario para garantizar que los asuntos del Consejo cursen de manera eficiente.
8. Miembros del público sólo podrán dirigir el Consejo a partir del reconocimiento por el Presidente. Están sujetos a las mismas reglas de conducta que se espera de los miembros del Consejo.
9. No estará permitido el uso de bebidas alcohólicas o de drogas en las reuniones del Consejo y tampoco en las oficinas del personal de soporte y donatarios.
10. No está permitido el uso de lenguaje abusivo, amenazas de violencia y posesión de armas en las reuniones del Consejo ni en las oficinas del personal de soporte y donatarios.
11. La repetida violación de estas reglas básicas dará como resultado que el Presidente de la reunión deje de reconocer al derecho a participación del ofensor o miembro de la audiencia. Cualquier violación de conducta grave, que perturbe la reunión de Consejo, terminará en la remoción del ofensor, de la reunión.



KONSÈY PLANIFIKASYON SÈVIS SANTE POU HIV RÈGLEMAN RANKONT-YO

1. Manm-yo dwe rekonèt epi respekte pwosesis komite-a ke Konsèy-la adopte. Diskisyon ak analiz total pwoblèm-yo fèt nan nivo komite-a; li pa fèt pandan rankont tout Konsèy-la.
2. Anvan yon manm ka fè yon pwopozisyon oswa nenpòt ki moun gen dwa pale pandan yon deba, fòk Prezidan Komite-a bali dwa esklizif pou fè moun tande-li nan moman sa-a.
3. Yo atann-yo aske tout moun k'ap pale ak Konsèy-la fè-li avèk respè, pou pèsonn pa koupe moun ke Konsèy-la bay dwa pale lapawòl, pou moun k'ap pale-a respekte kantite tan yo ba-li pou pale-a, pou li di sa l'ap di-a rapidman epi avèk presizyon, epi pou li respekte ajanda-a.
4. Si manm ki fè pwopozisyon-an mande pou li pale epi si li poko pale sou keksyon-an deja, li gen priyorite sou lòt manm-yo.
5. Pèsonn moun pa gen dwa pran lapawòl de fwa sou yon menm sijè si gen lòt moun ki poko pale epi ki vle esprime tèt-yo.
6. Deba-a dwe rete sou keksyon oswa pwopozisyon k'ap fèt-la. Moun k'ap pale-a dwe adrese sa l'ap di-a bay Prezidan Komite-a epi pale sou yon ton ki make ak respè.
7. Manm piblik-la dwe pale ak Konsèy-la sèlman si Prezidan Konsèy-la bay-yo lapawòl. Yo dwe respekte menm règleman kondwit avèk manm Konsèy-yo. Lè sa nesèsè pou zafè Konsèy-la byen mache, yo gen dwa bay-yo yon limit tan pou yo pale.
8. Manm nan piblik la sèlman pou adrese a konsèy sou rekonèsans sou chèz la. Yo ka tonbe anba menm lòd de kondwit ki te espere nan manm konsèy yo.
9. Itilizasyon alkòl ak dwòg (sòf si se yon doktè lisansye ki preskri-li), entèdi nan rankont Konsèy-la oswa nan biwo estaf sipò-a oswa Resevè-a.
10. Vye langaj, menas vyolans, oswa posesyon zam entèdi nan rankont Konsèy-la oswa nan biwo estaf-la oswa Resevè-a.
11. Vyolasyon repete règleman rankont-yo ap lakòz yon manm oswa lòt moun k'ap asiste rankont-lan pa kapab patisipe ankò. Nenpòt ki move kondwit serye ki twouble rankont-la ap lakòz yo mete moun-nan deyò.



Acronym List

ACA: The Patient Protection and Affordable Care Act

ADAP: AIDS Drugs Assistance Program

Administration HUD: U.S Department of Housing and Urban Development

IW: Integrated Workgroup

AETC: AIDS Education and Training Center

AHF: AIDS Health Care Foundation

AIDS: Acquired Immuno-Deficiency Syndrome

ART: Antiretroviral Therapy

ARV: Antiretrovirals

BARC: Broward Addiction Recovery Center

BCFHC: Broward Community and Family Health Centers

BH: Behavioral Health

BRHPC: Broward Regional Health Planning Council, Inc.

CBO: Community-Based Organization

CDC: Centers for Disease Control and Prevention

CDTC: Children's Diagnostic and Treatment Center

CEC: Community Empowerment Committee

CIED: Client Intake and Eligibility Determination

CLD: Client Level Data

CQI: Continuous Quality Improvement

CQM: Clinical Quality Management

CTS: Counseling and Testing Site

eHARS: Electronic HIV/AIDS Reporting System

EIHA: Early Intervention of Individuals Living with HIV/AIDS

EFA: Emergency Financial Assistance

EMA: Eligible Metropolitan Area

FDOH: Florida Department of Health

FPL: Federal Poverty Level

FQHC: Federally Qualified Health Center

HAB: HIV/AIDS Bureau

HHS: U.S. Department of Health and Human Services

HICP: Health Insurance Continuation Program

HIV: Human Immunodeficiency Virus

HIV HSSS: HIV Human Services Software System

HIVPC: Broward County HIV Health Services Planning Council

HOPWA: Housing Opportunities for People with AIDS

HRSA: Health Resources Services Administration

IDU: Intravenous Drug User

JLP: Jail Linkage Program

LPAP: Local AIDS Pharmaceutical Assistance Program

MAI: Minority AIDS Initiative

MCDC: Membership/Council Development Committee

MCM: Medical Case Management

MH: Mental Health

MNT: Medical Nutrition Therapy



MOU: Memorandum of Understanding

NBHD: North Broward Hospital District (Broward Health)

NGA: Notice of Grant Award

NHAS: National HIV/AIDS Strategy

NMCM: Non-Medical Case Management

NOFO: Notice of Funding Opportunity

nPEP: Non-Occupational Post Exposure Prophylaxis

NSU: Nova Southeastern University

nPEP: Non-occupational Post-Exposure Prophylaxis

OAHS: Outpatient Ambulatory Health Services

OHC: Oral Health Care

PCN: Policy Clarification Notice

PE: Provide Enterprise

PLWH: People Living with HIV

PLWHA: People Living with HIV/AIDS

PrEP: Pre-Exposure Prophylaxis

PRISM: Patient Reporting Investigating Surveillance System

PROACT: Participate, Retain, Observe, Adhere, Communicate and Teamwork is DOH- Broward's treatment adherence program.

PSRA: Priority Setting & Resource Allocations

QI: Quality Improvement

QIP: Quality Improvement Project

QM: Quality Management

QMC: Quality Management Committee

RSR: Ryan White Services Report

RWHAP: Ryan White HIV/AIDS Program

RWPA: Ryan White Part A

SBHD: South Broward Hospital District (Memorial Healthcare System)

SCHIP: State Children's Health Insurance Program

SDM: Service Delivery Model

SOC: System of Care

SPNS: Special Projects of National Significance

STD/STI: Sexually Transmitted Diseases or Infection

TA: Technical Assistance

TB: Tuberculosis

TGA: Transitional Grant Area

VA: United States Department of Veteran Affairs

VL: Viral Load

VLS: Viral Load Suppression

WICY: Women, Infants, Children, and Youth



Frequently Used Terms

Recipient: Government department designated to administer Ryan White Part A funds and monitor contracts.

Planning Council Support (PCS) Staff/‘Staff’: Provides professional staff support, meeting coordination, and information to the HIVPC, its standing and ad-Hoc Committees, Chair, and Recipient.

Clinical Quality Management (CQM) Support Staff: Provides professional support, meeting coordination, and technical assistance to assist the Recipient through analysis of performance measures and other data with the implementation of activities designed to improve patient care, health outcomes, and patient satisfaction throughout the system of care.

Provider/Sub-Recipient: Agencies contracted to provide HIV Core and Support services to consumers.

Consumer/Client/Patient: A person who is an eligible recipient of services under the Ryan White Act.