



THE FLORIDA SENATE
SENATOR BEN ALBRITTON
President

For Immediate Release
March 10, 2026

Contact: Katie Betta
(850) 487-5229

Senate Introduces Bridge Funding for AIDS Medication
Stop gap measure provides funding through June 30

Tallahassee—Senate President Pro Tempore Jason Brodeur (R-Sanford) today filed an amendment to House Bill 697, Drug Prices and Coverage, providing funding for the Florida Department of Health to implement the Ryan White Part B AIDS Drug Assistance Program (ADAP) through June 30, 2026. The program provides HIV/AIDS medication to low-income Floridians.

“When taken consistently, HIV/AIDS medication can reduce viral loads to undetectable levels. Medication suppresses the virus in a manner that not only stops the progression of the disease, but also prevents transmission,” said President Pro Tempore Brodeur. “This critical stop gap funding ensures lower income Floridians can continue to receive this life-sustaining medication while we work on a long-term solution.”

“In the span of a generation, a disease that was once a death sentence can now be successfully managed with medication – truly a medical miracle. Unfortunately, HIV/AIDS medication can be very expensive, and out of reach for many Floridians,” said Senate President Ben Albritton. “The abrupt changes in the funding for this critical program are not something any of us expected. I’m grateful to Senator Carlos Guillermo Smith, Senator Alexis Calatayud, Senator Rosalind Osgood, Senator Shev Jones, Senator Garcia, and many other Senators for working together to come up with a short-term solution to keep the program going.”

“Lack of access to this medication could very easily result in a public health crisis in our state. Without medication, transmission rates could increase, and impacted Floridians may begin to suffer from avoidable disease progression,” said Senator Ed Hooper (R-Clearwater), Chair of the Senate Committee on Appropriations. “We want to make sure this critical medication is available for those who need it.”

The amendment takes effect upon becoming law and appropriates \$30.9 million to the Department of Health for implementation of the ADAP through June 30, 2026. The program will remain available to Floridians with an adjusted gross household income at or below 400% of the federal poverty level.

Through June 30, 2026, ADAP services must be provided through the distribution of medications directly to eligible Floridians. The HIV/AIDS medications covered under ADAP must include all drugs listed on the Florida AIDS Drug Assistance Program (ADAP) Formulary as that formulary existed on March 1, 2026. Additionally, eligible self-insured Floridians will continue to receive co-pay assistance for all drugs listed on the Florida AIDS Drug Assistance Program (ADAP) Self-Insured Formulary as that formulary existed on March 1, 2026.

Beginning April 1, 2026, the Department of Health must submit monthly reports providing a detailed accounting of the ADAP. The reports must include, at a minimum, all of the following: all state and federal revenues and expenditures; all manufacturer rebates and other pharmaceutical offsets received or accrued; the total number of individuals participating in the program; participant counts by county of residence or administering organization, as applicable; participants' insurance statuses; the number and type of prescriptions filled, including utilization by drug class; and any other information necessary to provide transparency with regards to program operations, utilization trends, cost drivers, and fiscal sustainability.

The department must also include in its reports month-over-month and year-to-date trend analyses and identify any projected funding shortfalls, enrollment pressures, or operational risks anticipated within the current fiscal year. Reports must be submitted in a consistent format to allow comparison across reporting periods.

For more information, please visit www.FLSenate.gov.

###

AIDS Drug Assistance Program (ADAP) – GAP FUNDING AMENDMENT

President Pro Tempore Jason Brodeur's Explanation of Amendment to House Bill 697, Drug Prices and Coverage - March 10, 2026

Senators, this amendment **provides \$30.9 million in four months of gap funding for the AIDS Drug Assistance Program (“ADAP”)** to provide access to life-saving medications and co-pay assistance to self-insured eligible low-income individuals living with HIV/AIDS, and **maintains program eligibility at 400 percent of the Federal Poverty Level.**

By way of background, the DOH announced in January 2026 they were making changes to Florida’s ADAP effective March 1, 2026, primarily to avoid a projected \$120 million budget shortfall following the expiration of the enhanced Affordable Care Act (ACA) premium tax credits at the end of 2025 and significant increases in insurance premiums.

- And I want to point out here that Florida is not unique in the situation we find ourselves.
- According to the National Association of State and Territorial AIDS Directors (NASTAD), 23 states (including Washington, D.C.) have implemented or are considering ADAP cost-containment measures.
- Out of the 23 states, 18 ADAPs have already made or are making changes, and 12 out of the 18 have already implemented cost-containment measures and are considering additional changes for the future.

To address the federal budget shortfall, as of March 1, 2026, the DOH has implemented changes to the program to include lowering income eligibility from 400 percent to 130 percent of the Federal Poverty Level (FPL) – approximately \$63,840 annually for a household of one to \$20,748 annually for a household of one – eliminating insurance premium assistance through ADAP unless self-insured, and restricting access to certain medications, potentially impacting more than 12,000 Floridians.

- **This amendment will provide bridge funding until June 30, 2026 to ensure that individuals under 400% of FPL continue to have access to clinically equivalent, life-saving medications through direct dispense.**

- The funding amount is based on the current enrollment numbers in the program, which is 27,638 individuals. Of the 27,638 individuals whose eligibility is restored under this amendment:
 - 23,031 individuals are expected to participate in the direct dispense program, receiving HIV/AIDS medications directly through their county health departments.
 - 4,607 clients are self-insured and will continue receiving cost-sharing premium and deductible assistance.

The GAA will determine the program’s status beginning July 1, and this will continue to be an issue the Senate works through during Budget Conference.

- As you all may recall, the Senate budget provides \$118.3 million for Fiscal Year 2026–2027 and maintains the same policy reflected in this amendment for the four-month gap period.

Now, I would like to further discuss the formulary changes that went into effect on March 1, 2026. Two different formularies currently exist – one for self-insured clients and one for direct dispense clients.

- The direct dispense formulary for HIV/AIDS medications has been updated to support the financial sustainability of the program while maintaining clinically equivalent treatment options.
- Two of the most expensive drugs are Biktarvy and Descovy.
 - Biktarvy is no longer available through the direct dispense program.
 - Descovy will remain available to individuals with renal insufficiency or kidney related concerns as determined by their creatinine clearance.
 - **The amendment authorizes the Department to restrict Descovy to patients as medically necessary to implement the program within appropriated funds.**
 - Other clinically equivalent alternatives remain available on the formulary for individuals without those conditions.
 - **The formulary for the self-insured population receiving co-pay assistance continues to include Biktarvy and Descovy.** These

medications remain available to patients who are self-insured, and the department is required to continue the self-pay formulary through June 30th. Nothing changes for this population, and copay assistance will continue through June 30, 2026.

The amendment requires the DOH to submit monthly accounting reports to enable future legislatures to make informed policy decisions.

The amendment requires the DOH to adopt emergency rules to implement the program as we have specified in the amendment. Those emergency rules will remain in effect through June 30, 2026.

Additional Information

Prior Authorization:

The Department of Health informs us that under the prior authorization process, patients must visit their medical provider, complete required laboratory testing, and have the DOH's prior authorization form submitted for review and approval. The DOH reviews the documentation and authorization forms as they are received.

Case Managers:

The DOH informs us that case managers are reaching out to individuals at the local level to connect program participants to county health departments or FQHCs and are working with individuals who may be eligible for employer-sponsored plans.