



# The Florida Legislature

## OFFICE OF PROGRAM POLICY ANALYSIS AND GOVERNMENT ACCOUNTABILITY



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### Notice of Procurement Subject to the Governor's Approval June 3, 2026

Specific Appropriation 476 of the [2026 General Appropriations Act](#) directs OPPAGA to procure a vendor to evaluate Florida's AIDS Drug Assistance Program (ADAP). Subject to the Governor's approval of the appropriation, OPPAGA will release the procurement documents associated with this project. Please see the attached appropriation language for more information on the scope of the evaluation.

#### Qualifications

Qualified vendor teams must include, at a minimum, a qualified independent actuary and a certified public accountant with expertise in health insurance coverage and financing, pharmaceutical manufacturer pricing and rebate arrangements, and health care financial analysis. Such individuals must be independent of the Florida Department of Health and may not be affiliated with any entity currently contracting with the department related to the ADAP program.

#### Submittal Information

OPPAGA will release a formal procurement package subject to the Governor's approval of the appropriation. Submitted proposals must be provided electronically to [oppagaprocurement@oppaga.fl.gov](mailto:oppagaprocurement@oppaga.fl.gov).

#### Award Process

OPPAGA will negotiate with vendors as proposals are received and will recommend contracting with the vendor it comes to final terms with first. OPPAGA's recommendation is subject to final approval by designees of the Florida Legislature.

#### Notice of Intent

Vendors interested in submitting a proposal for this procurement are requested to submit a notice of intent to [oppagaprocurement@oppaga.fl.gov](mailto:oppagaprocurement@oppaga.fl.gov).

#### Questions

Please direct all questions to Janet Tashner, General Counsel, (850) 717-0526.

## **Specific Appropriation 476**

### **OPPAGA AIDS Drug Assistance Program (ADAP) Evaluation**

From the funds in Specific Appropriation 476, the Department of Health shall enter into a data sharing agreement with the Office of Program Policy Analysis and Government Accountability (OPPAGA) and any vendor selected by OPPAGA to conduct an evaluation of the AIDS Drug Assistance Program (ADAP). The vendor selected by OPPAGA must include, at a minimum, an actuary and a certified public accountant with expertise in health insurance coverage and financing, pharmaceutical manufacturer pricing and rebate arrangements, and health care financial analysis. Such individuals must be independent of the Department of Health and may not be affiliated with any entity currently contracting with the department related to the ADAP program.

The department shall cooperate fully with OPPAGA and any selected vendor and shall provide access to all data, records, contracts, financial information, expenditure and budget authority data, rebate collections and reconciliations, prescription drug utilization data, formulary management practices, pharmaceutical manufacturer agreements, direct-dispense and insurance assistance program information, enrollment and eligibility data, actuarial information, procurement documents, and any other operational, financial, actuarial, or contractual information necessary to conduct a comprehensive review and analysis of the ADAP program.

The evaluation must include an assessment of the historical operation of ADAP, including the factors that led to programmatic changes implemented in March 2026, and recommendations to strengthen the fiscal sustainability and cost-effectiveness of the program. At a minimum, the evaluation must include:

1. The program's historical and projected capacity to maintain enrollment and core services within existing state appropriations and federal Ryan White Part B grant funding;
2. Strategies to maximize drug manufacturer rebates and identify alternative revenue generation or cost-containment strategies to ensure long-term program stability;
3. The fiscal impact, cost-effectiveness, and structural outcomes of utilizing separate formularies and differing eligibility parameters for uninsured populations receiving direct-dispense medications and insured populations receiving copay, deductible, or premium assistance;
4. A review of participant clinical outcomes, including viral load monitoring metrics and viral suppression rates by insurance status and demographic category; and
5. An evaluation of best practices and program designs implemented by other states, including eligibility standards, benefit design, cost-sharing or premium assistance structures, formulary management, utilization management strategies, drug pricing and rebate arrangements, coordination with Medicaid and Marketplace coverage, and approaches to controlling pharmaceutical and administrative costs.
6. Recommendations and nationally recognized best practices, including guidance developed by the National Alliance of State and Territorial AIDS Directors (NASTAD), related to maximizing prescription drug discounts, rebates, program income opportunities under the 340B Drug Pricing Program, and pharmaceutical manufacturer agreements in order to strengthen the fiscal sustainability and cost-effectiveness of ADAP, including insurance assistance components, while supporting broader Ryan White HIV/AIDS Program Part B service delivery, health equity initiatives, and statewide HIV epidemic response efforts.

OPPAGA shall submit a final evaluation no later than **January 31, 2027**, to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The evaluation must include, at a minimum, three restructuring options for the AIDS Drug Assistance Program (ADAP), including at least one option that may be implemented administratively without statutory change. For each option, OPPAGA shall identify projected enrollment impacts, including the estimated number of individuals who may gain, maintain, or lose access to services or medications; estimated state and federal fiscal impacts, including projected savings, cost avoidance, rebate maximization opportunities, and long-term sustainability considerations; operational, actuarial, and policy implications; impacts on medication access, continuity of care, viral suppression outcomes, and health equity; and any associated risks, tradeoffs, or implementation challenges. The evaluation must also include recommended implementation timelines and identify any required administrative, contractual, regulatory, budgetary, or statutory changes necessary to implement each option.