

CAREAssist Advisory Group Meeting Notes

September 10, 2025

Announcements

- A redesigned CAREAssist Client Handbook will be shared soon and available in English and Spanish.
- An updated CAREAssist brochure will also be shared soon.
- The 2025 Oregon HIV Continuum of Care Conference will take place on October 21 - 22. The conference is a biennial, free training event for anyone working with people at risk of acquiring or with HIV. [Registration is now open!](#)
- Cascade AIDS Project shared information about cuts to programs as a result of the “big beautiful bill.” This is a cause for concern and a time to speak up.

Open Enrollment Preview

Open enrollment will begin soon:

- For Medicare: October 15 – December 7
- For non-Medicare: November 1 – January 15

Support will be available to help clients transition to off-exchange policies that have yet to do so. Be on the lookout for webinar invitations, as well as a CAREAssist Community Partner Enrollment Assistance list. If you’d like to add staff to receive the list, please let Myriam know.

Discussion

- Q: When will the first enrollment assistance list be shared?
 - A: Mid-October.
- Q: When will we receive the list with clients who have an insurance exception?
 - A: By the end of this month of the first week of October.

ADAP Data Report

CAREAssist submitted the ADAP Data Report to HRSA on time in May. This annual report, required by HRSA, describes the number of clients, basic demographics, and services delivered during 2024. Highlights from the report are provided below.

Of the 3,689 CAREAssist clients in 2024:

- 3,272 (89%) had a viral load lab test, and 3,170 (97% of those tested) had a suppressed viral load.



- 2,433 (66%) received services/insurance assistance, and 1,256 (34%) did not receive services. The majority of clients who did not receive services were either OHP/Medicaid clients or Medicare clients with OHP/LIS (low-income subsidy).
- 481 (13%) received ADAP-funded full cost medications.
- 2,966 (80%) were continuing clients; 232 (6%) were newly enrolled clients; and 491 (13%) were disenrolled clients.
- 55 (1%) were 25 years of age or younger, and 1,368 (37%) were 50 years of age or older.
- 2,645 were white, 492 were Hispanic, 293 were Black or African American, 99 were Asian, 79 were not Hispanic, 51 were American Indian/Alaskan Native, 21 were Native Hawaiian/Pacific Islander, and 9 were multi-racial.
- 3,177 were male, 474 were female, and 38 were another gender identity.
- 1,802 had AIDS (as defined by CDC), 1,539 were HIV-positive and did not have AIDS, and 348 were HIV-positive with an unknown AIDS status.

Discussion

- Q: Does the CDC define AIDS as having a CD4 count below 200?
 - A: Yes.

Bridge Refresher

The CAREAssist Rapid ART Bridge program provides medication services for 30 days while a full CAREAssist application is being completed and processed. Individuals requesting CAREAssist Rapid ART Bridge must submit a full CAREAssist application prior to the Rapid ART Bridge ending. The full CAREAssist application is how the program 1) reconciles eligibility for services and medications that individuals receive while on Bridge and 2) meets the HRSA requirement of determining eligibility. If an individual does not apply for full CAREAssist during their Bridge, HRSA requires claw back of all funds spent. All medications covered by CAREAssist for Bridge clients must be obtained by a CAREAssist in-network pharmacy.

Discussion

- Q: What is a claw back?
 - A: A claw back is when the program requests money back that it already paid out for a person found ineligible for ADAP. Typically, CAREAssist would explore a refund.
- Q: If someone submits a full application and is not eligible, is claw back still required?
 - A: Yes.
- Q: Does the claw back go to the pharmacy that dispensed medication?
 - A: Yes.

Policy Updates

During the HRSA site visit in August, CAREAssist received approval for four of the exceptions on the Insurance Exception Form. HRSA will support ADAP paying for a private plan if:

1. A client missed the employer open enrollment period, but only until they are eligible for employer group insurance.
2. A client is under 18 years of age, is on their parents' insurance, and fears HIV status disclosure to their parents.
3. A client's employer doesn't offer health insurance.
4. A client is not eligible for employer insurance.

CAREAssist is working to include the HRSA approved exceptions in its policy that will be effective October 1. At that point, the Insurance Exception form will no longer be available or required for people who meet any of the four criteria above. If a client's employer does not offer health insurance, for example, that client will simply submit a CAREAssist application with supporting documentation showing their employer does not offer health insurance.

Discussion

- Q: These exceptions are not in the policy yet, correct?
 - A: Correct. They are approved to go into effect October 1.
- Medicaid and the federal insurance marketplace have exceptions for insurance premium & benefit (IPB). A married person can list themselves as single and not list their spouse's income. It is surprising that HRSA would say someone has to enroll in their spouse's insurance, even if their spouse is abusive.
- Q: If a client is undocumented, could they mark that they are not eligible for employer insurance?
 - A: This is not an option based on federal guidance. As individuals, we may not agree with all policies, but the program must comply with HRA policy and guidance.
- Q: Can you share more about CAREAssist's conversation with HRSA about the impact of this policy? Specifically, will more people go without insurance, resulting in lower viral suppression rates?
 - A: Yes, these concerns have been raised both in Oregon and in other states. HRSA policy clarification and guidance isn't just happening in Oregon. Oregon walked through each exception in the form with HRSA representatives. In the past, some HRSA requirements were not quite as clear as they are today, and HRSA allowed more flexibility to interpret policies.
- Q: If a client does not enroll in the insurance that they are eligible for, could they be in the Uninsured Persons Program (UPP)—or do they get no benefits?

- A: HRSA requires ADAPs to vigorously pursue insurance that clients are eligible for. If clients refuse to enroll in health insurance coverage they are eligible for, they would be eligible for Restricted UPP (Restricted UPP covers 14 classes of medications, including ARVs. It does not cover TPA or dental coverage.)
- If a client has concerns about their data being shared with the federal government, they should know that CAREAssist is also a federal program.
- Q: Did the big beautiful bill pose a threat to CAREAssist funding or its ability to serve undocumented people?
 - A: CAREAssist continuously monitors anything that could impact funding or those we serve. At this time, it does not appear that it will, but it is also not clear if the bill will have future impacts on CAREAssist, but we continue to monitor.
- We need to be creative about how we support PLWH who are scared and who may choose to go without insurance. Clients will suffer because of these decisions. I encourage everyone to track the impact of decisions at the federal level and push back whenever possible.
- It will be helpful for this group to share this information with other members about how we are navigating these changes and voicing concerns.
- CAREAssist is interested to learn how partner health systems (Kaiser, OHSU and etc.) are navigating undocumented patient concerns when applying for Medicaid for those with and without HIV.
- Q: Will clients have to prove that they are not eligible for insurance?
 - A: Yes, they will have to provide documentation.

340B Update

HB 2385 should become effective around September 26. CAREAssist is making plans with the Pharmacy Benefits Manager (PBM), Ramsell, to move the manufacturers that were previously carved out of the insurance reimbursement model back to insurance reimbursement in early October.

HRSA recently issued rebate guidance, proposing a [340B Rebate Model Pilot Program](#) that will allow manufacturers to offer rebates on a limited number of medications. This is something manufacturers have wanted for some time. It will place a strain on providers, requiring them to share information with manufacturers in order to get the rebate. We expect the pilot to begin around January, 2026.

Ten drugs were selected for this pilot project. The list does not include any ARV medications. The drugs are:

- ELIQUIS (anticoagulant)
- ENBREL (rheumatoid arthritis, etc.)
- ENTRESTO (chronic heart failure, etc.)
- FARXIGA (diabetes, cardiovascular disease, chronic kidney disease)
- IMBRUVICA (certain blood cancers)



- JANUVIA (diabetes)
- JARDIANCE (diabetes)
- NOVOLOG (insulin)
- STELARA (plaque psoriasis, etc.)
- XARELTO (anticoagulant)

Discussion

- Q: Will CAREAssist send letters to clients who had insurance exceptions?
 - A: CAREAssist will make a list of clients who have an exception and will no longer meet the criteria moving forward. CAREAssist will share the letter with clients and will share the list of clients who will receive the letter with partner organizations.
- Q: Was there a policy change stating that veterans can no longer be on other plans, even if they do not want to go to the VA?
 - Veteran clients can choose to use the VA or they can choose to use a Part D or Advantage plan. CAREAssist cannot pay for VA claims and another plan's premium at the same time.
- Q: Has there been a change in dental policies? Some applications have been approved and some have not been approved.
 - A: CAREAssist recently received an application from someone with VA benefits (primary for medical insurance) and OHP for dental services. In this situation, CAREAssist is not able to approve MODA dental since OHP is primary for dental. In other situations where OHP is secondary for dental, CAREAssist can approve MODA dental.
 - CAREAssist follows primary insurance. If the primary insurer offers coverage, then CAREAssist can pay the copay/deductible (excluding dental policies.)
 - This policy seems confusing and unfair. It does not match the guidance on the CAREAssist website.
- CAREAssist is exploring whether Medicaid's dental plan is comparable to the CAREAssist Delta Dental plan. If it is comparable, as the Payor of Last Resort, CAREAssist would look to HRSA for guidance. If Delta Dental is a better plan, CAREAssist would advocate to keep Delta Dental for clients on Medicaid.
 - One notable difference mentioned by a member is that OHP only covers one dental cleaning per year, while CAREAssist's plan through Moda Delta Dental will cover two.
- Q: Have there been any conversations about coverage of Semaglutide? Is this currently in the formulary?
 - A: CAREAssist follows primary insurance. If primary covers, CAREAssist can pay the copay or deductible.

Remembering Lisa McAuliffe

Annick's message was shared with the group:

"It is with a heavy heart that I share the news of Lisa McAuliffe's passing after a long and brave battle with cancer.

Lisa McAuliffe began her career with the State of Oregon in 1990, becoming one of the original staff members hired to launch what was then known as the AIDS Drug Reimbursement Program—now CAREAssist. Over the course of more than 30 years, Lisa played a pivotal role in building and shaping the program into what it is today.

It's difficult to fully capture the urgency and fear of the early days of the AIDS epidemic. In the late 1980s, AZT emerged as the first antiretroviral medication, offering a glimmer of hope to millions. In Oregon, Lisa was the person who physically mailed this life-saving drug to providers across the state. At the time, the program served just 250 people. Today, it supports over 4,000 clients annually.

When Lisa retired in 2022, she left behind more than a job well done—she left a legacy. Among the historical documents she preserved was the program's very first client list, handwritten on yellow lined notebook paper. Over time, that list evolved into a spreadsheet, capturing her early efforts to support those the program was built to serve. This history reflects a woman who gave countless evenings and weekends to ensure that people living with HIV had access to the medications they needed to survive. In the simplest and most powerful terms: Lisa saved lives.

Lisa was deeply passionate about public health. She was a fierce advocate for her clients, a tireless problem-solver, and someone who brought both heart and humor to her work. She was fearless, hopeful, and could be absolutely hilarious. I can still picture her belly dancing down the hallway, belting out show tunes, and catching me off guard with her wild and wonderful hyperbole. And always—always—with streaks of purple in her hair.

Thank you, Lisa, for your passion, your vision, and your unwavering commitment. Your legacy lives on in every life you touched."

Members shared memories of Lisa:

- Lisa was a pioneer in the HIV/AIDS epidemic way back in the early 80-90's She will be greatly missed.
- Lisa was a force, a great problem solver, and wonderful support for clients. A lot of what we have in ADAP today is because of her.
- Lisa has done so many good things. Once, we had a trans CAREAssist client go to an in-network Safeway to pick up hormones. The Safeway worker said offensive, transphobic things to the client. Lisa got on the phone to address the issue



because CAREAssist has power with Safeway based on its contractual relationship. The matter was addressed, and it meant a lot to the client.

- Lisa trained Joanna as a case worker. Joanna will always think of Lisa when she sees purple and when she sees frogs. When Lisa would spell her name for clients, she would always say “two ‘f’s — f as in frog, f as in frog.”
- Lisa had many great expressions, such as “She’s movin’ slower than molasses in January!”
- In 2014, Lisa attended a colleague’s retirement party wearing belly dancing attire.
- Lisa’s husband is planning a celebration of life next year. If it is appropriate to share the details, CAREAssist will do so.

The Role of the CAREAssist Advisory Group

The Ryan White HIV/AIDS Program legislation does not mandate an AIDS Drug Assistance Program (ADAP) advisory committee; however, the Oregon ADAP, CAREAssist, convenes an advisory group meeting quarterly. The CAREAssist Advisory Group is an open meeting composed of clinicians, pharmacists, service providers, people with HIV, representatives from other RWHAP Parts, health department staff, contractors, and other state program staff. The advisory group convenes to address needs of the ADAP, which may include program policy, benefits, utilization, quality management, and formulary. The advisory group is a venue to share informed perspectives, advice, and recommendations. It is not a decision-making body.