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*Motion for *pro hac vice* admission forthcoming
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**IN THE UNITED STATES DISTRICT COURT**
**FOR THE DISTRICT OF IDAHO**

ABBY DAVIDS, MD, *et al.*,
*Plaintiffs*,

v.

ALEX ADAMS, in his official capacity as Director of the Idaho Department of Health and Welfare, *et al.*,
*Defendants*.

Case No. 1:25-cv-00334-AKB

**PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER, PRELIMINARY INJUNCTION, AND PROVISIONAL CLASS CERTIFICATION**

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Plaintiffs, by and through their undersigned counsel, respectfully move this Court pursuant to Federal Rule of Civil Procedure 65 for a temporary restraining order ("TRO"), preliminary injunction, and provisional class certification to enjoin Defendants—and their officers, agents, employees, attorneys, and any persons who are in active concert or participation with them—from requiring immigration status verification for receipt of Ryan White benefits for Plaintiffs and all of the members of a provisionally certified class.

Idaho House Bill 135 ("H.B. 135"), which is scheduled to take effect on July 1, 2025, imposes immigration status verification requirements for a broad array of public benefits, eliminating longstanding exemptions for critical services. If allowed to take effect, Plaintiffs and all similarly situated individuals in Idaho are at imminent risk of losing access to life-sustaining healthcare services through the federal Ryan White Program.

As set forth in the Memorandum of Points and Authorities and accompanying declarations filed in support of this Motion, as well as the Complaint (Dkt. 1) and Motion for Class Certification (Dkt. 3), Plaintiffs are likely to succeed on the merits of their claims because H.B. 135 is preempted by federal law, including the Personal Responsibility and Work Opportunity Reconciliation Act ("PRWORA"), which establishes a comprehensive federal framework governing noncitizens' eligibility for public benefits and expressly limits the authority of states to impose additional restrictions. Implementation and enforcement of H.B. 135 will cause immediate and irreparable harm to Plaintiffs and the putative class, including the loss of critical medical care with no adequate remedy at law.

Counsel for Plaintiffs are unaware of the counsel who will represent Defendants. Plaintiffs have initiated personal service of this Motion along with the Complaint, to be completed on July 27, 2025 at the physical addresses for the Defendants.

//

Dated: June 26, 2025

Respectfully submitted,

*/s/ Emily Myrei Croston*
Emily Myrei Croston (ISB No. 12389)
ACLU of Idaho Foundation

**CERTIFICATE OF SERVICE**

I CERTIFY that on June 26, 2025, I served a copy of the foregoing documents by electronic mail to the following person, who has agreed to accept service on behalf of all defendants:

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Dated: June 26, 2025

Respectfully submitted,

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Case No. 1:25-cv-00334-AKB

**MEMORANDUM IN SUPPORT OF PLAINTIFFS' MOTION FOR TEMPORARY RESTRAINING ORDER, PRELIMINARY INJUNCTION, AND PROVISIONAL CLASS CERTIFICATION**

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## I. INTRODUCTION

Plaintiffs Dr. Abby Davids, K.P., N.R., F.F., J.A.O.G., and John Doe[1] (collectively "Plaintiffs") seek urgent relief to prevent the implementation and enforcement of Idaho House Bill 135 ("H.B. 135"), which takes effect on July 1, 2025, and threatens to cut off life-saving HIV/AIDS treatment for some of Idaho's most vulnerable residents. H.B. 135 imposes immigration status verification requirements for access to essential, federally-funded programs—including the Ryan White HIV/AIDS Program ("Ryan White Program"), which provides for critical medical care and medications to low-income people living with HIV who lack other means of obtaining treatment. H.B. 135 is preempted by federal law, which expressly exempts the Ryan White Program from citizenship verification requirements.

The health and lives of Plaintiffs depend directly on the Ryan White Program. Dr. Abby Davids is a physician and program director at Full Circle Health, where she and her team provide comprehensive HIV care to hundreds of patients, including immigrants and refugees directly impacted by H.B. 135. K.P., N.R., F.F., J.A.O.G., and John Doe (collectively "Patient Plaintiffs") are Idaho residents living with HIV who receive antiretroviral therapy medications through the Ryan White Program. The Patient Plaintiffs face the imminent risk of losing access to the medications that keep them healthy and prevent the transmission of HIV to others.

The Ryan White Program is a federally-funded safety net that provides grants to States for services, including medical care and prescription assistance. It is designed to ensure that people living with HIV—regardless of their immigration status—can access treatments necessary to survive and to protect public health. The program's eligibility criteria, as established by federal

[1] Plaintiffs K.P., N.R., F.F., J.A.O.G., and John Doe concurrently filed a motion to proceed in pseudonym.

law, focus on medical need, income, and residency (not citizenship or immigration status) within the service area. Under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("PRWORA"), Congress established immigration status eligibility and verification requirements for public benefits. For years, Idaho administered the Ryan White Program in accordance with PRWORA, allowing people like the Patient Plaintiffs to remain healthy and able to care for their families. But now H.B. 135 intrudes upon and usurps the exclusive authority of the federal government and threatens Plaintiffs' health and rights.

Plaintiffs therefore seek immediate injunctive relief to prevent the state from imposing its own unlawful requirement to receive Ryan White Program benefits. The relief requested is not only necessary to protect Plaintiffs' health and rights, but also to uphold the federal framework that Congress established to combat the HIV epidemic and safeguard public health.

## II. BACKGROUND

### A. Federal Statutory and Regulatory Authority: PRWORA and Ryan White

PRWORA was a landmark piece of legislation drastically altering public benefits and social welfare programs across the United States. In the Act, Congress dedicated an entire section to explicitly and specifically lay out which public benefits across all levels of government would be available to which noncitizen populations. Codified at 8 U.S.C. chapter 14 – "RESTRICTING WELFARE AND PUBLIC BENEFITS FOR ALIENS." The Act (1) classifies noncitizens for purposes of accessing benefits, (2) classifies benefits, (3) establishes which benefits are available to whom, and (4) demarcates clear and limited areas where States may legislate in accordance with those standards.

PRWORA establishes categories for classifying "qualified" and "nonqualified" immigrant populations. *See* 8 U.S.C. § 1641(a) (defining a "qualified alien" for purposes of public benefits

eligibility). Qualified immigrants include lawful permanent residents, refugees, asylees, and other immigrants admitted into the country for humanitarian reasons. 8 U.S.C. § 1641. It includes provisions on how to verify status. *See* 8 U.S.C. § 1642(a) (requiring the U.S. Attorney General, in consultation with the U.S. Department of Health and Human Services, to establish federal procedures for verifying that an applicant is a qualified alien, federal procedures for verifying that an applicant is a citizen, and procedures for state and local governments to verify whether an applicant is a qualified alien, nonimmigrant, or paroled alien). It requires States to follow these verification procedures with respect to federal public benefits. *See* 8 U.S.C. § 1642(b) (requiring States that administer federal public benefits to establish a verification system that complies with the regulations). The Act further exempts nonprofit organizations from being required to verify citizenship. *See* 8 U.S.C. § 1642(d).

The Act also establishes discrete categories of federal public programs, including "federal public benefits," see 8 U.S.C. § 1611(c); specified federal programs, see 8 U.S.C. § 1612(a)(3); designated federal programs, see 8 U.S.C. § 1612(b)(3); federal means-tested public benefits, see 8 U.S.C. § 1613; and certain specified school lunch and breakfast programs, see 8 U.S.C. § 1615(a). For each benefit category, the Act prescribes the availability of that benefit to different immigrant communities, as well as exempted benefits, which are to be provided regardless of immigration status. Congress explicitly exempted "Public health assistance . . . for immunizations with respect to immunizable diseases and for testing and treatment of symptoms of communicable diseases whether or not such symptoms are caused by a communicable disease," from the immigration status eligibility requirements in PRWORA. 8 U.S.C. § 1611(b)(1)(C).

PRWORA vests exclusive power in the U.S. Attorney General, in consultation with the U.S. Department of Health and Human Services ("HHS"), to establish verification procedures for

federal, state, and local governments to determine whether an applicant for a federally-funded public benefit program is a U.S. citizen, qualified alien, nonimmigrant, or paroled alien, as well as to confirm procedures for certain programs PRWORA classifies as exempt from such verification requirements. *See* 8 U.S.C. § 1642(a)-(d). PRWORA requires States, including Idaho, to follow the verification procedures established by the U.S. Attorney General and HHS with respect to federal public benefits. *See* 8 U.S.C. § 1642(b).

The U.S. Attorney General, in consultation with HHS, determined that Ryan White benefits are not federal public benefits as defined under 8 U.S.C. § 1611(c), and Ryan White Program benefits are specifically exempted from verification requirements. *See* PRWORA: Interpretation of "Federal Public Benefit," 63 Fed. Reg. 41658 (Aug. 4, 1998) (identifying 31 HHS programs which provide federal public benefits subject to PRWORA's limitations on alien eligibility); Final Specification of Community Programs Necessary for Protection of Life or Safety Under Welfare Reform Legislation, 66 Fed. Reg. 3613-02 (Jan. 16, 2001) (U.S. Attorney General confirming that "HHS programs not listed in the notice, such as . . . programs under the Ryan White CARE Act . . . , do not meet the statutory definition of 'federal public benefit' and therefore do not have to verify the citizenship or immigration status of applicants or recipients under PRWORA.").

Ryan White services are administered through HHS and the Health Resources & Services Administration ("HRSA"), an HHS agency. Applicants may receive benefits if they meet each of the following factors: (1) the applicant has a documented diagnosis of HIV; (2) there is documentation of low-income status; and (3) there is documentation evidencing that the applicant lives or resides in the Ryan White local service area. States or localities receiving Ryan White funding may determine and define the standards for (a) low-income status based on percentage of the Federal Poverty Level sufficient to qualify for services in that area, and (b) the length and

location of residence within the service area (which may include a state, county, or municipality). Nowhere does Ryan White guidance indicate that States are permitted to define "service area residence" based on immigration status, outside the bounds of the CARE Act or PRWORA. HRSA HAB Policy Clarification Notice 21-02 Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program Policy Notice. (replaces Policy Number 13-02 Clarifications on Ryan White Program Client Eligibility Determinations and Recertification Requirements) (Effective Date: Oct. 19, 2021).[2] The Ryan White Part B Policy of the Idaho Department of Health and Welfare ("IDHW") recognizes this fact. *See* Ex. Dr. Davids Decl., ¶ 31, Ex. D ("Per HRSA PCN 21-02, Immigration status is irrelevant for the purposes of eligibility for [Ryan White/ADAP] services.").

**B. H.B. 135 Text and Implementation**

H.B. 135 amends Idaho Code §§ 56-203 and 67-7903. Prior to amendment, Idaho Code § 67-7903 required immigration status verification for federal public benefits and state and local public benefits as those terms are defined in federal law, *see* Idaho Code § 67-7902. Prior to H.B. 135, the statute also provided exemptions consistent with federal law that mirrored those in PRWORA, *see* 8 U.S.C. §§ 1611(b)(1)(A)-(E); 1621(b)(1)-(4). H.B. 135 removes these exemptions and amends Idaho Code in relevant part as follows:

> 67-7903. VERIFICATION OF LAWFUL PRESENCE -- EXCEPTIONS -- REPORTING.
>
> (1) Except as otherwise provided in subsection (3) of this section ~~***or where exempted by federal law***~~***, each agency or political subdivision of this state shall verify the lawful presence in the United States of each natural person eighteen (18) years of age or***

[2] *Available at*: https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-21-02-determining-eligibility-polr.pdf.

***older who applies for state or local public benefits or for federal public benefits for the applicant***.

(2) This section shall be enforced without regard to race, religion, gender, ethnicity or national origin.

(3) Verification of lawful presence in the United States shall not be required:

~~(a) For any purpose for which lawful presence in the United States is not required by law, ordinance or rule;~~

~~(b)~~(a) For obtaining health care items and services that are necessary for the treatment of an emergency medical condition of the person involved and that are not related to an organ transplant procedure;

~~(c)~~(b) For short-term, noncash, in-kind emergency disaster relief; or

~~(d) For public health assistance for immunizations with respect to immunizable diseases and testing and treatment of symptoms of communicable diseases whether or not such symptoms are caused by a communicable disease;~~

~~(e)~~(c) For programs, services, or assistance, ~~such as soup kitchens, crisis counseling and intervention and short-term shelter specified by federal law or regulation~~ at short-term shelters that:

(i) Deliver in-kind services at the community level, including services through public or private nonprofit agencies;

(ii) Do not condition the provision of assistance, the amount of assistance provided, or the cost of assistance provided on the individual recipient's income or resources; and

(iii) Are necessary for the protection of life or public safety~~;~~.

~~(f) For prenatal care;~~

~~(g) For postnatal care not to exceed twelve (12) months; or~~

~~(h) For food assistance for a dependent child under eighteen (18) years of age.~~

H.B. 135 (underscores and strikethroughs in original; emphasis and coloring added). It also empowers IDHW to establish the lawful presence requirements of that section. *See* H.B. 135 (amending I.C. § 56-203). Under the new provisions, state agencies now require individuals to prove "lawful presence" based upon their immigration status, before they can receive benefits for

which they actually remain eligible under federal law. H.B. 135 purports to require verification for programs that are specifically exempt from verification requirements under PRWORA. The Idaho statutes define federal public benefits according to federal statutes. I.C. § 67-7902(2)-(3) ("As used in this chapter: . . . (2) 'Federal public benefit' shall have the same meaning as provided in 8 U.S.C. section 1611(c)."). This new imposition of verification requirements—and particularly with the express deletion of "or where exempted by federal law"—unlawfully withdraws essential federally-funded care and basic necessities from some of Idaho's most at-risk residents, in direct conflict with federal law.

On April 16, 2025, Ryan White medical case managers were first informed that H.B. 135 may require them to verify immigration status after the bill's July 1, 2025 effective date. *See* Ex. Dr. Davids Decl. ¶ 22. Discussions between providers and Defendant IDHW over the impact of H.B. 135 on Ryan White care continued through May. *Id.* at ¶¶ 22-26. Finally, on May 30, 2025, IDHW confirmed that status verification would be required but continued to delay providing guidance on how to verify status through June 2025. *Id.* at ¶¶ 24-27, 35-36.

**C. Impact of H.B. 135 on Plaintiffs.**

To receive Ryan White benefits in Idaho, the Patient Plaintiffs and similarly situated individuals must complete a reenrollment process every six months. There is currently no guidance from IDHW addressing how the new verification requirements under H.B. 135 will interact with this reenrollment period. If IDHW mandates verification for all participants on July 1, individuals will lose access to Ryan White funding as soon as they exhaust their June medication supply because the program only dispenses 30-day medication refills at a time, resulting in a sudden and widespread disruption of care. Alternatively, if verification is required only at the next recertification, the loss of access will be staggered, but the harm remains—some individuals could

lose coverage as early as July, while others may retain access until as late as December, depending on their individual recertification schedules.

Without clear direction, these individuals face the imminent risk of being unable to refill life-sustaining medications. All five Patient Plaintiffs are HIV positive. Dkt. No. 2-8, Decl. of K.P. ("KP Decl.") ¶ 17; Dkt. No. 2-9, Decl. of N.R. ("NR Decl.") ¶ 19; Dkt. No. 2-10, Decl. of F.F. ("FF Decl.") ¶ 10; Dkt. No. 2-11, Decl. of J.A.O.G. ("JAOG Decl.") ¶ 14; Dkt. No. 2-12, Decl. of John Doe ("Doe Decl.") ¶ 9. All rely on the Ryan White Program to receive life-saving antiretroviral therapy ("ART"). KP Decl. ¶¶ 18-19, 21-22, 28; NR Decl. ¶¶ 20-21, 28-29; FF Decl. ¶¶ 11-12, 14; JAOG Decl. ¶¶ 15-18, 23-24; Doe Decl. ¶¶ 10-13, 19-20. All of the patient plaintiffs risk losing access to this care if required to verify their status under the new law. KP Decl. ¶¶ 6, 9-16; NR Decl. ¶¶ 7, 11-18; FF Decl. ¶¶ 4-5, 23; JAOG Decl. ¶¶ 4, 7-13; Doe Decl. ¶¶ 7, 18. All face severe, potentially fatal health consequences if they lose access to treatment. KP Decl. ¶¶ 21-22, 27-28; NR Decl. ¶ 28; FF Decl. ¶¶ 11, 19-22; JAOG Decl. ¶ 23; Doe Decl. ¶ 19.

For example, Plaintiffs N.R. and K.P., are a husband and wife, both seeking asylum and living with HIV in Idaho with their 18-month-old U.S. citizen daughter. *See* KP Decl. ¶¶ 2-7, 9-10, 17; NR Decl. ¶¶ 1, 3, 11, 28, 29. They fear that H.B. 135 will deprive them of life-saving ART. KP Decl. ¶¶ 17-27; NR Decl. ¶¶ 1, 3, 11, 28, 29. N.R. and K.P. receive ART through the federal Ryan White funding at Full Circle Health in Idaho. KP Decl. ¶¶ 17-19; NR Decl. ¶¶ 21. They are unsure if their statuses as asylum-seekers with temporary work permits qualify as lawful presence for purposes of the new law. *See* KP Decl. ¶¶ 11-13; NR Decl. ¶ 17. Because she was able to access ART, K.P. did not transmit HIV to her daughter during pregnancy. KP Decl. ¶ 22. Without access to her medication, K.P.'s health would deteriorate significantly. KP Decl. ¶ 27. For N.R., losing access to ART because of H.B. 135's status verification requirement would be "fatal[.]" NR Decl.

¶ 28. This medication is "everything" for them to "be with [their] daughter and watch her grow." *See* KP Decl. ¶ 27.

## III. LEGAL STANDARD

A temporary restraining order ("TRO") is intended to keep things as they are until the court can decide whether a preliminary injunction is warranted. *All. for Wild Rockies v. Higgins*, 690 F. Supp. 3d 1177, 1185 (D. Idaho 2023). A preliminary injunction's primary function is to maintain the status quo *ante litem*, preserving the positions of the parties and preventing irreparable harm while the merits of the underlying dispute are adjudicated. *See Arizona Dream Act Coalition v. Brewer*, 757 F.3d 1053, 1061 (9th Cir. 2014); *Hubbard v. City of San Diego*, No. 24-4613, 2025 WL 1572736, at *7 n.10 (9th Cir. June 4, 2025). The standard for obtaining a TRO and a preliminary injunction is identical. *Higgins*, 690 F. Supp. 3d at 1185.

To prevail on a motion for a TRO or a preliminary injunction, the moving party must make a showing of four elements: (1) a likelihood of success on the merits; (2) a likelihood of irreparable harm; (3) that the balance of equities tips in the movant's favor; and (4) that an injunction is in the public interest. *Hubbard*, 2025 WL 1572736, at *4. The likelihood of success on the merits is the most important factor. *Id*. When the government opposes injunctive relief, the balance of equities and public interest factors merge. *Id*. at *7.

Courts in the Ninth Circuit apply a "sliding scale" standard, "allowing a stronger showing of one element to offset a weaker showing of another." *Doe v. Snyder*, 28 F.4th 103, 111 (9th Cir. 2022) (*citing All. for Wild Rockies v. Cottrell*, 632 F.3d 1127, 1131 (9th Cir. 2011)). Thus, an injunction is proper where there are "serious questions going to the merits" and the balance of hardships "tips sharply toward the plaintiff." *Cottrell*, 632 F.3d at 1132.

## IV. ARGUMENT

The facts in this case warrant a TRO and preliminary injunction. The requested relief would merely preserve the status quo while the litigation proceeds, imposing minimal burden on Defendants. By contrast, denying relief would immediately and irreparably disrupt Plaintiffs' access to essential life-saving health care, causing severe and irreversible harm. The resulting gaps in care could lead to significant and fatal health consequences, exacerbate suffering, and place lives at risk—harms that are not remediable after the fact.

### A. Plaintiffs Are Likely to Succeed on the Merits: H.B. 135 is Preempted.

Plaintiffs are likely to succeed on the merits because H.B. 135 is preempted under the doctrines of field preemption or conflict preemption, either of which is sufficient to warrant preserving the status quo. First, the state cannot regulate, limit access, supplant, or otherwise impose its own "lawfully present" verification requirements for people eligible for or enrolled in the federally-funded Ryan White benefit programs in Idaho. To do so would be in conflict with federal law and violate the Supremacy Clause of the U.S. Constitution: PRWORA "defines the full scope of permissible state legislation in the area of regulation of government benefits and services to aliens." *League of United Latin Am. Citizens v. Wilson*, 997 F. Supp. 1244, 1255 (C.D. Cal. 1997); U.S. Const. Art. VI, cl. 2; *see also Poder in Action v. City of Phoenix*, 506 F. Supp. 3d 725, 735 (D. Ariz. 2020) (concluding that the city's immigration eligibility restrictions for federally funded public benefits that are exempt from restriction under PRWORA were preempted).

Second, H.B. 135's amendments conflict with the express language of PRWORA at 8 U.S.C. § 1611(b)(1)(C), and federal policies and procedures governing verification and access to

public benefits. The bill serves as an obstacle to the federal objectives of PRWORA and the Ryan White Program.

1. **Congress Has Preempted the Field of Immigration Status Requirements for Public Benefits.**

Congress has the power to preempt state laws under the Supremacy Clause. U.S. Const. Art. VI, cl. 2; *Crosby v. Nat'l Foreign Trade Council*, 530 U.S. 363, 372 (2000); *Gibbons v. Ogden*, 22 U.S. 1, 210-11 (1824). It may do so by an express statement, *see, e.g.*, *Chamber of Com. of U.S. v. Whiting*, 563 U.S. 582, 594 (2011), or through implication. The doctrine of field preemption precludes states "from regulating conduct in a field that Congress, acting within its proper authority, has determined must be regulated by its exclusive governance." *Arizona v. United States*, 567 U.S. 387, 399 (2012) (internal citations omitted). "The intent to displace state law altogether can be inferred from a framework of regulation so pervasive that Congress left no room for the States to supplement it or where there is a federal interest so dominant that the federal system will be assumed to preclude enforcement of state laws on the same subject." *Id.* (cleaned up).

The dominance of the federal interest in immigration and immigration status is well established. *Id.* at 394 ("The Government of the United States has broad, undoubted power over the subject of immigration and the status of aliens."); *see also Nwauzor v. GEO Grp.*, 127 F.4th 750, 778 (9th Cir. 2025) ("Few areas of the law are as exclusively within the domain of the federal government as immigration."). PRWORA's comprehensive federal framework governing access to categories of public programs based on beneficiaries' immigration status and demarcating clear and limited areas where States may legislate in accordance with those standards reflects its intent to displace state law. PRWORA thus occupies the field, establishing a complete system for determining immigrants' eligibility for public benefits with no room for States to legislate outside

of clearly defined areas. *See, e.g.*, *League of United Latin Am. Citizens*, 997 F. Supp. at 1255 (PRWORA "defines the full scope of permissible state legislation in the area of regulation of government benefits and services to aliens."); *Poder*, 506 F. Supp. 3d at 735 (concluding that a city's immigrant eligibility restrictions for federally-funded public benefits exempted from restriction under PRWORA were preempted); *Equal Access Educ. v. Merten*, 305 F. Supp. 2d 585, 605 (E.D. Va. 2004) ("[I]t does appear that Congress has pre-empted the field of determining alien eligibility for certain public benefits, including even state benefits."); *cf. Korab v. Fink*, 797 F.3d 572, 581 (9th Cir. 2014) ("Considering the Welfare Reform Act as a whole, it establishes a uniform federal structure for providing welfare benefits to distinct classes of aliens.").

While PRWORA restricts immigrant eligibility for certain "federal public benefits," that term does not include all federal programs and Congress provided several explicit exemptions to those eligibility restrictions. *See* 8 U.S.C. §§ 1611(b), (c)(2). The U.S. Attorney General and HHS have previously confirmed that the Ryan White Program does not provide federal public benefits under 8 U.S.C. § 1611—the federal definition which Idaho Code references in §§ 67-7902, 67-7903. Ryan White Program services were not included in HHS's Aug. 4, 1998 list of federal public benefits and the U.S. Attorney General confirmed over 25 years ago that "HHS programs not listed in the notice, such as . . . programs under the Ryan White CARE Act . . . , do not meet the statutory definition of 'federal public benefit' and therefore do not have to verify the citizenship or immigration status of applicants or recipients under PRWORA." 66 Fed. Reg. 3613-02. Idaho state authorities simply do not have the authority to impose state verification requirements on federally-funded Ryan White benefits where such status verification requirements do not otherwise exist and are not otherwise permitted under PRWORA or the Ryan White CARE Act.

H.B. 135 as implemented by Defendants impermissibly seeks to regulate access to certain public benefits based on immigration status, a field which is dominated by PRWORA and the uniform federal interest in the movement and classification of noncitizens. *See Arizona Dream Act Coal. v. Brewer*, 855 F.3d 957, 972 (9th Cir. 2017) (describing an "overwhelming dominant interest" in the "entry, movement, and residence of [noncitizens] within the United States[.]"); *Valle del Sol Inc. v. Whiting*, 732 F.3d 1006, 1026 (9th Cir. 2013); *see also Lozano v. City of Hazleton*, 724 F.3d 297, 316 (3rd Cir. 2013) ("We agree with the Eleventh Circuit and other courts that have held that 'the federal government has clearly expressed more than a 'peripheral concern' with the entry, movement, and residence of aliens within the United States and the breadth of these laws illustrates an overwhelmingly dominant federal interest in the field." (*quoting Georgia Latino All. for Hum. Rts. v. Governor of Georgia*, 691 F.3d 1250, 1266 (11th Cir. 2012))). Thus, H.B. 135's verification requirements placed on Ryan White funding are field-preempted.

2. **H.B. 135 Conflicts with Federal Law and Is Preempted.**

Congress may also displace state law through implication where there is a conflict between the state and federal laws under the doctrine of conflict preemption. *See Arizona*, 567 U.S. at 399. Conflict preemption can occur in two circumstances. First, state law is preempted where "compliance with both federal and state regulations is a physical impossibility." *Florida Lime & Avocado Growers, Inc. v. Paul*, 373 U.S. 132, 142–43 (1963). Second, state law is preempted where it "stands as an obstacle to the accomplishment and execution of the full purposes and objectives of Congress." *Hines v. Davidowitz*, 312 U.S. 52, 67 (1941). A state law is preempted where "the record [ ] fairly support[s] 'an irreconcilable conflict' between federal and state law." *Montana Med. Ass'n v. Knudsen*, 119 F.4th 618, 623 (9th Cir. 2024) (*quoting Rice v. Norman Williams Co.*, 458 U.S. 654, 659 (1982)).

H.B. 135 presents an irreconcilable conflict with federal law where it purports to require verification for programs that are expressly exempt from verification requirements. The Ryan White Program is not a federal public benefit as defined under 8 U.S.C. § 1611(c), and, even if it were, it would fall within the exemption for public health assistance programs that provide testing and treatment of communicable disease symptoms. *See* 8 U.S.C. § 1611(b)(1)(C). Nor do these federally-funded programs provide state or local public benefits. *See Pimentel v. Dreyfus*, 670 F.3d 1096, 1099 n.4 (9th Cir. 2012) ("[A] federally funded benefit is still considered a 'federal public benefit' even if administered by a state or local agency."); *accord Poder*, 506 F. Supp. 3d at 731. Moreover, H.B. 135 stands as an obstacle to the execution of Congress's purpose in creating the Ryan White Program. *See* 42 U.S.C. § 300ff (describing the purpose of the Ryan White CARE Act as "mak[ing] financial assistance available to States and other public or private nonprofit entities to provide for the development, organization, coordination and operation of more effective and cost efficient systems for the delivery of essential services to individuals and families with HIV disease."). Congress's purpose cannot be fully executed if eligible individuals living with HIV are unable to access treatment because of an unlawful state verification requirement.

The Ryan White Program is unequivocally governed by federal law. Idaho lacks authority to impose its own restrictions based on alienage or immigration status in these programs. *C.f.* 8 U.S.C. § 1642(b) ("[A] State that administers a program that provides a Federal public benefit shall have in effect a verification system that complies with the regulations.").

Under federal law, the Ryan White Program remains available regardless of alienage or immigration status nationwide, yet under Idaho state law, proof of immigration status is required. The state's eligibility restriction for these programs presents an irreconcilable conflict with PRWORA's clear statutory and regulatory scheme. Congress, through PRWORA, expressly

ensured that certain basic benefits remain available regardless of alienage or immigration status by exempting immigration status eligibility and verification requirements for these benefits. *See* 8 U.S.C. § 1611(b). H.B. 135's express deletion of "or where exempted by federal law" and "[f]or public health assistance for immunizations with respect to immunizable diseases and testing and treatment of symptoms of communicable diseases whether or not such symptoms are caused by a communicable disease," at Idaho Code §§ 67-7903(1) and 67-7903(3)(d), withdraws essential life-saving care from some of Idaho's most at-risk residents. It is therefore in direct conflict with the federal exemptions codified at 8 U.S.C. § 1611(b)(1)(C) and federal policies and procedures at 63 Fed. Reg. 41658, 66 Fed. Reg. 3613-02, and HRSA PCN 21-02. By withdrawing access to essential life-saving care from some of Idahoans living with HIV, H.B. 135 expressly conflicts with and undermines the federal statutory scheme, violating the Supremacy Clause of the U.S. Constitution.

### B. Plaintiffs Will Suffer Irreparable Injury Absent a Temporary Restraining Order and Injunction.

Plaintiffs and similarly situated individuals will suffer immediate and irreparable injury if H.B. 135 is permitted to take effect. The law's restrictions on access to life-saving medications and treatment will result in the swift and severe decompensation of the health of Idahoans living with HIV in direct conflict with federal law and priorities.

Because of the highly effective treatments provided through the Ryan White Program, "HIV is no longer a death sentence." *See* Dkt. 2-2, Dr. Davids Decl. ¶ 39. If the Patient Plaintiffs and proposed class members lose access to their HIV treatment, "the impact on their health will be devastating." *Id.* ¶ 39; *see generally id.* ¶¶ 37-45. Loss of treatment will allow for the "universally fatal" progression of the disease to AIDS and increase their risk "for infections,

cancer, heart attacks, and strokes[,]" including "highly deadly infections . . . like pneumocystis pneumonia, cryptococcal meningitis, Kaposi sarcoma, mycobacterium avium complex, cytomegalovirus, toxoplasmosis, and visceral leishmaniasis[.]" *Id.* ¶ 39, 40. Treatments provided through Ryan White also prevent transmission of HIV, including transmission to children through pregnancy, meaning that withdrawal of care endangers the Patient Plaintiffs' health and the health of the general population. *See id.* ¶ 43-45. The Patient Plaintiffs rely on Ryan White funding to access treatment; absent an injunction, they will be unable to verify lawful presence and lose access to treatment necessary to preserve their lives and protect others from the spread of HIV. *See* KP Decl., *passim*; NR Decl., *passim*; FF Decl., *passim*; JAOG Decl., *passim*; Doe Decl., *passim*.

The Ninth Circuit and other courts have routinely recognized that the loss or reduction of critical public benefits constitutes irreparable harm, as these injuries cannot be remedied by monetary damages or restored after the fact. *E.g.*, *City & Cnty. of San Francisco v. U.S. Citizenship & Immigr. Servs.*, 981 F.3d 742, 762 (9th Cir. 2020). Reductions in public health benefits that immediately endanger beneficiaries, causing deterioration of health and increased risk of hospitalization, are harms that cannot be compensated or reversed. *See M.R. v. Dreyfus*, 663 F.3d 1100, 1114-16 (9th Cir. 2011), *amended on other grounds*, 697 F.3d 706 (9th Cir. 2012) ("[T]he reduction or elimination of public medical benefits is sufficient to establish irreparable harm to those likely to be affected by the program cuts.").

The risk is not speculative. Even temporary gaps in care can lead to "pain, infection, amputation, medical complications, and death due to delayed treatment." *Id.* at 1110 (*quoting Harris v. Bd. of Supervisors*, 366 F.3d 754, 766 (9th Cir. 2004)). H.B. 135's elimination of longstanding exceptions for those seeking treatment for communicable diseases will have severe consequences, including increased rates of preventable illness. *See City & Cnty. of San Francisco*,

981 F.3d at 762–63 (recognizing that loss of Medicaid and nutrition benefits leads to adverse health outcomes for both individuals and the broader community). For these reasons, Plaintiffs have a clear and compelling case that they—and the public at large—will suffer irreparable injury absent a TRO and preliminary injunction. Such harm warrants immediate equitable relief to preserve the status quo and prevent the denial of essential, life-sustaining services.

### C. The Balance of Equities and Public Interest Supports a Temporary Restraining Order and Injunction.

Courts have consistently held that the risk of irreparable harm to individuals—such as loss of medical care, risk of hospitalization, or deterioration of health—far outweighs any temporary administrative or fiscal inconvenience to the government. *See M.R.*, 663 F.3d at 1119-20 ("[T]he balance of hardships favors beneficiaries of public assistance who may be forced to do without needed medical services over a state concerned with conserving scarce resources."); *City & Cnty. of San Francisco*, 981 F.3d at 762 (harm to individuals and communities from loss of benefits is immediate and irreparable, while government harm "will amount to no more than a temporary extension of the law previously in effect for decades"). Granting a preliminary injunction imposes, at most, a minimal burden on the state, as it merely preserves existing policies while the merits are adjudicated. *See City & Cnty. of San Francisco*, 981 F.3d at 762. Here, continued access to HIV/AIDS treatment is critical to preserving the health of Patient Plaintiffs and the proposed class members as well as the public at large. *See* Dr. Davids Decl. ¶¶ 37-45. Discontinuation of Ryan White benefits increases the risks of HIV transmission and endangers public health. *Id.*

The public interest is best served by preserving access to health care for those most in need. The Ninth Circuit has recognized a "robust public interest in safeguarding access to health care for . . . 'the most needy in the country.'" *M.R.*, 663 F.3d at 1119 (*quoting Indep. Living Ctr. of S. Cal.,*

*Inc. v. Maxwell-Jolly*, 572 F.3d 644, 659 (9th Cir. 2009)). Maintaining the status quo through injunctive relief prevents abrupt policy changes that would disrupt care, endanger public health, and undermine legislative priorities. *See City & Cnty. of San Francisco*, 981 F.3d at 762-63. Thus, the balance of equities and the public interest overwhelmingly support injunctive relief in this case, where access to essential health care for vulnerable populations is at stake.

**D. The Court Should Issue Relief to a Provisionally Certified Class.**

Plaintiffs have concurrently filed a motion for class certification establishing their compliance with the requirements of Rule 23. *See* Dkt. 3-1, Pls.' Mem. ISO Mot. for Class Certification. They incorporate those arguments here and request the Court grant relief to a provisionally certified class. *See id.* Provisional class certification is both appropriate and necessary at this stage to ensure that all similarly situated individuals receive the benefit of uniform relief and to prevent inconsistent or fragmented adjudication. *See, e.g.*, *Betschart v. Oregon*, 103 F.4th 607, 615 (9th Cir. 2024) (affirming relief issued to provisionally certified class); *Fraihat v. U.S. Immigr. & Customs Enf't*, 16 F.4th 613, 635 (9th Cir. 2021) (class certification and preliminary injunction are "in service of" one another and should be considered together); *Al Otro Lado v. Wolf*, 952 F.3d 999, 1005 n.4 (9th Cir. 2020) (approving class certification for injunctive relief to ensure all affected individuals are protected); *Meyer v. Portfolio Recovery Assocs., LLC*, 707 F.3d 1036, 1041-43 (9th Cir. 2012) (affirming provisional class certification and preliminary injunction); *Carrillo v. Schneider Logistics, Inc.*, 2012 WL 556309, at *9 (C.D. Cal. Jan. 31, 2012) (provisional certification "routinely" granted for injunctive relief), *aff'd*, 501 F. App'x 713 (9th Cir. 2012); *Idaho Org. of Res. Councils v. Labrador*, No. 1:25-CV-00178-AKB, 2025 WL 1237305, at *19 (D. Idaho Apr. 29, 2025) (enjoining a state immigration regulation as to two provisionally certified classes). Moreover, provisional certification at this stage preserves the

Court's flexibility to revisit or modify the class definition as the case develops, ensuring that the relief remains tailored and equitable. *See Rodriguez v. West Publ'g Corp.*, 563 F.3d 948, 966 (9th Cir. 2009) ("A district court may decertify a class at any time.").

**E. Bond Should Be Waived.**

The Court should waive the bond requirement because Plaintiffs have limited financial means and are pursuing claims that serve the public interest. *See Idaho Org. of Res. Councils*, 2025 WL 1237305 at *15. District courts have broad discretion to dispense with or require only a nominal bond in public interest litigation, particularly where requiring security would effectively deny access to judicial review. *E.g.*, *Save Our Sonoran, Inc. v. Flowers*, 408 F.3d 1113, 1126 (9th Cir. 2005) ("requiring nominal bonds is perfectly proper in public interest litigation"); *Barahona-Gomez v. Reno*, 167 F.3d 1228, 1237 (9th Cir. 1999) (upholding nominal $1,000 bond for a class of aliens with "unremarkable financial means," despite the government's assertion of substantial costs); *Diaz*, 656 F.3d at 1015 (affirming decision to require no bond in a case enjoining the state from terminating healthcare benefits for same-sex partners).

Waiving or minimizing the bond is especially compelling where, as here, Plaintiffs seek to enjoin unconstitutional conduct by a governmental entity. Imposing a substantial bond in such cases would "effectively deny access to judicial review," *People of State of Cal. ex rel. Van De Kamp v. Tahoe Reg'l Plan. Agency*, 766 F.2d 1319, 1325 (9th Cir.), *amended*, 775 F.2d 998 (9th Cir. 1985). The public interest in vindicating constitutional rights and ensuring access to the courts strongly favors waiving the bond requirement. *Save Our Sonoran*, 408 F.3d at 1126; *Barahona-Gomez*, 167 F.3d at 1237. Because Plaintiffs (including putative class members) are of limited means, are advancing the public interest, and seeking redress for unconstitutional government

action, the Court should exercise its discretion to waive the Rule 65(c) bond requirement in its entirety.

## V. CONCLUSION

For the foregoing reasons, Plaintiffs respectfully request that the Court grant Plaintiffs' Motion for a Temporary Restraining Order and Preliminary Injunction and issue relief as to a provisionally certified class.

Dated: June 26, 2025

Respectfully submitted,

*/s/ Emily Myrei Croston*
Emily Myrei Croston (ISB No. 12389)
ACLU of Idaho Foundation

**CERTIFICATE OF SERVICE**

I CERTIFY that on June 26, 2025, I served a copy of the foregoing documents by electronic mail to the following person, who has agreed to accept service on behalf of all defendants:

James Craig, Division Chief
Civil Litigation and Constitutional Defense
Office of the Idaho Attorney General
700 W. Jefferson Street
Boise, ID 83720-0010
James.craig@ag.idaho.gov

Dated: June 26, 2025

Respectfully submitted,

*/s/ Emily Myrei Croston*
Emily Myrei Croston (ISB No. 12389)
ACLU of Idaho Foundation

**IN THE UNITED STATES DISTRICT COURT**
**FOR THE DISTRICT OF IDAHO**

| | |
|---|---|
| ABBY DAVIDS, MD, *et al.*,<br>*Plaintiffs*,<br><br>v.<br><br>ALEX ADAMS, in his official capacity as Director of the Idaho Department of Health and Welfare, *et al.*,<br>*Defendants*. | Case No. |

**DECLARATION OF DR. ABBY DAVIDS**

I, Abby Davids, MD, make this declaration based on my personal knowledge, except where I have indicated otherwise. If called to testify as a witness, I could and would testify competently and truthfully to these matters.

1. I am a citizen of the United States and a resident of Idaho.
2. I am the Program Director of the Boise Family Medicine Residency and the previous Fellowship Director of the HIV & Viral Hepatitis Fellowship at Full Circle Health.
3. I make this declaration in my individual capacity and not as a representative of Full Circle Health.
4. I am a broad-spectrum family physician who sees patients in the clinic, works in the hospital, and delivers babies. My clinical expertise lies in the care of newly arrived immigrants and refugees; the care of people living with HIV, viral hepatitis, and TB; and the intersection of infectious disease, public health, and primary care.
5. I graduated from The Ohio State University College of Medicine in 2011.

6. I completed my residency at the Greater Lawrence Family Health Center in Massachusetts in 2014.
7. While in medical school, I developed an interest in caring for global populations, and treatment for people living with HIV. As part of my training, I cared for children in Ethiopia who were double orphans of HIV, and living with HIV themselves. Witnessing the devastation that untreated HIV has on families and children in Ethiopia inspired me to care for HIV+ patients.
8. I started at Full Circle as a Fellow in the HIV & Viral Hepatitis Fellowship in 2014 and have practiced at Full Circle in various roles since that time.
9. My CV is attached as Exhibit A.
10. Seven physicians, one pharmacist, five nursing staff and four case managers serve HIV+ patients at our clinic.
11. Our clinic serves approximately 890 HIV+ patients. I see about 100 patients of my own currently, as well as provide cross coverage care for patients assigned to our other HIV providers.
12. Of our more than 890 HIV+ patients, approximately 175 are immigrants with a variety of immigration statuses.
13. Our clinic serves approximately 45 HIV+ patients who are fully undocumented.
14. Our clinic serves around an additional 20 patients whose immigration statuses put them at risk of failing HB 135's verification requirements. They are at risk because the statute does not say whether their status would be considered "lawfully present" and/or because they lack a social security number. These uncertain statuses include patients with pending applications for asylum who have an employment authorization document (EAD), which

is a temporary work permit that is more limited than a Green Card, patients who are DACA recipients (Deferred Action for Childhood Arrivals), and patients who have a student visa but no work permit.

15. Consequently, more than 60 patients at our clinic risk losing access to HIV medication because of HB 135.
16. Of these patients, I personally care for approximately 10.
17. If HB 135's verification requirements go into effect, I will lose the ability to provide comprehensive HIV care for these patients, which represent about 10% of my patients with HIV.
18. Our patients include heterosexual men and women, including people who are pregnant, and people from the LGBTQ+ community.
19. One of my recent patients is a pregnant woman who is undocumented and living with HIV. Without treatment, HIV can be transmitted from mother to child.
20. The more than 60 patients who risk losing access to their HIV medications all receive their medications from our clinic for free through the Ryan White HIV/AIDS Program Part B (Ryan White): AIDS Drug Assistance Program (ADAP). Ryan White/ADAP provides funding for FDA-approved medications to low-income people with HIV. These people have limited or no health insurance.
21. The Idaho Department of Health and Welfare (IDHW) administers the Ryan White/ADAP program in Idaho.
22. Attached as Exhibit B are the official meeting notes of the Ryan White/ADAP MCM (Medical Case Managers) meeting on April 16, 2025. According to the meeting notes, IDHW informed the Ryan White/ADAP medical case managers that HB 135 may require

them to verify the immigration status of patients accessing HIV treatment through the ADAP/Ryan White program. The Meeting notes state that medical case managers "can continue to provide services to undocumented clients until July 1, 2025."

23. Attached as Exhibit C is correspondence between IDHW and me regarding the effect of HB 135 on our Ryan White/ADAP services. Starting May 6, 2025, as shown in this correspondence, I, and others at Full Circle, repeatedly asked IDHW to confirm whether HB 135 would affect our Ryan White/ADAP patients, and, if so, how the new law would be implemented, including which immigration statuses would satisfy the requirements. As of May 29, 2025, IDHW did not provide any guidance.
24. On May 30, 2025, IDHW informed me that per HB 135, lawful presence will need to be verified for individuals applying to participate in Ryan White/ADAP.
25. That same day, I informed IDHW that "We will need specific guidance about what types of verification you will accept and which immigration statuses will be deemed to be lawful. We will also need to know when this goes into effect and the expected timeline to provide this information for all current ADAP participants."
26. On June 4, 2025, IDHW held a meeting where they explained their decision to require immigration status verification for the Ryan White/ADAP program. However, my understanding is that they did not answer our clinic's questions about timeline or whether statuses other than U.S. citizen, green card holder, refugee, or asylee would be considered lawfully present. For example, they did not provide guidance as to eligibility for people who have *pending* asylum applications and temporary work permits, DACA recipients or student visas.
27. As of today's date, I have not received the guidance I requested.

28. When I meet with patients, I inform them about the Ryan White/ADAP program as a way to access HIV medications that they would otherwise be unable to afford.
29. I advise my patients about the eligibility requirements.
30. Before HB 135, immigration status did not render patients ineligible for the program.
31. Attached as Exhibit D is IDHW's Idaho Ryan White Part B Policy. According to the Policy, a person must be an Idaho resident to enroll in Ryan White/ADAP. However, the Policy states that "Per HRSA PCN 21-02, Immigration status is irrelevant for the purposes of eligibility for [Ryan White/ADAP] services."
32. However, because of HB 135, I am now required to advise my patients of the immigration status verification requirements for the Ryan White/ADAP program. I may also be required to verify their immigration status in order to keep them on Ryan White/ADAP.
33. Some of the verification requirements are vague and confusing to me, including the meaning of "lawfully present," so I don't know how to properly advise my patients. I have sought guidance from the Idaho Department of Health and Welfare on these issues, but they have not provided guidance to me or the clinic.
34. I am not an immigration attorney and cannot give legal advice to my patients. If my patients verify that they are lawfully present in Idaho in order to stay in the Ryan White/ADAP program, but the State of Idaho determines that they are not lawfully present here, my patients could be liable for committing a federal crime. This possibility frustrates my ability to serve my patients and causes me, and them, significant anxiety.
35. Moreover, I still do not know when or how the state will start imposing the immigration status verification requirements. The law is effective on July 1, 2025, but, despite repeated requests for guidance, I have not been told by IDHW whether verification will be required

on July1, at the time of their next medication refill, at the time of their reenrollment, which occurs every six months, or only for new enrollees. This lack of guidance on implementation makes it impossible for my patients and me to know when their medication will run out, which causes significant stress and anxiety for my patients and me.

36. IDHW has also not informed me as to whether or how my clinic needs to perform the immigration status verification, or if the verification will be handled exclusively by IDHW.

**Explanation of HIV**

37. HIV interferes with the body's ability to fight infection and disease by damaging the immune system.

38. The HIV medications provided by the ADAP/Ryan White program are life-saving medications for my patients. They are highly effective at suppressing the virus to the point that it becomes undetectable and untransmittable.

39. Because of highly effective treatments, HIV is no longer a death sentence. However, if my patients lose access to their HIV treatment, the impact on their health will be devastating. HIV is universally fatal without treatment. There is no cure for HIV. It results in a slow death process. If my patients' medications are terminated, the virus will start attacking their immune cells again, which will quickly put them at a higher risk for infections, cancer, heart attacks, and strokes. The increased risk of infections includes highly deadly infections that people with a typical immune system do not experience. This includes infections like pneumocystis pneumonia, cryptococcal meningitis, Kaposi sarcoma, mycobacterium avium complex, cytomegalovirus, toxoplasmosis, and visceral leishmaniasis – all life threatening conditions for people with HIV/AIDS.

40. Left untreated, my patients will eventually be diagnosed with acquired immune deficiency syndrome (AIDS). AIDS is a chronic, life-threatening condition caused by HIV. It is the late stage of HIV infection and, without treatment, is a terminal condition.

41. In addition to HIV medications, the ADAP/Ryan White program pays for other medications my patients need, including medications that prevent serious infections (some people need these in addition to ART) and those that treat diabetes, high blood pressure, asthma and other conditions.

42. People living with HIV generally have a higher risk of chronic diseases.

43. Withdrawing HIV treatment from my patients will not only have devastating consequences on their health, it raises the public health risk of increased HIV transmission. When my patients are undetectable, they cannot transmit the virus. Without HIV treatment, however, they cannot maintain an undetectable viral level and therefore are able to transmit the virus to others.

44. In the United States, we provide universal HIV treatment both to treat individual patients and to stop transmission, and it has been very effective. Ending universal HIV treatment will result in increased transmission of the virus. This increase in transmission will include maternal to child transmission.

45. Denying access to ART will make Idaho one of the worst places for HIV treatment and prevention in the world.

46. Attached as Exhibit E is a Letter I received on June 18, 2025, from Elke Shaw-Tulloch, MHS, Administrator, Division of Public Health at IDHW. Pursuant to the Letter, "[O]n and after July 1, 2025, recipients of Ryan White benefits must meet the lawful presence criteria outlined in the law."

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on June 24, 2025, in Ada County, Idaho

Signature: Abby Davids MD

Abby Davids, MD

**Signature:** [redacted] Jun 24, 2025 16:12 MDT)

**Email:** [redacted]

**Curriculum Vitae**

# Abby R. Davids, MD, MPH, AAHIVS

## Employment

**Full Circle Health - Family Medicine Residency of Idaho** **August 2015-present**
Program Director, Boise Residency July 2023-present
Associate Program Director, Boise Residency July 2019-July 2023

- Oversight of and responsibility for the Family Medicine residency educational program. Oversee and supervise all Boise educational faculty and all Boise residents. Oversee and supervise residency coordinator and admin staff. Lead efforts for resident and faculty recruitment. Maintain curriculum and rotations and ensure compliance with ACGME requirements around residency training. Lead and create annual program evaluation and program improvement efforts. Oversee resident due process . Engage in special projects across a wide variety of curricular and programmatic areas. Collaborate with other FCH leadership on educational-operational interface. Engage with stakeholders both internal to FCH and across regional and statewide hospital systems and organizations.
- Served as APD from 2019-2023 and then transitioned to PD in July 2023

Associate Designated Institutional Officer January 2023-present

- Oversight, compliance, and leadership for the eight fellowship programs at Full Circle Health
- Assist the DIO with administrative and programmatic issues for FCH as a sponsoring institution of four family medicine, one pediatrics, one pharmacy, one psychology, and eight fellowship programs

Medical Director, TB Clinic April 2016-present

- Lead tuberculosis clinic for FCH in collaboration with State of Idaho and Central District Health Department

Family Medicine Faculty August 2015-present

- Full spectrum family medicine with inpatient, outpatient, OB, and resident teaching responsibilities
- Lead immigration and global health, infectious disease, and electives curricula
- Inpatient and outpatient care of patients with HIV through our Ryan White Wellness Center clinic
- Additional specialty clinics in care of refugees and immigrants, patients with viral hepatitis, and patients with TB
- Faculty Appointment:
    - University of Washington School of Medicine – Clinical Assistant Professor 6/23/20-present
    - University of Washington School of Medicine – Clinical Instructor 9/16/2016-6/22/20

Director, HIV and Viral Hepatitis Fellowship and Resident Global Medicine Training Track April 2016-July 2024

- Lead post-residency fellowship for HIV and Viral Hepatitis
- Supervise residents in global health training track and provide longitudinal curriculum over two years

## Education

**National Institute of Program Director Development Fellowship** October 2024-April 2025

- Cohort training via AFMRD

**Climate Health Organizing Fellowship** October 2023-September 2024

- Cohort training in community organizing and climate health/sustainability through Harvard/Cambridge Health Alliance
- Project focused on FQHC/Idaho public health partnership to build climate resiliency among vulnerable populations in Boise

**WWAMI Faculty Development Fellowship** July 2018-July 2019

- Cohort training in faculty development and research through the University of Washington

**Family Medicine Residency of Idaho** - **HIV Primary Care Fellowship**, Boise, ID — August 2014-August 2015
- Additional training in HIV, Hepatitis B/C, TB, PrEP, gender affirming care
- Outpatient, inpatient, and resident teaching responsibilities

**Lawrence Family Medicine Residency**, Lawrence, MA — June 2011-June 2014
- Area of Concentration: HIV/AIDS
- Global Health Track resident

**The Ohio State University College of Medicine**, Columbus, OH — August 2006-June 2011
Doctor of Medicine
- Magna Cum Laude

**The Ohio State University College of Public Health,** Columbus, OH — August 2008-June 2011
Master of Public Health
- MD/MPH dual degree program
- Concentration: Health Behavior and Health Promotion, Global Health
- Thesis Project: Community Health Assessment in Ethiopia using Photovoice

**The Ohio State University,** Columbus, OH — September 2002-June 2006
Bachelor of Arts, Political Science
- Magna Cum Laude, With Honors in the Liberal Arts
- Concentration: International Relations
- Minor: Professional Writing

## Certifications

| | | |
|---|---|---|
| AAHIVM | American Academy of HIV Medicine – HIV Specialist | November 2015-present |
| BLS | Basic Life Support | June 2011-present |
| ACLS | Advanced Cardiovascular Life Support | June 2015-present |
| PALS | Pediatric Advanced Life Support | June 2011-present |
| NRP | Neonatal Resuscitation Program | September 2011-present |
| ALSO | Advanced Life Support in Obstetrics | May 2012-present |
| | Suboxone Certified Provider | February 2013-present |
| | Civil Surgeon | August 2019-present |

## Licensure

| | |
|---|---|
| American Board of Family Medicine, Diplomate | July 2014-present |
| State of Idaho Medical License | April 2014-present |
| Federal DEA and State of Idaho Controlled Substance Licenses | June 2014-present |
| Buprenorphine DEA Waiver | October 2015-present |
| Commonwealth of Massachusetts Limited Medical License | June 2011-June 2014 |

## Professional Organizations

| | | |
|---|---|---|
| AAFP | American Academy of Family Physicians | June 2011-present |
| STFM | Society of Teachers of Family Medicine | January 2012-present |
| AAHIVM | American Academy of HIV Medicine | May 2013-present |
| HIVMA | HIV Medicine Association | August 2014-present |

## Scholarly Activity

**Publications**

- Davids, A and Carvalho, A. "Rural Populations and HIV." Fundamentals of HIV Medicine, 2023 Edition, lead editor W. David Hardy. Oxford University Press, August 2023.
- Davids, A. "Rural Populations and HIV." Fundamentals of HIV Medicine, 2021 Edition, lead editor W. David Hardy. Oxford University Press, 2021, Chapter 11, pp 121-123.
- Zambrano, L., Jentes, E., Phares, C., Weinberg, M., Kachur, S., Basnet, M., Klosovsky, A., Mwesigwa, M., Naoum, M., Nsobya, S., Samson, O., Goers, M., McDonald, R., Morawski, B., Nijuguna, H., Peak, C., Laws, R., Bakhsh, Y., Iverson, S., Bezold, C., Allkhenfr, H., Horth, R., Yang, J., Miller, S., Kacka, M., Davids, A., Mortimer, M., Stauffer, W., and Marano, N. Clinical sequelae associated with unresolved tropical splenomegaly in a cohort of recently resettled Congolese refugees in the United States – Multiple States, 2015-2018. *Am J Trop Med Hyg*, 00(0), 2020, pp. 1-9.
- Davids, A., White, T. What is the best treatment for corneal abrasion? Help Desk Answer. *Evidence Based Practice*. May 2020; 23(5): 16-17.
- Mortimer, M., Hippe, S., Roop, M., Davids, A. What are the most effective nonpharmacologic treatments of insomnia in adults? Help Desk Answer. *Evidence Based Practice.* Aug 2019; 22(8): 9-10.
- Zambrano, L., Samson, O., Phares, C., Jentes, E., Weinberg, M., Goers, M., Kachur, S., McDonald, R., Morawski, B., Njuguna, H., Bakhsh, Y., Laws, R., Peak, C., Iverson, S., Bezold, C., Allkhenfr, H., Horth, R., Miller, S., Kacka, M., Davids, A., Mortimer, M., Khan, N., Staugger, W., Marano, N. Unresolved splenomegaly in a cohort of recently resettled Congolese refugees – multiple states, 2018. CDC Morbidity and Mortality Weekly Report. December 14, 2018.
- Carlson, C., Ingersoll, J., Davids, A. Does vitamin B12 supplementation improve outcomes for patients taking metformin? Help Desk Answer. *Evidence Based Practice*. Sept 2017, 20(9): E2-E3.
- Alcamo, A., Davids, A**.,** Way, D., Lynn, D.J., Vandre, D. The Impact of a Peer-Designed and –Led USMLE Step 1 Review Course: Improvement in Preparation and Scores. *Academic Medicine* 2010, 85;10, S45-S48.

**Oral Presentations**

- Davids, A, Macerollo, A, and Stenger, R. Transition to Residency: UME to GME Handoffs for WWAMI PDs. FMRN Network Directors Meeting. University of Washington. June 2025.
- Davids, A, Macerollo, A, and Stenger, R. Transition to Residency: UME to GME Handoffs. Society of Teachers of Family Medicine, Annual Spring Conference. Salt Lake City, UT. May 2025.
- Davids, A. Advancing Care of Pregnant Women – Ignite Presentation. Strengthening Outcomes and Assessment in Residency (SOAR) Learning Collaborative. ABFM and AFMRD collaboration. Kansas City, MO. March 24, 2025.
- Davids, A. Navigating Clinician Advocacy as a PD. FMRN Network Directors Meeting. University of Washington. December 2024.
- Davids, A and Neher, J. The Promise and the Peril: Individualized Learning Plans in Residency Education. University of Washington Family Medicine Residency Network. Faculty Development Webinar. September 4, 2024.
- Davids, A and Ely, P. Treating and Curing Hepatitis C: It's in Your Reach as a PCP. Idaho Academy of Family Physicians Annual Conference. Sun Valley, Idaho. May 10, 2024.
- Cordova, T., Davids, A., Legere-Sharples, K. Reproductive Health Training in a Post-Dobbs Country. American Academy Of Family Medicine Residency Leadership Summit. Kansas City, MO. March 2024.
- Gerrish, S., Davids, A., Baker, R., Richardson E., Gerrish, W., Syed, O., and Allman, A. Improving a Framework of Equity: QI for a JEDI Curriculum in a Family Medicine Residency. Society of Teachers of Family Medicine, Annual Spring Conference. Tampa, FL. May 2023.
- Davids, A., Gerrish, W., Chisausky, R., and Ely, P. Health Equity Rounds: Incorporating Social and Structural Determinants of Health into Inpatient Medicine. Society of Teachers of Family Medicine, Annual Spring Conference. Tampa, FL. May 2023.
- Davids, A and Habineza, H. Comprehensive Care for Newly Arrived Americans. Optum Idaho Annual Conference 2022. Boise, Idaho. October 18, 2022.
- Davids, A. Case Presentation – Tertiary Syphilis. Rocky Mountain Pus Club Summer Annual Meeting. Boise, Idaho. August 13, 2022.

- Davids, A and Hahn, C. Yet Another COVID-19 Vaccine Reaction. Rocky Mountain Pus Club Summer Annual Meeting. Boise, Idaho. August 12, 2022.
- Davids, A and Beyer, C. Bloodborne Diseases: The PCP's Primer on HIV, HBV, and HCV. Idaho Academy of Family Physicians Annual Conference. Sun Valley, Idaho. May 7, 2022.
- Davids, A and Duncan, J. Treating Patients Experiencing Homelessness. ACMS Winter Clinics Virtual Conference. February 26, 2021.
- Davids, A and Duncan, J. Testing and Treating COVID-19 in Boise's Homeless Community. Idaho Academy of Family Physicians CME Webinar. September 21, 2020.
- Mortimer, M and Davids, A. Factors that affect engagement in primary care of refugees with chronic conditions in Boise, Idaho: a retrospective case control study of secondary electronic health record data from 2014 through 2017. North American Refugee Health Conference. Virtual Meeting. September 2020.
- Davids, A. HIV in 2019: Where We've Been, Where We're Going, and What You Need To Know. Ada County Medical Education Consortium Grand Rounds. Boise, ID. November 6, 2019.
- Aleinikoff, S., Davids, A., Shanley, P., and Zhang, Y. Developing Experiences for Residents Around Refugee Health. WWAMI Network Webinar. September 5, 2018.
- Davids, A. and Mortimer, M. African Refugees Living with HIV: Perceptions, Challenges, and Success Stories of Engagement in Care after US Arrival. North American Refugee Health Conference. Portland, Oregon. June 2018.
- Mortimer, M. and Davids, A. TB Treatment for Individuals with Refugee Status: A Community Health Center / Local Health Department Collaboration. North American Refugee Health Conference. Portland, Oregon. June 2018.
- Davids, A., Mortimer, M., Colson, L., and Pluskal, M. Global Health at Home: Integrating Residents into the Care of Special Populations. Society of Teachers of Family Medicine, Annual Spring Conference. Washington, DC. May 2018.
- Davids, A., Alviso, M., Henkle, S, and Pinsky, M. PrEP in Primary Care: Training the Family Medicine Workforce in HIV Prevention. Society of Teachers of Family Medicine, Annual Spring Conference. Washington, DC. May 2018.
- Davids, A and Mortimer, M. Taking Care of Children in Boise Who Arrive from Around the World. Ada Canyon Medical Education Consortium – Children's Pediatric Professional Education Program. Boise, Idaho. March 2018.
- Davids, A. and Mortimer, M. Global Health at Home: Primary Care Considerations for Individuals Arriving to the US with Refugee Status. American Academy of Family Physicians National Conference. Kansas City, Missouri. July 2017.
- Davids, A., Mortimer, M., Strain, J., Chrisman, J., and Muhire, J. Strategy for Improving Refugee Care Services – Use of Contract Interpreters. North American Refugee Health Conference. Toronto, Ontario, Canada. June 2017.
- Mortimer, M. and Davids, A. Asymptomatic Splenomegaly – US Follow Up. North American Refugee Health Conference. Toronto, Ontario, Canada. June 2017.
- Bositis, C., Bolduc, P., Chu, C., Davids, A., Kolb, N., Prasad, R., and Sell, J. Hepatitis C is a Primary Care Disease: Transforming Residency Training to Address Growing National Needs. Lecture-Discussion. Society of Teachers of Family Medicine, Annual Spring Conference. Minneapolis, Minnesota. May 2016.
- Nusser, J., Huffman, M., Bolduc, P., Chu, C., and Davids, A. Enhancing HIV Care and Education at Your Residency: From Getting Started to Getting Great. Scholarly Topic Roundtable Presentation. Society of Teachers of Family Medicine, Annual Spring Conference. Minneapolis, Minnesota. May 2016.
- Bositis, C., Baumgartner, K., Bolduc, P., Davids, A., and Kirchner, J. Addressing the HIV Workforce Shortage by Training Family Medicine HIV Specialists: Existing Models of Training, Opportunities for Collaboration, and Developing New Programs. Scholarly Topic Roundtable Presentation. Society of Teachers of Family Medicine, Annual Spring Conference. Minneapolis, Minnesota. May 2016.
- Hall, J., Roscoe, C., Hahn, C., Mortimer, M., Davids, A., and Allen, S. Achieving high levels of treatment completion for latent TB (LTBI) in a low incidence state with relatively large numbers of resettled refugees. National TB Conference 2015. Atlanta, Georgia. June 2015.
- Davids, A. HIV, Substance Abuse, and Mental Health. NW AETC Training for Idaho Medical Case Managers. Boise, ID. December 2014.

- Davids, A. Interconception Care: Pilot Project at GLFHC. Residency Research Presentation, Greater Lawrence Family Health Center. Lawrence, MA. June 2014.
- Barr, W., Valdini, A., Augart, C., Davids, A., Gravel, J. Learning Spanish in Residency: Yes It Is Possible (It Can Be Done!). Society of Teachers of Family Medicine, 47th Annual Spring Conference. San Antonio, Texas. May 2014.
- Davids, A. Student Scholarship Winners: What Tomorrow's Leaders Are Doing Today. Society of Teachers of Family Medicine, 37th Annual Conference on Medical Student Education. Houston, Texas. January 2011.
- Alcamo, A.*, Davids, A.*, Way, D., Lynn, D.J., Vandre, D. The Impact of a Peer-Designed and –Led USMLE Step 1 Review Course: Improvement in Preparation and Scores. 49th Annual Conference of Research in Medical Education in conjunction with the 121st Annual Meeting of the AAMC, Washington, D.C. November 2010 (*co-first authors)
- Alcamo, A.*, Davids, A.*, Way, D., Lynn, D.J., Vandre, D. Evaluation of a Student-Led USMLE Step 1 Review Course. Ottawa Conference, Miami, Florida. May 2010. (*co-first authors)
- Alcamo, A.*, Davids, A.*, Way, D., Lynn, D. J., Vandre, D. The Impact of a Novel Peer-Designed and –Led USMLE Step 1 Review Course: Improvement in Preparation and Scores. Association of American Medical Colleges, Central Region Group on Educational Affairs. Chicago, Illinois. April 2010 (*co-first authors)
- Davids, A. Three Cheers for the Liberal Arts: Why this Buckeye Loves Her BA. 117th Annual Meeting of the AAMC, Seattle, WA. October 2006.

**Poster Presentations**

- Gerrish, S., Bangs, A., Frey, M, Davids, A. Health Equity Rounds: Systematically Expanding Assessments and Plans to Include Social and Structural Determinants of Health. Society of Teachers of Family Medicine, Annual Spring Conference. Indianapolis, IN. May 2022.
- Davids, A and Mortimer, M. Obstetrical Care for Newly Arrived Refugees: Continuity is Key. North American Refugee Health Conference. Virtual Meeting. September 2020.
- Davids, A and Mortimer, M. Asymptomatic Splenomegaly – US Follow Up Year 5. North American Refugee Health Conference. Virtual Meeting. September 2020.
- Zambrano, L., Samson, O., Phares, C., Jentes, E., Weinberg, M., Goers, M., Kachur, S., McDonald, R., Morawski, B., Njuguna, H., Bakhsh, Y., Laws, R., Peak, C., Iverson, S., Bezold, C., Allkhenfr, H., Horth, R., Miller, S., Kacka, M., Davids, A., Mortimer, M., Khan, N., Staugger, W., Marano, N. Unresolved splenomegaly in recently resettled Congolese refugees – multiple states, 2018. American Society of Tropical Medicine and Hygiene. Annual Meeting, New Orleans, LA. October 2018.

**Panels/Conference Series**

- University of Idaho Hepatitis C ECHO. Expert Panelist. April 2021-September 2023

**Research Projects**

Lawrence Family Medicine Residency, IMPLICIT project, Wendy Barr, MD, MPH August 2012-June 2014

- Evaluation of prenatal care interventions and pregnancy outcomes to minimize preterm birth and low birth weight. Part of a network of 13 family medicine residency programs.

The Ohio State University College of Public Health, Mary Ellen Wewers, PhD, MPH 2010-2011

- Community Health Assessment in Ethiopia using Photovoice; culminating project for MPH completion

The Ohio State University College of Medicine, Dale D. Vandre, PhD 2009-2010

- Evaluation of a student-developed and –led USMLE Step 1 Board Review Course and its impact on exam preparation and performance

## Honors

- Faculty of the Year, Family Medicine Residency of Idaho June 2022
- Advocacy Award, Idaho Academy of Family Physicians May 2021
- Director's Award, Family Medicine Residency of Idaho June 2020
- Rookie of the Year, Family Medicine Residency of Idaho June 2016
- Sir William Osler, MD Award, Medicine in the Arts, The Ohio State University College of Medicine April 2016

- Gossman Service Award, The Ohio State University College of Medicine — June 2011
- John J. Fahey Scholarship in Family Medicine, The Ohio State University College of Medicine — June 2011
- Mary Jo Welker, MD Award in Professionalism, OSU Department of Family Medicine — May 2011
- Society of Teachers of Family Medicine Student Scholar — January 2011
- Landacre Research Honor Society, The Ohio State University College of Medicine — January 2011
- Alpha Omega Alpha Honor Medical Society, The Ohio State University College of Medicine — September 2010
- Family Medicine Honors Program, The Ohio State University College of Medicine — 2010-2011
- Leadership in Academic Medicine Honors Program, The Ohio State University College of Medicine — 2010-2011
- Outstanding Academic Merit Scholarship, The Ohio State University College of Medicine — June 2010
- Dean's Student Leadership Award, The Ohio State University College of Medicine — June 2010
- Gold Humanism Honor Society, The Ohio State University College of Medicine — April 2010
- Central Group on Educational Affairs – Research in Medical Education: Oral Presentation Winner, Excellence in Conducting and Presenting Research — April 2010
- Marion Academy of Medicine Scholarship — 2009-2010
- University Fellowship, The Ohio State University Graduate School, College of Public Health — 2008-2009
- Community Service Excellence Award, The Ohio State University College of Medicine — May 2008
- Phi Beta Kappa, The Ohio State University — May 2006
- College of Arts & Sciences, Excellence in Scholarship Award, The Ohio State University — May 2006
- Political Science Department, Outstanding Senior, The Ohio State University — May 2006
- SPHINX, the Senior Honorary, The Ohio State University — 2005-2006
- Distinguished Scholarship for National Merit Scholars, The Ohio State University — 2002-2006

## Leadership and Committees

- Research and Engagement on Adaptation for Climate and Health (REACH) Community Advisory Board, University of Washington — February 2025-present
- SW Idaho AHEC Advisory Board — October 2024-present
- Idaho Academy of Family Physicians, Climate Health and Sustainability Committee, Chair — July 2024-present
- Policy Subcommittee, Medical Society Consortium on Climate and Health — October 2023-present
- St. Luke's Medical Executive Committee and Graduate Medical Education Committee — July 2023-present
- St. Alphonsus Medical Executive Committee and Graduate Medical Education Committee — July 2023-present
- St. Alphonsus Family Medicine Supervisory Committee / Peer Review — July 2023-present
- Idaho Academy of Family Physicians, Reproductive Health Committee — May 2023-present
- Idaho Academy of Family Physicians, Conference Planning Committee — September 2022-June 2023
- Idaho State Board of Education, Graduate Medical Education Committee — August 2022-present
- Idaho Clinicians for Climate Health, Director of Advocacy — March 2022-present
- Sustainability and Planetary Health Committee, Family Medicine Residency of Idaho — January 2022-present
- Idaho COVID Vaccine Advisory Committee — October 2020-present
- JEDI Committee, Family Medicine Residency of Idaho — August 2020-present
- Scholarly Activity Committee, Family Medicine Residency of Idaho — August 2017-present
- Infection Control Committee, Lead, Family Medicine Residency of Idaho — August 2016-present
- Program Evaluation Committee, Family Medicine Residency of Idaho — August 2016-present
- Clinical Competency Committee, Family Medicine Residency of Idaho — August 2016-present
- Arnold P. Gold Foundation Gold Humanism Honor Society Advisory Council — September 2012-June 2014
- Length of Training Task Force, Lawrence Family Medicine Residency — March 2012-June 2014
- Curriculum Committee, Lawrence Family Medicine Residency — 2011-2012
- Gold Humanism Honor Society, Chair, The Ohio State University College of Medicine — 2010-2011
- Honors Consortium, Executive Committee, The Ohio State University College of Medicine — 2010-2011
- Humanism in Medicine, Executive Committee, The Ohio State University College of Medicine — 2010-2011
- Ohio Academy of Family Physicians Foundation, Student Trustee — 2009-2010
- USMLE Step 1 Board Review Course, Co-creator, The Ohio State University College of Medicine — 2009-2010

- Board Preparation Team Member, The Ohio State University College of Medicine 2008-2011
- Family Medicine Newsletter, Editor and Contributor, The Ohio State University College of Medicine 2007-2011

## Community Service

- St. Luke's Peer to Peer Provider Support Team 2024-ongoing
- Al Otro Lado / Refugee Health Alliance Volunteer, Tijuana, Mexico 2019-ongoing
- COVID-19 Homeless Outreach Program via FMRI 2020-2021
- Friendship Clinic, Bimonthly Volunteer, Boise, Idaho 2014-2015
- AHOPE for Children, Board Member, Addis Ababa, Ethiopia and Seattle, Washington 2009-2014
- AHOPE Ethiopia, Medical Volunteer, Addis Ababa, Ethiopia 2007-2014
- PODEMOS, Medical Volunteer and Committee Member, El Progreso, Honduras 2008-2009
- La Clinica Esperanza, Medical Volunteer, Roatán, Honduras August 2008
- Victory Junction Gang Camp, Camp Counselor, Randleman, North Carolina June 2008
- Franklin County Children's Services, Volunteer Mentor, Columbus, Ohio 2007-2009
- Center for Child and Family Advocacy, Clinic Volunteer, Columbus, Ohio 2006-2007
- Columbus Free Clinic, Volunteer, Columbus, Ohio 2006-2007

## Special Skills

Proficiency in Spanish – passed ALTA Language Services CCLA test in 4/2014

- Test developed and used by Kaiser Permanente health system to gauge whether healthcare professionals are competent to see patients in a particular language without interpreter present

# Ryan White MCM
# WebEx Meeting Summary
# April 16, 2025

| NIAC R1 & R2 | Full Circle R3 & R4 | Family Health Services R5 | PFM/HW R6 | EIPH R7 | RWPB Staff |
|---|---|---|---|---|---|
| Julie McHugh | Matthew Burton | Sheila Daniels | ~~Emily Calhoun~~ | Nikki Sayer | Rebecca Schliep |
| | Dalia Chadwick | Karen Nieto | Justin Briscoe | Rachel | Sowmya Natarajan |
| | Zena Ebed | | ~~Dave Hachey~~ | Mugleston | Angie Bailey |
| | Ricardo Rojas-Perez | | | | |

- **New state law RS31926/HB135** passed, this will go into effect 7/1/2025.
  https://legislature.idaho.gov/sessioninfo/2025/legislation/H0135/

Statement of Purpose:

*The legislation addresses benefits currently available to illegal aliens who come to Idaho. The bill leaves in place access to emergency medical services for illegal aliens currently authorized by the Idaho Code. The bill removes non-emergency health care benefits and some social benefits. The purpose of this legislation is to cause Idaho to not be a magnet that draws illegal aliens to Idaho.*

Fiscal note: *This legislation reduces some social and health care benefits currently available to illegal aliens. As access to these benefits are not tracked by who is here legally or illegally, it is not possible to know how much will be saved by this legislation.*

- **Federal funding**
  Idaho received partial grant notice of awards for the Ryan White Part B and ADAP program, states will likely not know the full award until the FY 2025 appropriation is available and HRSA sends out the final FY 2025 awards or additional continuing awards.

| | | |
|---|---|---|
| **Ryan White Grant** | **Award FY 2024** $1,391,071 | **FY 2025** $630,126 (partial) |
| **ADAP Grant** | **Award FY 2024** $1,953,693 | **FY 2025** $193,608 (partial) |
| **Totals** | **Award FY 2024** $3,344,764 | **FY 2025** $823,734 (partial) |

  Overall decrease for FY 2025 is $2,521,030 based on partial award

- **ADAP Cost containment –** Effective May 12, 2025, all pharmacy claims will be restricted to a 30-day supply as part of our cost-control measures. Idaho ADAP will no longer allow 90-day supply claims, except in cases where an exception is granted.

  Gathering data to determine other avenues to decrease spending, requested information from NASTAD on what other states are doing.

**Meeting Notes**

- HB 135 discussed with MCMs- related to service for illegal immigrants. Bill to be implemented only by July 1st. Program is waiting for more clarification from Division leadership for interpretation of the bill and how it affects RWPB and ADAP program services.
- MCMs can continue to provide services to undocumented clients until July 1, 2025.
- MCMs Rachel and Shiela have also heard about the bill affecting certain programs but only state funded programs will probably be affected, not federal programs. MCMs concerned with public safety issue if bill affects delivery of medications to persons living with HIV
- No update regarding Medicaid work requirement as of now.
- Any client who loses Medicaid eligibility can be enrolled in ADAP
- Federal funding for program- partial award received for 2025 – funding decreased by 2.5 million dollars in comparison to what was received in 2024. Hence cost containment protocols established. 1st step – limiting. Rebate funding should help a little bit to sustain program services but program is continuing to explore other cost cutting measures.
- Rebecca will reach out to agencies next week onwards to individually discuss reduction in funds till we receive more funds from HRSA. An NOA for the rest of the funds is anticipated after Sep 2025- when the current CR is changed and a new federal budget is passed.
- MCMs predicting a general decrease in use of public assistance services due to the bill.
- Idaho lost funding for title X funding for family planning and prevention of STDs- EIPH
- Healthy connections funding cut for FHS.
- Are clients in danger when the case manager documents illegal status into CW? - This (obtaining ADAP services should not affect the safety of clients) The field asking about undocumented status is only for the purpose of NASTAD survey and we are not required to report this to HRSA or the state.

**Agency Updates**

- ISU: RWPB program being Payor of Last Resort makes clients enrolled in RWPB ineligible for other free services at Health West and Lab Corp. ISU using another lab to help with costs. Unfortunately, this is still the policy requirement for RWPB and ADAP and will be that way.
- NIAC – is looking for a new Case Manager, she will continue interviews this week. Busy with 6 new intakes this week
- FHS- cost cutting- denying EFA requests but continuing to provide services for preventing homelessness etc.
- Zena- question if it's possible for undocumented clients to be able to get a 90 day or more refill? Answer: We have to wait for Division leadership and because of the current cost containment measure- this can only be decided on a case by case basis. If the program is able to do this, agencies can call or mail this information to the program.

[redacted]

**From:** "Abby Davids, MD" [redacted]
**Date:** May 30, 2025 at 5:05:34 PM MDT
**To:** "Bailey Angie D. 4th CO" [redacted]
**Cc:** Christine Hahn [redacted], Rebecca CO 4th Schliep [redacted], Jamie Strain [redacted]
**Subject: Re: Follow up on changes for 7/1 [EXTERNAL EMAIL]**

Thank you Angie for the information.
I am really scared about what this means for many of our patients. Their lives will now be in jeopardy.

We will need specific guidance about what types of verification you will accept and which immigration statuses will be deemed to be lawful.
We will also need to know when this goes into effect and the expected timeline to provide this information for all current ADAP participants.

Many questions.
If you could please send us formal written guidance, that would be helpful.
We will likely need to coordinate meetings together to address details and follow up questions as well.

Abby

On May 30, 2025, at 4:53 PM, Bailey, Angie D. - CO 4th [redacted] wrote:

content is safe.

Hi Dr. Davids-

We received information on HB135. Per HB135, lawful presence will need to be verified for individuals applying to participate in ID ADAP unless an acute emergency arises.

I have asked to follow-up with the DAG on some specific questions related to the acute emergency piece of things. I've also included Dr. Hahn on this email as well if she has anything else to add.

I apologize it took so long to get this information to you and hope to keep getting as much information as possible.

Angie Bailey, RDH, MSDH, CPM®
Bureau Chief
Public Health | Idaho Department of Health and Welfare
[redacted] desk
cell [redacted]



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**From:** Abby Davids, MD [redacted]
**Sent:** Thursday, May 29, 2025 5:40:18 AM
**To:** Bailey, Angie D. - CO 4th [redacted]
**Cc:** Schliep, Rebecca - CO 4th [redacted]; Jamie Strain [redacted]
**Subject:** Re: Follow up on changes for 7/1 [EXTERNAL EMAIL]



Ok, thanks Angie.
We will look forward to direction from you all on Friday.
Abby

Sent from my iPhone

> On May 29, 2025, at 6:11 AM, Bailey, Angie D. - CO 4th [redacted] wrote:

You're welcome. I heard back from leadership and they talked with him yesterday and he said he will have his second review done by this Friday. He apologized profusely for the delay.

Angie Bailey, RDH, MSDH, CPM®
Bureau Chief
Public Health | Idaho Department of Health and Welfare
[redacted] desk
cell [redacted]

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**From:** Abby Davids, MD [redacted]
**Sent:** Wednesday, May 28, 2025 10:32:26 PM
**To:** Bailey, Angie D. - CO 4th [redacted]
**Cc:** Schliep, Rebecca - CO 4th [redacted]; Jamie Strain [redacted]
**Subject:** Re: Follow up on changes for 7/1 [EXTERNAL EMAIL]



Thanks so much.
Abby

Sent from my iPhone

> On May 28, 2025, at 6:41 PM, Bailey, Angie D. - CO 4th [redacted]ov> wrote:

Hi Dr. Davids-

No worries on bothering me. We're still waiting to hear on the DAG's second round of review on this. I will send a follow-up email right now to leadership and see if there has been any traction.

Angie Bailey, RDH, MSDH, CPM®
Bureau Chief
Public Health | Idaho Department of Health and Welfare
[redacted] desk
cell [redacted]

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**From:** Abby Davids, MD [redacted]
**Sent:** Wednesday, May 28, 2025 5:01 PM
**To:** Bailey, Angie D. - CO 4th [redacted]; Schliep, Rebecca - CO 4th [redacted]; Jamie Strain [redacted]
**Subject:** Re: Follow up on changes for 7/1
[EXTERNAL EMAIL]



Hi Angie –
I'm sorry to keep bothering you about this, but any updates?

I am getting very worried that it is nearly June and we still don't have direction / official guidance from IDHW.
Appreciate your help –
Abby

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**From:** Bailey, Angie D. - CO 4th [redacted]
**Date:** Wednesday, May 21, 2025 at 7:20 PM
**To:** Abby Davids, MD [redacted], Schliep, Rebecca - CO 4th [redacted], Jamie Strain [redacted]
**Subject:** Re: Follow up on changes for 7/1
[EXTERNAL EMAIL]



I'm hopeful we will have the DAG's complete interpretation by the end of this week or the beginning of next. This is a priority for us as well. We will let you know as soon as we have information to share.

Angie Bailey, RDH, MSDH, CPM®
Bureau Chief
Public Health | Idaho Department of Health and Welfare
[redacted] desk
cell [redacted]

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**From:** Abby Davids, MD

[redacted]
**Sent:** Wednesday, May 21, 2025 4:13:00 PM
**To:** Bailey, Angie D. - CO 4th [redacted]; Schliep, Rebecca - CO 4th [redacted]; Jamie Strain [redacted]
**Subject:** Re: Follow up on changes for 7/1
[EXTERNAL EMAIL]



Thanks Angie.
On what timeline can we expect guidance?
This is an extremely critical issue for us and our patients that we will need time to plan for.
Thank you-
Abby

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**From:** Bailey, Angie D. - CO 4th [redacted]
**Date:** Wednesday, May 21, 2025 at 2:40 PM
**To:** Abby Davids, MD [redacted], Schliep, Rebecca - CO 4th [redacted], Jamie Strain [redacted]
**Subject:** RE: Follow up on changes for 7/1
[EXTERNAL EMAIL]



Hi Dr. Davids-

We're still waiting for a comprehensive review from the DAG on HB135. I have asked for official guidance as well if for

some reason this affects Idaho ADAP and the use of Ryan White Part B Funds.

I sincerely appreciate your patience and understand the position you're in.

Angie Bailey, RDH, MSDH, CPM®
Bureau Chief
Public Health | Idaho Department of Health and Welfare
[redacted] desk
cell [redacted]

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**From:** Abby Davids, MD [redacted]
**Sent:** Wednesday, May 21, 2025 9:00 AM
**To:** Schliep, Rebecca - CO 4th [redacted]; Jamie Strain [redacted]; Bailey, Angie D. - CO 4th [redacted]
**Subject:** Re: Follow up on changes for 7/1
[EXTERNAL EMAIL]



Hi Rebecca and Angie –
Could we please get an update on this issue?
As Jamie stated previously, we need official guidance from IDHW on how to proceed, rules, regulations, immigration status definitions for eligibility, etc.
We are unable to proceed or plan with the current uncertainty, and we need to be able to ensure that our patients have their critical medications available to them, if their current access is going to be revoked.

Thank you-
Abby

**Abby Davids, MD, MPH, AAHIVS (she/her)**
Program Director
Family Medicine Residency of Idaho - Boise

(m) ([redacted])

**From:** Schliep, Rebecca - CO 4th [redacted]
**Date:** Tuesday, May 6, 2025 at 12:01 PM
**To:** Jamie Strain [redacted], Bailey, Angie D. - CO 4th [redacted]
**Cc:** Abby Davids, MD [redacted]
**Subject:** RE: Follow up on changes for 7/1
[EXTERNAL EMAIL]



Hi Jamie,
I have not heard anything, I'm not sure if the DHW DAGs have made their determination but I will let you know when I find something out.

Rebecca Schliep, MHS
Ryan White Part B/ADAP Program Manager
Division of Public Health | Idaho

Department of Health and Welfare
[redacted] cell
[redacted]

Make a difference in the life of a child. Get started as an Idaho foster parent today.

---

**From:** Jamie Strain [redacted]
**Sent:** Tuesday, May 6, 2025 9:02 AM
**To:** Schliep, Rebecca - CO 4th [redacted]; Bailey, Angie D. - CO 4th [redacted]
**Cc:** Abby Davids, MD [redacted]
**Subject:** Follow up on changes for 7/1
[EXTERNAL EMAIL]

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Good morning Angie and Rebecca, do you have any more guidance that can be provided in regard to undocumented individuals not being able to access Ryan White Part B funds/ADAP as of 7/1? We would like official guidance from IDHW on how to proceed, rules, regulations, citizenship status definitions for eligibility, etc. Staff is still uncertain and would like to begin planning to ensure patients have medications available to them.

Thanks,

**Jamie Strain, MSW**
Director of Population Health

[redacted]

FullCircleIdaho.org

<image001.png>

P **THINK GREEN - Please don't print this e-mail unless necessary.**

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*Division of Public Health*
*Idaho Department of Health and Welfare*

# Idaho Ryan White Part B

## Policy Table of Contents

# INTAKE AND ELIGIBILITY DETERMINATION POLICY AND PROCEDURE

**RWPB -01** **Approval Date:** April 2023
**DHW/DPH Policy Reference:** None **Supersedes:** October 2021

**Policy:** The Idaho Ryan White Part B and AIDS Drug Assistance Program (ADAP) follows the requirements of the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) (Policy Clarification Notice - PCN #21-02; *Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program*). Guidance for Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients for determining client eligibility and complying with the payor of last resort requirement includes the following eligibility requirements for RWHAP services. People are eligible to receive Ryan White Part B (RWPB) services when they meet each of the following factors:

1. A documented diagnosis of HIV;
2. Low income as defined by the Idaho RWPB/ADAP program is below 500% of the Federal Poverty Level (FPL);
3. An Idaho resident[1].

Ryan White Part B and Part C Medical Case Management agencies must ensure that Ryan White is the payer of last resort by assisting clients with enrollment in health care coverage and or other available public and private funding sources which clients may be eligible to receive. Case managers are required to document their efforts assisting clients to vigorously pursue enrollment in other coverage sources.

**Purpose:** To ensure the individual meets the residency, income, and insurance eligibility requirements of the ADAP and RWPB program. Clients receiving case management and/or ADAP must meet all the eligibility requirements.

**Scope:** This policy applies to all clients applying for medical case management, IDAGap, and ADAP medications. Program eligibility includes the following criteria: HIV/AIDS diagnosis, resident of Idaho, Federal Poverty Level (FPL) up to 500 percent, and uninsured or under-insured.

**Definitions:**

1. IDAGap – State prescription assistance program for individuals enrolled with a Medicare Part D plan.
2. Federal Poverty Level – The U.S. federal poverty level is a measure of income used to determine who is eligible for subsidies, programs, and benefits.
3. Partner Data Access Portal – System gives users access to Idaho Medicaid to determine if a client has applied and is Medicaid eligible.
4. CAREWare – A free, electronic health and social support services information system for HRSA's Ryan White program recipients and providers.

**Procedure:**

[1] Per HRSA PCN 21-02, Immigration status is irrelevant for the purposes of eligibility for RWHAP services. RWHAP recipients or subrecipients should not share immigration status with immigration enforcement agencies.

1. The MCM will meet with new and re-enrolling clients and provide them with the Idaho Ryan White Medical Case Management Intake and Eligibility Determination form or agency specific enrollment form.
2. The MCM must review the following forms with clients:
   - Client Responsibilities
   - Grievance Policy
   - Acknowledgement of Notice of Privacy Practice (agency specific)
3. The MCM must submit to the state Ryan White Program through secured email, fax, or upload into the CAREWare database a copy of a completed Intake and Eligibility Determination form.
   - The MCM must submit verification of income and any additional required documents as referenced on page three of form (i.e. paystubs, SSI/SSD award letter, tax return). This can be submitted via email, fax, or uploaded into CAREWare.
4. The MCM must also submit to the state RWPB/ADAP program with each intake:
   - Release of Information,
   - Consent for Sharing Patient Information (CAREWare consent),
   - Identification card,
   - Proof of residency,
   - Front and back of insurance card (if applicable),
   - Proof of HIV Positive Status
5. The MCM must check clients for Medicaid eligibility who are zero to 138 percent of the FPL using the Partner Data Access Portal.
6. The MCM must complete the Ryan White Medical Case Management Assessment form (applicable portions only) and the Medical Case Management Individual Service Plan.
7. The RWPB MCM completes the following data entry in CAREWare:
   - Add client information to the Demographic Tab or update any changes if client is previously in the system. Current information should be added to the following fields:
     - Personal Info
     - Contact Information
     - Race/Ethnicity
     - HIV Risk Factors
     - Vital Enrollment Status
     - Eligibility
     - HIV Status
     - Common notes – include date and initials after note
   - Enter the following in the Services Tab
     - 1100: Initial Eligibility Intake
     - 1200: Annual Assessment
     - 1300: Annual Wellness Plan

     The following services might be entered:
     - 1500: Face-to-face Contact
     - 1600: Collateral Contact
   - Update the following in the Annual Review Tab
     - Annual Screenings
     - Insurance Assessments
     - Poverty Level Assessments
   - Enter the following in the Labs Tab
     - Enter the most recent CD4 lab results
     - Enter the most recent Viral Load result
8. The State RWPB/ADAP program completes the following data entry in CAREWare:

- Verify address
- Generate client ID in CAREWare
- Enter in recertification month in state domain in CAREWare
- Enter in Social Security Number
- Confirm the information entered in the Demographics Tab, Annual Review Tab and the Services Tab

9. The State RWPB/ADAP program
   - Enter the following in the Services Tab:
     3: *State office received Intake* – enter date when the recertification is received
     3-1: *State office received income verification* – if income is updated and a copy was sent with the recertification
10. A copy of the client's Intake form along with all supporting documents must be kept in the client's file at the MCM agency.
11. The state will update the agencies' Excel recertification tracking sheet.

**Annual Review:** This policy will be reviewed annually.

Last review: April 2023

# ANNUAL RECERTIFICATION POLICY AND PROCEDURE

**RWPB -03** **Approval Date:** April 2023
**DHW/DPH Policy Reference:** None **Supersedes:** October 2021

**Policy:** To maintain eligibility for the Idaho Ryan White Part B (RWPB) Medical Case Management and the AIDS Drug Assistance Program (ADAP) services, clients must recertify annually (HRSA Policy Clarification Notice – PCN 21-02). Case managers should attempt to complete annual recertifications in-person but can accept a client's self-attestation of "no change" when confirming eligibility. The annual recertification should be completed in the same month of the intake date. Idaho MCM Agencies and the state RWPB/ADAP program will make every attempt to not disenroll clients until a formal confirmation has been made that the client is no longer eligible. The state and the case management agency may decide to close out a client when repeated attempts to reach a client are not responsive. Agencies can use electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information, such as income and health care coverage (that includes income limitations).

**Purpose:** To ensure that an individual meets the residency, income, and insurance eligibility requirements of the ADAP and RWPB program.

**Scope:** This policy applies to all clients receiving medical case management, IDAGap and ADAP medications.

## Definitions:

5. IDAGap – State prescription assistance program for individuals enrolled with a Medicare Part D plan.
6. Federal Poverty Level – The U.S. federal poverty level is a measure of income used to determine who is eligible for subsidies, programs, and benefits.
7. Partner Data Access Portal – System gives users access to Idaho Medicaid to determine if a client has applied and is Medicaid eligible.
8. CAREWare – A free, electronic health and social support services information system for HRSA's Ryan White program recipients and providers.

## Procedure:

12. At least sixty days before the end of the annual recertification period, the MCM can mail, email, or call the client to remind them of their annual recertification due date.
13. The MCM are encouraged to meet with the client in-person to complete the annual recertification form and submit a copy to the state RWPB program or upload a copy of the form in CAREWare along with:
    - Verification of income and any additional required documents as referenced on page two of the recertification form (i.e. paystubs, SSI/SSD award letter, tax return) or have the client sign the No Income portion of the Annual Recertification form.

- Verification of insurance (front and back of insurance card if applicable)
- Verification of Medicaid eligibility for Clients who are zero to 138 percent of the FPL using the Partner Data Access Portal

14. The MCM must review the following forms with clients:
    - Client Responsibilities
    - Grievance Policy
    - Acknowledgement of Notice of Privacy Practice (agency specific)
15. The MCM must complete the following forms with clients:
    - An updated Wellness Plan
    - An updated Case Management Assessment form (applicable portions only) and the assessment summary
5. The MCM is required to complete the following updates in CAREWare:
    - Update any changes to the client information on the Demographic Tab
    - Include notes in the common notes if the address or phone has changed, include date and initials
    - Enter the following in the Service Tab
        - 1102: Annual Recertification
        - 1200: Annual Assessment
        - 1300: Annual Wellness Plan

        The following services might be entered:
        - 1500: Face-to-face Contact
        - 1600: Collateral Contact
    - Update the following in the Annual Review Tab
        - Annual Screenings
        - Insurance Assessments
        - Poverty Level Assessments
    - Enter the following in the Labs Tab
        - Enter the most recent CD4 lab results
        - Enter the most recent Viral Load result
6. Paperwork Filing Procedure: A copy of the client's annual recertification form along with any support documents must be kept in the client's file at the Medical Case Management agency and the MCM must:
    - Securely fax, scan and email a copy of the:
        - RWPB Annual Recertification form (3 pages)
        - Release of Information Form
        - Documentation of income
        - Copies of insurance cards (if new policy)
7. The state will update the agencies' Excel recertification tracking sheet with the date the recertification was completed by the agency.
    - Enter the following in the state domain
        - 1 State office received Annual Recert
        - 1-1 State office received Income Verification for Annual recert
    - Enter the following in the ADAP/IDAGap domain for all clients receiving medications

- Create an Enrolled, receiving services entry in the ADAP enrollment history tab

**Annual Review:** This policy will be reviewed annually.

Last review: April 2023

# CLIENT ELIGIBILITY REQUIREMENTS POLICY AND PROCEDURE

**RWPB -04** **Approval Date:** April 2023
**DHW/DPH Policy Reference:** None **Supersedes:** October 2021

**Policy:** The Idaho Ryan White Part B and AIDS Drug Assistance Program (ADAP) have established the following client eligibility requirements. Clients must meet all requirements in order to qualify for services. Clients receiving ADAP and HIV monitoring lab services must receive medical case management by a Ryan White Part B or Part C Provider. Prior to completing an ADAP or RWPB case management application, Medical Case Managers (MCM) must screen all clients for other state, federal, and private/commercial insurance benefits including but not limited to Medicaid, Medicare, State health insurance exchange and/or employer provided insurance.

**Ryan White Part B Medical Case Management, ADAP (AIDS Drug Assistance Program), and HIV Monitoring Lab Service Requirements:**

1. Must be HIV positive
2. Idaho Resident
3. Federal Poverty Level[2] up to 500 percent
4. No insurance or underinsured for coverage of medications and HIV monitoring labs
5. Not an inmate of the State, or Federal Corrections system

Clients who intentionally provide information which is misleading or fraudulent for the purposes of obtaining benefits through Ryan White Part B funding may be immediately removed from the participation in the program with the possibility of legal action taken.

**Purpose:** To ensure the individual meets the residency, income, and insurance eligibility requirements of the ADAP and RWPB program and to ensure the program is in compliance with applicable federal policies.

Federal Reference: Ryan White CARE Act (PL 104-146) Sect. 2617 4B (II)
HRSA/HAB Policy Clarification Notice #21-02; *Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program*

**Scope:** This policy applies to all clients who are receiving Idaho Ryan White Part B, ADAP, and HIV monitoring lab services.

**Definitions:**

9. IDAGap – State prescription assistance program for individuals enrolled with a Medicare Part D plan.
10. Federal Poverty Level – The U.S. federal poverty level is a measure of income used to determine who is eligible for subsidies, programs, and benefits.
11. Partner Data Access Portal – System gives users access to Idaho Medicaid to determine if a user has applied and is Medicaid eligible.
12. CAREWare – A free, electronic health and social support services information system for HRSA's Ryan White program recipients and providers.

[2] Federal Poverty Level (FPL) can be measured in several ways (e.g., Modified Adjusted Gross Income, Adjusted Gross Income, Individual Annual Gross Income, and Household Annual Gross Income).

**Procedure:**

1. The Medical Case Manager must verify all documents submitted by clients during intake and annual recertification. Documentation[3] for each requirement include:
   - HIV positive status
     - Medical records
     - Lab results
     - Rapid test result (If a client has no medical record or access to medical records nor any other acceptable form of documentation, an HIV rapid test must be completed)
   - Proof of residency[4] - acceptable forms:
     - Utility bill with client's name
     - Rental agreement in client's name
     - Paystub with current Idaho address
     - Self-attestation when other forms are not available (homeless)

   a. Income documentation including but not limited to:
      - Pay stubs (two months)
      - SSI/SSD annual statement
      - Income tax returns for previous year
      - Statement of No Income

   b. Vigorously pursue enrollment into health care coverage for which clients may be eligible (i.e. Medicaid, Medicare, employer sponsored health insurance coverage, and/or other private health insurance). All clients should be assessed for health insurance coverage during eligibility determination and at each re-certification.

   c. Verify insurance status
      - Check eligibility for Medicaid and Medicare through the Partner Data Access Portal
      - Check eligibility of insurance through employer if client is employed.

   d. To verify client is underinsured, request Explanation of Benefits from insurance and review:
      - Medications covered under policy
      - Determine if policy includes caps on medication coverage
      - Review the tier ARV medication are included to determine if policy or client can afford medications

**Annual Review:** This policy will be reviewed annually

Last review: April 2023

[3] When available, case managers may use electronic data sources (e.g., Medicaid enrollment, state tax filings, enrollment and eligibility information collected from health care marketplaces) to collect and verify client eligibility information.

[4] Per HRSA PCN 21-02, Immigration status is irrelevant for the purposes of eligibility for RWHAP services. RWHAP recipients or subrecipients should not share immigration status with immigration enforcement agencies.

# EMERGENCY FINANCIAL ASSISTANCE POLICY AND PROCEDURE

**Policy Reference Number:** RWPB -05 **Approval Date:** April 2023
**DHW/DPH Policy Reference:** None **Supersedes:** October 2021

**Policy:** The Ryan White Part B Medical Case Management (MCM) providers may make provision of short-term payments to agencies or establish a voucher program to assist clients with emergency expenses related to essential utilities, housing, food, and medication when other resources are not available. Emergency Financial Assistance is an allowable support service under the Ryan White HIV/AIDS Program. The Health Resources and Services Administration's HIV AIDS Bureau (HRSA HAB) Policy 10-02 states that RWPB funds cannot be used to make direct payment of cash to recipients of services. Where direct provision of the service is not possible or effective, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Ryan White funds are to be used as the payer of last resort. Store gift cards that can be redeemed at a specific merchant or affiliated group of merchants for specific goods and services may be used. General use prepaid cards such as Visa, MasterCard, or American Express are considered cash equivalent and therefore are unallowable. Expenditures must be short term, defined as no more than ninety (90) calendar days within a twelve (12)-month period.

**Purpose:** To ensure Ryan White Part B clients have access to needed medical care and supportive services.

**Scope:** All agencies contracted under Idaho Ryan White Part B Medical Care Management (MCM) to provide medical case management services to qualifying HIV Positive clients.

**Definitions:**

13. Partner Data Access Portal – System gives users access to Idaho Medicaid to determine if a user has applied and is Medicaid eligible.
14. CAREWare – A free, electronic health and social support services information system for HRSA's Ryan White program recipients and providers.

**Procedures:**

Procedures for each Emergency Financial Assistance category (utilities, housing, food, and medication) are listed separately.

**Procedure: Utilities**

a) Funds can cover up to three (3) months and up to $1,500 of any eligible charge.
b) The utilities must be in client's or spouse's name.
c) Clients who have a roommate will need to provide documentation to show the total amount of the bill for the month and what portion or percentage is the client's responsibility.
d) The case manager should work with each client to develop a budget. This should include the community resources that are available to maximize outside sources of support and to ensure limited use of emergency financial assistance.
e) Agencies can write a check to the utility company for the RWPB client's share of the bill. No direct payment (checks, cash, or money order) can be made to the client.

**Steps for Completing CAREWare Data Entry**

The case manager is required to complete the following data entry:

(1) Service Tab
  (a) The following service shall be entered when a client is provided utility assistance
    (i) 6200 Utility Assistance
      (1) Enter in one (1) unit
      (2) Enter the dollar amount of payment
(2) Demographic Tab
  (a) Case note needs to be added for this service

**Required documents:** The amount invoiced on the billing form must coincide with the amount reported on the Ryan White monthly financial report and a copy of the utility bill and the amount paid by the MCM agency must be submitted to the state RWPB Program.

**Procedure: Housing**

a) Funds can cover up to three (3) months and up to $2,500 of a client's housing cost.
b) The lease or rental agreement must be in the client's or spouse's name.
c) Clients who have a roommate will need to provide documentation to show the total amount of the bill for the month and what portion or percentage is the client's responsibility.
d) The case manager should work with each client to develop a budget. This should include the community resources that are available to maximize outside sources of support and to ensure limited use of emergency financial assistance.
e) Agencies can write a check to the Rental Agency or Landlord for the RWPB client's share of the bill. No direct payment (checks, cash, or money order) can be made to the client.

**Steps for Completing CAREWare Data Entry**

The case manager is required to complete the following data entry:

1) Service Tab
   a) The following service shall be entered when a client is provided with housing assistance
      i) 6100 Housing Assistance
         (1) Enter in one (1) unit
         (2) Enter in the dollar amount of the payment
2) Demographic Tab
   a) Case note needs to be added for this service

**Required documents:** The amount invoiced on the billing form must coincide with the amount reported on the Ryan White monthly financial report and a copy of the bill or paperwork that includes the total housing expense, the date expenses were incurred, and the amount paid by the MCM agency must be submitted to the state RWPB Program.

**Procedure: Food**

a) Agencies have the ability to offer the gift cards on a first-come-first-serve basis.
b) Gift card for food needs should be based on household size and are specific to each client's current situation.
c) Clients must document their need for assistance.
d) The case manager must provide referrals for area food banks and other community resources.
e) The case manager should work with each client to develop a budget. This should include the community resources that are available to maximize outside sources of support and to ensure limited use of emergency financial assistance.
f) The contractor is required to keep a copy of the receipt from the client that includes the items purchased with the gift card. Alcohol, tobacco, or other non-food items are not allowed.
g) Support may also include the provision of non-food items that are limited to personal hygiene products and household cleaning supplies.
h) A Letter of Acknowledgement with language including *"…gift cards are to be used for the express purpose intended and may not be exchanged for cash, or used to purchase alcohol, tobacco, or weapons"* must be signed and dated by the client. A copy of each letter must be submitted to the RWPB program along with the client ID.
i) Each agency is required to have agency specific policies that cover the management and storage of gift cards. The minimum requirements included below will be monitored during an agency site visit.
    i) Gift cards must be stored in a locked cabinet
    ii) A document must be submitted monthly or quarterly to the RWPB program and include the following information for each distributed card:
        (1) Card number
        (2) Client ID
        (3) Amount on the card
        (4) Date card was distributed to client
        (5) Signature of the person providing the card to the client
        (6) Check box with date indicating the receipt from client was received

**Steps for Completing CAREWare Data Entry**

The case manager is required to complete the following data entry:

1) Service Tab
    b) The following service shall be entered when a client is provided with food assistance
        i) 6000 Emergency Food Assistance
            (1) Enter in one (1) unit
            (2) Enter in the dollar amount of the food voucher/gift card
2) Demographic Tab
    a) Case note needs to be added for this service

**Required documents:** The amount invoiced on the billing form must coincide with the amount reported on the Ryan White monthly financial report and a copy of the receipt that corresponds to the amount on the monthly invoice must be submitted to the state RWPB Program.

**Procedure: Medications**

a) Agencies can provide emergency financial assistance for clients to cover their cost of medications that are not on the ADAP Formulary or covered by the client's insurance plan.
b) The case manager must insure that payment is not made for medication premium.
c) Agencies can write a check to the pharmacy for the cost of the medication. No direct payment (check, cash, or money order) can be made to the client.
d) The case manager should work with each client to develop a budget. This should include the community resources that are available to maximize outside sources of support and to ensure limited use of emergency financial assistance.

**Steps for Completing CAREWare Data Entry**

The case manager is required to complete the following data entry:

1) Service Tab
   a) The following service shall be entered when a client is provided with medication assistance
      i) 6300 Medical Assistance
         (1) Enter in one (1) unit
         (2) Enter the dollar amount of the medication
2) Demographic Tab
   a) Case note needs to be added for this service

**Required documents:** The amount invoiced on the billing form must coincide with the amount reported on the Ryan White monthly financial report and a copy of the bill detailing which medication(s) were paid for must be submitted to the state RWPB Program.

**Annual Review:**
This policy will be reviewed annually.

Last review: April 2023

# MEDICAL TRANSPORTATION POLICY AND PROCEDURE

**RWPB -06** **Approval Date:** April 2023
**DHW/DPH Policy Reference:** None **Supersedes:** October 2021

**Policy:** The Ryan White Part B Medical Case Management (MCM) providers may provide gift cards and bus passes to assist clients with transportation to HIV-related health services; including services needed to maintain the client in HIV/AIDS medical care. Medical transportation is an allowable support service under the Ryan White HIV/AIDS Program. The Health Resources and Services Administration's HIV AIDS Bureau (HRSA HAB) Policy 10-02 states that RWPB funds cannot be used to make direct payment of cash to recipients of services. Where direct provision of the service is not possible or effective, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Ryan White funds are to be used as the payer of last resort. Store gift cards that can be redeemed at a specific merchant or affiliated group of merchants for specific goods and services may be used. General use prepaid cards such as Visa, MasterCard, or American Express are considered cash equivalent and therefore are unallowable. The Idaho RWPB program monitors the use of gift cards/store vouchers via monthly monitoring of contractor invoices.

**Purpose:** To ensure Ryan White Part B clients have access to needed medical care and supportive services.

**Scope:** All subrecipient agencies contracted under Idaho Ryan White Part B Medical Care Management (MCM) to provide medical case management services to qualifying HIV Positive clients.

**Definitions:** None

**Procedures:**
Procedures for each type of medical transportation type (gas card and bus pass) are listed separately.

**1. Procedure: Gas Cards**

1. Subrecipients purchase gas cards in ten-dollar ($10.00) increments.
2. The number of the gas cards a client is eligible to receive is calculated from the roundtrip mileage to and from the core medical or support service appointment and multiplying the total mileage by twenty-three cents ($0.35) and rounding up to the nearest ten-dollar ($10.00) increment.
3. Clients must provide the case manager with a receipt showing the total amount of gas purchased and the receipt must be retained in the client files.
4. The case manager must confirm with the medical provider or support service agency that the client attended the appointment. In the event the client did not attend their appointment, they should be restricted from receiving a future gas card until the case manager can confirm they are receiving services and in need of transportation assistance.
    a. A Letter of Acknowledgement with language including *"…gift cards are to be used for the express purpose intended and may not be exchanged for cash, or used to purchase alcohol, tobacco, or weapons"* must be signed and dated by the client. A copy of each letter must be submitted to the RWPB program along with the client ID.

5. Each agency is required to have agency specific policies that cover the management and storage of gift cards. Below are the minimum requirements that must be met:
    a. Gift cards must be stored in a locked cabinet
    b. A document must be submitted monthly or quarterly to the RWPB program and include the following information for each distributed card:
        i. Card number
        ii. Client ID
        iii. Number of cards provided to client and total amount
        iv. Date card(s) was distributed to client
        v. Signature of the person providing the card to the client
        vi. Check box with date indicating the receipt from client was received and note from MCM that he/she confirmed client attended appointment.

**Steps for Completing CAREWare Data Entry**

The case manager is required to complete the following data entry:

1) Services Tab
    A. The following service shall be entered when a client is given a gas voucher
        i. 5000 Gas Card/Voucher
            a. Enter in the number of units the client received (1 card = 1 unit)
            b. The price in CAREWare is populated with $10.00
            c. The total will auto fill by multiplying the number of units by $10.00
2) Demographic Tab
    A. Enter in case note for this service

**2) Procedure: Bus Passes**

1) Case managers can purchase and provide clients with a bus pass if a client uses or relies on the bus as their main transportation.
2) Bus Passes can only be given out when the client shows up for their appointment.
    a. Bus Passes are for clients to attend their HIV related medical appointments or support appointments.

**Steps for Completing CAREWare Data Entry**

The case manager is required to complete the following data entry:

1) Services Tab
    A. The following service shall be entered when a client is given a bus pass
        i. 5200 Bus Pass
            a. Enter in one (1) unit and the amount of the bus pass
2) Demographic Tab
    A. Enter in case notes for this service

**3. Procedure: Uber Health**

1. Case managers can arrange Uber Health rides for clients who don't have a car and don't have access to Medicaid transportation assistance. (Clients may need a cell phone to receive text message notification of make/model of Uber driver)
2. The case manager must establish the account with Uber Health and book the rides for clients.
3. The case manager must confirm with the medical provider or support service agency that the client attended the appointment. In the event the client did not attend their appointment, they should be restricted from receiving future Uber Health transportation assistance.
4. The agency should have clients sign a Letter of Acknowledgement with language similar to: "Uber Health transportation is for *the express purpose of getting to and from a medical appointment or support service appointment. Any Uber Health scheduled ride that is not canceled and the agency is charged for a missed pickup will result in the loss of this service for six months."* This signed acknowledgement must be signed and dated by the client and a copy of each letter included in the client's file.

**Steps for Completing CAREWare Data Entry**

The case manager is required to complete the following data entry:

1) Services Tab
    A. The following service shall be entered when a client receives Uber transportation assistance
        i. 5100 Client Transportation
            a. Enter in the cost of the Uber Ride
2) Demographic Tab
    B. Enter in case note for this service

**Required documents:** The amount invoiced on the billing form must coincide with the amount reported on the Ryan White monthly financial report for all medical transportation costs and submitted to the state RWPB program.

**Annual Review:** This policy will be reviewed annually.

Last Review: April 2023

# PAYER OF LAST RESORT POLICY

**RWPB -07** **Approval Date:** April 2023
**DHW/DPH Policy Reference:** None **Supersedes:** September 2018

**Policy:** Per Section 2617 (b) (7) (F) of the Ryan White HIV/AIDS Treatment Act of 2009, AIDS Drug Assistance Programs (ADAP) are legislatively required to ensure they are payer of last resort. Idaho Ryan White Part B/ADAP funds may not be used to provide items or services that have already been paid, or can reasonably be expected to be paid by third party payers, including Medicaid, Medicare, other state or local entitlement programs, prepaid health plans or private insurance. The Idaho Ryan White Part B and AIDS Drug Assistance Program (ADAP) follows the requirements of the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) (Policy Clarification Notice - PCN #21-02; *Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program*). Medical Case Managers must ensure that eligible individuals are enrolled in Medicaid, Medicare, private insurance and/or other programs and that Part B/ADAP funds are not used to pay for any services covered by another payer source. In areas where other HIV/AIDS funding is available, such as Part C and HOPWA, Part B does not require that each of these funding sources be exhausted prior to accessing Part B. MCMs must ensure that all clients are screened for Medicaid, Medicare, and/or access to other public or private insurance coverage when determining eligibility. Payment for eligible services should be coordinated across all Ryan White, private and public funding streams.

Exception to the payer of last resort requirement is included in HRSA/HAB Policy 07-07 for veterans and Indian Health Services (IHS) for PLWH. This policy specifies RWHAP grantees may not deny services, including prescription drugs, to a veteran who is otherwise eligible for RWHAP services. Policy 07-01 states that programs administered by or providing services of the IHS are exempt from the "Payer of Last Resort" restriction for Parts A, B, and C by persons also eligible for benefits under IHS funded programs. In both of these instances, payer coordination on behalf of clients must respect client choice of payer in those cases where VA, IHS, and Ryan White are the available payers.

> ***Federal Policy:*** *HRSA HAB Policy Notice -08-01: The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs. The Ryan White HIV/AIDS Program must be the payer of last resort. In addition, funds received under the Ryan White HIV/AIDS Program must be used to supplement but not supplant funds currently being used from local, State, and Federal agency programs. Grantees must be capable of providing the HIV/AIDS Bureau (HAB) with documentation related to the use of funds as payer of last resort and the coordination of such funds with other local, State, and Federal funds.*

**Purpose:** To ensure the Idaho Ryan White Part B/ADAP is the payer of last resort for eligible services for a client.

**Scope:** This policy applies to all services funded under Ryan White Part B/ADAP.

**Definitions:**

1. ADAP – AIDS Drug Assistance Program

**Annual Review:** This policy will be reviewed annually. Last Review: April 2023

# IDAHO RYAN WHITE PART B PROGRAM CLIENT GRIEVANCE POLICY AND PROCEDURE

**RWPB -08** **Approval Date:** April 2023
**DHW/DPH Policy Reference:** None **Supersedes:** October 2021

**Policy:** The Idaho Ryan White Part B Program is committed to assuring that no infringement of a client's rights occurs at an agency funded by the program, and that there is an established procedure for addressing problems or complaints that clients may have.

**Purpose:** To assure that clients participating in HIV medical case management (MCM) have the opportunity to voice their concerns or receive additional problem-solving assistance, if needed.

**Scope:** All Ryan White Part B clients enrolled in medical case management (MCM) and/or ADAP program.

**Definitions:** None

**Procedure:**

**Phase I -** For initial discussion of problems, concerns, complaints, the issue should first be brought to the case manager's attention either by telephone call or face-to-face contact. The case manager will document the problem and the resolution that is developed. The client and the case manager will sign the problem-solving document.

**Phase II -** If the client does not feel satisfied with the results of the first phase, a more formal written complaint can be registered with a supervisor or other individual with oversight duties of the HIV case manager or the agency. An appropriate supervisory authority will document the problem and the resolution. Both the client and the supervisory authority will sign the problem-solving document. The document will then be placed in the client's MCM file.

**Phase III -** If the client is not satisfied with the resolution or if they have documented information regarding mis-performance, mal-performance, or non-performance of any contracted service, they may send their written complaint to: Idaho Ryan White Program Coordinator, 450 W. State Street, 4th Floor, P.O. Box 83720, Boise, ID 83720-0036.

**Annual Review:**
This policy will be reviewed annually.

Last review: April 2023

# RWPB EXPENDITURES POLICY AND PROCEDURE

**RWPB -09** **Approval Date:** April 2023
**DHW/DPH Policy Reference:** None **Supersedes:** June 2021

**Policy:** The Ryan White Part B program has written procedures for how contract invoices are processed to ensure all listed services are performed as required and verifies that required reports and supporting documentation has been received and that billed amounts are correct.

**Purpose:** The purpose of this policy is to provide direction to program staff to ensure invoices are properly processed and payment made to subrecipients.

**Scope:** This policy and procedure applies to the Ryan White Part B program.

**Definitions:** None

## Procedure:

1. Subrecipients submit invoices within thirty (30) calendar days after the last day of the month in which services are provided unless another date has been agreed upon and is documented in the subgrant agreement.
2. Invoices must provide the contract number, billing period, total amount billed for the billing period, description of services/products provided and associated number of hours and amounts as appropriate, and name of authorized contact.
3. The invoice processing date, the amount due and corresponding program cost accounting (PCA) codes and sub-objects are added to the invoice.
4. The RWPB program state staff reviews all the service entries in CAREWare and ensures that the appropriate paperwork is submitted to the program.
5. In the event a discrepancy occurs with the monthly invoice and supporting CAREWare documentation, the subrecipient is contacted and the issue resolved before payment is made.
6. The invoice is forwarded to the program manager for internal approval.
7. Following approval, the invoice is scanned to Accounts Payable for payment.
8. The Administrative Assistant enters in the amount of the invoice into SmartSheets.
9. Following approval, either a warrant is cut or the funds transferred electronically to the requesting agency.

**Annual Review:**
This policy will be reviewed annually. Last review: April 2023

# ORAL HEALTH SERVICES POLICY AND PROCEDURE

**Policy Reference Number:** RWPB - 10 **Approval Date:** April 2023
**DHW/DPH Policy Reference:** None **Supersedes:** June 2021

**Policy:** The Ryan White Part B Medical Case Management (MCM) providers may provide support for dental care services. Support for Oral Health Services includes diagnostic, preventive, and therapeutic dental care that is in compliance with dental practice laws, includes evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters, is based on an oral health treatment plan, adheres to specified service caps, and is provided by licensed and certified dental professionals.

Oral Health Services is an allowable core service under the Ryan White HIV/AIDS Program.

**Purpose:** To ensure Ryan White Part B clients have access to needed oral health services when other support is not available.

**Scope:** All subrecipient agencies providing Ryan White Part B Medical Care Management (MCM) services to qualifying HIV Positive clients.

## Definitions:

## Procedure:

2. The Medical Case Manager must maintain a copy of all documents related to dental services in the client file that includes a signed treatment plan by the service provider that includes all services provided and any referrals.

**Steps for Completing CAREWare Data Entry**

The case manager is required to complete the following data entry:

(3) Service Tab
  (a) The following service shall be entered when a client is provided utility assistance
    (i) 6350 Dental
      (1) Enter in one (1) unit
      (2) Enter the dollar amount of payment
(4) Demographic Tab
  (a) Case note needs to be added for this service

**Email the following documents to RWPB Program at the Division of Public Health:**

- The amount invoiced on the subrecipient billing form must coincide with the amount reported on the Ryan White monthly financial report.
- A copy of the dental assistance bill and the amount paid by the MCM agency must be submitted with the invoice.

**Annual Review:**

This policy will be reviewed annually.

Last reviewed April 2023.

# HOME AND COMMUNITY BASED HEALTH SERVICES POLICY AND PROCEDURE

**Policy Reference Number:** RWPB -11 **Approval Date:** April 2023
**DHW/DPH Policy Reference:** None **Supersedes:** June 2021

**Policy:** The Ryan White Part B Medical Case Management (MCM) providers may provide support for Home and Community-based Health Services defined as skilled health services furnished in the home of an HIV-infected individual, based on a written plan of care provided by public and private entities. Allowable services include durable medical equipment, home health aide and personal care services, day treatment or other partial hospitalization services, home intravenous and aerosolized drug therapy, routine diagnostic testing, appropriate mental health, developmental and rehabilitation services, and specialty care and vaccinations for hepatitis co-infection. Home and Community-based Health services is an allowable core service under the Ryan White HIV/AIDS Program.

**Purpose:** To ensure Ryan White Part B clients have access to needed Home and Community-based Health Services when other support is not available.

**Scope:** All subrecipient agencies providing Ryan White Part B Medical Care Management (MCM) services to qualifying HIV Positive clients.

## Definitions:

## Procedure:

3. The Medical Case Manager must maintain a copy of all documents related to Home and Community-Based Health Services
4. Ensure that written care plans with appropriate content and signatures are consistently prepared, included in client records, and updated as needed
5. Establish and maintain a program and client recordkeeping system to document the types of home services provided, dates provided, the location of the service, and the signature of the professional who provided the service at each visit
6. Make available to the grantee program files and client records as required for monitoring.
7. Provide assurance that the services are being provided only in an HIV-positive client's home.
8. Maintain, and make available to the grantee on request, copies of appropriate licenses and certifications for professionals providing services.

Documentation of services provided that specifies the types, dates, and location of services, includes the signature of the professional who provided the service at each visit, and indicates that all services are allowable under this service category.

**Steps for Completing CAREWare Data Entry**

The case manager is required to complete the following data entry:

(5) Service Tab
  (a) The following service shall be entered when a client is provided Home and Community-based Health service.
    (i) 8200 Home and Community-Based
      (1) Enter in one (1) unit
      (2) Enter the dollar amount of payment
(6) Demographic Tab
  (a) Case note needs to be added for this service

**Email the following documents to RWPB Program at the Division of Public Health:**

- The amount invoiced on the subrecipient billing form must coincide with the amount reported on the Ryan White monthly financial report.
- A copy of the bill and the amount paid by the MCM agency must be submitted.

**Annual Review:**

This policy will be reviewed annually.

Last reviewed April 2023

# FOOD BANK AND HOME DELIVERED MEALS POLICY AND PROCEDURE

**Policy Reference Number:** RWPB -12 **Approval Date:** April 2023
**DHW/DPH Policy Reference:** None **Supersedes:** June 2021

**Policy:** Food Bank and Home Delivered Meals is an allowable support service under the Ryan White HIV/AIDS Program (HRSA Policy Clarification Notice - PCN #16-02). The Ryan White Part B Medical Case Management (MCM) providers may provide support for food bank and home delivered meals. This includes the provision of actual food items and a voucher program to purchase food. Support may also include the provision of non-food items that are limited to personal hygiene products, household cleaning supplies and a water filtration/ purification system in communities where issues with water purity exist.

**Purpose:** To ensure Ryan White Part B clients have access to needed food when other support is not available. Nutrition and HIV and AIDS are cyclically related. For PLWH/A, good nutrition supports overall health and can help maintain a healthy weight and absorb HIV medicines. When the immune system breaks down as a result of HIV or AIDS, this can contribute to malnutrition and susceptibility to infection leading to increased risk for diarrhea, malabsorption, poor appetite and weight loss. Optimal nutrition is an important component of the response to chronic diseases that are becoming increasingly prevalent among individuals with HIV and AIDS.

**Scope:** All subrecipient agencies providing Ryan White Part B Medical Care Management (MCM) services to qualifying HIV Positive clients.

## Acronyms:

1. ADAP – AIDS Drug Assistance Program
2. PLWH/A – People Living with HIV/AIDS

## Procedure:

9. The Medical Case Manager must maintain a copy of all documents related to food purchases.
10. Maintain and make available when requested documentation of the services provided by type of service, the number of clients served, and levels of service provided.
11. The amount and use of funds for purchase of non-food items, including use of funds only for allowable non-food items.

12. Provide assurance that Ryan White funds were used only for allowable purposes and Ryan White was the payer of last resort.

**Steps for Completing CAREWare Data Entry**

The case manager is required to complete the following data entry:

(7) Service Tab
  (a) The following service shall be entered when a client is provided Home and Community-based Health service.
    (i) 9100 Food Bank
      (1) Enter in one (1) unit
      (2) Enter the dollar amount of the service
(8) Demographic Tab
  (a) Case note needs to be added for this service

**Email the following documents to RWPB Program at the Division of Public Health:**

- The amount invoiced on the subrecipient billing must coincide with the amount reported on the Ryan White monthly financial report.
- A copy of the bill and the amount paid by the MCM agency must be submitted.

**Annual Review:**

This policy will be reviewed annually.

Last review: April 2023

# LINGUISTIC SERVICES POLICY AND PROCEDURE

**Policy Reference Number:** RWPB -13 **Approval Date:** April 2023
**DHW/DPH Policy Reference:** None **Supersedes:** December 2022

**Policy:** The Ryan White Part B Medical Case Management (MCM) providers may provide support for Linguistic Services defined as interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and the client, when such services are necessary to facilitate communication between the provider and client and/or support delivery of Ryan White-eligible services.

**Purpose:** To ensure Ryan White Part B clients have access to needed Linguistic Services when other support is not available. Linguistic services are needed for some individuals in Ryan White to communicate with their provider and/or receive appropriate services.

**Scope:** All subrecipient agencies providing Ryan White Part B Medical Care Management (MCM) services to qualifying HIV Positive clients.

**Definitions:** None.

## Procedure:

13. The Medical Case Manager must document the provision of linguistic services, including:
    a. Number and types of providers requesting and receiving services
    b. Number of assignments
    c. Languages involved
    d. Types of services provided – oral interpretation or written translation, and whether interpretation is for an individual client or a group
14. The Medical Case Manager must maintain documentation showing that interpreters and translators employed with Ryan White funds have appropriate training and hold relevant State and/or local certification.

**Steps for Completing CAREWare Data Entry**

The case manager is required to complete the following data entry:

(9) Service Tab
  (a) The following service shall be entered when a client is provided Linguistic Services.
    (i) 6400 Interpretation Services
      (1) Enter in one (1) unit

(2) Enter the dollar amount of payment

(10) Demographic Tab

(a) Case note needs to be added for this service

**Email the following documents to RWPB Program at the Division of Public Health:**

- The amount invoiced on the subrecipient billing form must coincide with the amount reported on the Ryan White monthly financial report.
- A copy of the bill and the amount paid by the MCM agency must be submitted.

**Annual Review:**

This policy will be reviewed annually.

Last review: April 2023

IDAHO DEPARTMENT OF
HEALTH & WELFARE

BRAD LITTLE – GOVERNOR
ALEX J. ADAMS – DIRECTOR

ELKE SHAW-TULLOCH, MHS – ADMINISTRATOR
DIVISION OF PUBLIC HEALTH
450 West State Street, 4th Floor
Boise, Idaho 83720-0036
PHONE 208-334-6996

June 18, 2025

To Whom it May Concern:

In 2025, the Idaho state legislature passed House Bill 135, which impacts the Ryan White HIV/AIDS Program. This bill allows the Department of Health and Welfare to establish requirements of lawful presence in the United States for public assistance.

The bill amends Section 67-7903, Idaho Code, removing the exemption from verifying lawful presence in the United States for public health assistance for immunizations, and testing and treatment of communicable diseases which was previously in that statute. Consequently, on and after July 1, 2025, recipients of Ryan White benefits must meet the lawful presence criteria outlined in the law.

As HIV is a long-term condition, not an emergency, the removal of the public health assistance exemption for communicable diseases from Section 67-7903, Idaho Code, likely means that the AIDS Drug Assistance Program (ADAP) requires lawful presence verification for applicants eighteen (18) years of age or older who apply for ADAP benefits for him or herself, unless an acute emergency arises.

Your program may find that acute emergencies may exist for certain circumstances, such as acute or late-stage previously untreated HIV infection requiring emergency medical care, but we strongly suggest consulting with your own legal counsel to determine what precise circumstances qualify as a medical emergency under the law.

Idaho Code section 67-7902 provides relevant definitions by reference to federal law: “Emergency medical condition,” as defined by 42 U.S.C. section 1396b(v)(3); “Federal public benefit,” as defined by 8 U.S.C. section 1611(c); and “State or local public benefit,” as defined by 8 U.S.C. section 1621(c).”

Notably absent from these is the definition for "qualified alien” under 8 U.S.C. 1641, which is a prerequisite for many public benefits under 8 U.S.C. 1611 and 1621. This omission, combined with the legislature’s removal of the phrase “or where exempted by federal law” from Idaho Code section to Idaho Code to 67-7903(1), seems to indicate that Idaho is intentionally prioritizing verification methods over federal statuses.

I hope this information is useful to you.

Sincerely,

Elke Shaw-Tulloch, MHS
Administrator, State Health Official
Division of Public Health | Idaho Department of Health and Welfare
208-334-5950 desk | elke.shaw-tulloch@dhw.idaho.gov

**IN THE UNITED STATES DISTRICT COURT**
**FOR THE DISTRICT OF IDAHO**

| | |
|---|---|
| ABBY DAVIDS, MD, *et al.*,<br>*Plaintiffs*,<br><br>v.<br><br>ALEX ADAMS, in his official capacity as Director of the Idaho Department of Health and Welfare, *et al.*,<br>*Defendants*. | Case No. |

**DECLARATION OF K.P.**

I, K.P., make this declaration based on my personal knowledge, except where I have indicated otherwise. If called to testify as a witness, I could and would testify competently and truthfully to these matters.

1. I am a citizen of Colombia. I am over the age of 18.

2. I live in Idaho with my husband. We are married religiously, but not civilly.

3. My husband and I have been together for fifteen years. We have a daughter who is a year and a half. Our daughter is a U.S. citizen.

4. I am a heterosexual female.

5. In April of 2019, my husband and I came to Idaho on tourist visas. We have been residents of Idaho ever since.

6. Our tourist visas expired because we stayed longer than the six months permitted by the visas.

7. We came to Idaho because we have family here.

8. I do not work outside of the home. I do not have any health insurance.

9. I applied for asylum in 2024. My asylum application remains pending.

10. I have an Employment Authorization Document (EAD), which is a temporary work permit related to my asylum application.

11. I am not a refugee, lawful permanent resident or Green Card holder.

12. I fear that my asylum application and EAD are not sufficient to satisfy the immigration status verification requirements of HB 135.

13. To complete the immigration status verification procedure, I must attest, under oath, that I am "lawfully present in the United States pursuant to federal law."

14. I do not know whether the State of Idaho considers me to be lawfully present in the United States pursuant to federal law.

15. HB 135 does not say whether my immigration status qualifies as lawful presence for purposes of the new law. The State of Idaho has not provided guidance on whether my immigration status would satisfy the requirements.

16. If I say that I am lawfully present, but the State of Idaho decides that I am not lawfully present, then I may be guilty of a misdemeanor.

17. I was diagnosed with HIV in December 2019.

18. After being diagnosed, I immediately started antiretroviral therapy (ART) through Full Circle Health.

19. I receive ART at no cost through the federal Ryan White HIV/AIDS Program Part B (Ryan White): AIDS Drug Assistance Program (ADAP) at Full Circle Health.

20. I qualify for this federal program because of my low income and inability to obtain health insurance.

21. Because of my treatment, I am undetectable. To be undetectable means that the amount of HIV in my body is so low that it does not show up on a lab test. Because my viral level is undetectable, I will not transmit HIV to someone who is HIV negative.

22. My medication protected my daughter while I was pregnant because it prevented me from transmitting HIV to her during pregnancy.

23. I take my ART medications every day.

24. Dr. Abby Davids is my clinician. She has been my doctor for over 5 years. I trust her to advocate for me.

25. I receive a refill of my ART medications every 30 days. My next refill is scheduled for July 8, 2025.

26. I am required to re-enroll in the Ryan White/ADAP program every six months. My most recent re-enrollment was in March 2025.

27. If I lose my medication because of HB 135, it would be devastating for me emotionally and physically. When I was diagnosed with HIV, I became very depressed. But with the medication, I felt better physically and better about life. I will become depressed again if I lose my medication. My medication is everything. My medication allows me to be with my daughter and watch her grow.

28. If I lose access to ART through Ryan White/ADAP, I cannot afford to pay for ART on my own.

29. I am asking the court to allow me to proceed pseudonymously. I do not want my name to become public with this lawsuit as I fear that revealing my identity will create a risk of harm and retaliation to myself and my family. I fear that we will become targets for criminal

prosecution, deportation, and harassment by the police. I fear that we will become targets for violence and discrimination.

30. I also do not want my name to become public with this lawsuit in order to protect the private and highly sensitive issue of my HIV status. In my community, and in Idaho generally, people judge and discriminate against individuals for being HIV positive. I might be shunned or treated unfavorably if my HIV status became public.

31. I understand that I am asking the court to appoint me as a class representative in this case. I understand that I am bringing this lawsuit not only to protect my own interests, but also the interests of all the class members. I want to protect access to life-saving ART for myself and others like me in Idaho.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on June 24, 2025 in Ada County, Idaho

Signature: 

K.P.

**EN EL TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS**
**PARA EL DISTRITO DE IDAHO**

| | |
|---|---|
| ABBY DAVIDS, MD, *et al.*,<br>*Demandantes*,<br><br>v.<br><br>ALEX ADAMS, en su capacidad oficial como Director del Departamento de Salud y Bienestar de Idaho, *et al.*,<br>Demandados. | Case No. (NUMERO DE CASO) |

**DECLARACION DE K.P.**

Yo, K.P., declare lo siguiente basado en mi conocimiento personal, excepto donde se indique lo contrario. Si fuera llamada a testificar como testigo, podria y lo haria de forma competente y veraz sobre estos asuntos.

1. Soy una ciudadana de Colombia. Tengo más de 18 años de edad.

2. Vivo en Idaho con mi esposo. Estamos casados religiosamente, pero no civilmente.

3. Mi esposo y yo hemos estado juntos por quince años. Tenemos una hija de un añosy medio. Nuestra hija es una ciudadana estadounidense.

4. Soy una mujer heterosexual.

5. En abril de 2019, mi esposo y yo vinimos a Idaho con una visa de turista. Hemos sido residentes de Idaho desde entonces.

6. Nuestras visas de turista expiraron porque nos quedamos mas tiempo del permitido de seis meses.

7. Vinimos a Idaho porque tenemos familia aquí.

8. No trabajo fuera de casa. No tengo ninguno seguro medico.

9. Solicite asilo en 2024. Mi solicitud de asilo sigue pendiente.

10. Tengo un Documento de Autorizacion de Empleo (EAD), que es un permiso temporal de trabajo relacionado con mi solicitud de asilo.

11. No soy refugiada, residente permanente legal ni titular de una tarjeta de residencia (Green Card).

12. Me preocupa que mi solicitud de asilo y mi EAD no sean suficientes para cumplir con los requisitos de verificación de estatus migratorio según la HB 135.

13. Para completar el procedimiento de verificación de estatus migratorio, debo declarar, bajo juramento, que estoy "legalmente presente en los Estados Unidos en conforme a la ley federal".

14. No se si el Estado de Idaho considera que estoy legalmente presente en los Estados Unidos en conforme a la ley federal.

15. La HB 135 no indica si mi estatus migratorio califica como presencia legal para los fines de esta nueva ley. El Estado de Idaho no ha proporcionado ninguna orientación sobre si mi estatus migratorio cumple con los requisitos.

16. Si declaro que estoy legalmente presente, pero el Estado de Idaho decide que no lo estoy, podría ser culpable de un delito menor.

17. Fui diagnosticada con VIH en diciembre de 2019.

18. Despues del diagnóstico, comencé de inmediato la terapia antirretroviral (TAR) a traves de Full Circle Health.

19. Recibo TAR sin costo alguno a través del Programa federal Ryan White de VIH/SIDA Parte B (Ryan White): Programa de Asistencia con Medicamentos contra el SIDA (ADAP) en Full Circle Health.

20. Califico para este programa federal debido a mis bajos ingresos y a mi incapacidad para obtener un seguro médico.

21. Debido a mi tratamiento, estoy indetectable. Estar indetectable significa que la cantidad de VIH en mi cuerpo está tan baja que no aparece en un análisis de laboratorio. Debido a que mi carga viral es indetectable, no transmitiré el VIH a alguien que sea VIH negativo.

22. Mi medicamento protegió a mi hija durante el embarazo porque evito que le transmitiera el VIH.

23. Tomo mis medicamentos de TAR todos los días.

24. La Dra. Abby Davids es mi Doctora. Ha sido mi Doctora por más de 5 años. Confío en que ella abogue por mi.

25. Recibo un resurtido de mis medicamentos de TAR cada 30 días. Mi próximo resurtido está programado para el 8 de julio de 2025.

26. Se requiere que me reinscriba en el programa Ryan White/ADAP cada seis meses. Mi reinscripcion mas reciente fue en marzo de 2025.

27. Si pierdo mi medicamento debido a la HB 135, seria devastador para mi emocional y físicamente. Cuando fui diagnosticada con VIH, me deprimí mucho. Pero con el medicamento, me sentí mejor físicamente y con mas ánimo. Me deprimiré de nuevo si pierdo mi medicamento. Mi medicamento es todo para mi. Mi medicamento me permite estar con mi hija y verla crecer.

28. Si pierdo el acceso a TAR a través de Ryan White/ADAP, no puedo pagar el tratamiento por mi cuenta.

29. Estoy pidiendo al tribunal que me permita proceder bajo seudónimo. No quiero que mi nombre se haga público en esta demanda porque temo que revelar mi identidad cree un riesgo de daño y represalias para mi y mi familia. Temo que podamos ser objeto de retribución y

enjuiciamiento penal, deportacion y acoso por parte de la policia. Tambien temo que seamos víctimas de violencia y discriminación.

30. Tampoco quiero que mi nombre se haga público en esta demanda para proteger la información privada y altamente sensible de mi estatus con VIH. En mi comunidad, y en Idaho en general, la gente juzga y discrimina a las personas que son VIH positivas. Podría ser rechazada o tratada desfavorablemente si se hiciera público mi estatus.

31. Entiendo que estoy pidiendo al tribunal que me designe como representante del grupo o clase de demandantes en este caso. Entiendo que estoy presentando esta demanda no solo para proteger mis propios intereses, sino también los intereses de todos los miembros del grupo de la clase. Quiero proteger el acceso al TAR que salva vidas, tanto para mi como para otros como yo en Idaho.

Declaro bajo pena de perjurio en conforme a las leyes de los Estados Unidos que lo anterior es verdadero y correcto.

Ejecutado el 24 de junio de 2025, en el Condado de Ada, Idaho

Firma [redacted]

K.P.

**IN THE UNITED STATES DISTRICT COURT**
**FOR THE DISTRICT OF IDAHO**

| | |
|---|---|
| ABBY DAVIDS, MD, *et al.*,<br>*Plaintiffs*,<br><br>v.<br><br>ALEX ADAMS, in his official capacity as Director of the Idaho Department of Health and Welfare, *et al.*,<br>*Defendants*. | Case No. |

**DECLARATION OF N.R.**

I, N.R., make this declaration based on my personal knowledge, except where I have indicated otherwise. If called to testify as a witness, I could and would testify competently and truthfully to these matters.

1. I am a citizen of Colombia. I am over the age of 18.

2. I live in Idaho with my wife. We are married religiously, but not civilly.

3. My wife and I have been together for fifteen years. We have a daughter who is a year and a half. Our daughter is a U.S. citizen.

4. I am a heterosexual male.

5. I originally came to Idaho on a tourist visa in 2017 or 2018. I then returned to Columbia.

6. In April of 2019, my wife and I both came to Idaho on a tourist visa. We have been residents of Idaho ever since.

7. Our tourist visas expired because we stayed longer than the six months permitted by the visas.

8. We came to Idaho because we have family here.

9. I work at a restaurant. I do not receive health insurance through my job. I do not have any health insurance.

10. My wife does not have a job.

11. I applied for asylum in 2024. My asylum application remains pending.

12. I have an Employment Authorization Document (EAD), which is a temporary work permit related to my asylum application.

13. I am not a refugee, lawful permanent resident or Green Card holder.

14. I fear that my asylum application and EAD are not sufficient to satisfy the immigration status verification requirements of HB 135.

15. To complete the immigration status verification procedure, I must attest, under oath, that I am "lawfully present in the United States pursuant to federal law."

16. I do not know whether the State of Idaho considers me to be lawfully present in the United States pursuant to federal law.

17. HB 135 does not say whether my immigration status qualifies as lawful presence for purposes of the new law. The State of Idaho has not provided guidance on whether my immigration status would satisfy the requirements.

18. If I say that I am lawfully present, but the State of Idaho decides that I am not lawfully present, then I may be guilty of a misdemeanor.

19. I was diagnosed with HIV in December 2019.

20. After being diagnosed, I immediately started antiretroviral therapy (ART) through Full Circle Health.

21. I receive ART at no cost through the federal Ryan White HIV/AIDS Program Part B (Ryan White): AIDS Drug Assistance Program (ADAP) at Full Circle Health.

22. I qualify for this federal program because of my low income and inability to obtain health insurance.

23. Because of my treatment, I am undetectable. To be undetectable means that the amount of HIV in my body is so low that it does not show up on a lab test. Because my viral level is undetectable, I will not transmit HIV to someone who is HIV negative.

24. I take my ART medications every day.

25. Dr. Marvin Alviso is my clinician.

26. I receive a refill of my ART medications every 30 days. My next refill is scheduled for June 30, 2025.

27. I am required to re-enroll in the Ryan White/ADAP program every six months. My most recent re-enrollment was in March 2025.

28. I feel terrified that I may lose my medications because of the verification of immigration status requirements of HB 135. Losing my medications would be fatal for me. My medications are critical for me to be healthy and to thrive. I am also worried about everyone else in my community who will be harmed by having their medication, or the medication of their loved ones, taken away.

29. If I lose access to ART through Ryan White/ADAP, I cannot afford to pay for ART on my own.

30. I am asking the court to allow me to proceed pseudonymously. I do not want my name to become public with this lawsuit as I fear that revealing my identity will create a risk of harm and retaliation to myself and my family. I fear that we will become targets for criminal prosecution, deportation, and harassment by the police. I fear that we will become targets for violence and discrimination.

31. I also do not want my name to become public with this lawsuit in order to protect the private and highly sensitive issue of my HIV status. In my community, and in Idaho generally, people judge and discriminate against individuals for being HIV positive. I might lose my job or be treated unfavorably if my HIV status became public.

32. I understand that I am asking the court to appoint me as a class representative in this case. I understand that I am bringing this lawsuit not only to protect my own interests, but also the interests of all the class members. I want to protect access to life-saving ART for myself and others like me in Idaho.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on June 24, 2025 in Ada County, Idaho

Signature: 

N.R.

**EN EL TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS**
**PARA EL DISTRITO DE IDAHO**

| | |
|---|---|
| ABBY DAVIDS, MD, *et al.*,<br>*Demandantes*,<br><br>v.<br><br>ALEX ADAMS, en su capacidad oficial como Director del Departamento de Salud y Bienestar de Idaho, *et al.*,<br>Demandados. | Case No. (NUMERO DE CASO) |

**DECLARACION DE N.R.**

Yo, N.R., declare lo siguiente basado en mi conocimiento personal, excepto donde se indique lo contrario. Si fuera llamado a testificar como testigo, podría y lo haría de forma competente y veraz sobre estos asuntos.

1. Soy un ciudadano de Colombia. Tengo más de 18 años de edad.

2. Vivo en Idaho con mi esposa. Estamos casados religiosamente, pero no civilmente.

3. Mi esposa y yo hemos estado juntos por quince años. Tenemos una hija de un año y medio. Nuestra hija es una ciudadana estadounidense.

4. Soy un hombre heterosexual.

5. Vine originalmente a Idaho con una visa de turista en 2017 o 2018. Luego regrese a Colombia.

6. En abril de 2019, mi esposa y yo vinimos a Idaho con una visa de turista. Hemos sido residents de Idaho desde entonces.

7. Nuestras visas de turista expiraron porque nos quedamos más tiempo del permitido seis meses.

8. Vinimos a Idaho porque tenemos familia aquí.

9. Trabajo en un restaurante. No recibo seguro médico a través de mi empleo. No tengo ningún seguro médico.

10. Mi esposa no tiene empleo.

11. Solicite asilo en 2024. Mi solicitud de asilo aun está pendiente.

12. Tengo un Documento de Autorizacion de Empleo (EAD), que es un permiso temporal de trabajo relacionado con mi solicitud de asilo.

13. No soy refugiado, residente permanente legal ni titular de una tarjeta de residencia (Green Card).

14. Me preocupa que mi solicitud de asilo y mi EAD no sean suficientes para cumplir con los requisitos de verificación de estatus migratorio según la HB 135.

15. Para completar el procedimiento de verificación de estatus migratorio, debo declarar, bajo juramento, que estoy “legalmente presente en los Estados Unidos en conforme a la ley federal”.

16. No se si el Estado de Idaho considera que estoy legalmente presente en los Estados Unidos en conforme a la ley federal.

17. La HB 135 no indica si mi estatus migratorio califica como presencia legal para los fines de esta nueva ley. El Estado de Idaho no ha proporcionado ninguna orientación sobre si mi estatus migratorio cumple con los requisitos.

18. Si declaro que estoy legalmente presente, pero el Estado de Idaho decide que no lo estoy, podría ser culpable de un delito menor.

19. Fui diagnosticado con VIH en diciembre de 2019.

20. después del diagnóstico, comencé de inmediato la terapia antirretroviral (TAR) a través de Full Circle Health.

21. Recibo TAR sin costo alguno a través del Programa federal Ryan White de VIH/SIDA Parte B (Ryan White): Programa de Asistencia con Medicamentos contra el SIDA (ADAP) en Full Circle Health.

22. Califico para este programa federal debido a mis bajos ingresos y a mi incapacidad para obtener un seguro médico.

23. Debido a mi tratamiento, estoy indetectable. Estar indetectable significa que la cantidad de VIH en mi cuerpo es tan baja que no aparece en un análisis de laboratorio. Debido a que mi carga viral es indetectable, no transmitiré el VIH a alguien que sea VIH negativo.

24. Tomo mis medicamentos de TAR todos los días.

25. El Dr. Marvin Alviso es mi médico.

26. Recibo un resurtido de mis medicamentos de TAR cada 30 dias. Mi proximo resurtido está programado para el 30 de junio de 2025.

27. Se requiere que me reinscriba en el programa Ryan White/ADAP cada seis meses. Mi reinscripcion mas reciente fue en marzo de 2025.

28. Me siento aterrorizado de poder perder mis medicamentos debido a los requisitos de verificación de estatus migratorio de la HB 135. Perder mis medicamentos sería fatal para mi. Mis medicamentos son fundamentales para mantenerme sano y prosperar. Tambien me preocupa toda la gente en mi comunidad que se verá perjudicada al perder su medicación, o la medicación de sus seres queridos.

29. Si pierdo el acceso a TAR a través de Ryan White/ADAP, no puedo pagar el tratamiento por mi cuenta.

30. Estoy pidiendo al tribunal que me permita proceder bajo seudónimo. No quiero que mi nombre se haga público en esta demanda porque temo que revelar mi identidad cree un riesgo

de daño y represalias para mi y mi familia. Temo que podamos ser objeto de represalias en enjuiciamiento penal, deportación y acoso por parte de la policía. También temo que seamos víctimas de violencia y discriminación.

31. Tampoco quiero que mi nombre se haga público en esta demanda para proteger la información privada y altamente sensible de mi estatus con VIH. En mi comunidad, y en Idaho en general, la gente juzga y discrimina a las personas que son VIH positivas. Podria perder mi trabajo o ser tratado desfavorablemente si se hiciera público mi estatus.

32. Entiendo que estoy pidiendo al tribunal que me designe como representante del grupo de la clase de demandantes en este caso. Entiendo que estoy presentando esta demanda no solo para proteger mis propios intereses, sino también los intereses de todos los miembros del grupo de la clase. Quiero proteger el acceso al TAR que salva vidas, tanto para mi como para otros como yo en Idaho.

Declaro bajo pena de perjurio en conforme a las leyes de los Estados Unidos que lo anterior es verdadero y correcto.

Ejecutado el 24 de junio de 2025, en el Condado de Ada, Idaho

Firma: [redacted]

N.R.

**IN THE UNITED STATES DISTRICT COURT**
**FOR THE DISTRICT OF IDAHO**

| | |
|---|---|
| ABBY DAVIDS, MD, MPH, AAHIVS, *et al.*, *Plaintiffs*,<br><br>v.<br><br>ALEX ADAMS, in his official capacity as Director of the Idaho Department of Health and Welfare, *et al.*, *Defendants*. | Case No. |

**DECLARATION OF F.F.**

I, F.F, make this declaration based on my personal knowledge, except where I have indicated otherwise. If called to testify as a witness, I could and would testify competently and truthfully to these matters.

1. I am a citizen of Peru. I am 36 years old.

2. I live in Idaho with my family and partner. I arrived in Idaho in late 2022.

3. I am gay and identify as male and non-binary.

4. I have a pending application for asylum.

5. I am unable to satisfy the verification requirements of HB 135 because I am undocumented.

6. I work in a restaurant and make around $1,500 per month.

7. I do not have health insurance through my job. I am unable to obtain any health insurance.

8. I am taking English and Computer classes at a college in Idaho.

9. Because of prior medical issues, unrelated to my HIV status, that occurred in Idaho, I have significant medical debt that I am unable to pay.

10. I was diagnosed with HIV ten years ago while living in Peru.

11. I received my HIV diagnosis while I was hospitalized for hemophagocytic lymphohistiocytosis (HLH). HLH is a fungal infection that is rare, but often life-threatening, and caused by excessive immune activation. HIV can serve as a trigger for HLH. This was the case for me, as my undiagnosed HIV had suppressed my immune system.

12. As soon as it was safe to do so, I began antiretroviral therapy (ART) to treat my HIV. Because of my treatment, I became undetectable. To be undetectable means that the amount of HIV in my body is so low that it does not show up on a lab test. Because my viral load is undetectable, I will not transmit HIV to someone who is HIV negative.

13. I take my ART medications every day.

14. Since January 2023, I have received ART at no cost through the federal Ryan White HIV/AIDS Program Part B (Ryan White): AIDS Drug Assistance Program (ADAP) at Full Circle Health.

15. I qualify for this federal program because of my low income and inability to obtain health insurance.

16. Dr. Abby Davids is my clinician. I have been a patient of Dr. Davids for over two years and trust her to look out for my interests.

17. I receive a refill of my ART medications every 20 days. My last refill was on June 24, 2025.

18. I am required to re-enroll in the Ryan White/ADAP program every six months. My most recent re-enrollment was in March 2025.

19. When I think of losing my medications because of the verification of immigration status requirements of HB 135, I feel scared, stressed, and anxious. Most of my family members

will be unable to be with me or visit me in Idaho while my health declines. They will suffer as well knowing that I am losing medications that are keeping me alive.

20. I know what will happen to my body if I lose access to my medication. It happened to me before in Peru when I was hospitalized for my HLH infection. I know that I will suffer from infections. I know that I will go to the hospital. I know that I will eventually contract AIDS (acquired immunodeficiency syndrome). AIDS is the most advanced stage of HIV infection. And I will eventually die.

21. There is no cure for HIV. Without treatment, it results in death.

22. If I lose access to ART, it will also put my partner's health and life at risk, as he is HIV negative. Because I am undetectable, I cannot transmit HIV to my partner. When I am no longer undetectable, my partner will be at risk of HIV transmission.

23. If I lose access to ART through Ryan White/ADAP, I cannot afford to pay for ART on my own. ART costs several thousand dollars per month. I only make $1,500 per month. Even if I qualify for discounted medications, they will still cost more than my monthly income.

24. I am asking the court to allow me to proceed pseudonymously. I do not want my name to become public with this lawsuit as I fear that revealing my identity will create a risk of harm and retaliation to myself, my partner and my family living in Idaho. I fear that we will become targets for criminal prosecution, deportation, and harassment by the police. I fear that we will become targets for physical violence and loss of employment.

25. I also do not want my name to become public with this lawsuit in order to protect the private and highly sensitive issue of my HIV status. In my community, and in Idaho generally, people judge and discriminate against individuals for being HIV positive. I may lose my job or be treated unfavorably by teachers and classmates in my college courses.

26. I understand that I am asking the court to appoint me as a class representative in this case. I understand that I am bringing this lawsuit not only to protect my own interests, but also the interests of all the class members. I want to protect access to life-saving ART for myself and others like me in Idaho.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on June 23, 2025 in Caldwell, Idaho

Signature: [redacted]

F.F.

**IN THE UNITED STATES DISTRICT COURT**
**FOR THE DISTRICT OF IDAHO**

| | |
|---|---|
| ABBY DAVIDS, MD, *et al.*,<br>*Plaintiffs*,<br><br>v.<br><br>ALEX ADAMS, in his official capacity as Director of the Idaho Department of Health and Welfare, *et al.*,<br>*Defendants*. | Case No. |

**DECLARATION OF J.A.O.G.**

I, J.A.O.G., make this declaration based on my personal knowledge, except where I have indicated otherwise. If called to testify as a witness, I could and would testify competently and truthfully to these matters.

1. I am a citizen of Mexico. I am over the age of 18.

2. I live in Idaho.

3. I am a gay male.

4. I originally came to the United States when I was 4 years old. I spent a year in California and then my family moved to Idaho.

5. We came to Idaho because we had family in Idaho who migrated here for agricultural employment, including the dairies and the fields.

6. I manage a restaurant. I do not receive health insurance through my job. I do not have any health insurance.

7. I am a recipient of Deferred Action for Childhood Arrivals (DACA). My DACA status expires in 2026.

8. I am not an asylee, refugee, lawful permanent resident or Green Card holder.

9. I fear that my DACA status is not sufficient to satisfy the immigration status verification requirements of HB 135.

10. To complete the immigration status verification procedure, I must attest, under oath, that I am "lawfully present in the United States pursuant to federal law."

11. I do not know whether the State of Idaho considers me to be lawfully present in the United States pursuant to federal law.

12. HB 135 does not say whether my immigration status qualifies as lawful presence for purposes of the new law. The State of Idaho has not provided guidance on whether my immigration status would satisfy the requirements.

13. If I say that I am lawfully present, but the State of Idaho decides that I am not lawfully present, then I may be guilty of a misdemeanor.

14. I was diagnosed with HIV in March 2024.

15. I started antiretroviral therapy (ART) through Full Circle Health in April 2024.

16. I receive ART at no cost through the federal Ryan White HIV/AIDS Program Part B (Ryan White): AIDS Drug Assistance Program (ADAP) at Full Circle Health.

17. I qualify for this federal program because of my low income and inability to obtain health insurance.

18. Because of my treatment, I am undetectable. To be undetectable means that the amount of HIV in my body is so low that it does not show up on a lab test. Because my viral level is undetectable, I will not transmit HIV to someone who is HIV negative.

19. I take my ART medications every day.

20. Dr. Abby Davids is my clinician. I trust her to look out for my best interests.

21. I receive a refill of my ART medications every 30 days. My next refill is scheduled for late July, 2025.

22. I am required to re-enroll in the Ryan White/ADAP program every six months. My most recent re-enrollment was in May 2025.

23. I am very anxious that I will lose my ART because of the immigration status verification requirements of HB 135. I think about it every day. If I cannot access my medications, I will lose weight, experience chronic cold/flu symptoms, loss of appetite, extreme fatigue. In the long-term, it is essentially a death sentence for me.

24. If I lose access to ART through Ryan White/ADAP, I cannot afford to pay for ART on my own.

25. I am asking the court to allow me to proceed pseudonymously. I do not want my name to become public with this lawsuit as I fear that revealing my identity will create a risk of harm and retaliation. I fear that I will become a target for criminal prosecution, deportation, harassment by the police, violence and discrimination.

26. I also do not want my name to become public with this lawsuit in order to protect the private and highly sensitive issue of my HIV status. In my community, and in Idaho generally, people judge and discriminate against individuals for being HIV positive. I might lose my job or be treated unfavorably if my HIV status became public.

27. I understand that I am asking the court to appoint me as a class representative in this case. I understand that I am bringing this lawsuit not only to protect my own interests, but also the interests of all the class members. I want to protect access to life-saving ART for myself and others like me in Idaho.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on June 25, 2025 in Twin Falls County, Idaho

[redacted]

J.A.O.G.

**IN THE UNITED STATES DISTRICT COURT**
**FOR THE DISTRICT OF IDAHO**

| | |
|---|---|
| ABBY DAVIDS, MD, *et al.*,<br>*Plaintiffs*,<br><br>v.<br><br>ALEX ADAMS, in his official capacity as Director of the Idaho Department of Health and Welfare, *et al.*,<br>*Defendants*. | Case No. |

**DECLARATION OF JOHN DOE.**

I, John Doe, make this declaration based on my personal knowledge, except where I have indicated otherwise. If called to testify as a witness, I could and would testify competently and truthfully to these matters.

1. I am a citizen of Mexico. I am over the age of 18.

2. I am not a U.S. citizen.

3. I live in Idaho.

4. I have a wife and three children.

5. I most recently came from Mexico to Idaho in 2020.

6. I came to Idaho for work so that I can provide for my family. My children are young and I do not want them to struggle.

7. I am undocumented. I do not have a visa, an asylum application or a work permit.

8. I work at two restaurants. I do not receive health insurance through my job. I do not have any health insurance.

9. I was diagnosed with HIV in September 2024.

10. After being diagnosed, I immediately started antiretroviral therapy (ART) through Full Circle Health.

11. I receive ART at no cost through ADAP, specifically the federal Ryan White HIV/AIDS Program Part B (Ryan White): AIDS Drug Assistance Program (ADAP) at Full Circle Health.

12. I qualify for this federal program because of my low income and inability to obtain health insurance.

13. Because of my treatment, I am undetectable. Because my viral level is undetectable, I will not transmit HIV to someone who is HIV negative.

14. I take my ART medications every day.

15. Dr. Christopher Link is my clinician.

16. I receive a refill of my ART medications every 30 days. My next refill is scheduled for early July, 2025.

17. I am required to re-enroll in the Ryan White/ADAP program every six months. I believe that my most recent re-enrollment was in March 2025.

18. I will not satisfy the immigration status verification requirements of HB 135 because I am undocumented.

19. If I lose my medication, I will die. I am very scared and anxious about slowly dying because of losing my medications. I worry for my children, because they need me to provide for them.

20. If I lose access to my ART through Ryan White/ADAP, I cannot afford to pay for ART on my own.

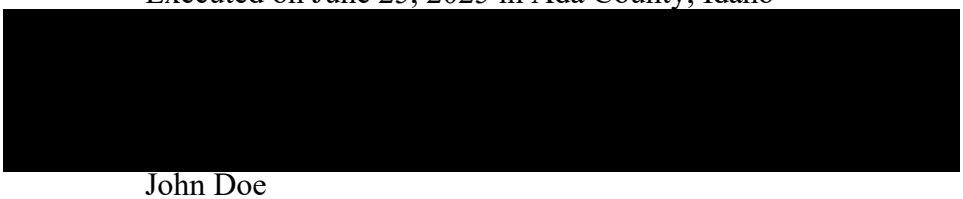
21. I am asking the court to allow me to proceed pseudonymously. I do not want my name to become public with this lawsuit as I fear that revealing my identity will create a risk of criminal prosecution, deportation, harassment by the police, violence and discrimination.

22. I also do not want my name to become public with this lawsuit in order to protect the private and highly sensitive issue of my HIV status. In my community, and in Idaho generally, people judge and discriminate against individuals for being HIV positive. I might lose my job or be treated unfavorably if my HIV status became public.

23. I understand that I am asking the court to appoint me as a class representative in this case. I understand that I am bringing this lawsuit not only to protect my own interests, but also the interests of all the class members. I want to protect access to life-saving ART for myself and others like me in Idaho.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on June 25, 2025 in Ada County, Idaho



John Doe

**EN EL TRIBUNAL DE DISTRITO DE LOS ESTADOS UNIDOS**
**PARA EL DISTRITO DE IDAHO**

| | |
|---|---|
| ABBY DAVIDS, MD, *et al.*,<br>Demandates,<br><br>v.<br><br>ALEX ADAMS en su capacidad oficial como Director del Departamento de Salud y Bienestar de Idaho, et al., Demandados<br>*Demandados*. | Case no. (Numero de caso) |

**DECLARACION DE JOHN DOE.**

Yo, John Doe, declaro lo siguiente con base en mi conocimiento personal, excepto donde se indique lo contrario. Si fuera llamado a testificar como testigo, podria y lo haria de forma competente y veraz sobre estos asuntos.

1. Soy ciudadano de Mexico. Tengo mas de 18 anos de edad.
2. No soy cuidando de Estados Unidos.
3. Yo vivo en Idaho.
4. Yo tengo una esposa y tres hijos/a.
5. Yo vine más recientemente de México a Idaho en el 2020.
6. Yo vine a Idaho para trabajar para proveer a my familia. Mis hijos son pequenos y no quiero que batallen.
7. Soy indocumentado. No tengo visa, solicitud de asilo, ni permiso de trabajo.
8. Trabajo en dos restaurantes. No recibo seguro médico a través de mi trabajo. No tengo ningún tipo de seguro médico.
9. Fui diagnosticado con VIH en Septiembre del 2024.
10. Despues de ser diagnosticado, yo inmediatamente empecé Terapia antirretroviral (TAR) por medio de Full Circle Health.

11. Recibo TAR sin costo a través de ADAP, específicamente el Programa Federal Ryan White HIV/AIDS Parte B (Ryan White): Programa de Asistencia para Medicamentos contra el SIDA (ADAP) en Full Circle Health.
12. Califico para este programa federal debido a mis bajos ingresos y a mi incapacidad para obtener un seguro médico.
13. Debido a mi tratamiento, soy indetectable. Debido a que mi nivel viral es indetectable, no transmitiré el VIH a alguien que sea VIH negativo.
14. Tomo mis medicamentos antirretrovirales todos los días.
15. El Dr. Christopher Link es mi médico.
16. Recibo una reposición de mis medicamentos antirretrovirales cada 30 días. Mi próxima recarga está programada para principios de julio de 2025.
17. Tengo que volver a inscribirme en el programa Ryan White/ADAP cada seis meses. Creo que mi reinscripción más reciente fue en marzo de 2025.
18. No cumpliré con los requisitos de verificación de estado migratorio de HB 135 porque soy indocumentado.
19. Si pierdo mi medicación, moriré. Estoy muy asustada y ansiosa por morir lentamente debido a la pérdida de mis medicamentos. Me preocupo por mis hijos, porque necesitan que yo les provea.
20. Si pierdo el acceso a mi TAR a través de Ryan White/ADAP, no podría pagar el ART por mi cuenta.
21. Pido al tribunal que me permita proceder bajo seudónimo. No quiero que mi nombre se haga público con esta demanda, ya que temo que revelar mi identidad creará un

riesgo de enjuiciamiento penal, deportación, acoso por parte de la policía, violencia y discriminación.

22. Tampoco quiero que mi nombre se haga público en esta demanda para proteger el tema privado y altamente sensible de mi estado de VIH. En mi comunidad, y en Idaho en general, la gente juzga y discrimina a las personas por ser VIH positivo. Podría perder mi trabajo o recibir un trato desfavorable si mi estado serológico se hiciera público.
23. Entiendo que le estoy pidiendo al tribunal que me designe como representante de la clase en este caso. Entiendo que estoy presentando esta demanda no solo para proteger mis propios intereses, sino también los intereses de todos los miembros del grupo. Quiero proteger el acceso a la terapia antirretroviral que salva vidas para mí y para otras personas como yo en Idaho.

Declaro bajo pena de perjurio conforme a las leyes de los Estados Unidos de America que lo anterior es verdadero y correcto.

Ejecutado el 25 de junio de 2025, en
el Condado de Ada, Idaho

[redacted]

John Doe