

**VIRTUAL: Comprehensive Planning Committee/Prevention Committee
Meeting Minutes of
Wednesday, October 22nd, 2025
12:00 p.m. – 2:00 p.m.**

Office of HIV Planning, 340 N. 12th St., Suite 320, Philadelphia PA 19107

Present: K. Carter, J. Ealy, N. Houston, D. Lewis-Salley, P. Mukinay, J. Myahwegi, A. Scruggs, D. Surplus, S. Wynne

Excused: J. Haskins

Guests: J. Eden (AIDS Law), E. Fischer, A. Leger (Recommended), A. Onorato (Recommended), L. Silverman (DHH), J. Suplita (DHH)

Staff: Tiffany Dominique, Debbie Law, Sofia Moletteri, Kevin Trinh

Call to Order/Introductions: J. Ealy asked everyone to introduce themselves and called the meeting to order at 2:37 p.m.

Approval of Agenda:

J. Ealy referred to the October 2025 Comprehensive Planning Committee (CPC)/Prevention Committee agenda and asked for a motion to approve. **Motion: K. Carter motioned; D. Lewis-Salley seconded to approve the October 2025 CPC/Prevention Committee agenda via Zoom poll. Motion passed: 8 in favor** The October 2025 CPC/Prevention Committee agenda was approved.

Approval of Minutes (September 18th, 2025):

J. Ealy referred to the September 2025 CPC/Prevention Committee Meeting minutes. **Motion: K. Carter motioned; S. Wynne seconded to approve the September 2025 CPC/Prevention Committee meeting minutes via a Zoom poll. Motion passed: 8 in favor.** The September 2025 CPC/Prevention Committee meeting minutes were approved.

Report of Co-chairs:

J. Ealy, co-chair of the Prevention Committee, reported that he was attempting to get a speaker from ViiV to speak at a future Prevention Committee meeting.

Report of Staff:

S. Moletteri reported they would begin hybrid meetings in November. For those planning to attend in-person, they needed to have instructions on how to enter the building. With two elevators in maintenance, visitors needed to use the stairs or use a certain entrance to use the remaining elevator.

The Finance Committee would be the first to have their hybrid meeting on November 6th. The Nominations Committee would have their meeting on November 13th. The CPC and Prevention

Committees would have a combined meeting on November 20th. HIPC would not have a hybrid meeting until next year.

The Office of HIV Planning (OHP) staff had secured three locations for the town halls. They said the Philadelphia Town Hall would take place on December 3rd at Action Wellness. The NJ town hall would take place on January 13th at the Cherry Hill Library. The PA town hall would take place on January 27th at the Delaware Wellness Center. On February 4th, there would be a virtual town hall for people who could not attend in-person in the other meetings. S. Moletteri created flyers to recruit for the events and allowed the committee members to preview them. The members were given two variations of the posters and were asked to choose which one resonated to them. The committee members discussed the two flyers and made a choice to use one of the variations. K. Carter asked if they would have headphones to accommodate people with language access issues. S. Moletteri said their registration forms asked if the person needed interpretation and they would base their approach on the number of people who requested interpretation. D. D'Alessandro suggested having the flyer in more than one language. S. Moletteri said they would look into this.

T. Dominique said they were looking to find a person to take over K. Trinh's former position as Support Coordinator. They planned to close the job application by Friday. She provided information about the upcoming SNAP changes and where members could find resources if they needed them. Lastly, she said the city government had contacted OHP staff with a list of requirements for the recommendation letters to move forward. T. Dominique said they would brainstorm how they would comply with the new requirements and report back to the committee soon.

Presentation Item:

-AIDS Law Project Jacob Eden-

J. Eden introduced himself as Senior Staff Attorney for the AIDS Law Project of Philadelphia. In this meeting, he would present information about the changes to Supplemental Nutrition Assistance Program (SNAP) and Medicaid introduced by the HR1 Bill. J. Eden emphasized that the committee members should continue to reapply for their Medicaid benefits as the changes do not take hold in earnest until 2027.

At this moment, the government had been shut down and SNAP benefits were not active. In the meantime, SNAP recipients were bracing themselves for the upcoming SNAP changes. In PA, there were nearly 2 million SNAP recipients as of June 2025. The average SNAP amount was about \$180 per month for a person. Households were eligible for SNAP if they were 200% below the federal poverty level (FPL).

HR1 would reintroduce stricter work requirements. J. Eden described work requirements as having to work a number of hours before receiving benefits. The first work requirements were introduced in 1996. During that year, Congress limited SNAP benefits to 3 months of noncompliance before the person needed to meet the work requirement to receive benefits. In 2023, Congress exempted persons outside ages 18-55 from work requirements. Other exemptions for the work requirements included foster youth, veterans, and people experiencing unstable housing. The 2025 HR 1 Bill had extended the age range of those who needed to meet

the work requirements from 18-55 to 18-65. Exemptions for youth, veterans and those experiencing unstable housing were also removed. Previously, residents of Philadelphia were exempt from the work requirements due to geographic waivers, as Philadelphia was considered an “area of high unemployment.” This waiver was rescinded on September 1st, 2025. Another exemption to the work requirement was given due to the pandemic. This exemption was removed in May 2025.

To be eligible for benefits, a person needed to work 20 hours per week or be in a job training program/volunteer program. Beneficiaries could receive benefits if they complied with the requirements or were exempt due to not being Able-Bodied Adults Without Dependents (ABAWD). A person who had not met the work requirements were able to receive benefits for 3 months before needing to meet compliance. J. Eden said it was better to be exempt than to be in compliance because a person didn’t need to report any changes in their work history. He believed that people living with HIV (PLWH) would be exempt based on a medical condition exemption. This exemption applied to individuals who had a medical condition which would reduce their ability to work.

Each state received a certain amount of discretionary exemptions. People who were domestic violence survivors or were experiencing homelessness were given exemptions. T. Dominique asked for more information about NJ state exemptions. J. Eden said he didn’t have that information. A person who qualified for an exemption due to age or having disability benefits would need to prove their eligibility. Persons with medical conditions can verify their exemption through the PA 1921 form. Other exemptions needed to be verified if they were deemed “questionable.” J. Eden said there was no strict definition of the word “questionable” and it was under the purview of the County Assistance Office. Theoretically, people who weren’t automatically exempt were supposed to receive a long questionnaire in the mail with instructions to send it to the County Assistance Office. J. Eden said he had not seen anyone seek help with filling out the form, and it led him to question whether people received or were able to fill the form.

To be in compliance, a person needs to either work 80 hours per month, participate in an employment/training program for 20 hours per week or be volunteering. J. Eden explained what would happen after exhausting the 3 month time limit where they were neither exempt or in compliance. If the person was a single person household, their case would simply close and they would not be able to receive benefits until they were in compliance. If the person was in a multi-person household, the person would not receive benefits and the other members of the household would see their own benefits decrease. J. Eden said renewing access to benefits was often risky because the paperwork was difficult to navigate and could easily be lost in the system. Renewals could be as often as every three months.

The HR1 Bill would not remove immigrant eligibility for SNAP but immigrants would find eligibility more restrictive. Starting November 2025, the list of eligible immigrants would be reduced significantly. Only lawful permanent residents (LPR), COFA, Cuban and Haitian entrants would be the only eligible for SNAP benefits. COFA immigrants were migrants from the Oceania part of the world. LPR were residents with a green card. J. Eden recommended that immigrants should move to obtain a green card if they had the means to do so.

HR1 introduced funding changes to how SNAP operated. At this time, the federal funding covered 50% of administrative costs. Starting in FY2027, the federal government would only cover 25% of administrative costs. Starting in FY2028, the state may have to match up to 15% in funding benefits. At this time, the federal government pays 100% of the benefits. The estimated budgetary impact on PA was expected to be nearly \$1 billion per year. It is unknown if the state would or could pay the burden.

Low Income Home Energy Assistance Program (LIHEAP) would be altered to reduce benefits. Previously if a person qualified for LIHEAP, they would automatically receive full Heating and Shelter Utility Allowance (HSUA) funding. Now households without a member who was elderly or disabled and who do not pay heating/cooling costs separate from rent, would no longer receive the full HSUA.

Medicaid was a joint program between the federal government and the state. The program provided public health insurance for people with limited incomes. The federal government provided 56% of funding and the state of PA provided the other 44%. There were nearly 3 million Pennsylvanians on Medicaid. This amounted to nearly 1 in 4 Pennsylvanians. HR1 would introduce \$990 billion dollars in cuts to Medicaid over the next 10 years. 310,000 Pennsylvanians were estimated to lose Medicaid. Increased uncompensated care, lower provider reimbursement rates, greater medical debt and potential cuts to eligibility and services were some of the expected outcomes as a result of the funding cuts.

J. Eden presented a timeline of the Medicaid cuts. On October 1st, 2026, the immigrant-related Medicaid cuts would be enacted. On January 1st, 2027, they would see the reintroduction of work requirements, semi-annual renewals, and retroactive coverage period limitation. On October 1st, 2027, provider tax threshold reductions would begin. January 1st, 2028 would see the Grandfathered State directed Payment Reduction.

As of July 4th, 2025, there was a Moratorium on 2 finalized rules that reduced the administrative burden on Medicaid. HR1 would delay enforcement of any remaining change by the Medicare Savings Program Rules (September 2023) and the eligibility and Enrollment Rule (April 2024) which were meant to streamline the application process of Medicaid.

Beginning on January 1st, 2027, work requirements would be enforced. Persons aged 19-64 who were not pregnant were required to meet the work requirement before receiving benefits. This could mean working 80 hours per month, attending training, or volunteering for community service. Medicaid applicants were required to have a monthly income equal to at least the federal minimum wage of 80 hours. J. Eden explained that only people who were in the Modified Adjusted Gross Income (MAGI) class of Medicaid would be affected by the changes. To qualify for the Healthy Horizons and Medical Assistance for Workers with Disabilities (MAWD) categories, a person would need to show they had a disability.

K. Carter asked how this impacted Ryan White funding. J. Eden said he was not an expert with Ryan White funding. He hoped they would move all people living with HIV (PLWH) to Healthy Horizons and MAWD categories. A. Leger said Ryan White services changed the eligibility from 500% of the federal poverty level to 350% of the federal poverty level.

J. Eden said the Medicaid applicant must meet the work requirement within 1-3 months of application. A consequence of noncompliance was the loss of Medicaid eligibility and access to the Pennie Marketplace subsidies. Exemptions from the work requirement include being pregnant, medically frail, incarcerated within the last 3 months or being a foster youth under the age of 24.

Semi-Annual Renewals applied to all adults in MAGI/Expansion MA. All recipients of MAGI were required to undergo eligibility renewals every 12 months and 6 months under HR1. It was estimated 110,00 people would lose access to Medicaid after the HR1 changes went into effect. J. Eden said once again that renewals posed a risk because the person may be denied renewal based on a variety of reasons including being unable to file the correct paperwork.

Under current law, PA residents were allowed up to 3 months of retroactive coverage. Starting January 2027, changes would go into effect and 3 months would be reduced to 1 month for those in the MAGI/expansion category. All other Medicaid beneficiaries would have an allowed 2 months.

Currently, states used provider taxes to cover their portion of the medical assistance bill. Effectively immediately, no new or increased provider taxes could be levied. Starting October 1st, 2027, existing provider taxes must be lowered to 3.5%. HR1 would cap or restrict the amount of money that states can tell Medicaid managed care plans to pay hospitals and other critical providers. J. Eden said PA estimated losing \$20 billion over 10 years. It was unknown.

K. Carter wondered how people with limited income could feed themselves with the amount of cuts to services. T. Dominique said people would likely need to rely on food banks. Based on her experience, she saw that many food banks were having difficulty finding enough food to meet the demand. S. Wynne suggested checking in with their representatives. On occasion, they may be having giveaways.

Action Item:

-Co-chair Election-

S. Wynne was the nominee for the co-chair position. She said she had been in the field for nine years in various capacities from case management to managing programs. She had chosen her career path because of her passion for helping others. S. Wynne was put into a waiting room while the committee members discussed and voted.

After discussion, the committee members voted unanimously, with 7 votes, to elect S. Wynne as the co-chair of the Comprehensive Planning Committee.

Any Other Business:

J. Ealy asked if the town halls were open to the public. S. Moletteri replied that the town halls were intended for PLWH only and they had to register before attending. J. Ealy asked if he could bring someone with him to the town halls. S. Moletteri said that would require discussion with the staff before they could make a decision. S. Wynne asked if co-chairs were required to attend town halls. S. Moletteri answered that they were not required to.

Announcements:

K. Carter announced that there was a virtual town hall meeting for those who were unable to attend in-person. The town hall would be February 4th from 6-8pm.

T. Dominique said there would be a combined CPC and Prevention Committee meeting on November 20th. She added that the OHP staff would be tabling at the expungement clinic at the Cobbs Creek Library tomorrow. They would also be attending a Halloween event for Black Femmes on October 30th.

K. Carter said he was in the process of planning the next aging symposium on May 5th.

Adjournment:

J. Ealy called for a motion to adjourn. **Motion:** J. Ealy motioned, K. Carter seconded to adjourn the October 2025 CPC/Prevention Committee meeting. **Motion passed:** Meeting adjourned at 3:39 p.m.

Respectfully submitted,

Kevin Trinh, staff

Handouts distributed at the meeting:

- October 2025 CPC/Prevention Committee Agenda
- September 2025 CPC/Prevention Committee Meeting Minutes