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PLAINTIFF'S REPLY EXHIBIT

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Second Declaration of Jessica Hoke, Chief Operating Officer, Nashville CARES

IN THE CHANCERY COURT FOR THE STATE OF TENNESSEE
TWENTIETH JUDICIAL DISTRICT, DAVIDSON COUNTY AT NASHVILLE

NASHVILLE CARES,

Plaintiff,

Case No. 26-1413-11I
Chancellor I'Ashea L. Myles

TENNESSEE DEPARTMENT OF HEALTH; and COMMISSIONER JOHN R. DUNN, in his official capacity,

Defendants.

Second Declaration of Jessica Hoke, LCS W

Jessica Hoke states as follows:

1. I am an adult resident of Nashville, Tennessee, and I am of sound mind. I previously provided a declaration in this case, which was filed on October 19, 2026, as Exhibit G to the Complaint. As stated in that declaration, I serve as the Chief Operating Officer for Nashville CARES, I am submitting this declaration in response to the declaration of Rand Carpenter, DVM, filed on behalf of the Defendants on October 28, 2026.

2. The declaration of Rand Carpenter includes information that we and other subrecipients have sought but that neither we nor, so far as we are aware, our fellow subrecipients have received. Specifically, the declaration states at Paragraph 12:

> The case managers of RWPB subrecipients that have signed the eligibility verification amendment, collect basic identifying information from the applicant, such as name, address, and Social Security number or other eligibility documentation. Subrecipients under the grant contract must retain records for work performed under the contract. *The Department verifies eligibility for services before the client is eligible for IAP. A subrecipient who does not sign the amendment will not be able to enter client eligibility information into the Ryan White Eligibility System ("RWES"), and the Department will have no means to verify eligibility status for these clients.* Because this verification is done by the case manager and the Department, there is no verification to complete by CARES under their IAP contract. [italics added]

3. TDH's refusal to allow Nashville CARES, as a subrecipient that has not signed the proposed amendments to our Ryan White and HOPWA contracts, to enter client eligibility information into the Ryan White Eligibility System (RWES) has an immediate, seriously adverse impact on our organization, the HIV patients whom we serve, and transmission of the HIV Virus in Tennessee. All patients, in order to receive any Ryan White service, must have their eligibility information entered into RWES. Our inability to enter such information into RWES means that all of our Ryan White patients, citizens and non-citizens alike, will become ineligible to receive any Ryan White services (not just IAP). That will happen as soon as they come up for annual recertification of their eligibility, or sooner, if they have a change of circumstances requiring an update of their eligibility information In either event, we will barred from entering the patients' eligibility information into RWES, and they will lose their Ryan White services.

4. The number of people affected is over 1,300. They constitute more than one third of the RWPB participants in Middle Tennessee. All of these are individuals whom TDH has accepted in the past as meeting longstanding RWPB eligibility criteria. There will be a significant disruption and service gap that other subrecipients lack the infrastructure and capacity to fill. We would try to refer patients to other organizations, but that would disrupt patient-provider relationships and continuity of care. Other subrecipient agencies lack the capacity to take on the more than 1,300 patients who, under the process described in the Carpenter declaration, Nashville CARES will no longer be able to serve.

5. The new information disclosed in the Carpenter declaration has additional serious implications for Nashville CARES and our patients. The disclosure that, "The

Department verifies eligibility for services before the client is eligible for IAP" obligates us to immediately start warning applicants and current patients that, if they continue to receive Ryan White services, TDH will examine their citizenship and immigration status. Our patients and new applicants have a right, before they apply for or consent to receive Ryan White-funded care, to be informed of the new TDH immigration screening requirement and the risks that could entail. That information will deter HIV-positive immigrants from seeking treatment and may also deter some applicants or patients who are themselves citizens or lawfully present immigrants, but who are fearful of jeopardizing family members who are not lawfully present. This will impair our ability, and the ability of other subrecipients, to treat HIV-positive patients. It will undermine efforts to prevent the transmission of HIV in Tennessee and will be harmful to patients, the public health and the Ryan White program.

I declare under penalty of perjury that the foregoing is true and correct, this 30th day of October, 2026, in Nashville, Tennessee.

Jessica Hoke, LCSW

Jessica Hoke, LCSW