

Texas HIV Medication Advisory Committee Meeting Minutes

January 13, 2023, 1:30 p.m.

Location: Microsoft Teams Virtual Hybrid Meeting
Physical Location: Texas Department of State Health Services (DSHS)
Moreton Building (M-100)
1100 West 49th Street
Austin, Texas 78756

Agenda Item 1: Call Meeting to Order, Welcome, Logistical Announcement and Opening Remarks

Mr. Frank Rosas, Chair, called the meeting to order at 1:30 p.m. and welcomed members, staff, and the public in attendance.

Ms. Tessa Buck-Ragland, Advisory Committee Coordination Office, HHSC, proceeded with the logistics announcement, called roll, asked members to introduce themselves, and certified a quorum with a count of eight members at roll call. Member Dr. Yolanda Rodriguez-Escobar was present later at 1:51 p.m. to make nine members present for the meeting.

Table 1: The Texas HIV Medication Advisory Committee member attendance at the Friday, January 13, 2023, meeting.

Member Name	Attended
Adjei, Margaret, M.D.	Yes
Alozie, Ogechika Karl, M.D.	No
Heresi, Gloria, M.D.	Yes
Hillard, Lionel	Yes
Lazarte, Susana, M.D.	Yes
Martinez, Dora, M.D.	Yes
Rodriguez-Escobar, Yolanda, Ph.D., joined at 1:51 p.m.	Yes
Rosas, Frank (Chair)	Yes
Turner, Helen	Yes
Vargas, Steven	Yes
Vacant	

"Yes" indicates attended meeting

"No" indicates did not attend meeting

Mr. Frank Rosas, Chair, acknowledged DSHS staff in attendance: Ms. Rachel Sanor, THMP Manager; Mr. Josh Hutchison, HIV Section Director; Ms. Imelda Garcia, Associate Commissioner for Laboratory and Infectious Disease Services; Ms. Christine Salinas, THMP Regional Manager; Ms. Mary Richards, THMP Medication Supervisor; Mr. Gil Flores, Manager; and new staff member, Ms. Hillary Alamene, Program Specialist IV, from the Health Communication and Community Engagement Group.

Agenda Item 2: Consideration of Officer Election Procedure and election of Chair and Vice Chair

Mr. John Chacón reviewed the Officer Election Procedures and offered the opportunity to members to ask questions prior to the motion to adopt the procedure.

MOTION

Mr. Steven Vargas made the motion to adopt the Officer Election Procedure, with a second from Mr. Lionel Hilliard. The committee members passed the motion unanimously by a roll call vote

with eight approvals, no disapprovals, and no abstentions.

Mr. Chacón read the nominations for Chair received by the program area email prior to the meeting and called for any additional nominations from the floor for Chair. Mr. Chacón asked the single nominee if he accepted the nomination. Ms. Yolanda Rodriguez Escobar nominated Mr. Frank Rosas. Dr. Margaret Adjei, M.D. and Dr. Susan Lazarte also nominated Mr. Frank Rosas. Being that there was a single nominee, Mr. Chacón called for a motion to elect Mr. Frank Rosas as the chair for the Texas HIV Medication Advisory Committee by unanimous consent or acclamation.

MOTION

Ms. Helen Turner made the motion, with Mr. Lionel Hilliard seconding the motion, to elect Mr. Frank Rosas as the chair for the Texas HIV Medication Advisory Committee by acclamation. The committee members passed the motion by majority in a roll call vote with eight approvals, no disapprovals, and one abstention. With the vote, they elected Mr. Frank Rosas as chair of the Texas HIV Medication Advisory Committee.

Mr. Chacón announced there were no nominations received for the vice chair. Mr. Chacón then opened the floor for nominations for vice chair. Mr. Frank Rosas nominated Dr. Susana Lazarte, and Mr. Chacón asked the single nominee if she accepted the nomination. Dr. Lazarte accepted the nomination to serve as vice chair.

MOTION

Ms. Helen Turner made the motion, with Dr. Margaret Adjei seconding the motion, to elect Dr. Susana Lazarte as the vice chair for the Texas HIV Medication Advisory Committee by acclamation. The Committee members passed the motion by majority in a roll call vote with eight approvals, no disapprovals, and one abstention. With the vote, they elected Dr. Susana Lazarte as vice chair for the Texas HIV Medication Advisory Committee.

Agenda Item 3: Consideration of October 28, 2022, draft meeting minutes

Ms. Buck-Ragland requested a motion to approve the draft October 28, 2022, meeting minutes.

MOTION

Mr. Lionel Hillard motioned to approve the October 28, 2022, draft minutes as presented. Dr. Susana Lazarte seconded the motion. Ms. Buck-Ragland conducted a roll call vote, and the motion passed unanimously with nine approvals, no disapprovals, and no abstentions.

Agenda Item 4: Public Comment

The following individuals provided virtual oral public comment:

Januari Fox, Prism Health North Texas - STI and HIV Medical Care (phntx.org),

Ms. Fox congratulated Mr. Rosas and Dr. Lazarte on their elections. She then thanked DSHS staff for collaborating with stakeholders to address a litany of issues associated with the COVID crisis. Members of the Texas Strike Force, along with other statewide stakeholders, identified and brought forward issues that were causing delays in clients receiving their medications, unexpected budget shortfall, and technology glitches that frustrated case managers. Pharmacy staff and stakeholders provided public comment and meet regularly with Ms. Garcia and other DSHS staff to ensure progress was being made as a result.

Ms. Fox relayed that case managers at Prism Health North Texas, as well as the pharmacy staff at Equitas, the co-located pharmacy, reported fewer glitches and an increased ease in serving their clients. She acknowledged that DSHS has addressed the wait list and has a solid plan for addressing remaining needs with Take Charge Texas. DSHS has been more transparent in the data they provide to stakeholders, including financials and the number of clients served, as the Texas legislative session begins. Ms. Fox shared that stakeholders have their eyes on the budget and the request made by DSHS for funding that would allow the addition of long acting injectables to the formulary and the recertification time bumped from six months to 12 months.

Ms. Fox shared that advocates are committed to ensuring this budget request receives the green light with a \$33 billion plus budget surplus.

Lastly, Ms. Fox also asked if there were any plans to ask for additional funds for the program.

Andrew Edmondson, representing himself, addressed the following issues:

Mr. Andrew Edmondson congratulated Dr. Lazarte and Mr. Rosas on their reelection. He suggested that it should become a stipulated part of the bylaws or the regulations for this committee that either the chair or the vice chair always be a person living with HIV to ensure that there's adequate input from the consumer side and to make sure that the concerns of people living with HIV are being addressed. He is very gratified to hear that DSHS eliminated the Texas AIDS Drug Assistance Program (ADAP) backlog.

Mr. Edmondson also noted the reports that Texas should have approximately \$33 billion in surplus for the next session of the Texas Legislature. He encouraged a request for better salaries for the individuals who work at the Department of State Health Services. Staff have worked hard to eliminate the backlog and try to move the program forward. He hopes the Texas legislature will recognize it with staff increases or salary increases. He stated that the business case is obvious for increasing salaries. The committee has heard in prior meetings that there has been a great deal of turnover and that employees have been hired away to for-profit companies because they can get a higher wage. DSHS should retain talented staff who have institutional memory and understand the complicated program. This would help move ADAP forward.

The following individual provided oral public comment:

Nazley Mohammadi, Pharmacy Manager, Representing: David Powell Pharmacy

Ms. Mohammadi gave a shout out to the medication ordering and pharmacy teams for sending fax backs within hours of receiving them and sending medications the next day. This is something we should all praise the team for, so thank you.

David Powell Pharmacy has had pleasant interactions with the team when we have needed to call. Kindness goes a long way, and the THMP team deserves praise there. There was a 48-hour period where the THMP fax line was down. She hopes there is a plan to ensure this does not happen again. If it does, there is a contingency plan that THMP communicates to the pharmacies. David Powell Pharmacy orders at least thirty medications a day for patients, and THMP was actually able to pivot to accommodate the orders on time even with the fax line being down. Ms. Mohammadi appreciated that her pharmacy also received immediate notification when the fax line was functioning again.

Ms. Mohammadi also advocated again for the addition of Cabenuva to the THMP formulary. Several years after FDA approval of the medication, it is still not available for most of their underserved and uninsured populations. Health equity is the reason she does what she does, and she believes that the future of HIV is in long acting injectables. She will continue to volunteer her pharmacy as a pilot to launch this since they are local and have a close relationship with THMP.

Ms. Mohammadi stated that Take Charge Texas (TCT) is still a mess. Pharmacies do not have access, and it concerns her that they never will. This move to TCT was reckless and has led to small nonprofit pharmacies like hers picking up the financial burden of ensuring HIV medication access for their patients.

Agenda Item 5: Department of State Health Services Updates (DSHS)

Mr. Rosas introduced Ms. Imelda Garcia, Associate Commissioner of Laboratory and Infectious Disease Services, DSHS, and Mr. Josh Hutchison, Section Director, HIV/STD Section, to provide the following updates.

Highlights included:

- a. Agency Update
 - Dr. Jennifer Shuford is now officially the Commissioner for the Department of State Health Services.

- Ms. Garcia provided an update on the Preventing Disease Exceptional Item.
 - The biennial revenue estimate has indicated that Texas does have a surplus of funds. As an agency, we expect to have our base appropriations bill filed sometime next week, and this will be our first time to see what the starting points of the agency's budget will be. DSHS does have an exceptional item for HIV that was laid out last fall in September with the Committee. The numbers are not currently available because DSHS is considering changing the request.
 - Ms. Garcia and Mr. Hutchison will be available to meet again with the strike force to walk through all the details and answer any questions in depth on the revised exceptional item. These numbers are subject to change and will likely change before the legislative hearings expected either at the end of January or early February. DSHS is part of the preventing disease exceptional item, and this exceptional item has two components, of which our HIV request is the majority of the funds, along with tobacco cessation.
 - Of the \$56 million that DSHS is asking for, \$50.6 million of that is for HIV specifically. The medication Cabenuva accounts for \$14 million of that. The federal change to eliminate the six-month attestation and to go to a 12-month eligibility period for the program comprises the other \$36.6 million. These are the biennial numbers for two years' worth of programming.
 - DSHS will revise the Exceptional Item request with the current client projections now that THMP has resolved the backlog. The data has been improving. We have seen an increase in utilization, but obviously with all of those things, it does shift the numbers a bit. Once we have that, we will be able to circle back to the committee and talk through the details of that amended request.
 - DSHS does expect to get asked for some one-time expenditures. Staff are working through what those will be. DSHS will take a list of all its considerations, and then we will have a final request moving forward. So, if indeed there is a one-time ask for the HIV program, DSHS will make sure that that gets communicated, in addition to what the base ask for the HIV program is currently.
- Mr. Rosas asked if DSHS presents the Exceptional Item to a particular committee, and if so, which committee? He also asked if there is a notice of a public hearing or a public comment prior to that meeting. Ms. Garcia replied that there will be two committee hearings that will happen on each side of the Legislature. The Senate Finance Committee will hold their series of hearings and then the House Appropriations Committee will have their own separate hearings. DSHS will have to present twice, once to the House and once to the Senate. Those are public hearings. Committees will post notices in advance of hearings. Anyone interested in listening to those hearings can go to capital.texas.gov and sign up for notifications on House Bill 1 and Senate Bill 1.
- Currently, the exceptional item does include the 90-day fills, but part of what is under discussion internally is based on what the current budget standing is, and we are continuing to meet with Dr. Shuford. If we can absorb that immediately, we may remove that from the Exceptional Item and institute that prior to waiting on legislative direction.
- Mr. Steven Vargas asked if there was anything in place for Pre-Exposure Prophylaxis (PrEP) and to keep PrEP in mind going forward. Ms. Garcia replied that DSHS also has an HIV prevention program, the funding for which is well over \$10 million, both in federal and GR funds, specifically to promote and cover PrEP. If DSHS chooses to put something on the table, it would still be within the HIV strategy because our appropriations bill includes HIV and STDs. Ryan White, CARE

Services, and ADAP are part of that the HIV strategy. We also have the prevention dollars that are within that same strategy line item, so depending on what we see in the base bill next week for the overall strategy, we will take that back and have internal discussions.

- Mr. Josh Hutchison contributed that there are 33 HIV prevention providers, or contracts, with over \$15 million annually. They provide testing, routine screening, and linkage to care. Several of the various aspects focus on HIV testing. In FY22 alone, the thirty-three service providers performed over 64,000 tests and identified over 440 clients specifically. DSHS can provide more information for committee members interested in hearing more about that.
 - Mr. Hillard asked about expanding eligibility from six months to twelve months. Ms. Garcia replied that, for the exceptional item, DSHS is asking the Legislature for the funds that would be able to eliminate that. So, if they choose to fund that with the new surplus that the state has, DSHS would then move to a twelve-month implementation. That would continue because DSHS would ask that as part of the base budget and would be expected to be able to carry that forward on an ongoing basis.
- b. Status of application backlog
- The Texas HIV Medication Program (THMP) resolved the application backlog in November 2022. THMP processed over 30,000 applications in 2022 in order to get through the backlog. THMP continues to monitor the application status. THMP brought in over twenty contractors to assist in addressing the backlog during 2022. THMP will retain this staff for the foreseeable future until it can ensure that another backlog will not occur.
- c. HIV organizational updates
- Mr. Hutchison presented information on the HIV section's organization updates. DSHS received permission for two new HIV directors and a new Manager V position which will focus on refining the more technical aspects of management and the IT system. He also introduced the new Operations Unit Director, Mr. Michael Roberts. Mr. Roberts has over 18 years of state employment experience.
- d. Budget report
- Mr. Hutchison presented the THMP Financial Report. There are no significant changes to report at this time. The program is financially solvent. The total budget for 2023 has not changed. The obligation is the amount loaded on the purchase orders that has changed due to rolling those funds forward between state fiscal years. This data is as of January 3, 2023.

Discussion

- Mr. Vargas asked about the difference between what DSHS expended in 2022 and what they budgeted for 2023. Mr. Hutchison replied that the amount in 2023 specifically is the amount of exceptional item funds that DSHS asked the Texas State Legislature for fiscal years 2022 and 2023. The top line and the bottom line add up to the \$8 million that DSHS received from the Texas Legislature. Typically, at the end of the state fiscal year, DSHS tries to identify any unspent funds, allocate them, and spend them on medications.
- Dr. Yolanda Rodriguez-Escobar asked about the Coronavirus Relief Fund and why it is not continuing. Mr. Hutchison answered that those were one-time allocations of funds received.
- Mr. Rosas asked about the grant term for the HRSA grant. Mr. Hutchison replied that the grant fiscal year is April through March.

Agenda Item 6: THMP Updates

Mr. Rosas turned the floor over to Ms. Rachel Sanor, THMP Manager, DSHS, and she stated that Mr. Josh Hutchison would provide the updates.

Highlights included:

- a. Rules Change and Standard Deduction Update
 - The rules change has concluded. The Texas Legislature adopted the rules into the Texas Administrative Code, so their existing rule, Chapter 98, now impacts ADAP, the State Pharmacy Assistance Program (SPAP), and the Texas Insurance Assistance Program (TIAP). TIAP is documented in the rules.
 - THMP is officially replacing the spend down process with the standard deduction. There is a 60-day notification requirement and an associated action with that. THMP will send out that notification later this year. The planned implementation date will be April 1, 2023. The dollar amount is calculated at \$12,240 for the first year of implementation, based on the previous year's data.
 - As updates come out in future years, the annual cycle will run from April through March.
 - THMP will continue the spend down process through March 31, 2023, and then each year THMP will notify the community about it before January 30th.
- b. Take Charge Texas
 - There were 541 applications submitted through the client portal. The total number of THMP applications was 504, and the number of applications submitted for both THMP, and care services programs was 456. In the agency portal, the number of applications submitted was over 13,000. The total number of THMP applications was almost 10,000, and the number of applications submitted for both programs was over 7,300. Pharmacy orders had over 1,000 batches submitted.
 - TCT support tickets continue to decline. On slide eight, there is a graph that indicates the TCT Support reported issue types. The green bars represent September; the red bars represent October; and the blue bars represent November. The TCT system, eligibility, and login issues have decreased; however, we have some merged and other random, non-categorical requests that we are still supporting.
 - The TCT enhancement project is going to start next week. DSHS plans to make extreme strides in 2023 to improve the system, and we would like to invite the public to participate in that process with us. If you are a current TCT user and you would like to be a participant in that process, please send an email to our help desk, and we will take note of it. Every month we will create a notification of the planned enhancements for that month, and we will send that out with a target date for the demonstration. We will also send out a confirmation email with the actual invitation later that month, so the invitation will include the upcoming enhancements that will be demonstrated later that month.
- c. Application Processing Update
 - As of January 12, THMP is working on applications for January 3, 2023. Our target date was December 23, meaning we are ahead of the target processing date.
 - Mr. Hutchison read the slide, "THMP Processing by Determination," and pointed out the total numbers of determinations per month. In March, the program processed 2,000 applications, while that number was almost 4,000 in November. Mr. Vargas asked about the reasons for denials, and Ms. Sanor replied that the data could not show that, but the majority are due to residency, income eligibility, or the existence of an insurance plan that THMP could not cover under SPAP or TIAP.
 - THMP expects to reinstate the suspended medications on April 1, 2023 and send out notifications later this month.
- d. THMP – Staff Updates, Projections, and Demographic Information
 - THMP will retain its contract workers. Once DSHS approves the reorganization, THMP will add three TCT client support staff who will answer phones to help clients with the portal.
 - Training for new staff can last four to six months, moving in stages. Contracted staff learn the basics of the program and how to answer questions on the phone. Then, they learn to merge duplicates and process them for the staff. They will be

mentored before they are able to work alone. All current contractors are fully trained to answer phones.

- There were very few changes in the demographics and utilization trends. ADAP had 11,054 clients, SPAP had 1,603 clients, and TIAP had 119 clients. The total clients were 15,541 with a projected increase to 17,407 in 2023, down from 19,615 in 2021. THMP projects the average cost per client to increase every year.

Discussion

- Mr. Vargas asked that when THMP rolls out the standard deduction, the program explain the standard deduction to stakeholders and explain why it will have some change every year.
- Dr. Lazarte requested that sessions regarding the standard deduction rollout be conducted in Spanish.
- The Committee discussed community impressions from using TCT recently. The overall impression was favorable but still imperfect.
- Mr. Hillard asked why THMP projects the number of clients to be lower in 2023 than in 2021. Mr. Hutchison replied that there has been a decrease in the number of clients since the launch of TCT. There are more people falling off the program than has been historically seen. This number stabilized in late 2022. Ms. Garcia added that these numbers will continue to go up because the backlog has been cleared.
- Mr. Vargas expressed concern for people who have left the program with no intent of starting their medication again. Ms. Turner agreed. Ms. Garcia stated that part of the TCT enhancement package is to double the sprint teams to double the IT capacity for the rollout. The program is spending \$6 million on this enhancement package. The Pharmacy portal is part of the package. The project kickoff happened this week.
- Ms. Sanor added that part of the Exceptional Item request includes funding for community outreach workers and THMP staff to follow up with people who may fall off the program.
- Mr. Hillard asked if there are more languages available in TCT than English and Spanish. Ms. Garcia reported that there are no plans to include additional languages, but DSHS will take feedback under consideration.
- Mr. Rosas spoke to recognize Juliet Garcia for her work on SPAP. He also asked about vacancies in DSHS. Ms. Garcia stated that DSHS audited Shelley Lucas' former position to a Director II position. They reorganized it to meet the Section's need for a director each for the HIV/STD Prevention Unit and the HIV Care and Medications Unit.
- Mr. Rosas asked about clients who would be unenrolled from Medicaid. Ms. Garcia replied that DSHS has continued to meet with HHSC about their disenrollment plans. She expects that to happen this summer, and they are planning a warm handoff from Medicaid to the ADAP program to ensure there are no issues with people continuing to receive their medications.

Agenda Item 7: Sub-Committee Reports

a. Eligibility – 90-day fills for hurricanes – Mr. Frank Rosas

- Mr. Rosas presented a summary of the Eligibility Subcommittee meeting on November 8. They discussed many of the same items presented in Ms. Sanor's report. Mr. Rosas thanked the ADAP Liaisons for their work bridging the gap between DSHS, THMP, and the local administrative agencies.

b. Formulary – Dr. Susanna Lazarte

- Dr. Lazarte stated that the Formulary Subcommittee was not able to meet this quarter. They do plan to meet again soon to discuss medications. She noted that the FDA has

approved a new class of antiretrovirals, a capsid inhibitor called Lenacapavir, brand name Sunlenca. Ms. Sanor stated that THMP has received a formal request for the MAC to review Sunlenca, which the subcommittee will be able to review, and the full Committee will hear a presentation from Gilead at the next meeting.

c. Governance/Data – no report

- Mr. Rosas stated that the Governance and Data Subcommittee did not have any business this quarter. Mr. Rosas said that he will be reaching out to the committee members to see who would be interested in being the chair of this subcommittee.
- The next meeting date will be March 14, 2023.

Agenda Item 8: Review of action items and agenda topics for next meeting

Mr. Rosas, Chair, stated the next MAC meeting is scheduled for April 14, 2023.

Agenda items for the next Committee meeting included:

- Presentation on Sunlenca by Gilead
- Update on committee appointments for members whose terms expired
- Status of TCT enhancements and demos in Spanish
- Update on the costs and needs to determine the reasons behind the denials

Action items:

- Follow up with members with dates for legislative appropriations hearings
- Organize a stakeholder meeting to walk through the Exceptional Item changes with the Texas Strike Force
- Survey Ryan White agencies for other languages that clients may need in TCT and a report from TCT to list the languages used by clients.

Agenda Item 9: Adjournment

Mr. Rosas, Chair, thanked the members and the public and adjourned the meeting at 3:55 p.m.

To view and listen to the archived video of the January 13, 2023, Texas HIV Medication Advisory Committee meeting in its entirety, click on the link below.

[Texas HIV Medication Program Medication Advisory Committee](#)