

Texas HIV Medication Advisory Committee (HIV-MAC)
Meeting Minutes
January 17, 2025
1:30 p.m.

Hybrid Meeting:

Microsoft Teams Virtual Meeting and Physical Location: Moreton Building, Room M-100, 1100 West 49th Street, Austin, Texas 78756

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

Mr. Frank Rosas, Chair, opened the meeting by introducing himself and welcoming members, agency staff, and members of the public who were in attendance. Mr. Rosas called the meeting to order at 1:30 p.m.

Ms. Jessica Arevalo, Advisory Committee Coordination Office (ACCO), Health and Human Services Commission (HHSC), proceeded with the logistical announcement, called roll, asked members to introduce themselves, and certified a quorum with a count of nine members at roll call.

Table 1: Texas HIV Medication Advisory Committee member attendance at the Friday, January 17, 2025, meeting.

Member Name	Attended
Adjei, Margaret, M.D.	Yes
Heresi, Gloria, M.D.	Yes
Hillard, Lionel	Yes
Lazarte, Susana, M.D. (Vice Chair)	Yes (left at 4:03 p.m.)
Perez, Rolando, M.D.	Yes
Rosas, Frank (Chair)	Yes (left at 4:07 p.m.)
Stefanowicz, Michael, D.O.	Yes
Turner, Helen	Yes
Vargas, Steven	Yes

"Yes" indicates attended meeting.

"No" indicates did not attend meeting.

Mr. Rosas acknowledged the Texas Department of State Health Services (DSHS) staff: Ms. Rachel Sanor, HIV Care and Medications Unit Director. Ms. Sanor introduced DSHS staff in attendance: Mr. Josh Hutchison, Deputy Commissioner for the Infectious Disease Prevention Division (IDPD); Ms. Aelia Khan Akhtar, Associate Deputy Commissioner for IDPD; Mr. David Ekrut, Business Operations Director for IDPD, Ms. D'Andra Luna, HIV/STD Section Director; Mr. Samuel Hebbe Goings, HIV/STD Prevention Unit Director; Ms. Cecilia Cunningham, Program Liaison, Texas HIV Medication Program (THMP) Specialist; Ms. Terri Lemuel, THMP Public Health Specialist; Mr. Gil Flores, Communication Specialist with IDPD; Mr. Austin Cote, Policy Specialist with IDPD; Ms. Kati Kieffer, Finance Manager; Ms. Christine Salinas, THMP Regional Manager. Ms. Sanor introduced Ms. Tina Khuyen Nguyen as the THMP Interim Manager.

Agenda Item 2: Consideration of October 11, 2024, Draft Meeting Minutes

Mr. Rosas referred members to the draft minutes emailed by the committee liaison and called

for any edits. Hearing no calls for edits, Mr. Rosas asked for a motion from the committee members to approve the draft meeting minutes.

MOTION

Ms. Helen Turner motioned to approve the October 11, 2024 draft minutes as presented. Dr. Michael Stefanowicz seconded the motion. Ms. Arevalo conducted a roll call vote. The motion passed by a majority vote with six yeses (Adjei, Lazarte, Perez, Rosas, Turner, Vargas), no nays, and three abstains (Heresi, Hillard, and Stefanowicz).

Agenda Item 3: Public Comment

Ms. Arevalo read the public comment announcement.

No individuals sent a written public comment.

No individuals registered for onsite public comment.

One member of the public registered to provide virtual oral public comment. However, the individual indicated that they were no longer able to provide the public comment and would not join the meeting.

Agenda Item 4: DSHS Updates

Mr. Rosas introduced Mr. Hutchison, Ms. Luna, Ms. Akhtar, and Ms. Sanor to provide DSHS updates.

Highlights included:

Mr. Hutchison welcomed and thanked everyone for joining the meeting. He introduced Ms. Akhtar to start the presentation.

a. Agency

- Organizational Chart

Ms. Akhtar provided organizational updates for IDPD with an overview of the IDPD leadership structure, noting that Monica Gamez is serving as the Interim Immunizations Section Director. The Operations Director position for the HIV/STD Section remains vacant, with plans to fill the role soon. Ms. Akhtar welcomed Ms. Tina Nguyen in her new role as the THMP Interim Manager.

- Legislative Appropriations Request (LAR)

Mr. Hutchison acknowledged insurance enrollment has exceeded expectations and commended the THMP team for their efforts. He then provided updates on the Texas 89th Legislative Session and budget requests. Mr. Hutchison shared Fiscal Year (FY) 2026 and FY 2027 numbers and key measures. He discussed General Revenue (GR) funds, different federal awards, and other key funds. Mr. Hutchison pointed out that the 8149 HIV rebates revenue declined due to Medicare cost reductions, which impact THMP's long-term sustainability. As a result, DSHS implemented the Texas Insurance Assistance Program-PLUS (TIAP-PLUS), in October 2024. In addition, Mr. Hutchison presented on Exceptional Item (EI) Four: Improve Child Mortality and Morbidity due to Congenital Syphilis, EI Five: Ensure Access to Regional and Local Public Health Services, and how these EIs would impact the HIV/STD Section.

- HIV Prevention

Ms. Luna provided updates on HIV prevention funding. DSHS awarded a total of \$16 million to approximately 45 grantees to support HIV prevention services in Texas. The scope of work includes focused HIV prevention in non-traditional settings, clinical HIV/STD prevention in community health centers, and routine HIV screening in healthcare settings. Ms. Luna emphasized that funding activities align with the National HIV/AIDS Strategy and the Texas Integrated HIV Prevention and Care Plan. Both are tasked with identifying people unaware of their HIV status and linking them to comprehensive services to support the continuum of HIV care, prevention, and treatment.

- b. Budget Report

- Ms. Luna also presented on HIV medication funding. She reminded attendees about the state fiscal year, beginning on September 1 and ending on August 31. For FY 2024, DSHS spent approximately \$4 million in GR, \$24 million in rebates, and \$82 million in federal grants. For FY 2025, Ms. Luna noted that anticipated rebates decreased considerably. The program has roughly \$101 million budgeted in federal grants, of which nearly \$40 million has been expended.

Discussion

- Mr. Steven Vargas asked if Mr. Hutchison had concerns about EI Five in the LAR update.
- Mr. Hutchison did not have any concerns regarding EI Five. He shared that the Sexually Transmitted Disease ask under EI Five is to continue efforts of Disease Intervention Specialists (DIS), which have direct impacts on people living with HIV (PLWH) in Texas. DIS provide direct intervention for recently diagnosed individuals and conduct public health follow-up with local partners.
- Mr. Vargas wondered if the funding would cover HIV surveillance and follow-up with others who fall out of care, or if it is under one group.
- Mr. Hutchison confirmed the funding would fall under the Public Health Follow-Up group under the STD Program within the HIV/STD Section.
- Mr. Vargas asked if the amount requested would suffice and encompass the loss of funds.
- Mr. Hutchison explained the request encompasses what was reduced from the federal award and would add six different contracted locations throughout Texas to provide important DIS services.
- Mr. Vargas expressed concerns about Fort Worth not being included in clinical HIV/STD prevention funding and San Antonio not being included in routine HIV screening funding, particularly given rising HIV cases among Latinos.
- Mr. Hutchison could not definitively address Mr. Vargas' specific questions. He explained the funding goes through a competitive procurement process following state laws. Awards are based on the evaluation score and procurement requirements. Procurement laws are extremely stringent and available online for public review.
- Dr. Susana Lazarte asked who the recipients of the prevention grants were and how the program would monitor outcomes.
- Mr. Hutchison explained that applicants submit implementation plans with metrics as part of their applications and agreed to share the standard metrics.
- Dr. Stefanowicz asked if the EI Five funding request was meant to replace the anticipated \$12.7 million of lost federal funding.
- Mr. Hutchison explained the total ask covers the biennium period, meant to replace federal funding to continue current efforts.
- Dr. Stefanowicz emphasized the critical importance of DIS to the public health system.
- Mr. Lionel Hillard asked about the types of testing kits provided and follow-up procedures for at-home testing.
- Ms. Luna explained that grantees must offer either virtual or in-person counseling results,

and most use surveys for clients to self-report.

- Mr. Rosas expressed appreciation for the detailed LAR information and transparency.
- Mr. Rosas shared concerns about geographic coverage of HIV prevention services in areas with large Latino populations, including Bexar County and the Rio Grande Valley.

Agenda Item 5: Texas HIV Medication Program (THMP) Updates

Mr. Rosas yielded the floor to Ms. Rachel Sanor and Ms. Nguyen to provide an update on THMP.

Highlights included:

a. Insurance Purchasing: TIAP-PLUS

Ms. Nguyen provided an update on TIAP-PLUS. She reminded MAC members that leadership approved THMP to expand and purchase health insurance for eligible clients to address THMP's financial shortfall in October 2024. She explained TIAP-PLUS covers plan premiums, medication co-pays, and medication deductibles. However, the program does not cover medical visit costs. Special enrollment remains available for clients who experience qualifying life changes, such as marriage, job loss, or relocation.

Ms. Nguyen thanked the communications team and stakeholders who provided feedback on outreach materials and fliers created by the program. She acknowledged the program rolled out quickly, and shared information evolved as the program adapted to new changes and information. THMP and the Prevention Unit worked together with Kaiser Family Foundation (KFF) to develop a social media campaign to promote TIAP-PLUS in targeted areas.

Ms. Nguyen presented the following data for TIAP-PLUS outreach:

- KFF social media campaign:
 - ▶ English:
 - ◊ 2,915,000+ impressions
 - ◊ 43,800+ clicks
 - ◊ 35,900+ web sessions
 - ▶ Spanish:
 - ◊ 947,000+ impressions
 - ◊ 16,8000+ clicks
 - ◊ 12,800+ web sessions
- Other efforts:
 - ▶ 26,000+ phone calls
 - ▶ 27,500+ emails
 - ▶ 12,000+ mailouts
 - ▶ 14,000+ printed flyers and posters
 - ▶ 40 events and meetings

Ms. Nguyen presented the following data for TIAP-PLUS enrollments:

- As of January 14, 2025, THMP enrolled 517 clients into TIAP-PLUS.

Ms. Nguyen thanked THMP staff who took on new responsibilities and successfully enrolled clients. Despite challenges such as having to transition to a new phone system, staff worked

extended hours to support enrollments. Ms. Nguyen shared that THMP will have three Program Specialists II positions and one Training Specialist position available to support TIAP-PLUS.

b. TakeChargeTexas (TCT)

- Quarterly TCT Applications Submitted from September 1, 2024, to November 30, 2024:
 - ▶ Client Portal
 - ◊ TCT received 276 applications.
 - ◊ Of the 276 applications, 263 were for THMP.
 - ◊ The total number of applications for both Care Services and THMP was 166.
 - ▶ Agency Portal
 - ◊ TCT received 18,820 applications.
 - ◊ Of the 18,820 applications, 13,296 were for THMP.
 - ◊ The total number of applications for both Care Services and THMP was 8,240.
 - ◊ The total number of pharmacy order batches was 5,321.
 - ◊ The total number of medication orders was 36,030.
 - ◊ THMP approved a total of 4,956 clients during this period.
- Quarterly TCT Helpdesk Support Issues from September 1, 2024, to November 30, 2024.
 - ▶ Login issues increased due to IAMOnline recertification, requiring manual fixes. TCT Helpdesk worked diligently to fix this.
 - ▶ Eligibility processing errors caused delays. System updates resolved these issues.
- Annual TCT Applications Submitted from December 1, 2023, to November 30, 2024.
 - ▶ Client Portal
 - ◊ TCT received 1,510 applications.
 - ◊ Of the 1,510 applications, 1,397 were for THMP.
 - ◊ The total number of applications for both Care Services and THMP was 882.
 - ▶ Agency Portal
 - ◊ TCT received 65,423 applications.
 - ◊ Of the 65,423 applications, 47,614 were for THMP.
 - ◊ The total number of applications for both Care Services and THMP was 29,186.
 - ◊ The total number of pharmacy order batches was 18,312.
 - ◊ The total number of medication orders was 147,836.
 - ◊ THMP approved 17,855 clients during this period.
- Annual TCT Helpdesk Support Issues from December 1, 2023, to November 30, 2024.
 - ▶ Login issues were the most reported, primarily due to IAMOnline recertification challenges.
 - ▶ Eligibility and system errors caused processing delays. System updates resolved these issues.
 - ▶ No significant spikes in non-THMP-related issues.

c. Projections and Demographic Information

- From September 2024 to November 2024, THMP had 36,030 medication orders.
- The top 10 medications ordered usually are stable.
- BIKTARVY 90-day fill increased from three to four percent.

- BIKTARVY remained the most prescribed medication, representing 46 percent of total medications ordered.
- No TIAP-PLUS demographics and projection information is available, but THMP plans to have this available at the next MAC meeting.
- The AIDS Drug Assistance Program (ADAP) demographics showed a five percent increase in Hispanic or Latino clients. This demographic accounts for 56 percent of the total population, compared to 51 percent last April. Clients identifying as white increased from 61 percent to 65 percent.
- The State Pharmacy Assistance Program (SPAP) served 240 clients this quarter. Last quarter, SPAP served 1,682 clients. SPAP use significantly decreased this quarter due to clients reaching their Medicare out-of-pocket maximum. The 2025 out-of-pocket maximum is \$2,000, which would impact the future use of the program.
- TIAP showed a decrease in participating clients from 224 to 119. This is unsurprising since people use TIAP transitionally as clients have COBRA.
- ADAP projection was similar to last quarter; there was a slight increase in the cost of medications for 2027.
- SPAP projections showed the average monthly cost per client decreased in 2024 and 2025 compared to 2023, due to the decreased out-of-pocket cost for the client.
- TIAP projections showed growth compared to last quarter for 2026 and 2027. However, TIAP-PLUS data would impact these projections.
- Future projections would change as TIAP-PLUS implementation progresses.

d. Application Processing

- Due to TIAP-PLUS, THMP experienced backlogged applications during insurance enrollment.
- As of January 15, 2025, staff processed new applications submitted on January 6, which is considered on time.
- Approximately 326 self-attestations and recertifications remain backlogged.
- Contributing factors included holiday closures, understaffing, and focus on the TIAP-PLUS implementation.
- Ms. Sanor explained THMP removed medication holds for clients who submitted renewal applications to ensure continuity of medication access.
- THMP aims to process all backlogged applications by February 1, 2025.
- THMP will better position the program and avoid backlogged applications from happening during the next open enrollment period.

Discussion

- Mr. Vargas asked for clarification on the cumulative enrollment numbers in the TIAP-PLUS presentation.
- Ms. Nguyen confirmed that the blue line represented daily enrollments, while the orange line displayed cumulative totals.
- Mr. Vargas expressed concern for staff working overtime during the holidays. He acknowledged their dedication and hoped they were compensated appropriately.
- Ms. Turner raised concerns about outreach efforts leading to client confusion due to multiple agencies and insurance providers contacting individuals.

- Ms. Nguyen explained that impressions in outreach campaigns refer to when someone sees an ad, not when they click or engage.
- Ms. Sanor clarified that various groups, including DSHS, agencies, and Medicare programs, conducted outreach simultaneously, leading to an overlap in messaging.
- Mr. Rosas shared that he advised consumers to reach out to local agencies and THMP if they have questions on TIAP-PLUS or insurance questions to avoid scams.
- Dr. Lazarte praised the TIAP-PLUS rollout. She agreed there was a bombardment of messaging promoting insurance enrollment during open enrollment. She encouraged members to advise clients to protect themselves and contact THMP first if they are unsure about services to avoid scams.
- Ms. Turner shared that the phone system was down for a time, and clients were unable to reach THMP.
- Mr. Hillard congratulated DSHS and THMP on a phenomenal job of rolling out TIAP-PLUS from start to finish within three months. He agreed that there would be glitches as with any new processes and asked the public for patience and understanding while the program works things out, especially with the phone system transition. He asked, aside from English and Spanish materials created for TIAP-PLUS, if there were any other languages that THMP supported.
- Ms. Sanor explained that the THMP phone line was down due to the new phone system transition. It was unfortunate timing that the transition happened close to the end of open enrollment. THMP tried to communicate all information as soon as possible. THMP also extended phone hours to seven days a week in January to increase support to clients and mitigate confusion.
- Ms. Sanor clarified THMP uses the HHSC translation line, which helps with translation services for those callers. She noted there have not been enough callers of a particular language to justify adding support for additional language. Ms. Sanor stated that if there is data to show the need, then THMP will support.
- Dr. Stefanowicz echoed congratulations to the THMP team. He asked if THMP plans to track client satisfaction with TIAP-PLUS and how they like their current plan.
- Ms. Sanor said THMP would work on an evaluation plan now that the open enrollment period ended. The evaluation of the processes would help with next year's open enrollment; she agreed having satisfaction metrics would be helpful.
- Dr. Stefanowicz wondered if THMP plans to report special enrollment data as well as disenrollment data.
- Ms. Sanor confirmed future updates will report on the special enrollment data and disenrollment data. She shared THMP had the first enrollee in TIAP-PLUS under special enrollment. Ms. Sanor pointed out that special enrollment is available for individuals between 100-150 percent of the federal poverty level (FPL) who meet eligibility requirements.
- Ms. Sanor explained Ms. Nguyen's data for TIAP-PLUS enrollment was as of January 14, 2025. However, as of January 17, 2025, THMP has 566 enrollees in TIAP-PLUS. This is due to the enrollment efforts of THMP staff and agencies transferring clients. She added some agencies enrolled participants into the marketplace during open enrollment. Once these agencies transfer participants into TIAP-PLUS and THMP continues to enroll those who qualify for special enrollment, the enrollment number will increase throughout the year.
- Dr. Stefanowicz questioned how THMP can bolster relationships with community-based organizations and agencies to increase local-level enrollment.

- Ms. Sanor commented the original plan was to have as much enrollment as possible in the local area. These local agencies would know which plans and support would be available for clients in their area. Unfortunately, the quick launch of TIAP-PLUS made it difficult to fully integrate external partners. Ms. Sanor remarked plans are in place to expand support at the local level for the next enrollment cycle.
- Mr. Hillard requested clarifications on a client who requested insurance assistance, but in the process of applying for this assistance, THMP found out that having insurance would kick the client out of the current assistance program the client has. He asked how this impacts individuals who are underserved when they are in one program that is supposed to help them, but it is counterintuitive to what takes place.
- Ms. Sanor agreed. This was the same concern that THMP had. She reiterated the importance of having local agencies enrolling eligible clients into TIAP-PLUS. These local experts know which plan and services would best fit the client. THMP does not want to cause any issues for clients. Ms. Sanor stressed that clients can disenroll any time if the client has issues with TIAP-PLUS plans.
- Dr. Margaret Adjei emphasized the role of pharmacists in assisting clients with insurance and medication concerns. She suggested providing pharmacists with detailed information on insurance plans and copay assistance.
- Ms. Turner gave a shout-out to the THMP team for their exemplary work.
- Mr. Hillard asked for clarifications on SPAP rebates.
- Ms. Sanor explained that due to the Inflation Reduction Act, the out-of-pocket maximum for clients on Medicare decreased. Previously, when clients got to the catastrophic phase, there was still a five percent copayment clients must pay. THMP would pay a five percent copayment previously, and the program would be eligible to request rebates. Due to the Inflation Reduction Act, this five percent copayment went away. THMP does not have to pay this copayment. However, the program is not eligible for rebates because of this.
- Dr. Stefanowicz encouraged providers and clients to request 90-day fills.

Agenda Item 6: Sub-Committee Reports.

a. Eligibility: Mr. Frank Rosas

- The Eligibility Subcommittee met on Wednesday, December 18, 2024.
- Mr. Rosas reported that THMP eligibility processing times have improved, despite temporary delays due to TIAP-PLUS enrollment efforts.
- The backlog for new ADAP applications is now cleared, and recertifications are expected to be caught up soon.

b. Governance and Data: Mr. Steven Vargas

- The Governance and Data Subcommittee met on Tuesday, December 10, 2024.
- Mr. Vargas thanked Ms. Analise Monterosso, HIV/STD Epi and Surveillance Director, for presenting data on HIV syphilis co-morbidity and data on the longevity of PLWH in Texas.
- The subcommittee requested new tracking metrics be introduced to measure TIAP-PLUS enrollment trends, special enrollment eligibility, disenrollment rates, and if possible, to provide a regional breakdown for TIAP-PLUS participants.

c. Formulary: Dr. Susana Lazarte

- The Formulary Subcommittee met on Tuesday, December 17, 2024.
- The primary discussion focused on the pharmacy portal utilization report, which highlighted decreased portal use due to usability issues.
- Dr. Lazarte emphasized the need for improvements in pharmacy portal usability to prevent prescription delays.
- The subcommittee reviewed TIAP-PLUS. Most covered plans include Cabenuva, with some requiring prior authorization.
- Mr. Rosas suggested that FPL guidelines be provided in dollar amounts to improve accessibility for clients unfamiliar with percentage-based eligibility requirements.

Discussion

- Mr. Rosas encouraged having the ADAP Liaisons attend the HIV-MAC meeting in person.
- Mr. Vargas asked about how participating pharmacies must switch to non-340B inventory before the THMP Pharmacy Benefit Manager (Ramsell) dispenses due to rebate dependencies because of TIAP-PLUS's impact.
- Ms. Sanor explained participants in the Ramsell network must use non-340B inventory. Due to this new requirement, some pharmacies left the network. Some of these pharmacies may not have access to non-340B inventory, so this was not feasible for them to add. Participants who were using these pharmacies will need to use other pharmacies.
- Ms. Sanor also shared concerns about clients joining TIAP-PLUS because these agencies would lose 340B income. Ms. Sanor clarified that THMP has a low-income eligibility requirement which encourages agencies to transfer lower-income participants to TIAP-PLUS. Agencies would have funds freed up to serve clients with higher income levels who were ineligible for THMP. She encouraged agencies to enroll clients who are at the 100 percent or lower FPL level in TIAP-PLUS because THMP could support these clients.
- Mr. Vargas thanked Ms. Sanor for the explanation and encouraged THMP and the agencies to work together to expand services to more clients.
- Dr. Adjei explained that one of her clients was told by an AIDS Service Organization (ASO) that they are required to use a certain pharmacy and cannot go to their preferred pharmacy and if this was allowable.
- Ms. Sanor wondered if there was something in this particular patient's case that is unknown. She stated that DSHS Pharmacy staff confirmed that the restriction of a client to one pharmacy is not allowable. One can restrict access through the insurance's network or Ramsell network. However, a client should not be restricted to only using a pharmacy affiliated with a particular organization.
- Mr. Vargas asked if there were updates regarding applications received for the HIV-MAC pediatrician position.
- Ms. Nguyen provided the update, explaining that the solicitation request closed on January 10, 2025. ACCO received applications for the pediatrician position, the public non-profit hospital administration position, and the social worker position. THMP is awaiting to receive the applications and start the review process.

Agenda Item 7: Review of Action Items and Agenda Topics for the Next Meeting

Highlights included:

Mr. Hillard asked members to provide additional topics and action items to consider for the next meeting.

Agenda items for the next committee meeting included:

- TIAP-PLUS Updates
- LAR updates

Action items:

- List of HIV Prevention grantees
- Information regarding the procurement process
- TIAP-PLUS Data:
 - ▶ Enrollment numbers and criteria
 - ▶ Demographics
 - ▶ Disenrollments

Agenda Item 8: Adjournment

Mr. Hillard thanked the committee members and the members of the public for their attendance and adjourned the meeting at 4:34 p.m.

Below is the link to the archived video recording of the January 17, 2025, Texas HIV Medication Advisory Committee meeting. Individuals can view or listen to the meeting for approximately two years from the meeting date. DSHS posted the meeting in accordance with the HHSC records retention schedule.

[Texas HIV Medication Advisory Committee – January 17, 2025](#)