

Texas HIV Medication Advisory Committee (HIV-MAC)
Meeting Minutes
April 11, 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

Dr. Mike Stefanowicz, Acting Chair, opened the meeting by introducing himself and welcoming members, agency staff, and members of the public who were in attendance. Dr. Mike Stefanowicz called the meeting to order at 1:31 p.m.

Ms. Jessica Arevalo, Advisory Committee Coordination Office (ACCO), Health and Human Services Commission (HHSC), proceeded with the logistical announcement, took attendance, asked members to introduce themselves, and certified no quorum met with a count of two members at roll call. MAC Vice Chair, Dr. Susan Lazarte, and MAC members, Dr. Margaret Adjei and Dr. Gloria Heresi, joined later to make five members present for the meeting.

Table 1: Texas HIV Medication Advisory Committee members' attendance at the Friday, April 11, 2025, meeting.

Member Name	Attended
Adjei, Margaret, M.D.	Yes (Joined at 1:44 p.m.)
Heresi, Gloria, M.D.	Yes (Joined at 2:08 p.m.)
Hillard, Lionel	No
Lazarte, Susana, M.D. (Vice Chair)	Yes (Joined at 1:36 p.m.)
Perez, Rolando, M.D.	No
Rosas, Frank (Chair)	No
Stefanowicz, Michael, D.O.	Yes
Turner, Helen	No
Vargas, Steven	Yes

"Yes" indicates attended meeting.

"No" indicates did not attend the meeting.

Ms. Arevalo explained that the MAC can proceed with the meeting. However, due to the lack of a quorum, the members will need to skip over agenda item number two, which was the consideration of the draft meeting minutes.

Dr. Stefanowicz acknowledged the updated proceedings from Ms. Arevalo. He moved to introduce 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 on site and virtually: 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. Melissa Rios, Senior

Advisor for IDP; Ms. D'Andra Luna, HIV/STD Section Director; Ms. Tina Khuyen Nguyen as the Texas HIV Medication Program (THMP) Interim Manager; Ms. Jerreta Hartfield, Communications and Policy Group (CPG) Manager; Ms. Priscilla Mackin, MAC Committee Liaison, CPG; Ms. Cecilia Cunningham, Program Liaison, THMP; Ms. Terri Lemuel, THMP Public Health Specialist; Mr. Daniel Knapp with Government Affairs; Ms. Kati Kieffer, Finance Manager; Ms. Christine Salinas, THMP Regional Manager.

Agenda Item 2: Consideration of January 7, 2025, Draft Meeting Minutes

The committee skipped agenda item #2 per ACCO's guidance. The committee could not review or vote on the January 17, 2025, draft meeting minutes because no quorum had been met. The committee will review the January 17, 2025, and draft meeting minutes at the next HIV-MAC meeting in August.

Agenda Item 3: Public Comment

Dr. Stefanowicz asked Ms. Arevalo to read the public comment announcement. The following individuals provided a virtual oral public comment:

- **Mr. Phil Matthews, Financial Navigator Director, Prism Health North Texas**
Mr. Matthews discussed the Texas Insurance Assistance Program-PLUS (TIAP-PLUS). He commended THMP for expanding insurance access but expressed concerns about the program's implementation. His agency and clients had issues with TIAP-PLUS. Patients believed their insurance premiums would be paid through the program, but that did not happen for some. As a result, clients returned to the state medication program, and his agency faced reputational harm. He recommended a better rollout or providing additional Health Insurance Assistance (HIA) funds to his agency to help address the issue.

Agenda Item 4: DSHS Updates

Dr. Stefanowicz asked Mr. Hutchison, Ms. Akhtar, Mr. Knapp, and Ms. Luna to provide DSHS updates.

Highlights included:

a. Agency

Mr. Hutchison welcomed members and thanked everyone for joining the meeting. He opened by addressing recent concerns about TIAP-PLUS and the progress made since its inception. He also mentioned that Daniel Knapp will provide an update on legislative session funding for public health. He reassured the committee that Ryan White and the THMP funding remain unaffected as of the meeting date.

Mr. Hutchison clarified that recent (federal) budget cuts to DSHS were primarily due to the end of specific COVID-19 grants, which ended earlier than anticipated. The abrupt change led to the cancellation of 159 contracts. DSHS is still assessing the total financial impact, which could be more than \$500 million. He stated the final number is still being determined because it depends on DSHS billing and contract cycles.

Mr. Hutchison then introduced Ms. Aelia Khan Akhtar to provide organizational updates.

b. Organizational Updates

Ms. Akhtar welcomed members and shared recent organizational updates from the IDPD. In March 2025, IDPD restructured and moved the DSHS Pharmacy from the HIV/STD Section to the division level under Ms. Akhtar because the pharmacy works closely with all IDPD sections: immunizations, tuberculosis, Hansen's disease, and the HIV/STD program. She stated IDPD can effectively coordinate at the division level and that Ms. Sabrina Stanley remains the Pharmacy Director.

Ms. Akhtar welcomed two new staff members: Ms. Melissa Rios, Senior Advisor, and Ms. Rebecca Orozco, Executive Assistant to the Deputy Commissioner. Ms. Akhtar noted current vacancies in the HIV/STD Section and the HIV Medications Unit.

c. Legislative Appropriations Request (LAR)

Mr. Knapp, with the Government Affairs Division, provided an update on the 89th Legislative Session. He noted that while the session is well underway, legislative and budget processes remain fluid. He explained that outcomes can change significantly late in the session, especially during the Conference Committee, and final decisions may not be known until the end of June.

Mr. Knapp noted that the House Committee Substitute currently includes two proposed budget changes in the HIV medication riders: funding for HIV injectable treatments, which appropriates \$15.4 million, and a rider that would appropriate \$4.6 million over the biennium for HIV vendor drug rebates. These proposals are still under discussion in the Conference Committee, and if adopted, implementation would begin September 1, 2025.

d. Budget Update

Ms. Luna reported that the HIV medications budget has remained largely unchanged since January. For fiscal year 2024, the program spent over \$4 million in general revenue, nearly \$24 million in vendor drug rebates, and just over \$82 million in federal grants.

In fiscal year 2025, DSHS budgeted approximately \$2.5 million in general revenue. The program spent \$90 million out of the \$96.7 million in federal grant funds to date. About \$8.5 million remains available for the rest of the fiscal year.

Discussion

- **Mr. Vargas** asked about the 'obligated at zero' THMP financial report under 2025, because, if it is, as Mr. Knapp indicated, the budget is unknown until June 2025.
- **Ms. Luna** explained that it is a different general revenue (GR) source. The funds used will be mostly for the maintenance effort, GR.
- **Mr. Vargas** asked for the rationale for using GR funds for the fiscal year 2024 if it is not commonly used.
- **Mr. Hutchison** explained that IDPD conducts an annual review of anticipated unspent funds. Once IDPD identifies the funds, they are used to buy medications to ensure full use of available resources.
- **Mr. Vargas** asked if the \$4.6 million mentioned in the legislative update relates to HIV vendor drug rebates. He asked for clarification on the \$4.6 million HIV Vendor Drug Rebate, which would generally fall in the HIV Vendor Drug Rebates row of the THMP Financial Report, because it was his impression that the funds on the report were for accrued funds and not funds generated by representatives.

- **Mr. Hutchison** clarified Mr. Vargas's question for Mr. Knapp. Mr. Vargas' question: What are the details on the rider, and how does it impact the budget?
- **Mr. Knapp** explained that the \$4.6 million would be a different revenue source and would add to the total GR rather than be reflected as an HIV Vendor Drug Rebate. This may be an anticipated reduction in vendor drug rebates, trying to fund the program from 2026-2027, from \$2.3 million a year.
- **Mr. Vargas** asked about the 159 canceled contracts and their impact, which was greater than \$500 million. Is it impacting prevention and care, or is it a regional impact, and what are the plans to address it?
- **Mr. Hutchison** said recent DSHS contract reductions were due to expiring COVID-19 grants, which affected immunization and epidemiology programs throughout Texas. There will be impacts at the local level, specifically on immunization. HIV prevention contracts or HIV contracts did not include COVID-19 funds. However, there is no direct impact on the Texas HIV Medication Program (THMP) or care and prevention funding.
- **Dr. Lazarte** asked if the remaining budget would last through the end of the fiscal year.
- **Ms. Luna** explained that the program will use most federal funds by March 2026 as planned and that THMP does not expect a shortfall this year.
- **Dr. Stefanowicz** asked for clarification about early-year spending, whether it includes drug acquisition for the end of the fiscal year.
- **Ms. Luna** confirmed it is related to planned drug purchases.

Agenda Item 5: Texas HIV Medication Program Updates

Dr. Stefanowicz yielded the floor to Ms. Sanor and Ms. Nguyen to provide an update on THMP.

Highlights included:

- a. Texas Insurance Assistance Program-PLUS (TIAP-PLUS)

Ms. Nguyen provided an update on TIAP-PLUS, which covers insurance premiums, medication copays, and deductibles for eligible clients. If the client is eligible and interested in the program, THMP enrolls the client in approved insurance plans. She mentioned that THMP will not pay for copayments or deductibles for medical visits.

Clients must meet THMP eligibility requirements, including proof of HIV diagnosis, Texas residency, and income at or below 200 percent of the federal poverty level with the standard deduction. A standard deduction of \$12,403 took effect on April 1, 2025. THMP uses the standard deduction to adjust household income to determine eligibility for the program and will use it until March 31, 2026.

THMP can still assist clients who qualify for special enrollment. Clients who qualify for the Advanced Premium Tax Credit and have an annual projected income between 100 percent and 150 percent are eligible to enroll anytime. Also, clients who experience a qualifying life event can enroll if applying within 60 days of the event.

She also noted that the Centers for Medicare and Medicaid Services (CMS) did not finalize any changes but proposed shortening the 2026 open enrollment period from November 1, 2025, to December 15, 2025. DSHS is monitoring updates.

As of March 28, 2025, THMP enrolled 447 clients, including 118 agency transfers. In addition, THMP enrolled 565 clients during the open enrollment (OE) period, with 746

clients enrolled in TIAP-PLUS. A total of 706 active clients are enrolled after accounting for client disenrollments. Ms. Nguyen shared that 40 clients disenrolled from TIAP-PLUS for various reasons. The most significant reason for disenrollment (seven clients) was that the clinic did not take their insurance plan. She noted that some counties had indigent care programs that would not accept health insurance.

Discussion

- **Mr. Vargas** asked about discrepancies in disenrollment data where one area said zero enrollment, and another had 40, and wanted clarification.
- **Ms. Nguyen** clarified the figures shown in the separate columns.
- **Dr. Stefanowicz** asked if THMP contacted the AIDS Service Organization (ASOs) about clinics not accepting certain plans or counties with indigent care programs because THMP designed TIAP-PLUS to be compatible with ASOs and wanted clarification on these disenrollment circumstances.
- **Ms. Sanor** explained that THMP staff tried their best to enroll clients in compatible plans that the clinic accepts. She also shared that outside agencies enrolled some of these clients into the accepted insurance plan and referred them to TIAP-PLUS. In some cases, it turns out the clinic did not accept the insurance plan, or there were changes to the client's insurance plan. During the open enrollment, THMP discovered that some counties have an indigent care program, which only serves uninsured clients. These programs provide extensive medical care services, and having the clients sign up for TIAP-PLUS would make them ineligible for indigent care services.
- **Dr. Stefanowicz** asked if agency-initiated disenrollments were related to some of the disenrollment reasons listed in the table.
- **Ms. Sanor** confirmed some overlap, explaining agencies sometimes requested disenrollment due to copay issues or better local service options.
- **Dr. Stefanowicz** asked about improved coordination for the next enrollment period for the local agencies.
- **Ms. Sanor** said outreach and planning with agencies will begin mid-year, supported by new staff specifically for THMP, which needs to collect information about plans accepted to coordinate better.
- **Mr. Hutchison** added that THMP is developing a project plan to increase enrollment numbers by coordinating and communicating with partners.
- **Dr. Lazarte** asked if the public comment reflected misunderstandings about premium payments not paid, and if THMP pays the premium.
- **Ms. Sanor** confirmed there was confusion with enrollments when THMP enrolled clients into an insurance plan, and the local agency or a broker also enrolled the same client into another plan simultaneously. THMP had to work with the agency to discuss who the payer is for the client's insurance. A few of these individuals disenrolled because they were on a plan that would not work with their clinic. She explained that the biggest challenge is having smooth coordination between THMP and the local agencies enrolling the client into the best insurance plan for them. TIAP-PLUS will pay for the premiums if the client is on a plan that includes premiums. Confusion may arise when individuals enroll in zero-premium plans through outside brokers or agencies.
- **Mr. Vargas** urged early and ongoing collaboration with partners during planning.
- **Mr. Vargas** asked if the committee met the quorum.
- **Ms. Arevalo** confirmed that five are currently present and the committee needs six to meet quorum.
- **Dr. Stefanowicz** recommended role-specific training within ASOs to ensure broader awareness of TIAP-PLUS.
- **Dr. Lazarte** agreed and voiced support for the recommendation.

b. TakeChargeTexas (TCT) Updates

Dr. Stefanowicz yielded the floor to Ms. Rachel Sanor to provide an update on TCT.

Highlights included:

- Quarterly TCT Applications Submitted from December 1, 2024, to February 28, 2025:
 - ▶ Client Portal
 - ◇ TCT received 344 applications.
 - ◇ Of the 344 applications, 301 were for THMP.
 - ◇ The total number of applications for both Care Services and THMP was 186.
 - ▶ Agency Portal
 - ◇ TCT received 19,432 applications.
 - ◇ Of the 19,432 applications, 13,471 were for THMP.
 - ◇ The total number of Care Services and THMP applications was 8,459.
 - ◇ The total number of pharmacy order batches was 4,834.
 - ◇ The total number of medication orders was 35,883.
 - ◇ THMP approved a total of 6,038 clients during this period.
 - Quarterly TCT Helpdesk Support Issues from December 1, 2024, to February 28, 2025:
 - ▶ Help desk issues decreased across all categories, including eligibility, login, system, reporting, and others, such as contract imports and data.
 - ▶ In terms of pharmacies, a total of 15 tickets were THMP-specific.
 - Annual TCT Applications Submitted from March 1, 2024, to February 28, 2025:
 - ▶ Client Portal
 - ◇ TCT received 1,254 applications.
 - ◇ Of the 1,254 applications, 1,155 were for THMP.
 - ◇ The total number of applications for both Care Services and THMP was 728.
 - ▶ Agency Portal
 - ◇ TCT received 66,354 applications.
 - ◇ Of the 66,354 applications, 47,697 were for THMP.
 - ◇ The total number of applications for both Care Services and THMP was 29,124.
 - ◇ The total number of pharmacy order batches was 21,475.
 - ◇ The total number of medication orders was 146,703.
 - ◇ THMP approved 17,634 clients during this period.
 - Annual TCT Helpdesk Support Issues from March 1, 2024, to February 28, 2025:
 - ▶ THMP noted a slight increase for “Other” and contract-related issues.
 - ▶ Help desk issues decreased across most categories during this period, including eligibility, login, systems, and reports.
- c. Projections and Demographic Information
- For THMP Medication from December 2024 to February 2025:
 - ▶ The total number of medications ordered through the ADAP program: 35,883.
 - ▶ 46 percent of medications ordered were Biktarvy.
 - ▶ Requests for Biktarvy's 90-day supply continue to climb; before, it was ranked at number 10, then seven, then six, and now at number five.
 - AIDS Drug Assistance Program (ADAP) Demographics from December 2024 to February 2025:
 - ▶ 16,996 clients filled medications.

- ▶ ADAP demographics remain the same. For ethnicity, Hispanic or Latino remains about the same at 54 percent. For race, White is at 64 percent, like what THMP has seen. For the sex data, males account for 76 percent, similar to the previous MAC data.
- State Pharmacy Assistance Program (SPAP) Demographics from December 2024 to February 2025:
 - ▶ SPAP helps individuals on Medicare; the program served 1,375 clients.
 - ▶ With Medicare, people are hitting the out-of-pocket max earlier in the year because the out-of-pocket maxes are lower. As such, SPAP continues to show a consistent pattern of higher costs in January, followed by yearly declines.
 - ▶ SPAP demographics remain largely unchanged, with ethnicity at 68 percent for Non-Hispanic or Latino, race at 73 percent for White, and Males represent 87 percent.
- Texas Insurance Assistance Program (TIAP) Demographics from December 2024 to February 2025:
 - ▶ TIAP served 185 clients; this program remains stable.
 - ▶ TIAP ethnicity for Non-Hispanic or Latino is at 60 percent, race is 57 percent for White, and sex at 73 percent for Male.
- TIAP-PLUS Demographics from December 2024 to February 2025:
 - ▶ TIAP-PLUS served 662 clients.
 - ▶ This is the first quarter data for TIAP-PLUS.
 - ▶ TIAP-PLUS Ethnicity: Not Hispanic or Latino at 50 percent, Hispanic or Latino at 47 percent, and unknown at three percent.
 - ▶ TIAP-PLUS Race: White at 65 percent, Black or African American at 31 percent, Other/Unknown at two percent, and Asian at two percent.
 - ▶ TIAP-PLUS Sex: Male at 75 percent, Female at 22 percent, and Unknown at two percent
- TIAP-PLUS Demographics from December 2024 to February 2025:
 - ▶ TIAP-PLUS has 87 clients with medications filled.
 - ▶ There is a difference between those enrolled and those receiving their medication.
 - ▶ TIAP-PLUS Ethnicity: Unknown at three percent, Not Hispanic or Latino at 54 percent, and Hispanic or Latino at 43 percent.
 - ▶ TIAP-PLUS Race: White at 72 percent, Other/Unknown at two percent, Black or African American at 25 percent, and Asian at one percent.
 - ▶ TIAP-PLUS Sex: Male at 72 percent, Female at 26 percent, and Unknown at two percent
- Projections:
 - ▶ There is an increase in the ADAP Projections for 2025-2027. There is also an increase in projections for the average monthly cost per client because of increases in medication costs. There is also an expected increase in the growth of clients.
 - ▶ Every year, SPAP sees the highest cost in January and declines throughout the year. With lowered out-of-pocket costs, clients meet the maximum sooner. There are not a lot of changes for SPAP. THMP expects a lowered cost per year for SPAP due to federal changes.
 - ▶ TIAP is a stable group. There is a slight growth compared to last year. However, there are not a lot of changes for TIAP.
 - ▶ There is no projection for TIAP-PLUS because the program is still new. Projections for TIAP-PLUS are not yet available due to limited data. THMP will revisit projections once more data becomes available.

d. Application Processing

- THMP is processing on time.
- As of April 2, 2025, THMP processed self-attestation and renewal applications received on March 24, 2025. The target date was March 20, 2025, showing the program is ahead of schedule.
- THMP processed self-attestations and renewals with March due dates in April, which is standard for the program to process one month after the due date.
- As of April 11, 2025, THMP is processing new applications received on April 3, 2025.
- A small backlog occurred during TIAP-PLUS open enrollment, but THMP resolved it.
- Overall, application processing is running smoothly.

Dr. Stefanowicz opened the floor for discussion and yielded the floor to Mr. Rosas.

Discussion

- **Mr. Vargas** thanked staff for resolving the application backlogs. He asked about the notable sex-based disparity in SPAP demographics, where 12 percent of clients are female, and 87 percent are male.
- **Ms. Sanor** confirmed this trend has remained consistent over several MAC meetings. She also agreed that further exploration of this would be beneficial.
- **Mr. Hutchison** suggested the disparity may relate to differences in Medicare Part D eligibility and plan selection, but agreed on the need for additional analysis.
- **Mr. Vargas** recommended examining the gender breakdown based on how clients qualify for Medicare for the disparity in SPAP, such as by age or disability.
- **Ms. Sanor** will investigate SPAP's differences between males and females.
- **Dr. Lazarte** noted that TIAP-PLUS shows a more balanced demographic profile for clients and those filling medication than ADAP and SPAP, especially among Hispanic and Latino clients. She also noted TIAP-PLUS reflects progress towards improving equity through the insurance purchasing program.
- **Mr. Hutchison** agreed and emphasized the importance of community feedback in shaping program improvements.
- **Dr. Stefanowicz** asked if the number of existing TIAP-PLUS clients who fill their medication prescriptions through the program is accurate at 87 clients.
- **Ms. Sanor** confirmed this number is correct. TIAP-PLUS has low utilization for medication fills.
- **Dr. Stefanowicz** requested TIAP-PLUS data showing which pharmacies are successfully filling prescriptions to better understand client utilization. There could be multiple avenues for clients to fill their prescriptions. It would be interesting to view this information.
- **Ms. Sanor** agreed to provide this information.

Dr. Stefanowicz convened for a 10-minute break at 3:06 P.M.

Dr. Stefanowicz reconvened at 3:17 P.M. and yielded the floor to Ms. Arevalo for roll call. No quorum met.

Agenda Item 6: Sub-Committee Reports.

- a. **Eligibility: Dr. Stefanowicz (on behalf of Mr. Frank Rosas)**
- The Eligibility Subcommittee met on February 25, 2025.
 - TIAP-PLUS had 641 enrollees with 615 active clients and 26 disenrollments, with most disenrollments due to voluntary withdrawal.

- TCT Phase 2 is ending, and Phase 3 is starting soon, focusing on insurance, reporting, and other high-priority issues.
 - THMP is currently focusing on application processing, with expedited applications prioritized.
 - Mr. Frank Rosas shared consumer concerns about potential ADAP changes due to federal changes.
 - Ms. Sanor assured Mr. Rosas that THMP operations remain unchanged.
 - ADAP liaisons identify ACA-eligible clients and review exceptional enrollment cases.
 - Members discussed regional variations in outreach strategies and client needs.
- b. **Governance and Data: Mr. Steven Vargas**
- The Governance and Data Subcommittee met on March 11, 2025.
 - Members reviewed recent data requests. A member also asked a question about a possible \$4.46 million reduction in future HIV prevention funding.
 - The subcommittee requested ongoing data related to TIAP-PLUS to support future improvements.
 - Members also discussed the MAC member solicitation status; THMP received 18 applications to review.
- c. **Formulary: Dr. Susana Lazarte**
- The Formulary Subcommittee met on February 11, 2025.
 - Dr. Lazarte reported the discontinuation of brand-name medication Sporanox (Itraconazole), but the generic and both formulations remain available through THMP Formulary.
 - The subcommittee discussed the low usage of the TCT pharmacy portal and the need to increase adoption. This would save pharmacies a lot of time.
 - Dr. Drew Anderson of Prism Health offered to support peer-to-peer outreach or training for other pharmacies.

Discussion

- **Mr. Vargas** asked for more information about the two new ADAP liaison positions for the regions.
- **Ms. Sanor** explained that new funding has been released for additional ADAP liaisons for each of the administrative areas. One liaison will serve Tarrant County, and one will serve the South Texas Development Council (STDC) region.
- **Mr. Vargas** thanked Ms. Sanor and said the information was helpful.
- **Mr. Vargas** also asked for clarification about a possible \$4.46 million reduction in HIV prevention funding mentioned during the Governance and Data Subcommittee meeting, and which grant this would be.
- **Mr. Hutchison** clarified that DSHS has not received formal notification of a reduction in future HIV prevention funding. He believed a partial award notice may have been confusing. DSHS normally receives a full 12-month award. However, this time, DSHS received a 10-month partial award. DSHS expects to receive the remaining 2-month allocation later. Currently, there is no official notice of funding reduction.

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

Highlights included:

Dr. Stefanowicz asked members to provide additional topics and action items to consider for the next meeting.

Agenda items for the next committee meeting included:

- Consideration of January 17, 2025, draft meeting minutes

- Consideration of April 11, 2025, draft meeting minutes

Action items:

- Provide pharmacy data illustrating where TIAP-PLUS clients are filling prescriptions.
- Updates on the planning process for TIAP-PLUS enrollment and implementation.
- THMP data.
- Legislative and federal updates.

Agenda Item 8: Adjournment

Dr. Stefanowicz thanked the committee members and the members of the public for their attendance and adjourned the meeting at 3:38 P.M.

Below is the link to the archived video recording of the April 11, 2025, Texas HIV Medication Advisory Committee meeting.

texashhsc.v3.swagit.com/videos/339865

Individuals can view or listen to the meeting for approximately two years from the meeting date. DSHS posted the meeting on the HHSC records retention schedule.