



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Texas HIV Medication Program Medication Advisory Committee Meeting

June 3, 2026

Agency Updates

Monica Gamez

Interim Deputy Commissioner

Infectious Disease Prevention Division

Samuel Hebbe Goings, MPH

HIV/STD Section Director

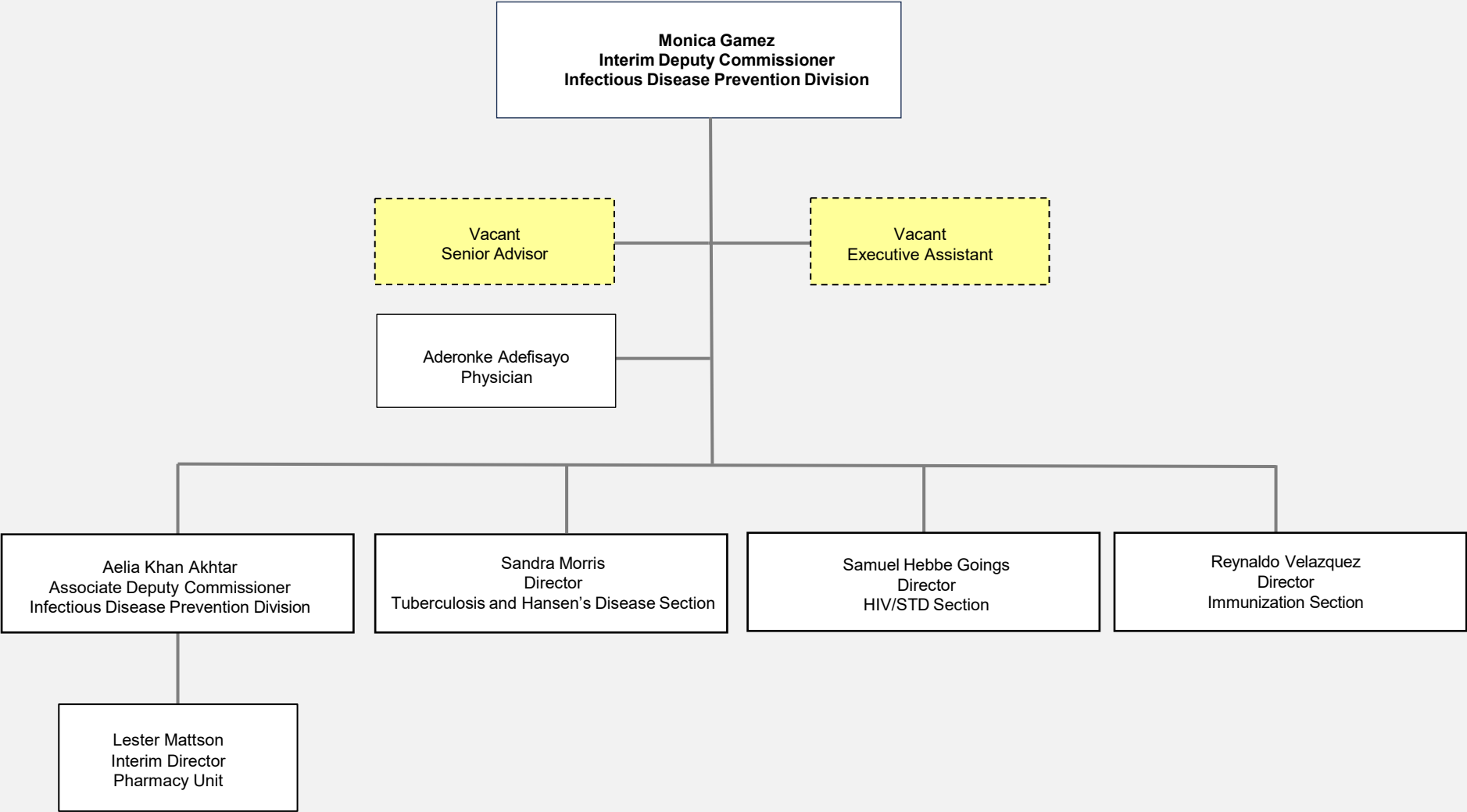
Infectious Disease Prevention Division

Organizational Charts

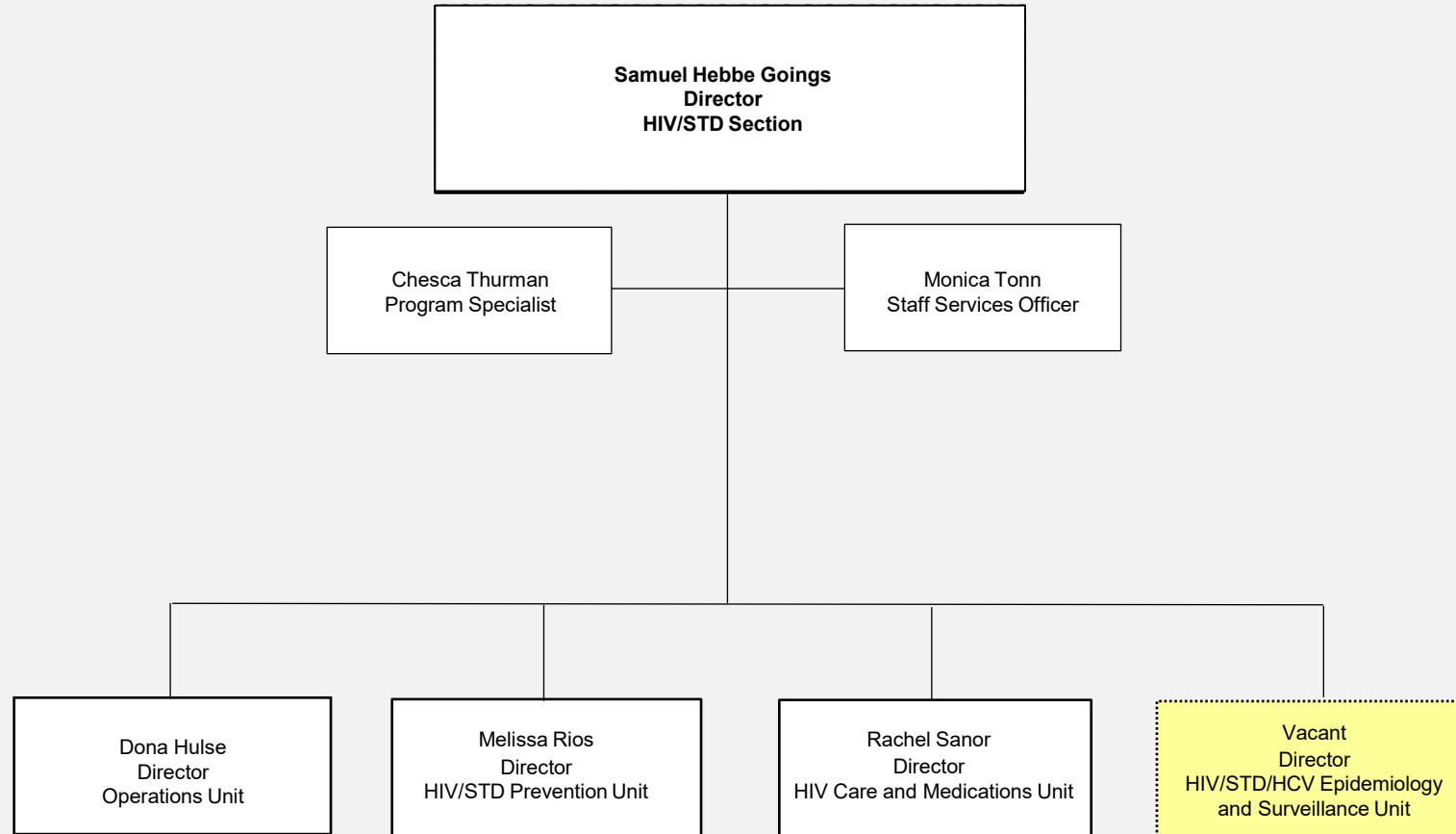
DSHS Leadership Updates

- Dr. Jennifer Shuford will depart DSHS to serve as deputy director and chief medical officer at the Centers for Disease Control and Prevention on June 8, marking an important next chapter in her public health leadership.
- HHSC appointed Ms. Imelda Garcia as the interim commissioner of DSHS effective June 9, ensuring continuity of leadership during this transition.
- Dr. Manda Hall will support Imelda Garcia in her interim role. Dr. Hall has led the Community Health Improvement Division at DSHS since 2017 and brings deep experience to this transition.

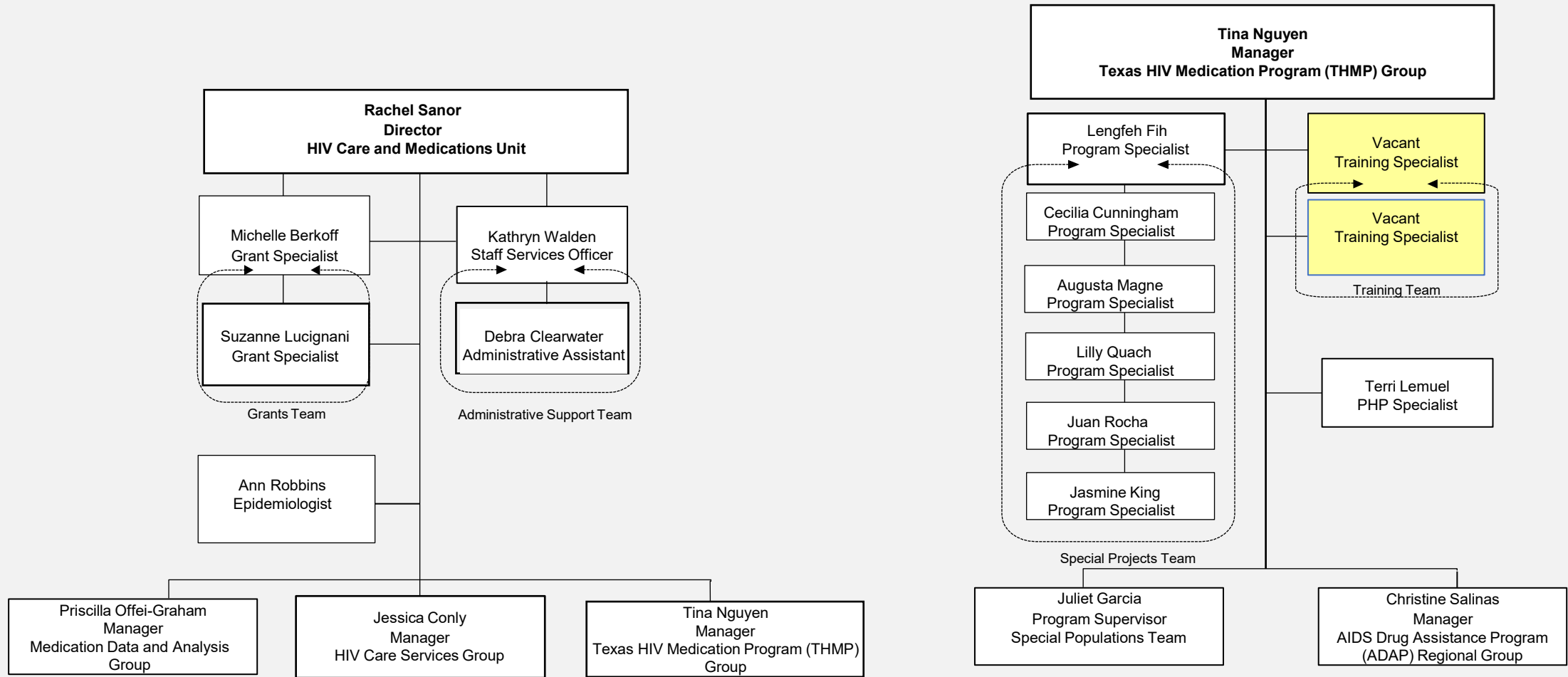
Infectious Disease Prevention



HIV/STD Section



HIV Care and Medications Unit



Budget Report

Samuel Hebbe Goings

HIV/STD Section Director



Budget Report Topics

- Current Status
- Budget Projections
- Next Steps
- Conclusion

Current Status: THMP Financial Report*

Budget Description	2025 Expended	2026 Budgeted	2026 Obligated	2026 Expended	2026 Remaining
General Revenue (GR)	\$5,543,590	\$5,484,551	\$5,413,210	\$2,035,133	\$3,449,418
GR Match/Maintenance of Effort	\$6,073,924	\$10,807,271	\$9,408,811	\$7,055,375	\$3,751,896
HIV Vendor Drug Rebates	\$10,547,479	\$17,048,703	\$17,048,703	\$17,048,703	\$0
Federal Care Grants	\$95,102,833	\$89,212,354	\$89,212,353	\$74,104,915	\$15,107,439
Total All Funds	\$117,267,826	\$122,552,879	\$121,083,077	\$100,244,126	\$22,308,753

State Fiscal Year 2026: September 1–August 31.

Data as of May 11, 2026.

*ADAP medication expenditure data only.

Budget Projections

Rising Costs

- Increased number of clients
- Increased cost of medications and insurance

Declining Revenue

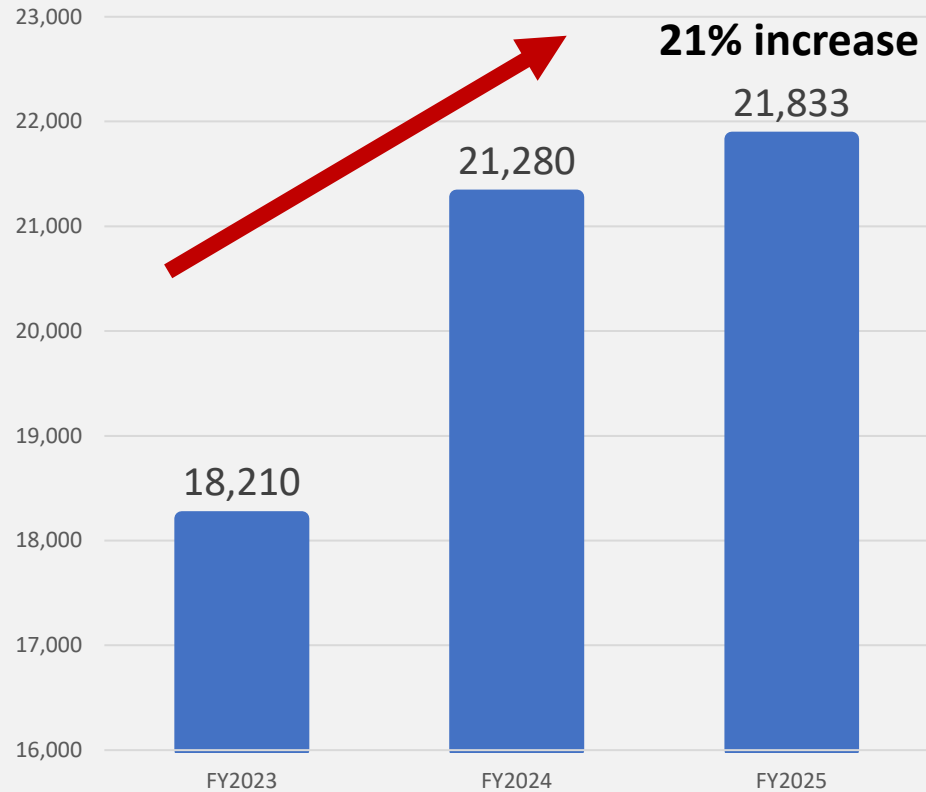
- Decline in rebates
- Increased HIV testing, relinkage to care
- TIAP-PLUS impact

Additional Factors

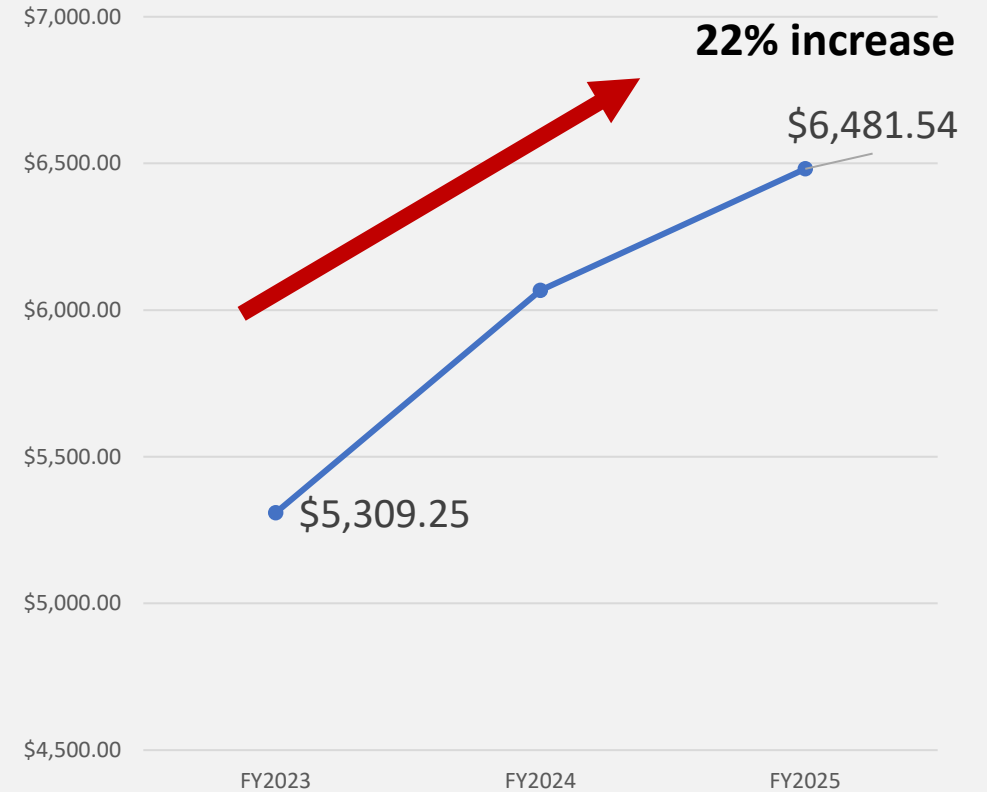
- HIV and STD prescribing practices
- Economic conditions

Budget Projections: Increased Demands

Clients Served

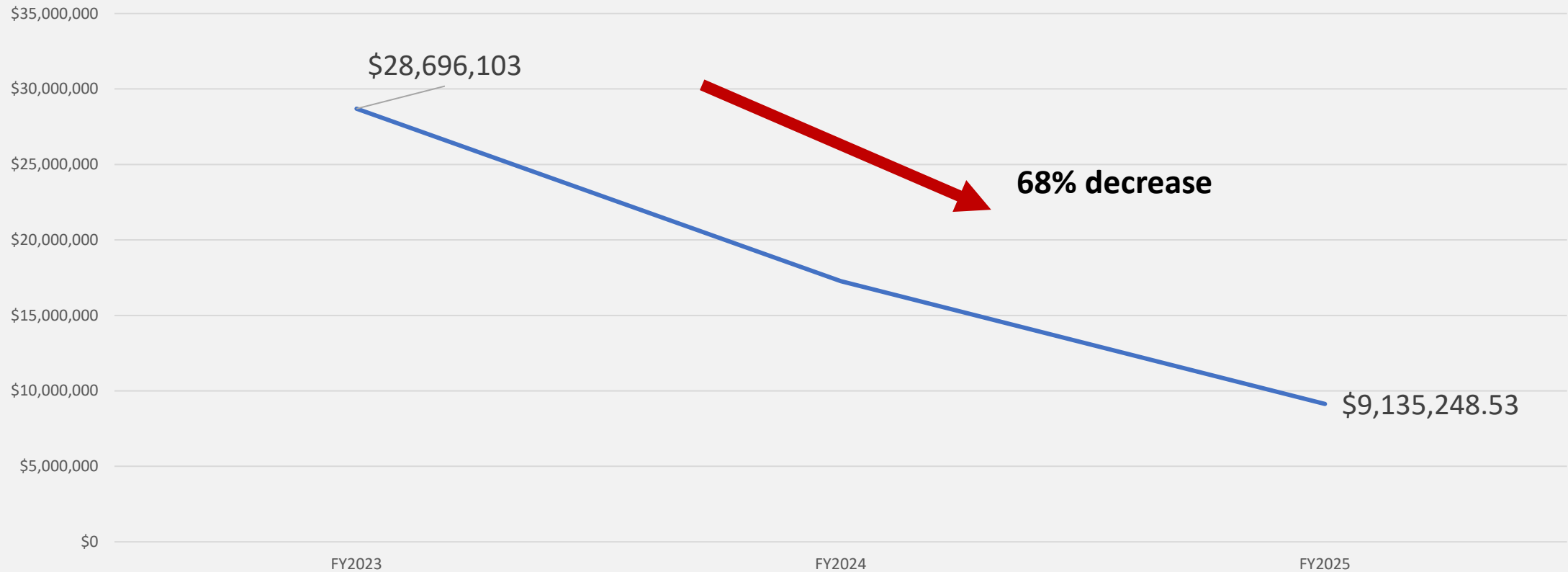


Cost per Client



Budget Projections: Rebate Changes

Program Rebate Income, 2023-2025



Budget Projections

- DSHS anticipates a THMP budget shortfall beginning with Fiscal Year 2027.
- DSHS is currently depleting the pharmacy inventory to ensure solvency for as long as possible.
- The shortfall will persist without changes to the program and additional appropriations.
- DSHS will **not** make program eligibility changes without input from 90th legislature.
 - ▶ The 90th legislature convenes beginning in January 2027.
 - ▶ Additional funding would be needed by June 2027.

Budget Projections: Total Shortfall

DSHS will need funds to replace pharmacy inventory and fill the operational funding gap.

	Beginning Inventory	Annual Budget	Total Medication Cost	Ending Inventory	Additional funding to maintain two-month inventory
FY 2024	\$81.4M	\$110.9M	\$127.1M	\$65.2M	
FY 2025	\$65.2M	\$117.3M	\$141.5M	\$41.0M	
FY 2026	\$41.0M	\$122.6M	\$137.0M	\$26.6M	N/A
FY 2027	\$26.6M	\$100.1M	\$133.8M	(\$7.2M)	\$29.4M
FY 2028	(\$7.2M)	\$98.6M	\$133.3M	(\$41.8M)	TBD

Data for FY 2026–2028 is based on April 2026 actuary projections.

Budget Projections: Funding Needs

Supplemental Funding is needed to address the Fiscal Year 2027 shortfall.

- **Fiscal Year 2027: \$29.4 million (estimated).**
 - ▶ Fills immediate operational funding gap
 - ▶ Maintains two-month pharmacy inventory

Additional appropriations and programmatic changes will be needed to address future fiscal years.

- **DSHS will be finalizing its Exceptional Item request in coming months.**

Next Steps

- DSHS will not make changes to client eligibility without direction from 90th legislature.
- The 90th legislature convenes in January 2027.
- TIAP-PLUS Insurance-First model under evaluation.

TIAP-PLUS Insurance-First Model

- Would establish TIAP-PLUS as the default pathway for THMP clients.
- Would refine TIAP-PLUS to maximize coverage value and align with national best practices.
- Goal: Improve long-term sustainability while maintaining uninterrupted access to medications.



TIAP-PLUS Insurance-First Model (cont.)

- ADAP would function as a payor-of-last-resort program for clients who:
 - ▶ Do not qualify for insurance assistance, or
 - ▶ Experience qualifying barriers (e.g., coverage gaps or administrative delays).
- ADAP would remain accessible as an immediate pathway to medication access.



Conclusion

- DSHS expects a supplemental need to be \$29M.
- DSHS will submit an Exceptional Item to address FY 28–29 needs.
- Revised numbers will be updated upon the filing of the 2027–2028 Legislative Appropriations Request (September 2026).
- DSHS assumes the Long-Acting Injectable Rider is a one-time appropriation.
- DSHS can only continue the pilot with ongoing appropriations.

Conclusion

- DSHS will not make changes to THMP that reduce client eligibility requirements pending direction from the 90th legislature.
- DSHS will update budget projections at the beginning of the 90th legislative session to inform those legislative decisions.
- DSHS will keep the committee apprised of any developments and welcomes your comments and questions.

Thank you.

Contact: hivstd@dshs.texas.gov