Texas HIV Medication Advisory Committee (HIV-MAC)
Meeting Minutes
June 3, 2026
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, the MAC Chair, opened the meeting by introducing himself and welcoming the members, agency staff, and members of the public in attendance. Mr. Rosas called the meeting to order at 1:30 p.m.

Ms. Kaitlin Quinton, from the Advisory Committee Coordination Office (ACCO) of the Health and Human Services Commission (HHSC), proceeded with the logistical announcement, took attendance, asked members to introduce themselves, and certified quorum with a count of eight members at roll call.

Table 1: Texas HIV-MAC members' attendance at the Friday, June 3, 2026, meeting.

Member Name	Attended
Adjei, Margaret, PharmD	Yes
Hillard, Lionel	Yes
Lazarte, Susana, M.D. (Vice Chair)	No
Murphy, Michael, LMSW	Yes
Perez, Norma, M.D.	Yes
Rosas, Frank (Chair)	Yes
Stefanowicz, Michael, D.O.	Yes
Turner, Helen	No
Vargas, Steven	Yes
Young, Byron, DNP	Yes

"Yes" indicates attended meeting. "No" indicates did not attend the meeting.

Mr. Rosas acknowledged staff from the Texas Department of State Health Services (DSHS): Ms. Rachel Sanor, Director of the HIV Care and Medications Unit (HCMU), and Ms. Tina Nguyen, Texas HIV Medication Program (THMP) Manager.

- **Ms. Sanor** introduced the following DSHS staff in attendance: Ms. Monica Gamez Interim Deputy Commissioner, Infectious Disease Prevention Division (IDPD); Mr. Samuel Hebbe Goings, HIV/STD Section Director; Dr. Aderonke Adefisayo, Infectious Disease Medical Officer under IDPD; Ms. Dona Hulse, HIV/STD Operations Unit Director; Ms. Tina Khuyen Nguyen, THMP Manager; Ms. Jerreta Hartfield, Communication and Policy Group (CPG) Manager; Ms. Christine Salinas, THMP Regional Manager; Ms. Birjis Rashed, HIV-MAC Liaison and Communication Health

Specialist with CPG; Ms. Jasmine King, Program Liaison, THMP; Ms. Pricillia Offei-Graham, Medication Data Analysis Manager; and Ms. Jessica Conly, Care Services Manager.

- **Ms. Tina Nguyen** thanked the former HIV-MAC members, Dr. Rolando Perez and Dr. Gloria Heressi, for their service on the HIV-MAC and their continued support.
- **Ms. Nguyen** welcomed new HIV-MAC members: Mr. Michael Murphy in the social worker position, Dr. Norma Perez in the pediatrician position, and Dr. Byron Young in the administrator position.

Agenda Item 2: Consideration of January 16, 2026, Draft Meeting Minutes

Mr. Rosas called for a review of the January 16, 2026, meeting minutes. Mr. Steven Vargas motioned to approve the meeting minutes as presented. Mr. Hillard seconded the motion. The motion carried by a majority vote with eight yeses (Adjei, Hillard, Murphy, Perez, Rosas, Stefanowicz, Vargas, and Young), no nays, no abstentions, and two absences (Lazarte and Turner).

Agenda Item 3: Public Comment

Mr. Rosas asked Ms. Quinton to read the public comment announcement. Ms. Quinton shared that there were three written and six on-site public comments.

The following individuals provided an on-site public comment:

- Mr. Edward Reed, HIV Advocate
- Ms. Elena Ferguson, Policy Specialist for Positive Women's Network-USA and Texas Strike Force Member
- Ms. Januari Fox, Director of Policy and Advocacy, Prism Health North Texas
- Ms. Crystal Townsend, Program Director of Organizing at Positive Women's Network-USA and Texas Strike Force Member
- Ms. Jessica Erves, Texas Strike Force Member

The following individuals provided a written public comment:

- Mr. Ramon Gardenhire, South Region Government Relations Director, ViiV Healthcare
- Ms. Angela Hawkins, Texas Strike Force Co-Founder and Founder of Positive Women's Network-Greater Houston Area.
- Ms. Elena Ferguson, Policy Specialist for Positive Women's Network-USA and Texas Strike Force Member

Agenda Item 4: DSHS Updates

Mr. Rosas asked Ms. Monica Gamez and Mr. Samuel Hebbe Goings to provide DSHS updates.

Highlights included:

a. Agency Organizational Chart

- **Ms. Gamez** shared that Dr. Jennifer Shufford will be stepping down as commissioner and transitioning to a new role as deputy director and chief medical officer at the Centers for Disease Control and Prevention. HHSC has appointed Ms. Imelda Garcia

as interim commissioner, ensuring continuity of leadership during this transition. Dr. Manda Hall will serve as the chief medical officer, supporting Ms. Garcia in her interim role.

- **Ms. Gamez** shared updates on recently filled positions. She welcomed Ms. Melissa Rios as the Director of the HIV/STD Prevention Unit. Within the HCMU, Ms. Gamez welcomed Ms. Priscilla Offei-Graham as the Medication Data and Analysis Group Manager and Ms. Jessica Conly as the HIV Care Services Manager.

b. Budget Update

- **Mr. Samuel Hebbe Goings** provided the current financial status of THMP for state fiscal year (SFY) 2026. For SFY 2026, DSHS budgeted $122,552,879. This is slightly above what THMP expended last fiscal year. This financial data showed the program's extensive efforts to sweep and reallocate lapsing funds to support the HIV medication budget. Of the $122 million, DSHS has obligated the majority. THMP has expended $100 million with $22 million remaining. In terms of trends, as of June 2026, 75 percent of the fiscal year has elapsed, and the program has spent about 81 percent of the allocated funds. THMP is spending slightly above these trends. As the fiscal year comes to an end, THMP is on track to expend all budgeted resources.
- **Mr. Hebbe Goings** explained in the past few years, THMP has seen rising costs due to the increased number of clients entering the program, the increased cost of the medication provided, and increased cost-sharing for insurance premiums and insurance assistance. THMP has also seen a decline in program revenue from HIV drug rebates collected annually due to federal policy changes. He also discussed additional factors that contributed to the budget shortfall, including changes in medication prescribing practices from a multi-tablet regimen to a single-tablet regimen and current economic conditions across Texas and their impact on the program. He noted that from SFY 2023 to SFY 2025, the number of clients served by THMP increased by 21 percent. During this same period, the overall cost per client increased by 22 percent. Most significantly, program revenue from rebates decreased 68 percent due to impacts from the Inflation Reduction Act.
- **Mr. Hebbe Goings** shared that based on these impacts and influencing factors, DSHS anticipates THMP will have a budget shortfall beginning in SFY 2027. DSHS is currently drawing down the program's existing pharmacy inventory to continue serving clients. He emphasized that this shortfall would persist without changes to the program and additional appropriations. He stressed that the program will not change program eligibility requirements without input from the Texas legislature in the upcoming session. The next Legislative Session will begin in January 2027. DSHS is anticipating that THMP will need additional funding by June 2027.
- **Mr. Hebbe Goings** affirmed that based on these budget projections, DSHS is seeking state supplemental funding for the next fiscal year to address the projected shortfall. THMP needs an estimated $29.4 million to fill the immediate operational funding gap and maintain a two-month pharmacy inventory. Additional appropriations and program changes are needed to address the budget shortfall in future fiscal years. DSHS is working to finalize its Exceptional Item request in the coming months to prepare for the upcoming Legislative Session.

- **Mr. Hebbe Goings** revealed DSHS has been working with the National Alliance of State and Territorial AIDS Directors (NASTAD) and other states to explore other models of how insurance programs have been successful in generating and maximizing revenue. As a strategic shift, DSHS is exploring insurance expansion by creating a default pathway for clients to enroll in insurance through the Texas Insurance Assistance Program-PLUS (TIAP-PLUS). TIAP-PLUS will be the primary program for THMP. This would enable TIAP-PLUS to maximize coverage, align with national best practices, and achieve long-term sustainability. He also explained DSHS assumed the HIV Long-Acting Injectable (LAI) Pilot Rider is a one-time appropriation and emphasized the program can only continue the pilot with ongoing appropriations. DSHS will update budget projections beginning next legislative session and will keep the HIV-MAC apprised of any developments.

Discussion:

- **Mr. Steven Vargas** asked what effect 90-day fills have on the depletion of inventory, especially when people may need their three-month medication due to situations like relocation during a hurricane. Has THMP considered that when it comes to the depletion of the medications the warehouse has on hand?
- **Mr. Hebbe Goings** highlighted that even with 90-day medication fills, based on projections and trends, DSHS anticipated an ending inventory of $26.6 million for this year. This equates to just over two months' worth of inventory.
- **Mr. Vargas** shared his concerns that THMP's inventory will dwindle to two months. He believed THMP should keep the pharmacy inventory at a minimum of three months' worth of stock. He asked for clarification on why DSHS is seeking $29.4 million rather than $71.2 million to ensure sufficient inventory.
- **Mr. Hebbe Goings** replied that the $29.4 million is an immediate state supplemental funding need in the current biennium for 2026 and 2027. He clarified that 2028 and 2029 is the next biennium. DSHS intends to submit an Exceptional Item for the next legislative session. The final amount is subject to change depending on multiple factors.
- **Mr. Vargas** asked what DSHS needs to do to have a long-acting injectable medication as a regular part of the budget and not as a rider.
- **Mr. Hebbe Goings** stated he has checked with our DSHS Governor Affairs teams to determine whether the Legislature intends to include LAI as a standing appropriation or if this was one-time. He will get back to the committee with specifics.
- **Dr. Michael Stefanowicz** asked whether THMP has statutory authority to render TIAP-PLUS as the primary vehicle by which participants can obtain their HIV medication, and the AIDS Drug Assistance Program (ADAP) is secondary, and if THMP is considering this for the current year.
- **Mr. Hebbe Goings** replied the Health Resources and Services Administration (HRSA) guidance requires the pursuit of the most cost-effective approach and ensuring that Ryan White funds serve as the payer of last resort. HRSA encourages states to vigorously pursue insurance enrollment. This will remain the focus of the THMP's efforts for the next enrollment period. THMP would use supplemental funding for insurance expansion for the upcoming enrollment period to cover upfront costs such as premium payments and medication copayment assistance. If THMP does not

meet the enrollment target, it would reallocate the funds to clients still receiving support through direct medication assistance through the ADAP for the remainder of the year. This process does not change the need for supplemental funding, but it does affect the number of rebates generated. The more clients enrolled in insurance and use the program, the higher the rebates, which could potentially reduce the need for exceptional item costs in future years.

- **Dr. Stefanowicz** asked if the TIAP-PLUS insurance model is the default pathway. If a consumer is discussing their eligibility with a caseworker, should the conversation focus first on enrollment in TIAP-PLUS rather than ADAP?
- **Mr. Hebbe Goings** explained that both the ADAP and TIAP-PLUS are subprograms of the THMP. The case worker must assess client for eligibility for THMP. If the assessment is during the open enrollment period, insurance enrollment would happen at that time. However, if there is a waiting period, such as when a consumer joins the program three months before open enrollment, the case worker will evaluate them for direct medication assistance under ADAP.
- **Mr. Rosas** asked where the program is with the grant award, and if THMP anticipates any kind of grant increase in that award from HRSA for ADAP.
- **Ms. Sanor** replied for HRSA, the award period starts in April and is on a different schedule from our state's fiscal year. THMP received Part B funding, which remained stable compared to previous years, although there was a slight increase in ADAP funding. However, the supplemental funding for ADAP was somewhat reduced. When considering the supplemental funding for Part B and the ADAP emergency relief funding, it is important to note that many ADAP and Part B programs across the country are experiencing financial difficulties. This has resulted in a more limited amount of available emergency relief funding and supplemental funding. As a result, there has been a slight decrease in funding overall.

Agenda Item 5: Texas HIV Medication Program Updates

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

Highlights included:

a. **Texas Insurance Assistance Program-PLUS**
   - **Ms. Nguyen** shared the medication key, which included brand names and chemical names for informational awareness only. Any mention of any product by brand names does not constitute endorsement or recommendation by DSHS.
   - **Ms. Nguyen** reminded the HIV-MAC members that THMP launched TIAP-PLUS in October 2024, and the 2025 coverage year was the pilot year for the program. Through this subprogram, THMP helps eligible clients pay insurance premiums, medication co-payments, and medication deductibles. Based on feedback from the community partners and clients, THMP partnered with the Communication and Policy Group to create an effective outreach campaign. She shared that the program has sent out printed materials to over 50 agencies to give out as they see clients. THMP also expanded phone coverage hours during the open enrollment period.

- **Ms. Nguyen** stated that, as far as quality improvement is concerned, THMP improved its TIAP-PLUS processes based on client feedback from the surveys shared in October 2025. THMP increased client outreach calls and reminders on the importance of using their primary insurance card and Ramsell copay card together at an in-network pharmacy. THMP also worked closely with Care Services partners who ensure the Part B Administrative Agencies (AA) prioritize health insurance assistance (HIA) funding within their local systems of care to cover the cost of medical copays. THMP also stressed the importance that clients choose the right health insurance coverage.
- **Ms. Nguyen** shared that as of February 28, 2026, THMP has paid premium payments only for 635 clients, premium payments and medication copayments for 335, and copayments only for 128 clients. Compared with 2025 data, more clients are using Ramsell to order their medications in the first two months of 2026.
- **Ms. Nguyen** asked for more help from partners and community members to continue educating clients and support them in identifying a Ramsell-participating pharmacy that can support their medication needs. This will ensure THMP fully covers the client's out-of-pocket costs for medication while also helping ensure program sustainability.

b. Long-Acting Injectables (LAI) Treatment Pilot Update

- **Ms. Nguyen** explained that THMP added LAI to its formulary on September 1, 2025. CPG created an LAI Medication Certification Form (MCF) specifically for this cold shipment medication. For any interested clients, THMP must receive their LAI MCF for review before the program can approve them for the pilot. As of April 30, 2026, THMP had 180 participants in the pilot. She explained that the rider allows 210 clients to participate in the pilot. As the number of participants reaches the cap, THMP will prioritize clients based on their interest in TIAP-PLUS per the rider language.

Discussion:

- **Mr. Vargas** asked about THMP phone support, including the program's experience with incoming calls and whether THMP has texting capabilities.
- **Ms. Nguyen** discussed the challenges regarding phone support. She stressed the importance of having the most up-to-date contact information for the clients, as well as providing THMP with permission to contact them. She reminded partners and the community that THMP follows strict security and client confidentiality when conducting outreach. She also confessed the program does not have texting capacity. The program is exploring enhancements to TakeChargeTexas (TCT) for texting capabilities.
- **Mr. Vargas** thanked Ms. Nguyen and asked if there was a way to have clients get their Ramsell cards digitally to add to their phones.
- **Ms. Nguyen** stated that this is currently not possible. She reminded clients to contact THMP or their local agency for assistance if needed.

- **Ms. Sanor** added that having a digital card is a great idea, and she will reach out to the vendor to see if they have that capability. She also explained that whenever THMP approves client for TIAP-PLUS, THMP staff places the client Ramsell card information in the notes section of TCT.
- **Dr. Norma Perez** requested more information and education regarding TIAP-PLUS. She wanted to expand this effort and educate the parents of children living with HIV who may need this service.
- **Dr. Stefanowicz** asked if THMP is collecting any qualitative data or feedback from the consumers, providers, or service providers for clients enrolled in HIV LAI. There is a big gap between the number of participants who have just one fill versus the actual number of medication administrations.
- **Ms. Nguyen** replied THMP is working on the evaluation plan. However, that specific qualitative data is not currently available.
- **Dr. Stefanowicz** suggested that THMP consider some element of qualitative data that consists of asking consumers about their experience with receiving their injections in a timely fashion.

c. TakeChargeTexas (TCT) Updates

- **Ms. Rachel Sanor** provided an update on TCT, demographic information, and application processing.
- Quarterly TCT Applications submitted from December 1, 2025, to February 28, 2026
    - ► Client Portal
        - ◊ TCT received 370 applications.
        - ◊ Of the 370 applications, 343 were for THMP.
        - ◊ The total number of applications for both Care Services and THMP was 208.
    - ► Agency Portal
        - ◊ TCT received 19,973 applications.
        - ◊ Of the 19,973 applications, 14,222 were for THMP.
        - ◊ The total number of applications for both Care Services and THMP was 8,334.
        - ◊ The total number of pharmacy order batches was 4,996.
        - ◊ The total number of medication orders was 36,241.
        - ◊ THMP approved a total of 9,063 applications during this period.

- Quarterly TCT Helpdesk Support Issues from December 1, 2025, to February 28, 2026
    - ► Most help desk issues were related to login issues.
- Annual TCT Applications submitted from March 1, 2025, to February 28, 2026.
    - ► Client Portal
        - ◊ TCT received 1,164 applications.
        - ◊ Of the 1,164 applications, 1,053 were for THMP.
        - ◊ The total number of applications for both Care Services and THMP was 638.
    - ► Agency Portal

- ◊ TCT received 70,724 applications.
- ◊ Of the 70,724 applications, 50,072 were for THMP.
- ◊ The total number of applications for both Care Services and THMP was 29,880.
- ◊ The total number of pharmacy order batches was 20,873.
- ◊ The total number of medication orders was 145,954.
- ◊ THMP approved 19,982 clients during this period.

- Annual TCT Helpdesk Support Issues from March 1, 2025, to February 28, 2026.
  - ► Help desk issues have decreased across most categories, showing the system's stability overall.

d. Data Update

For the ADAP Medication from December 1, 2025, to March 31, 2026:

- The total number of medications ordered through ADAP was 48,990, with 47 percent for bictegravir, emtricitabine, tenofovir alafenamide 30-day bottles.
- THMP continues to see an increase in the bictegravir, emtricitabine, tenofovir alafenamide 90-day fill. It remains number four in the top 10 medications ordered.
- The ADAP demographics are still consistent. 17,046 ADAP clients filled in their medications during this time.
- State Pharmacy Assistance Program (SPAP) demographics remained stable, serving 1,296 clients. SPAP clients are fulfilling their max out-of-pocket at the very beginning of the year, so by the time we got to the end of the year, last year, only 164 were still actively using either through premiums or taking medications with a low copayment.
- Texas Insurance Assistance Program (TIAP) served 132 clients, with no significant changes in terms of demographics.
- TIAP-PLUS projections are not available because the program is too new.
- ADAP projections expect an increase in the number of clients served, and the cost will increase as time goes on.
- SPAP projects a slight decrease in clients served; however, a slight increase in cost.
- TIAP focuses on employer-sponsored insurance, which remains stable with clients served. Slight increase in costs related to an increase in medication costs over the years.

e. Application Processing

- As of June 1, 2026, THMP is processing new self-attestation and renewal applications on time. Overall, application processing is running smoothly.

Discussion

- **Mr. Rosas** expressed his gratitude with THMP and his excitement that the program has remained out of a backlog. He also explained the benefits of the SPAP.

- **Dr. Stefanowicz** questioned whether the total cost per year is going downward in 2027 and 2028, but the utilization is still the total number of clients enrolled is still increasing in these projections.
- **Ms. Sanor** replied that it is based on what actuaries have seen in recent months, so when the program sees a trend, they watch it a bit closer to see if that is what is happening. Yes, the number of clients served is increasing. However, the decrease was based on the number of fills.
- **Mr. Vargas** asked when it came to the quarterly TCT help desk issue types, under the login that had the most responses, were they client and clinic login issues.
- **Ms. Sanor** replied there was a system outage on January 22, 2026, which saw a spike in login issues. The vendor quickly resolved the issue.
- **Mr. Vargas** asked the purpose behind using chemical names versus brand names that the committee is used to hearing.
- **Ms. Sanor** explained that THMP operates under HRSA guidelines, which cover medication components and not specifically brand names. The change was to line up with the HIV treatment guidelines, which exclusively list the generic names, so it reinforces that the program does not specifically cover branded medications.

Agenda Item 6: Subcommittee Reports

a. **Eligibility: Mr. Frank Rosas**

- The Eligibility Subcommittee met on February 24, 2026.
- Mr. Rosas expressed how useful and helpful the ADAP Liaisons have been to the program. They always bring useful information to the subcommittee meetings and any problems or issues they may have in their areas.
- Mr. Rosas stated that the chairs from each subcommittee will reach out to the new committee members to see which subcommittee they are interested in and assign them.

b. **Governance and Data: Mr. Steven Vargas**

- The Governance and Data Subcommittee met on March 10, 2026.
- Mr. Vargas shared that the committee received an update on previously requested analysis with TIAP-PLUS enrollment, specifically examining how many clients transition from ADAP versus how many were new to THMP, and explaining the limitations within the TCT system. The committee reviewed disenrollment data, and members emphasized using the findings to improve client education, retention, and program processes.
- Mr. Vargas stated the committee has officially invited someone from ACCO to come to the data and governance meetings to explain the process for onboarding new members. He expressed concerns about the lengthy member solicitation process and whether it can start now, given that a few members are terming at the end of the year.

c. **Formulary: Dr. Susana Lazarte**

- The Formulary Subcommittee met on February 10, 2026.

- Dr. Stefanowicz shared that the subcommittee discussed the pharmacy portal utilization report, noting an increase in the number of pharmacies ordering their medications directly through TCT. The subcommittee also discussed the importance of sustainability for HIV LAI Treatment beyond the pilot.

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

Agenda items for the next committee meeting included:

Action items:

- Possibility of keeping the LAI permanently on the THMP ADAP formulary, and not a one-time appropriation
- Possibility of having digital Ramsell cards for participants
- Invitation to ACCO to attend the next Data and Governance Subcommittee meeting
- Revisit the idea of eliminating six-month recertifications
- Data on the proportion of clients or consumers enrolled in this LAI pilot who are getting cabotegravir; rilpivirine filled at every two-month interval.

Agenda Item 8: Adjournment

Mr. Rosas thanked the committee members and the public for their attendance and adjourned the meeting at 4:20 p.m.

Below is the link to the archived video recording of the June 3, 2026, Texas HIV Medication Advisory Committee meeting: texashhsc.v3.swagit.com/videos/390012.
Individuals can view or listen to the meeting for approximately two years from the meeting date. DSHS posted the meeting in accordance with the Health and Human Services Commission records retention schedule.