

**Texas HIV Medication Advisory Committee (HIV-MAC)**  
**Meeting Minutes**  
**October 11, 2024**  
**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 seven members at roll call.

Table 1: The Texas HIV Medication Advisory Committee member attendance at the Friday, October 11, 2024, meeting.

Member Name	Attended
Adjei, Margaret, M.D.	Yes
Heresi, Gloria, M.D.	Yes
Hillard, Lionel	No
Lazarte, Susana, M.D. (Vice Chair)	Yes
Perez, Rolando, M.D.	Yes
Rosas, Frank (Chair)	Yes
Stefanowicz, Michael, D.O.	No
Turner, Helen	Yes
Vargas, Steven	Yes

"Yes" indicates attended meeting

"No" indicates did not attend meeting

Mr. Frank Rosas, Chair, 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 of Infectious Disease Prevention Division (IDP); Ms. Aelia Khan Akhtar, Associate Deputy Commissioner of IDP; Ms. D'Andra Luna, HIV/STD Section Director; Ms. Christine Salinas, Texas HIV Medication Program (THMP) AIDS Drug Assistance Program (ADAP) Regional Manager; Ms. Tina Khuyen Nguyen, Committee Liaison, Communications and Policy Group; Ms. Cecilia Cunningham, Program Liaison, THMP Program Specialist; Ms. Terri Lemuel, THMP Public Health Specialist; Ms. Kati Kieffer, Finance Manager; Ms. Ethel Garcia, Medication Data and Analysis Group Manager.

**Agenda Item 2: Consideration of July 12, 2024, Draft Meeting Minutes**

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

**MOTION**

Mr. Steven Vargas motioned to approve the July 12, 2024, draft minutes as presented. Ms.

Helen Turner seconded the motion. Ms. Arevalo conducted a roll call vote. The motion passed by a majority vote with seven yeases (Adjei, Heresi, Lazarte, Perez, Rosas, Turner, Vargas), no nays, and two absences (Hillard and Stefanowicz).

### **Agenda Item 3: Public Comment**

Ms. Arevalo read the public comment announcement.

The following individual sent a written public comment:

- **Mr. Ramon Gardenhire**, South Region Government Relations Director, ViiV Healthcare  
Mr. Gardenhire's letter urged DSHS to add Cabenuva to the THMP's formulary and to support legislative authorization for the program to purchase insurance and provide premium assistance to clients.

No individuals registered for onsite public comment.

The following individuals requested a virtual oral public comment. However, they did not join the meeting to provide their virtual oral comment:

- **Ms. Rosy Mota**, Director of Health Policy, Latino Commission on AIDS
- **Mr. Michael Elizabeth**, Director of Public Health Policy, Equality Federation

### **Agenda Item 4: DSHS Updates**

Mr. Rosas introduced Mr. Josh Hutchison, Ms. D'Andra Luna, Ms. Aelia Khan Akhtar, and Ms. Rachel Sanor to provide DSHS updates.

#### **Highlights included:**

a. Agency

Mr. Josh Hutchison welcomed and thanked everyone for joining the meeting. He introduced Ms. Aelia Khan Akhtar to start the presentation. Ms. Aelia Khan Akhtar introduced Mr. David Eckert as the new IDP Division Business Operations Director. She also noted recent leadership title changes: Mr. Josh Hutchison is now the Deputy Commissioner for IDP, and Ms. Akhtar is the Associate Deputy Commissioner for IDP.

- Legislative Appropriations Request (LAR)

Ms. Akhtar provided a high-level overview of the DSHS LAR. The LAR includes eight exceptional items in addition to the agency's standard requests. Ms. Akhtar pointed out that item number five (Regional and Local Public Health Services) is of interest to the committee. Item number five aims to ensure access to regional and local public health services and includes funding for 44 disease intervention specialists. Ms. Akhtar explained that as the legislative process starts, there would be opportunities for public hearings. DSHS will share information with the committee as these items move forward.

- Cabenuva Utilization in State and Territorial ADAPs

Mr. Hutchison explained due to confidentiality, DSHS could only provide a five percent uptake rate estimate. He then introduced Ms. Rachel Sanor to present on the Cabenuva cost projections at the five percent usage estimate. Ms. Sanor shared that around 70 percent of THMP participants on single-tablet regimens meet Cabenuva's viral suppression requirements. Based on the five percent utilization, adding Cabenuva would increase costs by approximately \$3.6 million over the biennium. This estimate includes the cost of the medication, additional expenses for injection administration, and the cost of packing and shipping the medication.

- Medication Cost Projections

Mr. Hutchison provided an update on medication cost projections based on data from TakeChargeTexas (TCT). Using historical data, the analysis projected a one percent growth rate in program clients. The program saw an increase in client participation, rising from 15,000 to 20,900 clients within the past few years. The analysis projected that the number of clients THMP serves would increase past 21,000, leading to higher projected costs for fiscal year 2025 at \$132 million. This is a great thing. It means that THMP is helping more Texans. However, it also means increased costs to the program.

Mr. Hutchison noted similar cost increases previously led to financial shortfalls and that DSHS would monitor these trends. He confirmed DSHS would share updated projections quarterly.

- b. Budget Report

Ms. D'Andra Luna provided a budget update, noting that the state fiscal year runs from September 1 through August 31. For the state fiscal year 2024, the program spent approximately \$110.6 million on medications. This fund included general revenue, rebates, and federal grants. For the state fiscal year 2025, the budget is \$103 million; this fund also includes general revenue, rebates, and federal grants. The significant reduction of rebates impacted the 2025 budget. With the projected cost for the state fiscal year 2025 at \$132 million and the 2025 budget at \$103 million, Ms. Luna explained this resulted in a projected shortfall. Ms. Luna also clarified that obligated funds were funds that had already been allocated for medication purchases through existing purchase orders. She will have updated spending figures at the next meeting.

- Financial Shortfall Update

Mr. Hutchison announced the expansion of insurance purchasing for THMP as a strategy to address the financial shortfall. This new service will start in January 2025. He encouraged committee members to spread the word to clients and stakeholders ahead of open enrollment in November 2024. Mr. Hutchison explained there would be a delay in rebates as the program implements this new service. The rebate payment cycle takes about six to eight months. DSHS aims to make the program sustainable and successful. During this time, there will be significant upfront investment with limited ADAP changes. Mr. Hutchison warned there may be a need to cap the number of clients transitioning to insurance purchasing in the first year should the demand be too many for the program to handle. Mr. Hutchison thanked the THMP team and asked for support from committee members for this new service.

- Insurance Purchasing Expansion Plan

Ms. Rachel Sanor outlined the THMP insurance purchasing expansion plan. The new service will follow the same processes as current programs: State Pharmacy Assistance Program (SPAP) for Medicare Part D and Texas Insurance Assistance Program (TIAP) for employer-sponsored insurance. She explained once THMP approved a client for ADAP and insurance, the client would get a co-payment card from Ramsell. Ramsell would make premium payments to the insurance company and everything that pertains to medication. However, the client would be required to fill their prescriptions at a pharmacy that is in-network with the insurance company and Ramsell. Ramsell would bill THMP these costs. THMP would then use claims data from Ramsell to submit quarterly invoices for rebates. THMP estimates that the rebate process will take about six to eight months after the client received services.

Ms. Sanor shared key dates for the new service. Open enrollment for insurance purchasing begins November 1, 2024, through January 15, 2025, with special enrollment periods for eligible clients. THMP is preparing community engagement and training for staff and partner agencies in October 2024, and new staff will be hired by April 2025 to support the new service. Ms. Sanor noted that while not all ADAP participants will transition to insurance, THMP will also provide ongoing support for HIV medication access.

## Discussion

- Mr. Steven Vargas thanked the presenters for the information and good news. He asked for clarifications on items, including the following:
  - ▶ Can THMP provide financial and process evaluation of the new service, insurance purchasing?
  - ▶ Can we review the Ramsell's fees that will be associated with the medication to determine, using historical data, if these fees will deter clients from joining the program? Can Ryan White funds help cover these costs?
  - ▶ What is the "long ramp-up" period? Does this refer to the eight-month rebate delay process, or is it a longer timeline?
  - ▶ Does the financial budget report include purchases made between September 1 and September 18, 2024?
  - ▶ Did the LAR include the full funding of what the program needs, or did it only include the funding amount of what the program thinks it can get? Does the LAR reflect the yearly one percent increase of ADAP client participation?
  - ▶ What caused the dip in ADAP participation in 2022 and 2023? Was this due to the expanded health coverage during COVID-19? And if the increased number of ADAP participants is due to the disenrollment of Medicaid?
- Mr. Josh Hutchison clarified the insurance purchasing has a quick turnaround time. Client enrollment will start in November 2024, and insurance purchasing will begin in January 2025. DSHS envisioned this to be an iterative process and hopes to see growth of participation each year. The LAR request aligned with the DSHS Commissioner's priorities, including congenital syphilis.
- Regarding the dip in ADAP participation in 2022 and 2023, Mr. Hutchison explained that many factors caused this, including TCT challenges. Efforts were made to contact disenrolled clients, and improvements to the TCT system have helped stabilize participation. He believed there were other factors also, but from an internal perspective, TCT issues were some of the major factors.
- Ms. Rachel Sanor clarified that Ramsell's fees would be paid by DSHS, not program participants. In the past, pharmacies in the ADAP network used to charge a five-dollar dispensing fee. Since 2020, or even a bit earlier, DSHS asked participating pharmacies to end this practice and to bill DSHS directly instead. DSHS pays these dispensing fees on the client's behalf to remove financial barriers. Please contact THMP if any pharmacy is still charging ADAP clients this dispensing fee. Ms. Sanor agreed process evaluation is important to ensure future enrollment processes are as seamless and smooth as possible.
- Ms. D'Andra Luna confirmed that there were small medication purchases made between September 1 and 18, 2024. The program made larger purchases since then as part of a more organized purchasing schedule.
- Ms. Helen Turner thanked the program for the updates and information. She requested future presentations include an organizational chart with staff names and roles. She expressed concern regarding the way programmatic changes are communicated to clients and emphasized the need for clear communication to ensure people are informed of changes.
- Ms. Turner expressed skepticism about the five percent projected uptake of Cabenuva and the associated cost estimate of \$3.596 million. She believed interests in Cabenuva would be less than one percent based on outside information and data she learned of.

- Ms. Turner noted many pharmacies are not using the TCT pharmacy portal. Some still use the fax because they find the portal confusing or difficult to access. She stressed the need for better training for pharmacies to ensure more participation. Ms. Turner praised the helpline's excellent services.
- Dr. Susana Lazarte expressed surprise that the appropriations request did not include more funding for HIV programs like THMP. She noted this is a crucial time to request funding, as the next opportunity won't come for two years. Dr. Lazarte acknowledged the Cabenuva projections. With the estimated Cabenuva cost at \$1.7 million per year, she believed this is a manageable amount. She recommended DSHS include Cabenuva funding for ADAP-only clients in the LAR.
- Dr. Lazarte wanted to address the 2020 shortfall and stated that she understood this was due to a software glitch.
- Dr. Lazarte asked if the insurance purchasing program would be available to all ADAP-eligible clients, regardless of their background.
- Mr. Hutchison shared that early 2025 DSHS will be able to update the exceptional items request to Texas Legislature which DSHS will share.
- Regarding the 2020 financial shortfall, Mr. Hutchinson shared this was due to a pharmacy inventory miscalculation. He pointed out that even if the issue had been identified, it would not have prevented the shortfall.
- Ms. Sanor confirmed the insurance purchasing program would be available to all ADAP-eligible clients. However, the program may need to temporarily pause enrollment if demand exceeds available resources.
- Regarding the 2020 shortfall, Ms. Sanor noted that certain changes made during COVID would possibly have been scaled back had the pharmacy miscalculation been known. She notes that the current growth cannot be attributed to any programmatic changes and so the issue is concerning in a different way.
- Dr. Lazarte emphasized that requesting funding for new HIV medications is important for health equity in Texas. She recommended continuing to push the legislature for Cabenuva funding, even with the availability of insurance purchasing as an alternative path to success.
- Mr. Hutchinson said ideally the insurance purchasing will allow the program to respond to new medications as they become available on the market. So, ideally in the future the program will be able to respond to changes in prescribing patterns with the rollout of long-lasting injectables.
- Dr. Gloria Heresi agreed with Dr. Lazarte's recommendation and considers the additional funding needed for Cabenuva to be relatively small. She highlighted that some patients, particularly teenagers and those with medication resistance or tolerance issues, struggle to take oral medications and would greatly benefit from Cabenuva.
- Mr. Hutchison asked if the committee would recommend prioritizing switching clients interested in Cabenuva from ADAP to insurance purchasing to help meet their needs.
- Mr. Frank Rosas agreed this prioritization would help. He also requested DSHS to provide better communication about public hearing notices related to the legislative appropriations request, including emails to the HIV advocacy group, Texas Strike Force. The committee needs to stay informed about these hearings.
- Mr. Rosas reiterated that if any ADAP network pharmacies are charging prohibited fees, it needs to be reported to THMP and DSHS.
- Mr. Rosas inquired if consumers will be able to enroll themselves in insurance through TCT, as they currently do with recertification. Or if the initial enrollment process will need to be handled by THMP? He also wondered who would be responsible for enrolling clients in the insurance program.
- Ms. Sanor explained THMP is working on logistics in TCT on these steps. DSHS welcomes all suggestions and recommendations on how to better serve clients. Clients could work with certified enrollment counselors, ADAP enrollment workers, and other local agencies to complete their insurance enrollment.

- Mr. Rosas raised a concern about potential delays in premium payments leading to clients being dropped from their plans.
- Ms. Sanor responded the process for premium payments through Ramsell has been smooth. The program will hire additional staff and contractors to ensure the program's capacity, particularly during the open enrollment period.
- Mr. Rosas emphasized the importance of the ADAP liaisons and noted that Ramsell has excellent customer service. He discussed a letter that DSHS sent out to MAC members regarding program finances and Medicare changes and agreed with the items shared in the letter. Mr. Rosas encouraged consumer members to get involved with their communities and share information.
- Ms. Turner asked if the individuals who had signed up for virtual oral comments joined the meeting. Ms. Turner also asked that public hearing notifications be sent to members and notes that she is also on the Ryan White Planning Council.
- Mr. Hutchison reminded members notifications were sent to MAC members during the last session. Public hearings are posted openly. He agreed DSHS would work on improving the process for sharing this information during the upcoming legislative cycle and noted that adding the Texas Strike Force contact information would be doable.
- Mr. Vargas agreed prioritizing clients interested in Cabenuva should be a focus. He believed focusing on insurance coverage for clients wanting Cabenuva could reduce projected costs. Mr. Vargas emphasized that the process of getting medications should be easy for the consumer and that case managers should be available to assist with any issues.
- Dr. Margaret Adjei expressed support for the progress being made.
- Dr. Rolando Perez shared that his region of Corpus Christi and South Texas, which serves 11 counties, has not had issues with clients getting medications. He appreciated the steps taken to fix the budget shortfall. He praised the new insurance purchasing system.
- Dr. Lazarte has concerns about the prioritization of clients interested in Cabenuva for insurance purchasing. She noted that it might not be an equitable process. She proposed the following motion.

## **MOTION**

Dr. Susana Lazarte motioned to recommend to THMP that the \$3.6 million to include Cabenuva in the formulary is included in the request for exceptional item to the next Legislature. Mr. Steven Vargas seconded the motion. Ms. Arevalo conducted a roll call vote, and the motion passed by a majority vote with seven yeses (Adjei, Heresi, Lazarte, Perez, Rosas, Turner, Vargas), no nays, and two absences (Hillard and Stefanowicz).

- Mr. Rosas suggested a motion to prioritize insurance enrollment for clients seeking Cabenuva, who currently do not have access to it through THMP.
- Mr. Vargas proposed a broader motion below.

## **MOTION**

Mr. Steven Vargas motioned to request that DSHS prioritize those that are seeking medications that are not currently on the formulary, including long-acting injectables such as Cabenuva, in their efforts to secure health insurance with ADAP funds. Ms. Helen Turner seconded the motion. Ms. Arevalo conducted a roll call vote, and the motion passed by a majority vote with seven yeses (Adjei, Heresi, Lazarte, Perez, Rosas, Turner, Vargas), no nays, and two absences (Hillard and Stefanowicz).

- Ms. Sanor asked if the motion to prioritize insurance for clients seeking non-formulary medications would require THMP to analyze each insurance policy to ensure it covers the medications that the individual is requesting.
- Dr. Lazarte agreed. It's important to ensure the insurance policies provide coverage for the necessary medications.

- Mr. Vargas said hiring staff to help with insurance selection and guidance would be necessarily included.
- Mr. Vargas asked about funding cuts to HIV prevention contracts, particularly in areas like the Rio Grande Valley. He inquired whether the new healthcare provision would help alleviate budget shortfalls and how it would affect the ability to fund HIV prevention and care efforts.
- Mr. Josh Hutchison clarified the total dollars allocated to HIV prevention did not change. He explained that the recent competitive procurement process broke up the scope of work into three different portions. Agencies had to apply separately for each part of the contract. DSHS awarded funding based on the quality of the applications and the coverage areas. Mr. Hutchison agreed to share details of the HIV prevention contracts and provide a high-level overview of the different portions at the next meeting.
- Mr. Rosas highlighted an issue where certain Affordable Care Act (ACA) programs, like Community Health in Houston, offer only a two-pill regimen instead of a one-pill regimen. He emphasized that the insurance assistance provided through this new process could help consumers stuck in such plans to access better medication options.

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

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

#### **Highlights included:**

- a. TakeChargeTexas (TCT)
  - TCT Communications: IAmOnline
    - ▶ Increased communications to users of TCT portal regarding IAmOnline and TCT through TCT banner message, client’s letter, and email.
  - TCT Demographics
    - ▶ Race and ethnicity
      - ◇ More people used the agency portal compared to the client’s portal.
    - ▶ Gender and age:
      - ◇ The age group 25–44 made up 54 percent of the agency portal clients. This age group also represented 46 percent of users for the client portal.
  - Quarterly TCT Applications Submitted from June 1, 2024, to August 31, 2024:
    - ▶ Client Portal
      - ◇ TCT received 305 applications.
      - ◇ Of the 305 applications, 281 were for THMP.
      - ◇ The total number of applications for both Care Services and THMP was 179.
    - ▶ Agency Portal
      - ◇ TCT received 15,159 applications.
      - ◇ Of the 15,159 applications, 11,290 were for THMP.
      - ◇ The total number of applications for both Care Services and THMP was 6,779.
      - ◇ The total number of pharmacy order batches was 5,503.
      - ◇ The total number of medication orders was 36,864.
      - ◇ THMP approved a total of 7,621 clients during this period.
  - Quarterly TCT Helpdesk Support Issues from June 1, 2024, to August 31, 2024.
    - ▶ The increase in TCT login issues during August was largely due to IAmOnline.

- ▶ Overall, there were no significant increases in other issue categories, and most issues have since been resolved.
  - ▶ The “Other” category issues were unrelated to THMP.
  - Annual TCT Applications Submitted from September 1, 2023, to August 31, 2024
    - ▶ Client Portal
      - ◊ TCT received 1,604 applications.
      - ◊ Of the 1,604 applications, 1,470 were for THMP.
      - ◊ The total number of applications for both Care Services and THMP was 971.
    - ▶ Agency Portal
      - ◊ TCT received 62,031 applications.
      - ◊ Of the 62,031 applications, 45,886 were for THMP.
      - ◊ The total number of applications for both Care Services and THMP was 29,306.
      - ◊ The total number of pharmacy order batches was 14,408.
      - ◊ The total number of medication orders was 148,976.
      - ◊ THMP approved 17,891 clients during this period.
  - Annual TCT Helpdesk Support Issues from September 1, 2023, to August 31, 2024
    - ▶ The majority of Helpdesk tickets throughout the year were related to login issues. The increased issues were due to system enhancements and IAmOnline system.
    - ▶ Other issues included system defects and minor technical glitches. TCT resolved these quickly.
    - ▶ No significant spikes in the “Other” category for non-THMP-specific issues.
- b. Projections and demographic information
- Most top ten medications remain in the same position as last quarter.
  - There was a small decrease in the number of medications ordered compared to last quarter.
  - Biktarvy 90-day fill remains stable at three percent and continues to be in the same spot as last quarter.
  - No significant changes in ADAP demographics. The ethnicity, race, and gender breakdown for ADAP remains stable.
  - SPAP clients remained steady, with no significant changes in demographics.
  - TIAP demographics remain stable, with minimal changes in the number of clients served.
  - The ADAP, SPAP, and TIAP projections did not include anything related to insurance purchasing. THMP will look at how insurance purchasing changes projections in the future.
  - ADAP projections increased slightly due to upcoming medication price changes, but no dramatic shifts occurred.
  - SPAP projections saw a slight decrease in cost due to out-of-pocket changes. The number of participants remains stable.
  - TIAP projections saw a slight increase in the number of clients served but nothing significant.
  - THMP may have a different category to see the projections for insurance purchasing.
- c. Application processing

- THMP remained out of the backlog and up to date with processing.
- On the target processing date of September 20, 2024, THMP was processing applications from September 30, 2024. Huge thanks to Christine Salinas and her team for amazing work with excellent timelines.
- The program processed all application types efficiently, allowing the team to focus on upcoming changes, including TCT enhancements and insurance purchasing.
- The THMP manager position is currently vacant following Sylvia Jimenez's departure. DSHS encourages applications.

### **Discussion**

- Mr. Steven Vargas recommended separating insurance purchasing from the other TIAP category. This will provide clearer tracking of resource allocation and information.
- Mr. Rosas asked about the dedicated helpline for IT issues.
- Ms. Sanor confirmed two new THMP phone support roles for TCT. These two positions would assist users who prefer support via phone instead of emails with the client and pharmacy portals.

### **Agenda Item 6: Sub-Committee Reports**

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

- The Eligibility Subcommittee met on September 3, 2024.
- ADAP liaisons attended the meeting and provided valuable insights, particularly regarding the different regions they cover across the state.

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

- The Governance and Data Subcommittee met on September 10, 2024.
- The subcommittee motioned and passed the following proposed updates to the 2022.10.28 Texas HIV MAC bylaws:
  - ▶ Under Article Seven, Section A on page 4, change the role of the chair and vice-chair from "report" to "advise."
  - ▶ Include the Advisory Committee Member Code of Conduct as Appendix I, and the Statement by Members becomes Appendix II.

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

- The Formulary Subcommittee met on August 29, 2024.
- Dr. Lazarte expressed support for the pharmacy portal. Her pharmacy saw a decrease in wait time after using the pharmacy portal for ordering and receiving medication.
- Dr. Anderson, one of the Formulary Subcommittee members, shared that some managed care plans stopped covering gender-affirming hormone therapy. Texas Medicaid now no longer covers this also. The subcommittee discussed whether this could be considered for THMP. Due to budget challenges, this will remain under consideration.
- The subcommittee discussed the inclusion of doxycycline (DoxyPEP) for STD prevention. While it cannot be added to the THMP formulary due to current financial challenges, it would be offered through the STD prevention program.
- The subcommittee also discussed Cabenuva updates.

### **Discussion**

- Mr. Steven Vargas presented the Governance and Data Subcommittee’s proposed updates to the 2022.10.28 Texas HIV MAC bylaws. He requested a vote from the larger MAC to approve of the recommendation.
- Dr. Lazarte asked for clarification on the term, “report.” She wondered if this change would impact the role and responsibilities of the chair and vice-chair.
- Mr. Vargas explained that the intention was to better align the language with the advisory role of the MAC members. He highlighted that the committee members are volunteers appointed to provide advice.
- Mr. Rosas supported the change. He noted that the MAC’s role is to advise, as outlined in the committee’s description.

**MOTION**

Mr. Steven Vargas motioned to approve the presented revisions to the HIV MAC bylaws, which will then be submitted to ACCO and Legal for review. Ms. Helen Turner seconded the motion. Ms. Arevalo conducted a roll call vote, and the motion passed by a majority vote with seven yeses (Adjei, Heresi, Lazarte, Perez, Rosas, Turner, Vargas), no nays, and two absences (Hillard and Stefanowicz).

- Ms. Turner suggested using the Local Pharmaceutical Assistance Program (LPAP) for medications not covered by ADAP. The LPAP she is a part of just approved including Cabenuva to its formulary.
- Mr. Rosas explained that Texas LPAPs in areas like San Antonio and Dallas provide access to medications outside ADAP. It is another avenue for people to access Cabenuva and other needed medications.
- Mr. Rosas asked if ACA Navigators could be allowed by DSHS to help with new health insurance premium rollout.
- Ms. Sanor approved, noting that any help with enrollment efforts is appreciated, but expressed the need to coordinate to ensure only THMP-eligible clients are enrolled.
- Mr. Vargas mentioned recent developments in HIV prevention, including changes in Medicare to cover HIV prevention measures for older adults, and thanked DSHS for the expansion of insurance purchasing.

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

**Highlights included:**

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

Agenda items for the next committee meeting included:

- HIV Prevention
- Insurance Purchasing

Action items:

- Provide an organizational chart to clarify team members and positions.
- Provide follow-up on the initial rollout and interest levels for the insurance purchasing program in January 2025.
- Improve communications regarding public hearing opportunities during the legislative session.
- Status update on LAR
- Update on the HIV Prevention

**Agenda Item 8: Adjournment**

Mr. Rosas, Chair, thanked the committee members and the members of the public for their attendance and adjourned the meeting at 4:54 p.m.

Below is the link to the archived video recording of the October 11, 2024, 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 – October 11, 2024](#)