



Health and Human Services

Texas HIV Medication Advisory Committee

October 17, 2025

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





[Texas HIV Medication Advisory Committee](#) advises in the development of procedures and guidelines for the Texas HIV Medication Program, reviews program's goals and aims, evaluates ongoing efforts, and recommends short- and long-term goals and objectives.

Texas began distributing HIV medications in late 1987 as temporary pilot program; the THMP was officially established in 1989 in Senate Bill 959. The statute that created the HIV Medication Advisory Committee is found in [Texas Health & Safety Code, Chapter 85, Subchapter K, Sections 85.271 through 85.282](#). Rules related to this Committee may be found in [Texas Administrative Code, Title 25, Part 1, Chapter 98, Subchapter C, Division 2, Rule 98.121](#). Committee members are appointed by the executive commissioner of the Texas Health and Human Services Commission.

Texas HIV Medication Advisory Committee Roster 2023–2024

Name	City	Membership Category	Term Expiration	Public Health Region
Margaret Adjei, Pharm.D	San Antonio	Pharmacist	2028	8
Gloria Heresi, M.D.	Houston	Pediatrician	2024	6/5
Lionel Hillard	Dallas	Consumer	2028	3
Committee Vice-Chair Susana Lazarte, M.D.	Dallas	Physician	2026	3
Rolando Perez, M.D.	Corpus Christi	Physician	2028	11
Committee Chair Frank Rosas	San Antonio	Consumer	2028	8
Michael Stefanowicz, D.O.	Austin	Physician	2028	8
Helen Turner	Dallas	Consumer	2026	3
Steven Vargas	Houston	Consumer	2026	6/5
Vacant	Vacant	Social Worker	Vacant	Vacant
Vacant	Vacant	Public Non-Profit Hospital Administration	Vacant	Vacant



1. Call to order, welcome, logistical announcements, and opening

remarks. The meeting was convened by Frank Rosas, Chair. A quorum was not present. A quorum was established later in the meeting

2. Consideration of August 8, 2025, draft meeting minutes

After establishing quorum, the minutes were approved as drafted.

3. Public comment.

Gary Bennick, Resource Center and Advocate expressed his appreciation for all those who address the needs of people with HIV. He stated that work that this group does is very important. The purpose of the testimony was to say thank you.

4. DSHS updates

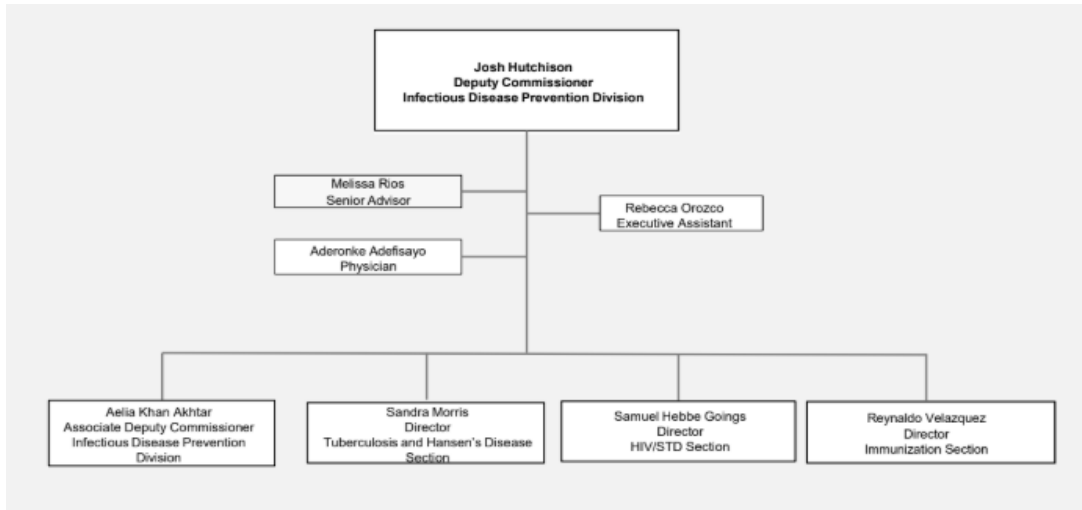
Agency

In Summary:

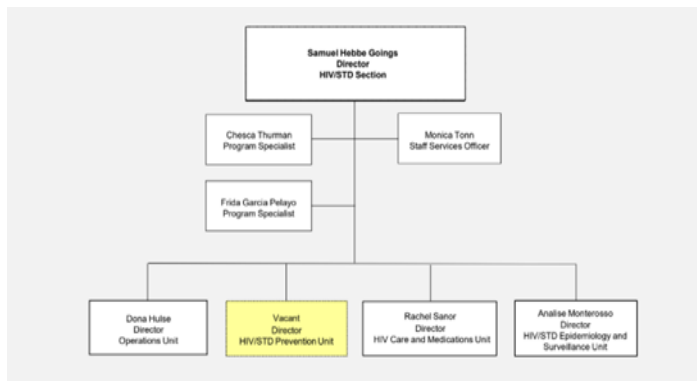
Introduction were made of new section directors: Samuel Hebb-Goings as HIVSC Section Director and Donna Hulse as Operations Director. There are continued vacancies including a training specialist, administrative assistant, and medication/data analysis group manager; efforts are ongoing to fill these key positions.

Actuarial projections for ADAP (AIDS Drug Assistance Program) indicate increasing costs, driven primarily by a 1% annual client growth rate and rising expenditures per client. Projected monthly ADAP costs for FY2024: \$10.9 million; FY2025: \$11.6 million; total annual expenditures are projected to exceed \$140 million by FY2026. Utilization rates and client growth have a significant impact on program costs.

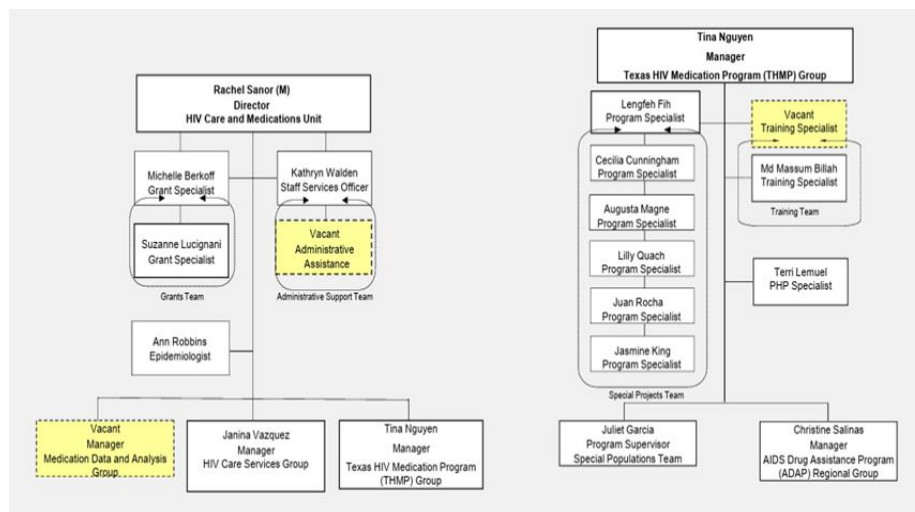
Infectious Disease Prevention



HIV/STD Section



HIV Care and Medications Unit





Medication Expense Projections Data DSHS receives the AIDS Drug Assistance Program (ADAP) projection output from Risk Strategies, the DSHS actuarial firm, each month. The following slide shows the ADAP projection sheet, including data through August 2025. The following screen will show THMP projections, including data through August 2025

The actuary files were reviewed but too large to include in this report. The actuarial estimates are based on data starting in 2019 for unique clients.

Cost Drivers for Projections

- THMP expects the total number of unique clients served over the next 12 months to increase by 1 percent in both September 2025 and September 2026.
- THMP anticipates that the monthly client count will reflect the average percentage of unique clients served each month over the past six months, which is currently 48 percent.
- THMP plans to develop scripts based on the number of clients served each month and the average number of scripts per client from the previous six months.
- THMP has calculated the days of supply based on the number of scripts and the average days supplied per script from the last six months.
- THMP determined the total cost based on the days of supply and the cost per day.

Discussion

There are several vacancies so who is in those positions now? Staff stated that positions transferred from within and the resulting vacancies are being back filled as rapidly as possible.

We are seeing an increase in expenditures from more people and inflation. Does TIAP Plus have any impact on this? Staff stated that this is ADAP and TIAP Plus is not included in this analysis. TIAP Plus can generate rebates, and the analysis does not count rebates or funds from HRSA. The cost from TIAP plus can exceed the rebates under certain circumstances. TIAP Plus did not maintain metrics due to the speed with which the program was rolled out.



FY 2025 we are seeing a \$11 million increase along with an increase in cost per client. Will we be seeing financial difficulties as a result? Staff stated \$119 million is the budget for medications. A short fall could happen, but the rebates could fill the financial gap.

This body should be mindful of potential shortfalls and impact on organizations. We have to ease the negative impact of shortfalls.

Programs should look at the different funding source mix as a way to prepare for the unknown.

A lot of ASO offer whole person care beyond HIV care. 34b0b declination has been observed. Many providers are not aware of TIAP Plus. Staff stated they are analysis how TIAP Plus can fill the financial gap.

Budget report

In Summary. The annual medication budget for FY2025 is \$119 million; actual FY2025 ADAP medication spend was \$117 million. The current budget remains subject to HRSA federal awards and potential interruptions in federal funding. The panel was reminded that the department maintains a three-month inventory of medications to cover short-term funding interruptions.

THMP Financial Report

Budget Description	2025 Expended	2026 Budgeted	2026 Obligated	2026 Expended	2026 Remaining
General Revenue (GR)	\$5,543,590	2,283,383	\$1,980,994	\$0	\$2,283,383
GR Match/Maintenance of Effort	\$6,073,924	7,417,218	\$0	\$2,471,537	\$4,945,681
HIV Vendor Drug Rebates	\$10,547,479	16,307,931	\$0	\$2,328,805	\$13,979,126
Federal Care Grants	\$95,102,833	93,856,531	\$49,136,994	\$668,438	\$93,188,093
Total All Funds	\$117,267,826	119,865,063	\$51,117,988	\$5,468,780	\$114,396,283

State Fiscal Year: September 1, 2024 –August 31, 2025
Data as of October 11, 2025



Discussion.

With the federal cuts, are there any problems. Staff stated there have not been any interruptions to date. They are being vigilant on what is going on in Washington, DSHS keeps a three month inventory of drugs on hand.

5. Texas HIV Medication Program updates

Long-Acting Injectable(LAI) Pilot update

In Summary. The LAI pilot (Cabenuva) was launched for up to 210 uninsured ADAP clients at any given time, prioritizing those expected to transition to insurance. Eligibility for Cabenuva currently requires patients to be undetectable per FDA rule but feedback suggests future consideration is warranted for expanded exceptions based on medical need. As of latest data, 56 applied to the pilot and 46 were enrolled, with the numbers slowly increasing. Expanded provider network for the injectable is encouraged, and program staff are supporting agencies and clients through the pilot process.

HIV LAI Treatment Pilot

- General Appropriation Act Rider 31: HIV LAI Treatment Pilot
- 210 participant slots each year
- Those interested in TIAP-PLUS are prioritized
- Cabenuva has now been added to the THMP ADAP Formulary: THMP Formulary [Formulary.pdf](#)
- Interested sites should contact THMP.
- Interested participants should discuss with their medical provider
- Providers will fill out a Medical Certification Form (MCF) for LAI Treatment: HIV LAI Treatment Medical Certification Form (MCF) [mcf-lai.pdf](#)
- The participant will need to receive medication administration from a THMP participating site: [THMP - Participating Pharmacy Information | Texas DSHS](#)
- DSHS staff will help participants identify eligible sites with funding for injection administration.

HIV LAI Enrollment*

Date	Applicants	Enrolled	Pending	Ineligible
10/9/2025	56	44	4	8



Applicants: persons who submitted a request in the TakeChargeTexas (TCT) data system or through a Medical Certification Form (MCF) completed by the medical provider to receive Cabenuva under the HIV LAI Pilot.

Enrolled: Applicants who have been enrolled in the HIV LAI Pilot. Enrolled participants are eligible to order Cabenuva from the THMP.

Pending: Applicants who have not had the application reviewed and approved by the HIV Care and Medications Unit staff. This includes those with missing information as well as those that staff have not yet reviewed to ensure that the applicant has met all criteria to participate in the HIV LAI.

Ineligible: Applicants who do not meet eligibility criteria for THMP or do not meet the medical criteria for the LAI, viral load values in the last six months that are eligible for HIV LAI.

****Includes those enrolled 9/1/2025-10/9/2025***

Texas Insurance Assistance Program-PLUS

In Summary. TIAP Plus (insurance assistance program) has enrolled over 1,000 clients; majority are satisfied but not all have fully utilized available benefits. Only around 15-22% of TIAP Plus clients use Ramzell (the co-pay assistance card for medication) each month, impacting the ability to generate necessary rebates to offset premium costs. Disenrollments from TIAP Plus are mainly due to premium or copay issues, loss of eligibility, insurance plan changes, or clients receiving bills they could not cover. The Ryan White program can cover some medical copays for insured clients, but not all areas/agencies are equally equipped to take advantage of this; communication and education for clients and providers is ongoing.

The feedback survey of TIAP Plus participants shows most know how to use the program and would recommend it, though some want better follow-up, program education, and clearer information on in-network coverage. Open enrollment support includes extended call center hours, printed and online materials (English & Spanish), and active outreach by field liaisons.



TIAP-PLUS Enrollment Data									
Time Period	Agency Transfers	THMP Open Enrollments	Disenrollments	Total Enrollments	Agency Transfers	Special Enrollments	Disenrollments	Total Enrollments to Date	Active Enrollments
11/1/2024–1/10/2025	107	370	0	477	0	0	-0	477	477
1/17/2025	11	77	0	565	3	1	-0	569	569
1/24/25–1/31/2025					25	1	-17	595	578
2/1/2025–2/28/2025					68	5	-12	668	639
3/1/2025–3/28/2025					76	2	-11	746	706
4/1/2025–4/25/2025					59	3	-14	808	754
5/1/2025–5/27/2025					73	0	-11	881	816
6/6/2025–6/30/2025					109	0	-31	990	894
7/6/2025–7/31/2025					129	1	-10	1,120	1,014
8/1/2025–8/31/2025					111	0	-46	1,231	1,079
9/1/2025–9/19/2025					21	0	-7	1,252	1,093
Total	118	447	0		674	13	-159	1,252	1,093

TIAP-PLUS: Disenrollments

Disenrollment Reasons	Total
THMP was not notified of premium increase, resulting in the updated payment not made by the required deadline in time. The client's plan terminated because of this.	39
Issue with insurers – did not receive payment on time.	23
Client disenrolled after receiving medical bills they could not pay or other dissatisfaction with insurance.	18
Agency asked client to deactivate plan or Agency decided to pay ACA premiums and copayments.	19
Clinic does not take insurance plan.	11
Client transferred to another entitlement program or county indigent care program.	10
Client no longer eligible for THMP due not meeting residency requirements or income requirements.	9
Client disenrolled from THMP altogether.	9
Client received other insurance and did not want assistance from TIAP-PLUS.	6
Client is now employed and transferred to TIAP.	5
Client did not return call to re-enroll into a plan that their clinic accepts; the binder payment was returned.	2
Agency transfer – but the agency did not enroll the client in a health insurance plan.	2
Other	6
Grand Total	159



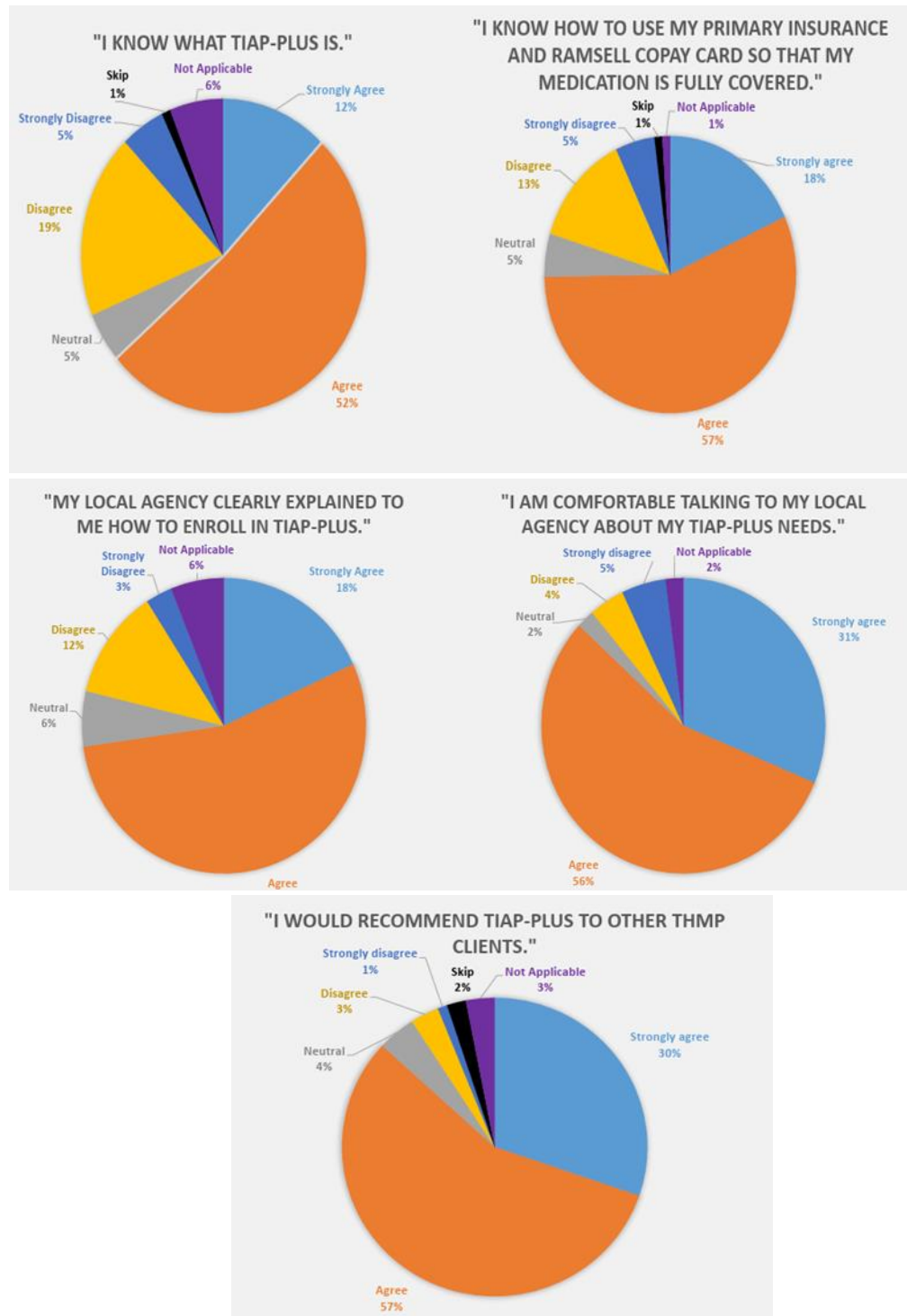
TIAP-PLUS Use Summary January-September 2025

Month	Total Active Enrollees*	Unduplicated Participants with Medication Copayments**	Total Count of Medication Copayments**	Percent Participation***
January	252	30	77	11.90%
February	578	80	174	13.80%
March	639	109	169	17.10%
April	706	152	323	21.50%
May	754	167	361	22.15%
June	816	183	360	22.43%
July	894	204	377	22.82%
August	1,013	158	297	15.60%
September	1,092	178	332	16.3%
*Total active enrollees from the last calendar month are selected because they were eligible for prescription refills the entire month. In January, enrollees as of December 16th were counted to represent those who enrolled during the open enrollment period with a plan start date of 1/1/2025.				
**Patient benefit-level report with prescription fill dates.				
***Participation is defined as enrolled clients with at least one medication copayment made using Ramsell during the month.				

TIAP-PLUS: Recertification

- Continue renewals through October 2025: Phone reminders to clients who have not recertified
- TIAP-PLUS renewal determination letters:
- ☐ Approvals:
 - ☐ Help clients enroll in the right plan for them
 - ☐ Provider accepts the plan
 - ☐ Plan covers the client's medications
 - ☐ If enrolled by December 15, 2025, coverage begins on January 1, 2026
- ☐ Denials:
 - ☐ Help clients identify other resources and support
 - ☐ Current 2025 plan coverage ends December 31, 2025

TIAP-PLUS: Feedback





“List three things you like about TIAP-PLUS”

- Medication and insurance coverage
- The help from program
- Easy process

“List three things you dislike about TIAP-PLUS”

- Medical copays not covered
- Lack of follow-up communications and program education
- In-network requirements

TIAP-PLUS: Outreach Materials

Webpage:

- Clients
- Administrative Agencies and Agency Enrollment Workers
- Pharmacies

Educational materials:

- Simplified, focused information
- Videos

Printed materials:

- 40+ local agencies

Outreach:

- Social media
- Town hall meetings

THMP Hotline Hours

- Affordable Care Act (ACA) Open Enrollment: November 1, 2025 – January 15, 2026
- 800-255-1090 TIAP-PLUS: Option 4, Option 1

Phone Outreach:

- Reminder calls

Day	Hours (CST)
Monday	7:00 a.m. – 11:30 a.m. 12:30 p.m. – 6:00 p.m.
Tuesday	7:00 a.m. – 11:30 a.m. 12:30 p.m. – 6:00 p.m.
Wednesday	7:00 a.m. – 11:30 a.m. 12:30 p.m. – 6:00 p.m.
Thursday	7:00 a.m. – 11:30 a.m. 12:30 p.m. – 6:00 p.m.
Friday	7:00 a.m. – 11:30 a.m. 12:30 p.m. – 6:00 p.m.
Saturday	9:00 a.m. – 11:30 a.m. 12:30 p.m. – 4:00 p.m.
Sunday	Closed

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TIAP-PLUS: ACA Marketplace Open Enrollment
Encourage participation



Help the client enroll in the right plan for them:

- Providers accept the plan
- Plan covers the client's medications
- Plan accepted by THMP
- Use Health Insurance Assistance funds to help pay for medical copays

Enroll by December 15, 2025: ☐ Plan starts January 1, 2026; Enroll by January 15, 2026:

☐ Plan starts February 1, 2026

TakeChargeTexas (TCT)

TCT Applications Submitted Quarterly June 1, 2025–August 31, 2025

Client Portal

Total applications submitted through the client portal: 315

Total THMP applications submitted: 271(86%)

Total applications submitted for both Care and THMP: 160 (51%)

Agency Portal

Total applications submitted through the agency portal: 19,750

Total THMP applications submitted: 13,989(71%)

Total applications submitted for both Care and THMP: 8,348 (42%)

THMP Clients

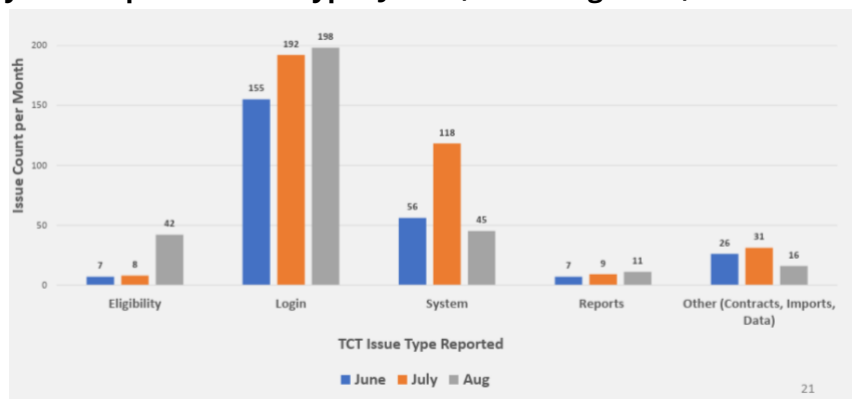
Total approved THMP applications: 11,911

Pharmacy

Total order batches: 5,591

Total medication orders: 37,483

Quarterly TCT Help Desk Issue Types June 1, 2025–August 31, 2025





TCT Applications Submitted Annually June 1, 2024–August 31, 2025

Client Portal

Total applications submitted through the client portal: 1,403

Total THMP applications submitted: 1,273 (91%)

Total applications submitted for both Care and THMP: 786 (56%)

Agency Portal

Total applications submitted through the agency portal: 84,642

Total THMP applications submitted: 60,175 (71%)

Total applications submitted for both Care and THMP: 36,710 (43%)

THMP Clients

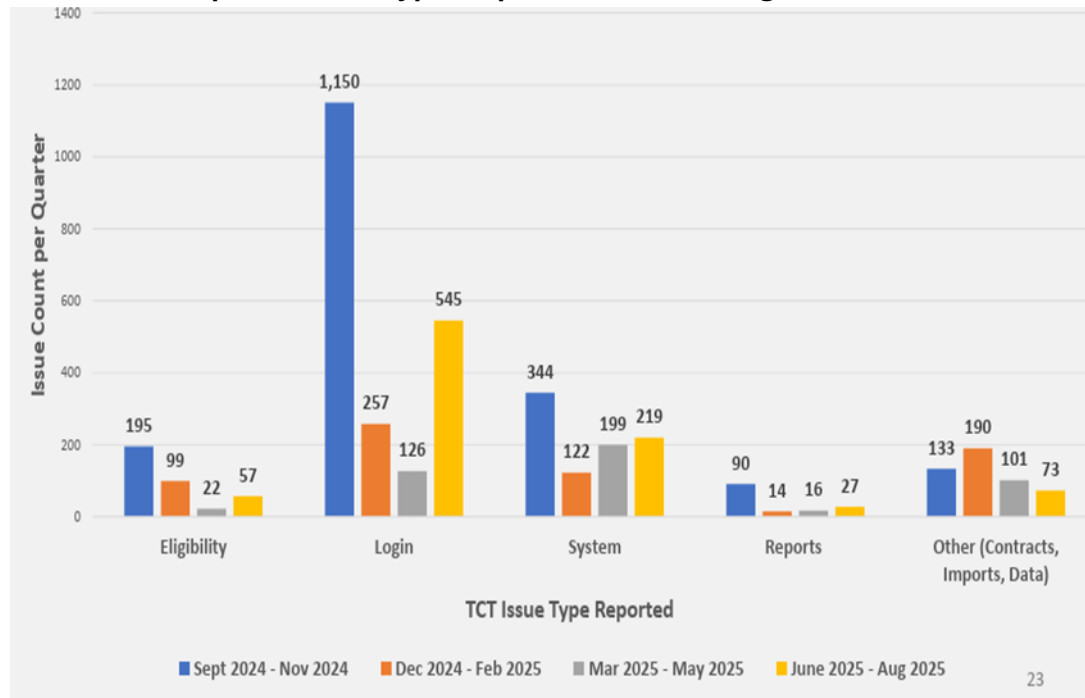
Total approved THMP applications: 20,149

Pharmacy

Total batches: 20,950

Total medication orders: 143,465

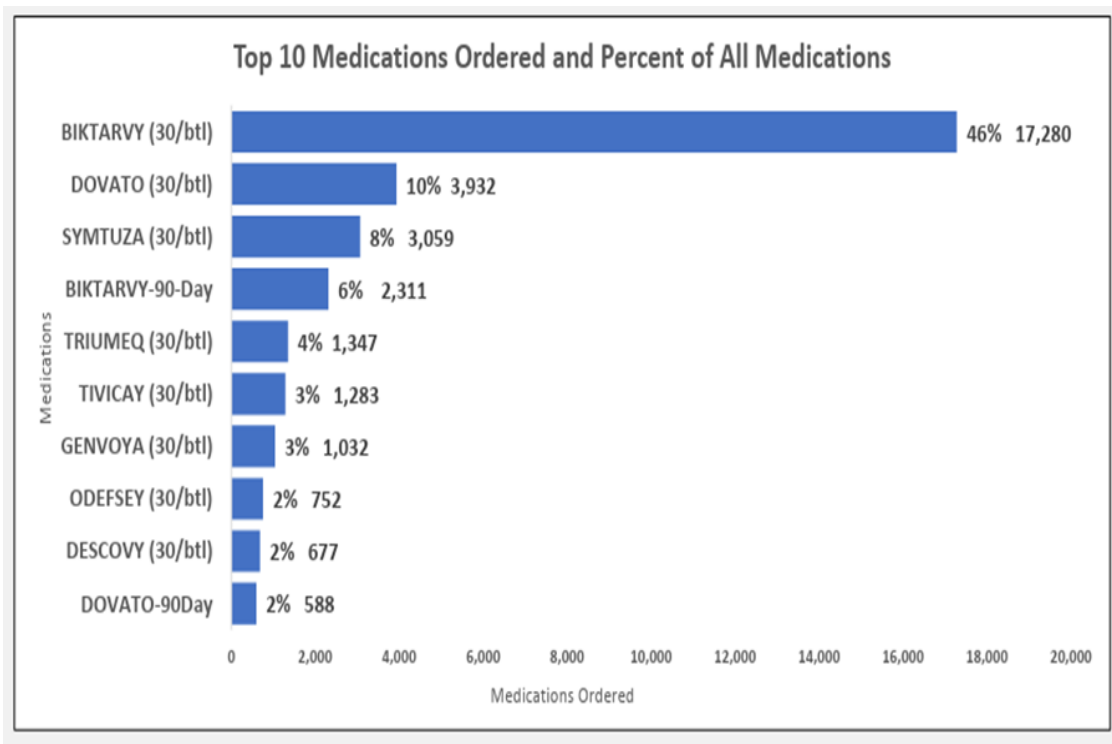
Annual TCT Help Desk Issue Types September 1, 2024–August 31, 2025



Projections and demographic information

In Summary. Demographic breakdowns (ADAP, SPAP, TIAP, TIAP Plus) remain consistent; there was a notable narrowing of ethnic/racial gaps in TIAP Plus uptake. Most common medications in ADAP: Biktarvy (30-day and 90-day fills), Dovato, and others; two 90-day fills are now in the top ten.

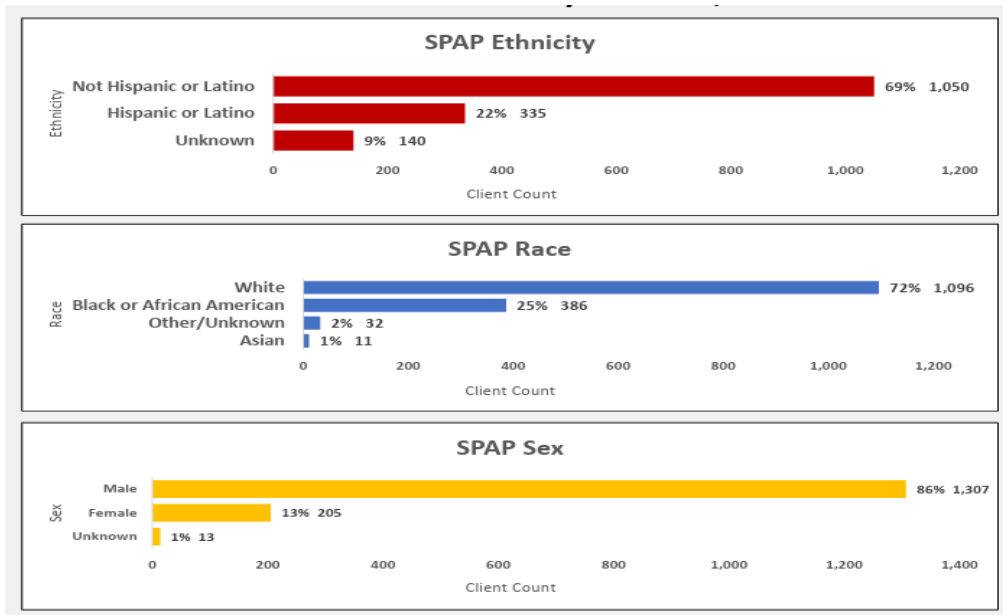
AIDS DRUG ASSISTANCE PROGRAM (ADAP) Medications: June 1, 2025–August 31, 2025 Total Medications Ordered = 37,483



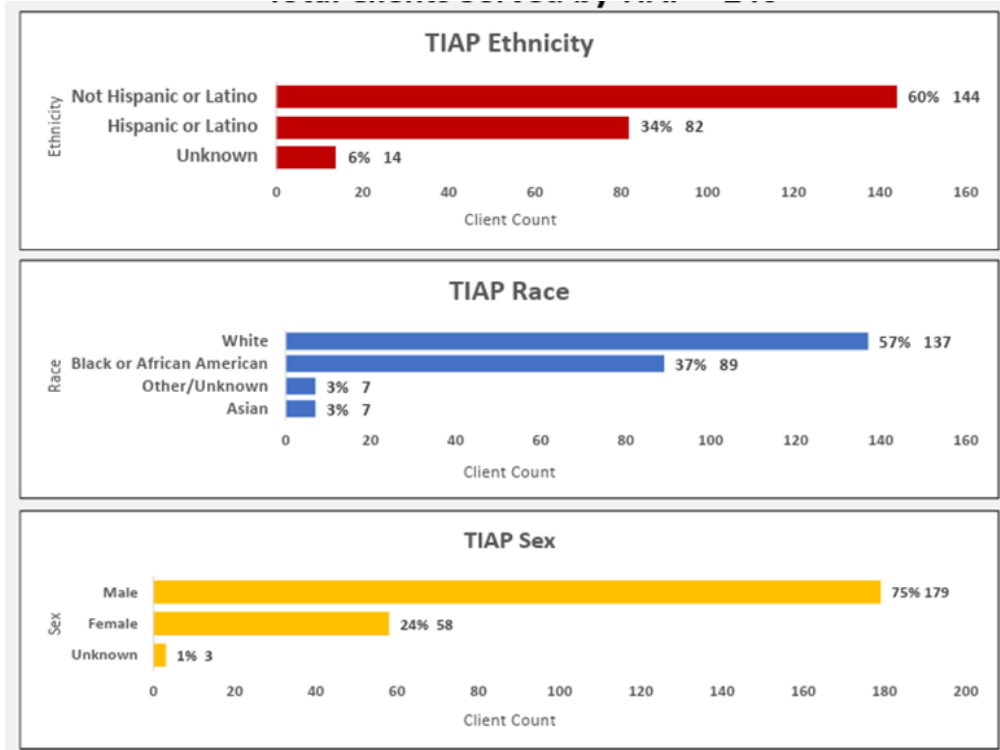
ADAP Demographics: June 1, 2025–August 31, 2025 Total Clients with Medications Filled = 21,833



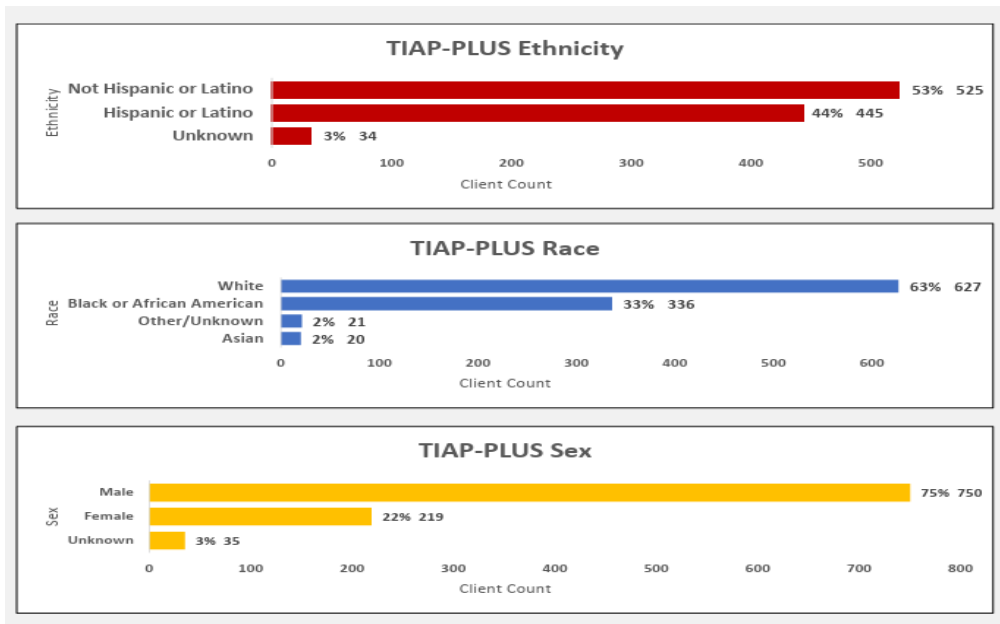
STATE PHARMACY ASSISTANCE PROGRAM (SPAP) Demographics: June 1, 2025–August 31, 2025 Total Clients Served by SPAP = 1,525



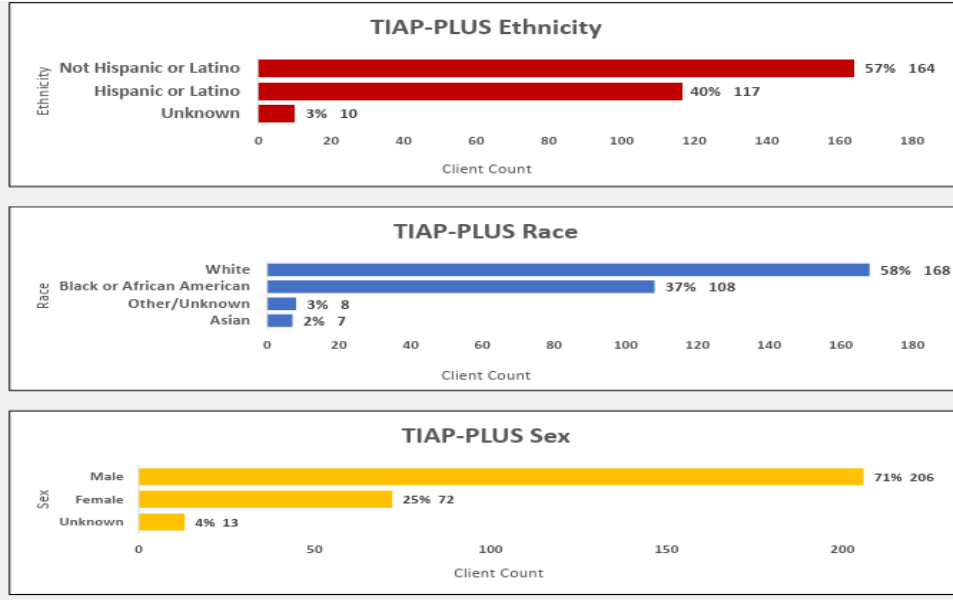
Texas Insurance Assistance Program (TIAP) Demographics: June 1, 2025–August 31, 2025 Total Clients Served by TIAP = 240



TIAP-PLUS Demographics: June 1, 2025–August 31, 2025 Total Clients Served by TIAP-PLUS = 1,004

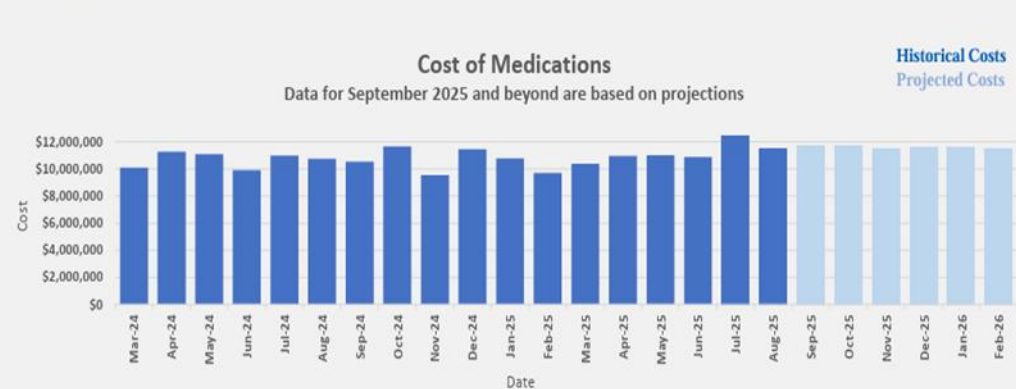


TIAP-PLUS Demographics: June 1, 2025–August 31, 2025 Total Clients with Medications Filled = 291



ADAP Data : Total Clients, Average Cost of Client, and Total Cost Per Year *

Fiscal Year	2023	2024	2025	2026	2027
Total Clients	18,195	20,931	21,799	22,017	22,017
Average Monthly Cost Per Client	\$442	\$493	\$500	\$528	\$534
Total Cost per Year	\$96,605,550	\$123,767,837	\$130,847,913	\$139,627,678	\$141,038,999



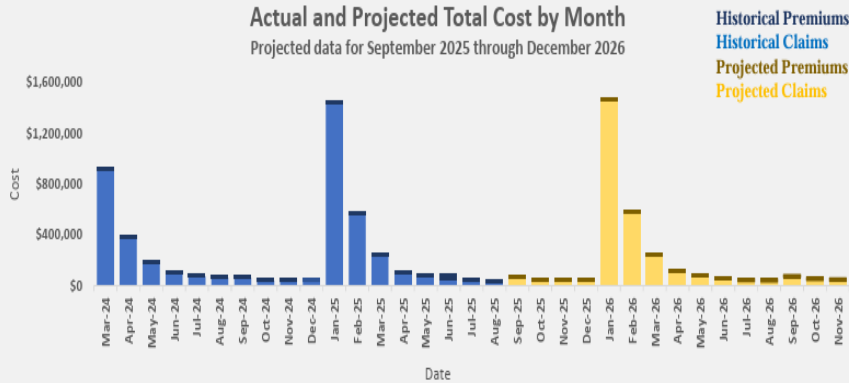
* Data for 2025–2027 are based on TCT projections. Data Source: TCT Data

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SPAP Data: Total Clients, Average Cost of Client, and Total Cost Per Year *

Fiscal Year	2023	2024	2025	2026	2027
Total Clients	1,722	1,644	1,644	1,644	1,644
Average Monthly Cost per Client	\$378	\$303	\$152	\$153	\$156
Total Cost per Year	\$7,805,251	\$5,976,204	\$2,998,003	\$3,022,833	\$3,071,739

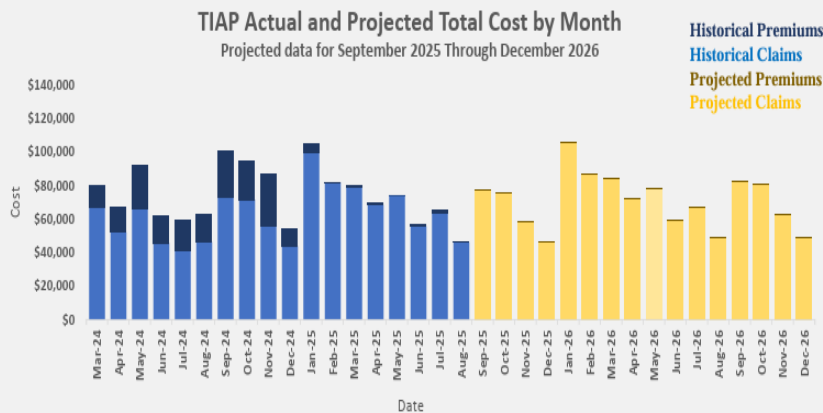


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* Data for 2025–2027 are based on projections. Data Source: Ramsell Data

TIAP Data: Total Clients, Average Cost of Client, and Total Cost Per Year *

Fiscal Year	2023	2024	2025	2026	2027
Total Clients	182	210	209	211	213
Average Monthly Cost per Client	\$325	\$349	\$366	\$341	\$358
Total Cost per Year	\$709,360	\$879,753	\$918,883	\$863,399	\$915,432



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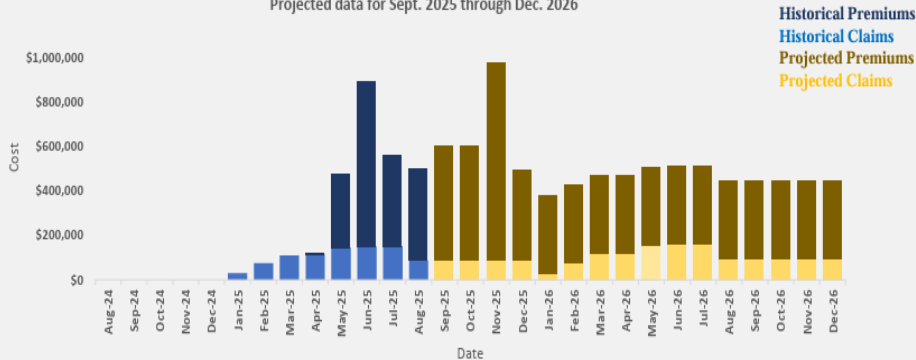
Data for 2025–2027 are based on TCT projections. Data Source: Ramsell Data

TIAP-PLUS : Data Total Clients, Average Cost of Client, and Total Cost Per Year *

Fiscal Year	2024	2025	2026	2027
Total Clients	0	389	393	397
Average Monthly Cost per Client	\$0	\$1,172	\$1,174	\$1,178
Total Cost per Year	\$0	\$5,472,550	\$5,533,238	\$5,609,632

TIAP-PLUS Actual and Projected Total Cost by Month

Projected data for Sept. 2025 through Dec. 2026



Data for 2025–2027 are based on TCT projections. Data Source: Ramsell Corporation

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Application processing

In Summary. Application and renewal processing times for THMP remain current with no backlog, thanks to improved operational efforts. Recent technical issues (e.g., one-time passcodes for the portal) have been resolved.

Application Processing Update*

Application Type	New	Self-Attestation	Renewals
Processing on time?	✓	✓	✓
Backlogged Applications	0	0	0
Processing Date	October 1, 2025	September Due Dates	September Due Dates
Target Processing Date	September 23, 2025	September Due Dates	September Due Dates

*Information as of October 3, 2025. Data Source: TCT

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Discussion.

There is a need for training out in the community. Town Halls are being held but there is a need for more communication.

The panel praised the absence of a backlog.

We are following the FDA standard for Cabenuva but sometimes a person can be detectable and need the medication, yet they are being denied. Co-pays on TIAP Plus are being covered by Ryan White. That's needs clarification. There is always a disparity in ethnicity and service. Perhaps education with Spanish speaking speakers would help. Staff stated that for the Pilot, it is for persons without health insurance. The need to be undetectable is based on the prescribing recommendations. Sometimes TMHP has accepted a provider letter to make an exception. There can be future conversations on this after the pilot concluded. Ryan White has a local insurance payment assistance and co-pays, and it can be used that way.

The education materials are in English and Spanish, but the videos are not yet in Spanish.

When it came to disenrollment, what is the effect in overall care? Staff stated that each individual situation is recorded. They could be transferred to another insurance plan. Sometimes payments were not made. In those cases, they were transferred to ADAP.

I have heard that people cannot maintain medical appointments and this could impact on medication availability. People are being terrorized by our government and people are afraid to keep appointments. Staff stated that they had not heard that feedback, but it is good feedback for HHSC to follow up with in pharmacy options.

On ADAP data the average cost per client a member did calculations that disagreed with the data presented by \$100,000. Staff stated that their numbers are rounded and that would mean the number don't match up. The actuarial tables are precise.

Quarterly TCT where the situations were resolved. What were the resolutions. Staff stated there was an issue with application processing and all those were resolved and the new client enrollment resumed. No one's application was dropped.



On the pie charts what does NA mean? Staff stated that it can be due to choosing not to answer the question, but staff will check and let the committee know.

We do not render the level of approval used for Cabenuva with the other medications. We should not apply that lens to that drug alone.

A question was asked about pharmacy benefits and medical benefits. HHSC stated they have a list of where Cabenuva is covered and recommend seeking care accordingly.

Are we taking into consideration the narrower open enrollment for next year. Staff stated that they are not.

The Chair inquired about the deactivated plan under TIAP and then use the services/insurance offered through the agency. Staff answered in the affirmative. The Chair took exception to that approach. It should be the choice of the consumer.

Have we given thought to listing pharmacies that do deliver medications. Staff stated there are more medication deliveries as well as telemedicine due to people feeling fear in going to the doctor or pharmacy.

6. Subcommittee reports and recommendations

Eligibility--Town hall on August 25th was well-attended and valuable for direct Q&A with staff; two new ADAP liaisons added (South Texas/Laredo and Tarrant County).

Governance and Data--Update on US Conference on HIV and AIDS, issues with Texas insurance (TIAC Plus) and 340B impact discussed; request for technical assistance from NASTAD (Amy Shipman, Tim Horne); importance of committee member involvement in TA meetings, though program staff noted restrictions on external attendees; updates on attendance and open positions (administrator, social worker, pediatrician); pharmacy participation concerns; discussion of six-month renewal for TF Plus and concerns about unintended disenrollment; next meeting set for October 17th.

Formulary--Met August 19th; discussed low uptake of TCT and efforts to encourage pharmacy participation; barriers to increased Cabenuva use (side effects, logistics, patient circumstances); UT Health trial for minors on long-acting injectables; THMP using pyrimethamine instead of Daraprim for cost savings; next meeting November 4th.



7. Review of action items and agenda topics for next meeting

Action Items

- create educational videos in Spanish;
- clarify "not applicable" in pie graph survey data;
- request data on why clients leave programs

Agenda Items

There were three noted action items

- Discussion regarding six-month vs. one-year recertification for TIAP Plus, with some advocating for annual recertification in line with HRSA recommendations; There are cost and policy barriers at the state level however It is optional for states per a HRSA policy clarification.([pcn-21-02-determining-eligibility-polr.pdf](#)).
- Request for more detailed Cabenuva pilot reporting, specifically on costs and logistical challenges.
- Ongoing discussion about committee participation in technical assistance meetings with external entities such as NASTAD; the established policy restricts non-staff attendance, though updates and findings will be shared with the committee.
- Action item added to report back on 340B/TIAC Plus/NASTAD issue resolution at next meeting.

8. Adjourn. There being no further business, the meeting was adjourned.

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