



Health and Human Services

State Health Services

Texas HIV Medication Advisory Committee

January 16, 2026

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 immediately established.

2. Consideration of October 17, 2025, draft meeting minutes.

The minutes could not be approved due to the absence of a quorum. After a quorum was established, the minutes were approved.

3. Public comment. No public comment was offered.

4. DSHS updates

Summary. Samuel Hebbey-Goings promoted to HIV STD Section Director (first meeting in this role).

- Two director vacancies in the HIV/STD section remain open; interviewing and hiring underway.
- HIV Care and Medications Unit currently has three vacancies, also in the hiring process.
- Retirement of Janina Vasquez (HIV Care Services Manager) after 27 years recognized; Jessica Conley named interim manager.
- Expansion of staff positions and promotions to meet increased program needs and streamline services; new positions include trainers and support roles for programs like THMP and TAKE CHARGE Texas.
- Update on Take Charge Texas (TCT):
 - Expiration of 90-day inactivation waiver for TCT client accounts due to IT security concerns.
 - Agency has requested an exemption, currently under review; clients affected by account inactivation can reach out to the help desk for assistance.
 - Further details to be provided in subsequent presentations.

At the federal level, ongoing negotiations on the budget and potential for government shutdown is occurring; DSHS is preparing for possible scenarios. During the previous federal shutdowns, service delivery and contractor payments continued without disruption; proactive communication promised if another shutdown occurs. There are



changes and uncertainty surrounding Affordable Care Act insurance subsidies noted; the agency impact analysis is pending.

The launch of TIAA Plus was in fall 2024 to support program stability and rebates; open enrollment ended January 15. The financial and enrollment analyses are underway, and projections will be shared at the next MAC meeting to ensure accuracy and transparency. Assurances were given that no program changes will occur without the required 60-day notice as mandated by statute and administrative code.

There was discussion on strategies to ensure clients, especially those in ADAP, do not experience medication interruptions in the event of a government shutdown; a two-week funding cycle and internal coverage model will continue, as previously practiced, to maintain program resiliency. There is an emphasis on the importance of notification timelines—60 days' notice for program changes to prevent disruptions, particularly around year-end.

Questions and concerns were raised about the potential impact of the rule on client eligibility and willingness to participate; no current changes to eligibility will occur due to lack of federal guidance, but clients advised to consult case managers or legal counsel about their situations. It was noted client anxiety and behaviors such as medication stockpiling or skipping doses due to national volatility and fear of pharmaceutical scarcity.

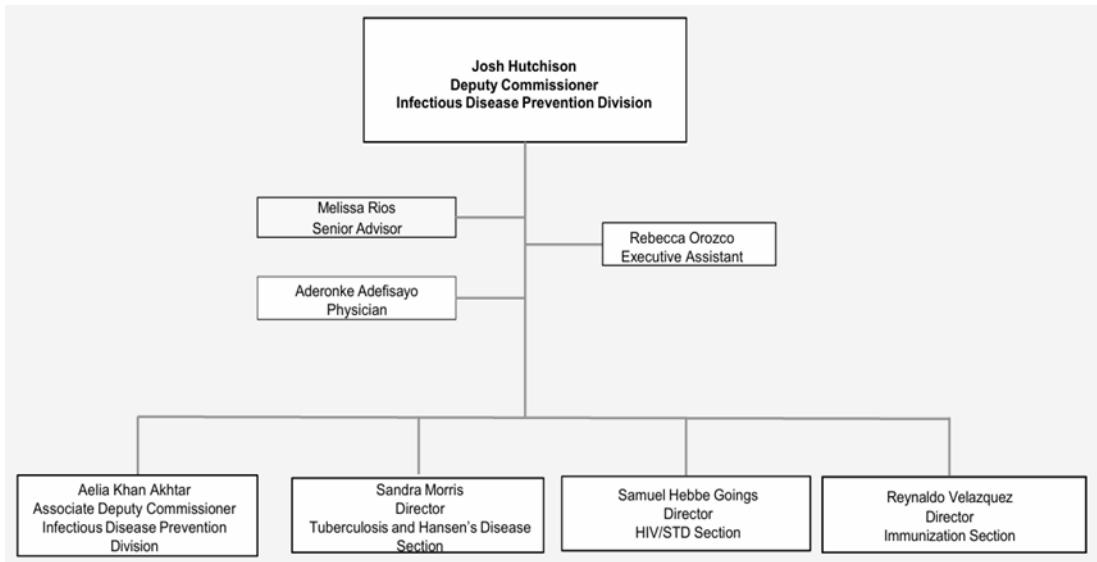
Fiscal Year 2026 budget for Texas HIV Medication Program set at \$119 million, with \$33 million expended as of late December, and additional funds to be obligated for medication services soon. Spending patterns vary due to timing of medication orders; large orders may impact quarterly expenditure reporting. Next quarter expected to reflect a significant increase in spending.

Presentations

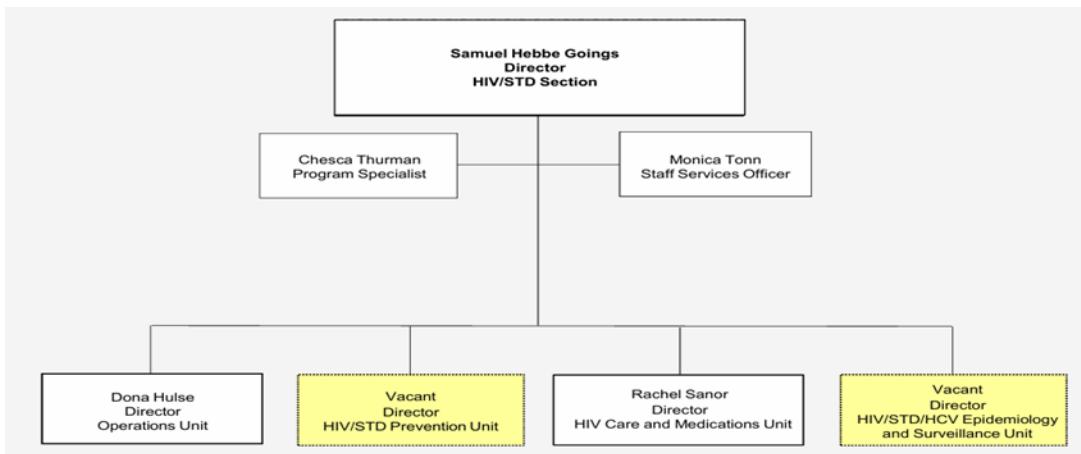


Agency.

Infectious Disease Prevention

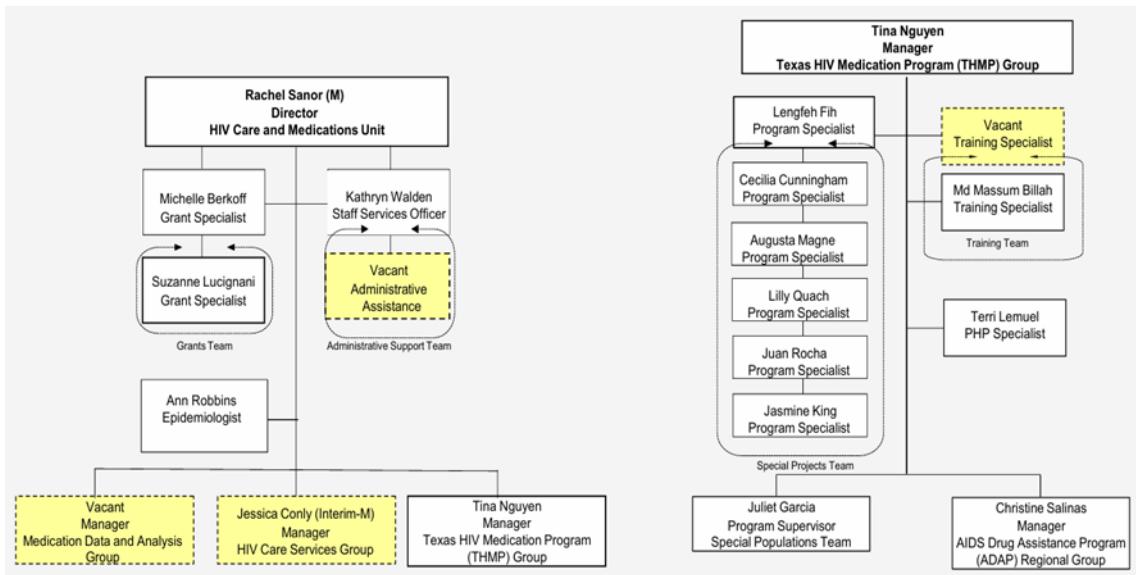


HIV/STD Section





HIV Care and Medications Unit



TakeChargeTexas (TCT) Accounts Impact to the TCT client portal :

- With the initial rollout of TCT, DSHS was able to receive a waiver for the 90-day inactivation. That waiver has expired.
- DSHS submitted a one-year exemption to Texas HHSC, Chief Information Security Office (CISO).
- The exemption is currently under review by the CISO.

Budget report

THMP Financial Report

Budget Description	2025 Expended	2026 Budgeted	2026 Obligated	2026 Expended	2026 Remaining
General Revenue (GR)	5,543,590	2,283,383	2,283,383	156,638	2,126,745
GR Match/Maintenance of Effort	6,073,924	7,417,218	2,473,604	2,471,807	4,945,411
HIV Vendor Drug Rebates	10,547,479	16,307,931	12,252,179	2,328,805	13,979,126
Federal Care Grants	95,102,833	93,856,531	42,283,473	28,644,584	65,211,947
Total All Funds	117,267,826	119,865,063	59,292,639	33,601,834	86,263,229



Discussion.

In the past shut down, two weeks of coverage was ensured to agencies. There should not be any interruption to services in the event of a shutdown.

Will eligibility be impacted by federal immigration changes? DSHS stated they have not made changes to eligibility at this time. Immigration is an issue and people should make the best decisions they can for themselves.

People have not applied for services because of immigration fears.

Given the money we have, are we where we need to be? DSHS stated there is variance on how we fill prescriptions. We are in the process of working through one of our largest orders that will show up in the next report.

5. Texas HIV Medication Program updates

In Summary. TIAP Plus enrollment reached over 1,300 clients in 2025, with about 1,000 active after accounting for 281 disenrollments. Data cleanup is ongoing. Main disenrollment reasons included not submitting updated billing/premium info (often due to changes in reported income) and dissatisfaction with plan, or network/provider mismatches. Enhanced partnership with agencies to assist clients in choosing suitable plans and reporting income changes quickly.

Low utilization of medication copayment benefits has been observed: despite increased TIAP Plus enrollment, usage remains low. Outreach and client/provider education was emphasized to increase usage and capture rebates essential for program sustainability. Outreach efforts included expanded call center hours, large-scale direct outreach (calls, mail, printed materials), and tailored client messaging during open enrollment.

Challenges remain in timely receipt and notification of premium billing statements, recertification confusion, and ensuring accurate client contact information.

LAI (Long Acting Injectable) HIV treatment pilot is ongoing, with 152 applicants and 115 enrolled; program is capped at 210 clients annually. Additional costs related to shipping and logistics (~\$31 per shipment) were detailed. Utilization rates are high among those enrolled, and there is still room for new participants.



Take Charge Texas (TCT) and Demographics. TCT processed tens of thousands of applications in the past year, with the vast majority including THMP. There were no significant delays or backlogs reported for client or agency portal submissions. Help desk issues have declined, with login and system issues being the most common.

Medication order data shows Biktarvy (especially 30-day fills) as the most commonly dispensed drug; 90-day fills for Biktarvy and other ARVs are increasing but still underutilized, despite system capabilities and program encouragement.

ADAP and related program demographics remain stable: majority of clients are male, White, and Hispanic or Latino. Enrollment and fills are seasonally consistent, with expected upticks in certain programs at the start of the calendar year.

There is ongoing outreach to clients who have not filled prescriptions within expected timeframes which has led to a 10% improvement in regular medication access over the past year.

Presentations.

Texas Insurance Assistance Program-PLUS

TIAP-PLUS Enrollment Data for Calendar Year 2025

Time Period	Agency Transfers	THMP Open Enrollments	Disenrollments	Total Enrollments	Agency Transfers	Special Enrollments	Disenrollments	Total Enrollments to Date	Active Enrollments
2025 Open Enrollment (1/1/24 – 1/17/25)	107	370	0	477	0	0	-0	477	477
	11	77	0	565	3	1	-0	569	569
January					25	1	-17	595	578
February					68	5	-12	668	639
March					76	2	-11	746	706
April					59	3	-14	808	754
May					73	0	-11	881	816
June					109	0	-31	990	894
July					129	1	-10	1,120	1,014
August					111	0	-46	1,231	1,079
September					28	0	-27	1,259	1,080
October					45	0	-73	1,304	1,052
November					16	0	-29	1,320	1,039
Total	118	447	0	742	13	-281	1,320	1,039	

Information as of December 5, 2025.



TIAP-PLUS: Disenrollments

Disenrollment Reasons
The client or the local agency did not provide THMP with the accurate premium amount and plan information in a timely manner, resulting in the insurer terminating the plan.
Client disenrolled after receiving medical bills they could not pay, or the client was not satisfied with their insurance plan.
The local agencies asked the client to deactivate the plan, or the local agencies decided to take over and pay Affordable Care Act (ACA) premiums and copayments.
The clinic did not take insurance plan. The client did not return call to re-enroll into a plan that their clinic accepts; the binder payment was returned.
The client transferred to another entitlement program or county indigent care program. The client received other insurance and did not want assistance from TIAP-PLUS.
The client was no longer eligible for THMP due not meeting residency or income requirements.
The client disenrolled from THMP altogether.
The client became employed and transferred to the Texas Insurance Assistance Program (TIAP).
The local agency transferred clients into TIAP-PLUS but did not enroll the client into a health insurance plan.
Other: Clients deceased. THMP enrolled clients into TIAP-PLUS accidentally instead of TIAP and have transferred these clients into the correct subprogram.

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Information as of December 5, 2025.

TIAP-PLUS Use Summary January–November 2025

Month	Total Active Enrollees*	Unduplicated Participants with Medication Copayments**	Total Count of Medication Copayments**	Percent Participation***
January	213	30	77	14.08%
February	435	80	174	18.39%
March	502	109	169	21.71%
April	572	152	323	26.57%
May	661	167	361	25.26%
June	777	183	360	23.55%
July	844	204	377	24.17%
August	903	158	297	17.50%
September	942	178	332	18.90%
October	976	178	324	18.24%
November	1,015	144	263	14.19%

*Total active enrollees on the 1st of the month. The Reference Listing 1-Patient List Report was used for these numbers.

**Management 12 Patient Benefit-Level Report with Prescription (Rx) Fill Dates

***Participation is defined as enrolled clients with at least one medication copayment made using their Ramsell copay card during the month.

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Information as of December 9, 2025.



TIAP-PLUS: ACA Marketplace Open Enrollment

Open Enrollment Period: November 1, 2025–January 15, 2026

- Encourage participation
- Help clients choose an insurance plan that: (Their provider accepts; Covers their medication copays; Is accepted by THMP)
- Refer clients to THMP for assistance.

[Texas HIV Medication Program | Texas DSHS New Web Pages](#)

[Texas Insurance Assistance Program-PLUS \(TIAP-PLUS\) – Information for Clients | Texas DSHS](#)

[Texas Insurance Assistance Program-PLUS \(TIAP-PLUS\) – for Administrative Agencies and Agency Workers | Texas DSHS](#)

[Texas Insurance Assistance Program-PLUS \(TIAP-PLUS\) – Information for Pharmacies | Texas DSHS](#)

Outreach Efforts:

- Convened over 30 events and meetings
- Created social media templates
- Sent newsletters to stakeholders
- Conducted over 10,000 phone outreach calls
- Distributed 5,000+ emails through listservs
- Distributed 40,000 printed materials ♦ Printed materials sent to over 50 agencies (Sent mailers to clients)
- Embedded digital banners within TCT Client and Agency Portals

2026 TIAP-PLUS Enrollment Data

Time Period	Agency Transfer	THMP Enrollments	New Clients	Re-enrolled Clients	Total Enrollments
November 1, 2025 – January 2, 2026	162	268	189	241	430

Challenges:

- Client premium billing information was difficult to obtain.
- Clients not responding to outreach efforts from the program.



- Delays in eligibility determination because the client did not complete the recertification process.

Opportunities:

- Assist clients with insurance cards, Ramsell copay cards, and premium billing statements.
- Education and important reminders.

Discussion

Difference between being enrolled and using the pharmacy benefit (insurance co-pays?) DSHS stated that if they use their insurance card, they can have use of a discount card. It is a matter about when people are getting enrolled and providers should tell people how to do it,

Regarding disenrollment, there are about 23% disenrolled. What I would like to see is percentages or hard numbers regarding reasons for disenrollment.

Are there texting availability options for outreach? Can this be implemented in the future? DSHS stated they do not have texting capability but will research this issue.

Regarding percent participation, Ramsell card usage is low. How many people are new? DSHS stated they will get that information for the next meeting.

A Ramsell card is a Free Drug Discount Card that provides discounts ranging from 10% to 85% on prescription drugs, helping to lower the overall cost of medications. This card can be used at 58,000 pharmacies nationwide. Enrollment is easy and immediate, allowing users to access instant savings on their prescription drugs.

For the homeless and exceptionally vulnerable, we have to make a greater effort to keep contact with the people in the field.

At the end of the day the person they contact daily will be the more meaningful contacts for the sensitive conversations.

Are the Ramsell cards one time or are they distributed annually? For the Ramsell card once it is sent that is the card they are able to use. The SEM card is being resent.



HIV Long-Acting Injectable Treatment Pilot update

HIV LAI Treatment Pilot is authorized in the General Appropriation Act Rider 31: HIV LAI Treatment Pilot.

- 210 participant slots each year, clients interested in TIAP-PLUS are prioritized.
- Interested participants should discuss with their medical provider.
- Providers will fill out a Medical Certification Form (MCF) for LAI Treatment.
- The participant will need to receive medication administration from a THMP participating site.
- DSHS staff will help participants identify eligible sites for injection administration.

HIV LAI Enrollment as of January 8, 2025

Date	ADAP participants with LAI: Cabenuva listed in the medication regimen in TCT	Participants with at least one fill	Number of LAI: Cabenuva fill requests approved and sent
September	32	13	13
October	64	42	42
November	81	38	38
December	109	58	64

Costs Beyond Drug Acquisition Cost

Costs of shipping out an order of LAI: CABENUVA

- Shipping cooler: \$20
- Two ice packs: \$5.30
- Packing paper: \$0.07
- Bubble wrap: \$0.14
- Temperature strip: \$0.83
- Average shipping cost: \$5.26

Total \$31.60 per order



TakeChargeTexas

TCT Applications Submitted Quarterly September 1, 2025–November 30, 2025

Client Portal

- Total applications submitted through the client portal: 264
- Total THMP applications submitted: 242 (92 percent)
- Total applications submitted for both Care and THMP: 154 (58 percent)

Agency Portal

- Total applications submitted through the agency portal: 16,998
- Total THMP applications submitted: 12,029 (71 percent)
- Total applications submitted for both Care and THMP: 7,134 (42 percent)

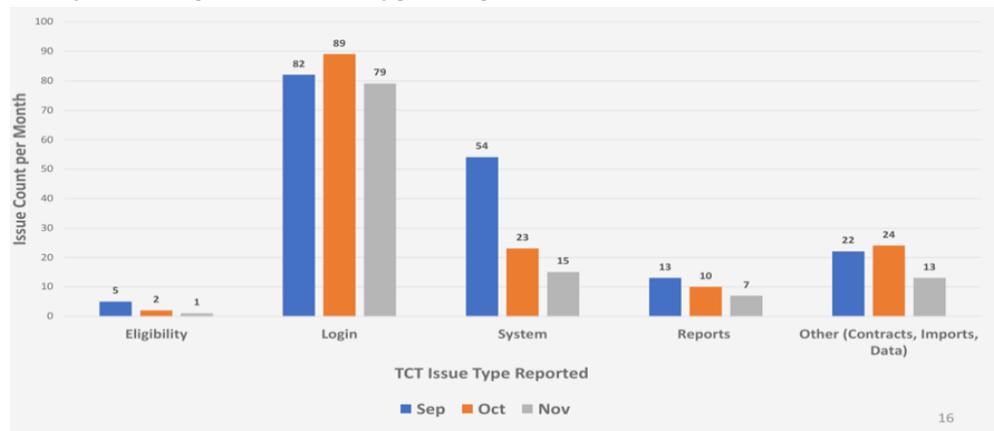
THMP Clients

Total approved THMP applications: 6,910

Pharmacy

Total order batches: 4,974
Total medication orders: 37,231

Quarterly TCT Help Desk Issue Types September 1, 2025–November 30, 2025



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TCT Applications Submitted Annually December 1, 2024–November 30, 2025

Client Portal

- Total applications submitted through the client portal: 1,094
- Total THMP applications submitted: 981 (90 percent)
- Total applications submitted for both Care and THMP: 601 (55 percent)

Agency Portal

- Total applications submitted through the agency portal: 67,973
- Total THMP applications submitted: 47,843 (70 percent)
- Total applications submitted for both Care and THMP: 26,068 (38 percent)

THMP Clients

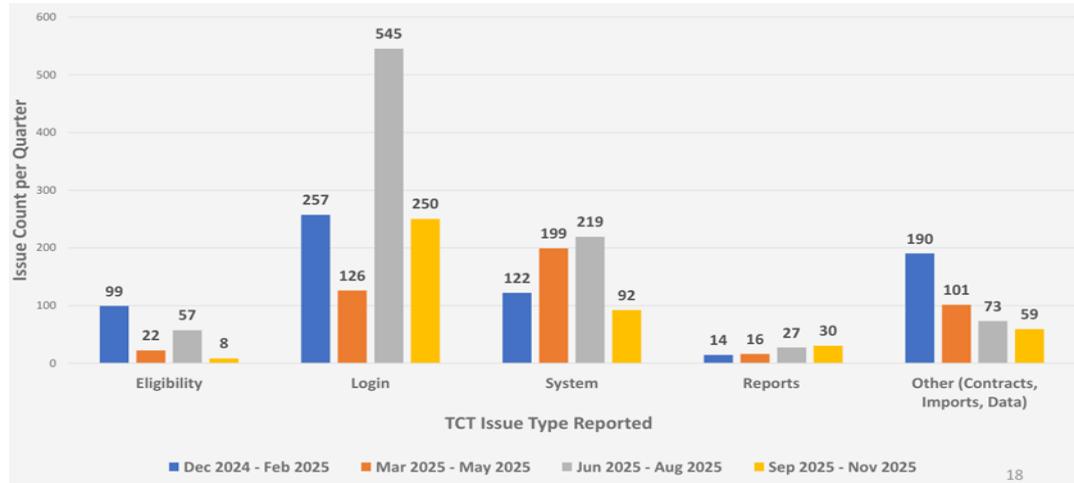
Total approved THMP applications: 19,150

Pharmacy

Total batches: 19,200
Total medication orders: 133,343



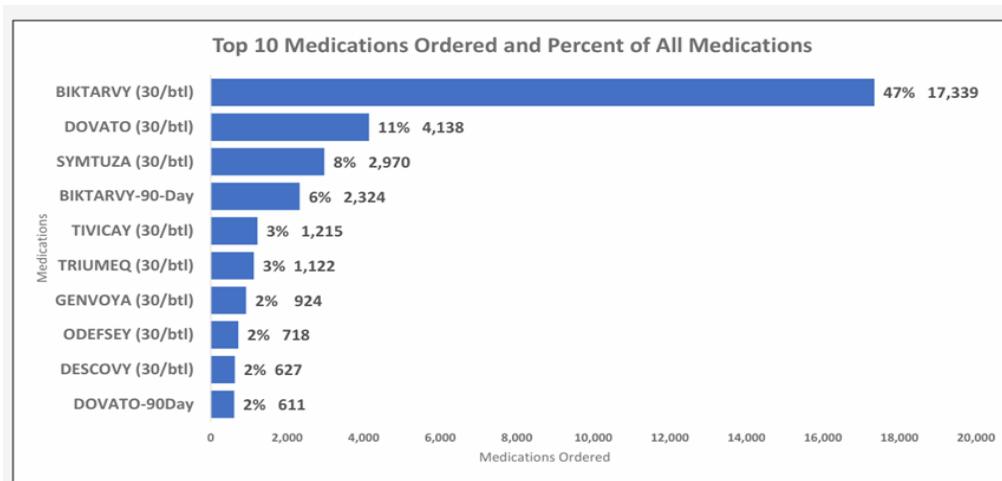
Annual TCT Help Desk Issue Types December 1, 2024–November 30, 2025



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Projections and demographic information

AIDS DRUG ASSISTANCE PROGRAM (ADAP) Medications: September 1, 2025–November 30, 2025 Total Medications Ordered = 37,231

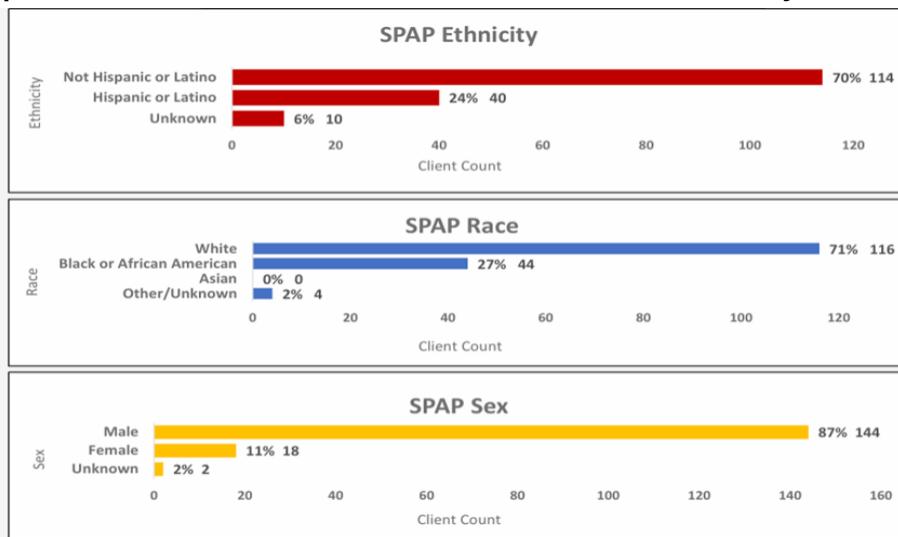




ADAP Demographics:
September 1, 2025–November 30, 2025
Total Clients with Medications Filled = 15,704



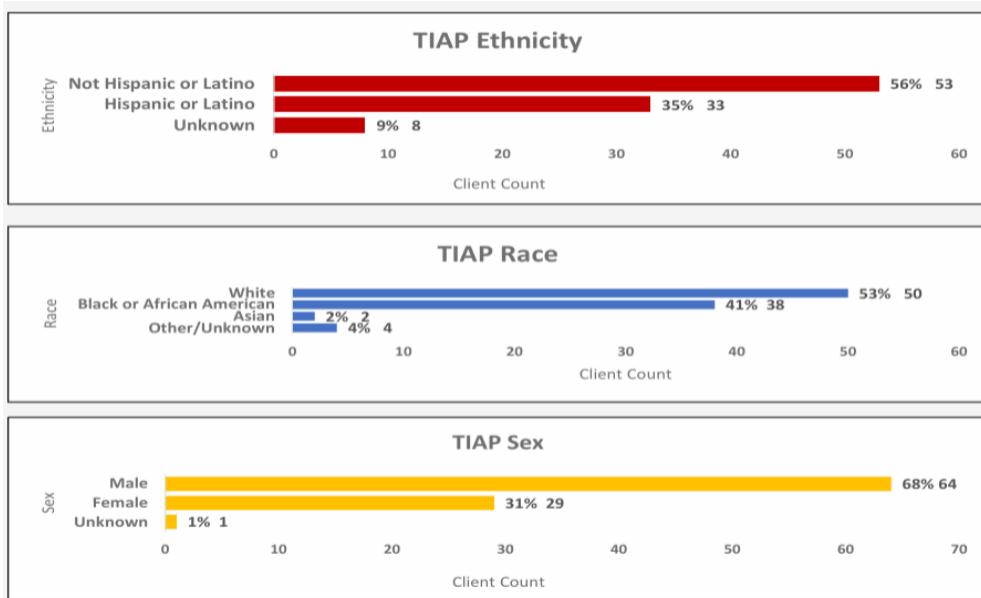
STATE PHARMACY ASSISTANCE PROGRAM (SPAP) Demographics:
September 1, 2025–November 30, 2025; Total Clients Served by SPAP = 164





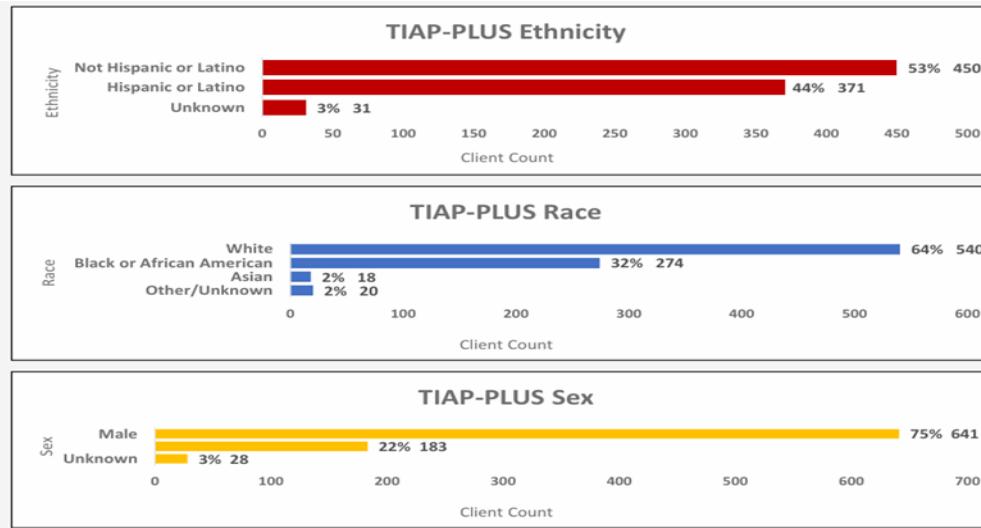
TIAP Demographics:

September 1, 2025–November 30, 2025 Total Clients Served by TIAP = 94



TIAP-PLUS Demographics:

September 1, 2025–November 30, 2025; Total Clients Served by TIAP-PLUS = 852



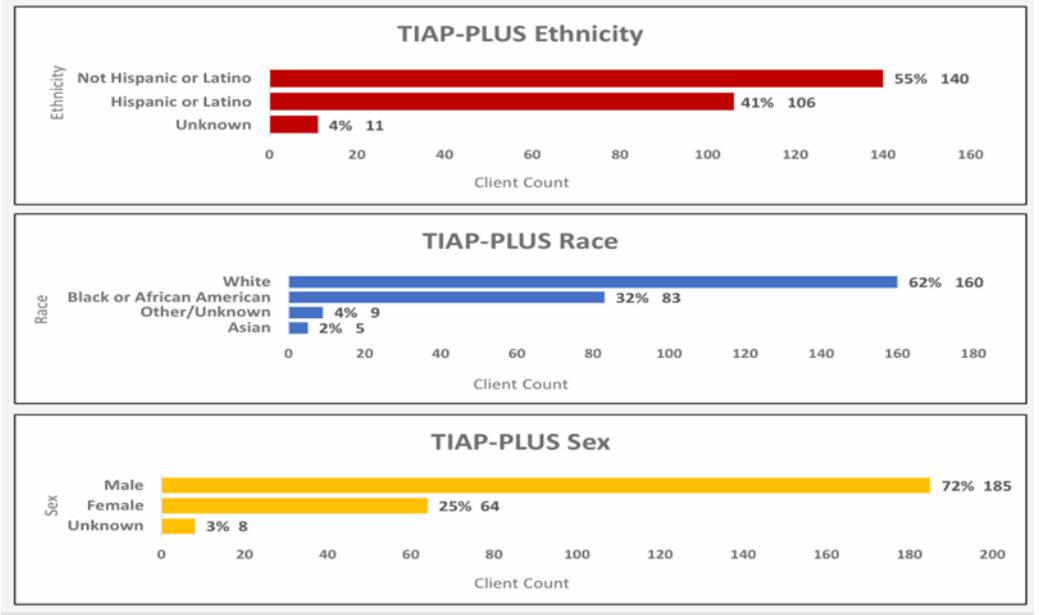
The number of TIAP-PLUS clients who have premium payments or medication copayment assistance from THMP.

This includes clients who filled and those clients who did not fill their medication.



TIAP-PLUS Demographics:

September 1, 2025–November 30, 2025 Total Clients with Medications Filled = 257



Application processing

Application Processing Update as of January 13, 2026. Data Source TCT

Application Type	New	Self-Attestation	Renewals
Processing on time?	✓	✓	✓
Backlogged Applications	0	0	0
Processing Date	January 6, 2026	December Due Dates	December Due Dates
Target Processing Date	December 30, 2025	December Due Dates	December Due Dates



Discussion.

HIV LAI enrollment shows each individual unique month. December should show 64. What is the utilization rate? DSHS stated that people who are enrolled are filling with high utilization.

The pilot has 210 slots available. There are still some slots available.

Biktarvy 90 day refill failure is disappointing because people have to stay on the medication. Is there a way to make this happen . [Biktarvy: Uses, Dosage, Side Effects, Warnings - Drugs.com](#). DSHS stated that there is difficulty with outreach to pharmacies because of a number of factors. Biktarvy 90 day fills were in the top ten of refills.

There is a new system in place on inventory since COVID. Many things have changed since the issues experienced during COVID spending.

With the 90 day fills, almost every medication is eligible for 90 day. This provides better compliance. DSHS stated there is an internal process change to track noncompliance. The fill rates per patient are reported and contacts are made to ensure restored compliance.

There has been a gradual uptick in 90 day fills and compliance.

HIV/STD Insider – January 2026

TIAP-PLUS Clients Still Need Your Support with Their 2026 Health Plan

The Texas HIV Medication Program (THMP) will continue to pay approved Texas Insurance Assistance Program-PLUS (TIAP-PLUS) clients' 2026 insurance premiums, medication copays, and medication deductibles if these clients maintain THMP eligibility.

Contact THMP immediately if a TIAP-PLUS client's insurance premium amount changes. THMP will adjust the client's payment schedule to ensure THMP pays the correct premium amount.

Be sure your clients know how to use the Ramsell Co-Pay Card. View the [Open Enrollment for THMP TIAP-PLUS video](#) to learn more.

To learn more about what you can do to ensure your clients can access coverage and maintain eligibility, view the [TIAP-PLUS 2026 Information Sheet](#).



Call THMP at 800-255-1090 with questions.

Clients Who Missed the Open Enrollment Deadline May Qualify for Special Enrollment

Visit [HealthCare.gov](#) to see if your client qualifies for a special enrollment period. Applicants interested in TIAP-PLUS can do a self-referral. THMP will review the request. [Local HIV service agencies](#) can also assist with THMP application submission for TIAP-PLUS.

For more information, visit the [TIAP-PLUS website](#).

HOPWA NSPIRE Implementation

The U.S. Department of Housing and Urban Development (HUD) recently published a [Federal Register Notice](#) regarding the new National Standards for the Physical Inspection of Real Estate (NSPIRE) for the Housing Opportunities for Persons with AIDS (HOPWA) program. HOPWA's Housing Quality Standards will use the NSPIRE framework for initial and subsequent inspections of new proposed units, effective February 2, 2026.

The DSHS HIV Care Services Group posted updated versions of the DSHS HOPWA Program Manual and DSHS HOPWA Program Form G: Housing Quality Standards Certification on the [DSHS HOPWA SharePoint site](#). DSHS made significant changes to Section 10: Housing Quality Standards, and HIV Care Services has updated Form G accordingly. DSHS HOPWA Project Sponsors (service providers) should familiarize themselves with the notice and updated program manual and must begin using the updated version of Form G on February 1, 2026.

Please contact [Blade Berkman](#), the DSHS HOPWA Coordinator, to learn more.

Ryan White Part B Contractor Summit

DSHS will host a Ryan White Part B Contractor Summit on February 3-4 at the Holiday Inn Austin Midtown (6000 Middle Fiskville Road) in Austin. Part B Program Directors, Assistant Directors, Managers, Clinical Quality Management Coordinators, Data Managers, Planners, Fiscal Staff, and Monitors will benefit from attendance.

[Register](#) (attendee registration is required)

Contact Edward Lucio, DSHS HIV Care Services and Project Specialist, at Edward.Lucio@dshs.texas.gov or 512-806-4885 with questions.



THMP Hotline Returns to Regular Hours on January 16, 2026

THMP expanded the phone hours during open enrollment for TIAP-PLUS to accommodate clients' schedules and help increase access.

THMP will return to regular phone hours effective Friday, January 16, 2026. Please see the regular phone hours below:

Day	Hours (CST)
Monday	8:00 a.m.-11:30 a.m. 12:30 p.m.-5:00 p.m.
Tuesday	8:00 a.m.-11:30 a.m. 12:30 p.m.-5:00 p.m.
Wednesday	8:00 a.m.-11:30 a.m. 12:30 p.m.-5:00 p.m.
Thursday	8:00 a.m.-11:30 a.m. 12:30 p.m.-5:00 p.m.
Friday	8:00 a.m.-11:30 a.m. 12:30 p.m.-5:00 p.m.
Saturday	Closed
Sunday	Closed

Notice: THMP will close on Monday, January 19, 2026 in observance of Martin Luther King Jr. Day.

6. Subcommittee reports and recommendations.

Eligibility; Governance and Data; Formulary Subcommittees

Eligibility, Formulary, and Governance & Data sub-committees reviewed program updates, pharmacy portal usage trends, supply chain resilience, and data needs. Requests for more granular disenrollment data, participation breakdown (new vs. transfer clients), and historical trends in 90-day prescription fills have been made to inform future education and outreach strategies.

There was Discussion of upcoming national observance dates impacting scheduling, and ongoing need to fill open committee positions, especially in social work, public health, and pediatrics.



7. Review of action items and agenda topics for next meeting. The next meeting is April 17, 2026.

Topics/Action Items

- Projections as normal
- Reasons for disenrollment
- Percent participation date
- List of pharmacies enrolled
- 90 day prescription updates

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

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