



# Health and Human Services

## Texas HIV Medication Program Medication Advisory Committee (HIV-MAC)

**June 3, 2026**

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*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.*

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Texas began distributing HIV medications in late 1987 as a 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.

<b>Name</b>	<b>City</b>	<b>Membership Category</b>	<b>Term Expiration</b>
Margaret Adjei, Pharm.D	San Antonio	Pharmacist	2028
Gloria Heresi, M.D.*	Houston	Pediatrician	2024
Lionel Hillard	Dallas	Consumer	2028
<b>Committee Vice-Chair</b> Susana Lazarte, M.D.	Dallas	Physician	2026
<b>Committee Chair</b> Frank Rosas	San Antonio	Consumer	2028
Michael Stefanowicz, D.O.	Austin	Physician	2028
Helen Turner	Dallas	Consumer	2026
Steven Vargas	Houston	Consumer	2026
Vacant	Vacant	Social Worker	Vacant
Vacant	Vacant	Public Non-Profit Hospital Administration	Vacant
Vacant	Vacant	Physician	Vacant



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

**remarks.** The meeting was convened by Frank Rosas, Chair. A quorum was present. New committee members were introduced: Michael Murphy (Social Worker), Dr. Norma Perez (Pediatrician), and Dr. Byron Young (Administrator). DSHS leadership changes were announced: Commissioner Dr. Jennifer Shuford is transitioning to the CDC effective June 8; Imelda Garcia will serve as interim commissioner starting June 9. Monica Gomez is currently serving as the Interim Deputy Commissioner for the Infectious Disease Prevention Division.

### **2. Consideration of January 16, 2026, draft meeting minutes.**

The minutes were approved as drafted

### **3. Public comment.**

Many speakers were associated with [Texas Strike Force – Positive Women's Network – USA](#)

**Edward Reed, representing himself.** He is an HIV survivor of over 40 years and emphasized that the Texas HIV Medication Program (THMP) is a lifeline and expressed deep concern over potential medication funding cuts.

**Elaina Ferguson, Positive Women's Network USA.** [Positive Women's Network – USA – Sisterhood, Solidarity, Action!](#) raised concerns about federal policy shifts, such as the Inflation Reduction Act (IRA) and Medicaid work requirements, which they believe could destabilize Texas's healthcare infrastructure.

**January Fox, Prism Health North Texas** [Prism Health North Texas - Home](#) requested a deeper dive into how marketplace subsidies and the IRA impact manufacturer rebates, noting that a budget shortfall has long been predicted.

**Crystal Townsend, Texas Strike Force – Positive Women's Network – USA** and **Jessica Erves.** [Texas Strike Force – Positive Women's Network – USA](#) both urged the committee for transparency and continued collaboration with community advocates to ensure the program remains solvent and avoids a crisis similar to Florida's ADAP program.



**4. [DSHS updates](#).** Monica Gamez Interim Deputy Commissioner Infectious Disease Prevention Division Samuel Hebbe Goings, MPH HIV/STD Section Director Infectious Disease Prevention Division

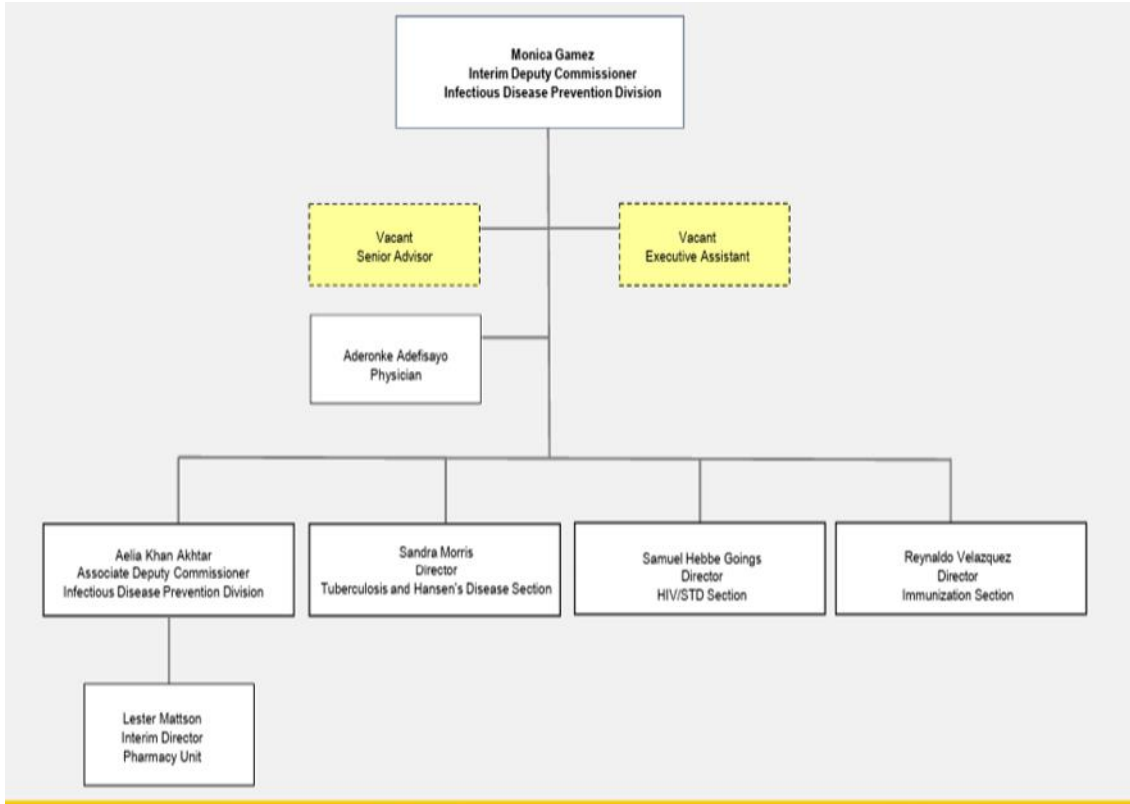
**Summary** Samuel Hebb Goings reported that the FY26 budget is approximately \$122.5 million, with \$100 million (roughly 81% of the total) already expended as of June. DSHS anticipates a funding shortfall by June 2027; they estimate a need for \$29.4 million in supplemental funding for FY27 to maintain a two-month pharmacy inventory and sustain operations. Rebate revenue has declined significantly from \$28.6 million in FY23 to a projected \$9.1 million in FY25, largely due to federal changes in Medicare Part D out-of-pocket caps. He clarified that the program does not intend to make changes to eligibility requirements without direction from the Texas Legislature during the upcoming 2027 session.

## **Agency**

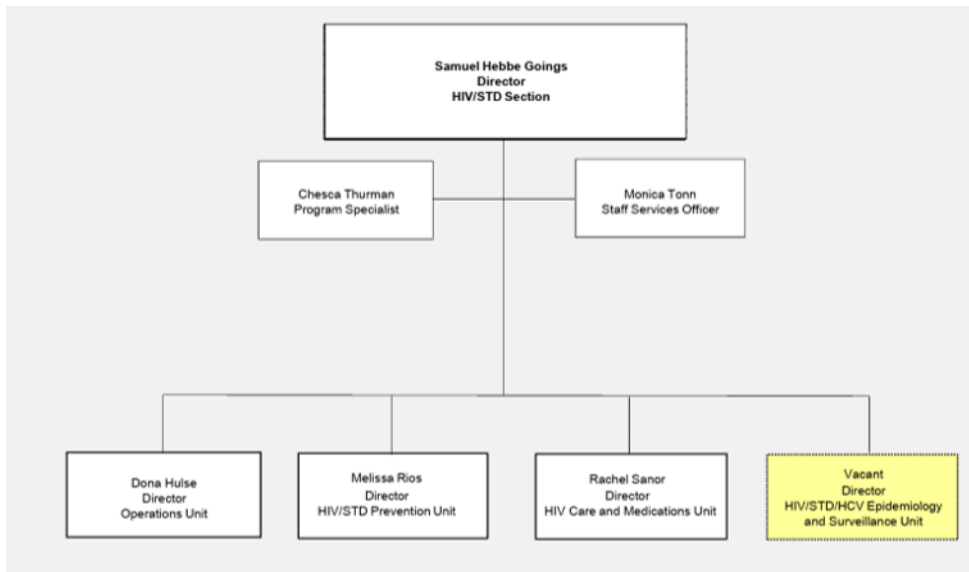
### **DSHS Leadership Updates**

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

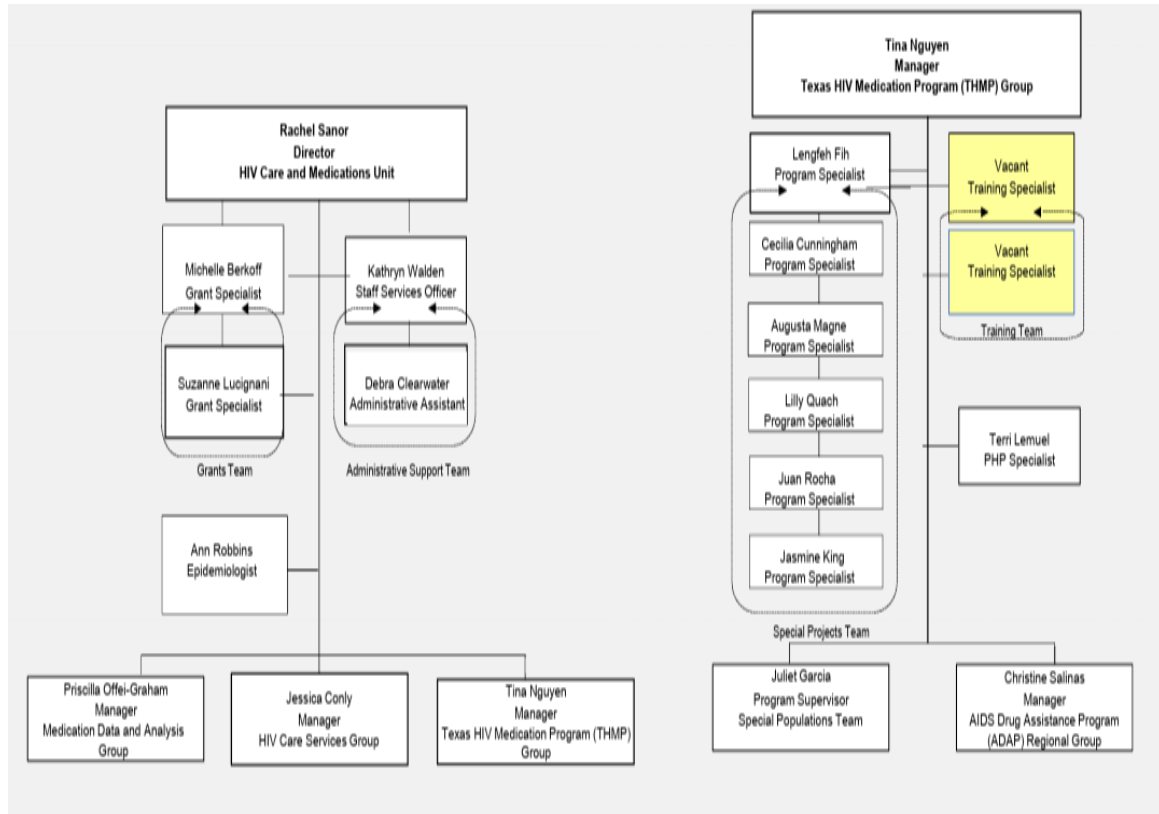
### Infectious Disease Prevention



### HIV/STD Section



## HIV Care and Medications Unit



## Budget report

### Current Status: THMP Financial Report\*

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

State Fiscal Year 2026: September 1–August 31.

Data as of May 11, 2026.

\*ADAP medication expenditure data only

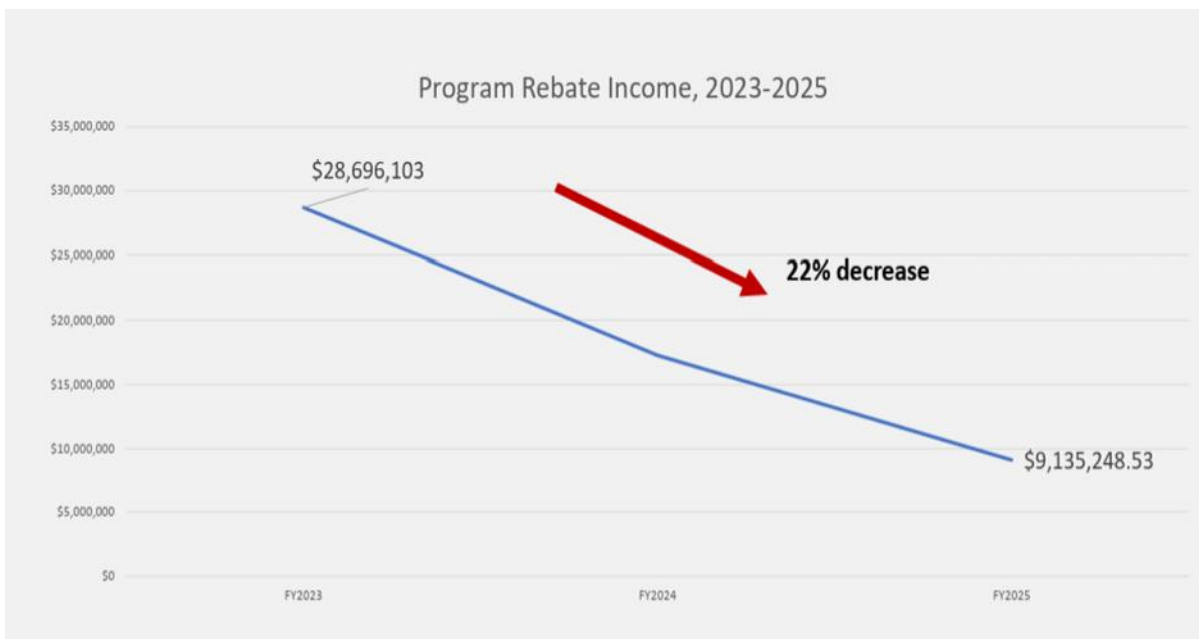
### Budget Projections

Rising Costs	Declining Revenue	Additional Factors
<ul style="list-style-type: none"> <li>Increased number of clients</li> <li>Increased cost of medications and insurance</li> </ul>	<ul style="list-style-type: none"> <li>Decline in rebates</li> <li>Increased HIV testing, relinkage to care</li> <li>TIAP-PLUS impact</li> </ul>	<ul style="list-style-type: none"> <li>HIV and STD prescribing practices</li> <li>Economic conditions</li> </ul>

**Budget Projections: Increased Demands**



**Budget Projections: Rebate Changes**





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

**Budget Projections: Total Shortfall.** DSHS will need funds to replace pharmacy inventory and fill the operational funding gap.

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

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

**Budget Projections: Funding Needs**

Supplemental Funding is needed to address the Fiscal Year 2027 shortfall. (Fiscal Year 2027: \$29.4 million --fills immediate operational funding gap and maintains two-month pharmacy inventory

Additional appropriations and programmatic changes will be needed to address future fiscal years. DSHS will be finalizing its Exceptional Item request in coming months.

**Next Steps**

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



#### TIAP-PLUS Insurance-First Model

- Would establish TIAP-PLUS as the default pathway for THMP clients.
- Would refine TIAP-PLUS to maximize coverage value and align with national best practices.
- Goal: Improve long-term sustainability while maintaining uninterrupted access to medications.
- ADAP would function as a payor-of-last-resort program for clients who (Do not qualify for insurance assistance, or Experience qualifying barriers (e.g., coverage gaps or administrative delays)).
- ADAP would remain accessible as an immediate pathway to medication access.

The committee discussed a strategic shift toward an "Insurance First" model through the TF Plus program to improve long-term sustainability by maximizing manufacturer rebates. Direct assistance (ADAP) will eventually function as a "payer of last resort" for clients who cannot qualify for insurance or experience administrative barriers. It was noted that TF Plus currently serves 1,098 clients as of February 2026, though enrollment has been slower than initially anticipated.

THMP is ramping up educational outreach, including social media templates and printed materials in English and Spanish, to help clients understand how to use their "Remzelo" co-pay cards alongside primary insurance.

#### **Conclusion**

- DSHS expects a supplemental need to be \$29M.
- DSHS will submit an Exceptional Item to address FY 28–29 needs.
- Revised numbers will be updated upon the filing of the 2027–2028 Legislative Appropriations Request (September 2026).
- DSHS assumes the Long-Acting Injectable Rider is a one-time appropriation.
- DSHS can only continue the pilot with ongoing appropriations.
- DSHS will not make changes to THMP that reduce client eligibility requirements pending direction from the 90th legislature.
- DSHS will update budget projections at the beginning of the 90th legislative session to inform those legislative decisions.
- DSHS will keep the committee apprised of any developments and welcomes your comments and questions.



**5. Texas HIV Medication Program updates.** Rachel Sanor Director, HIV Care and Medications Unit HIV/STD Section Tina Khuyen Nguyen Manager, Texas HIV Medication Program HIV/STD Section

**Medication Key**

Brand Name	Chemical Name
Biktarvy	bictegravir, emtricitabine, tenofovir alafenamide
Dovato	dolutegravir, lamivudine
Symtuza	darunavir, cobicistat, emtricitabine, tenofovir
Tivicay	dolutegravir sodium
Triumeq	abacavir, dolutegravir, lamivudine
Genvoya	elvitegravir, cobicistat, emtricitabine, tenofovir alafenamide
Odefsey	emtricitabine, rilpivirine, tenofovir alafenamide
Descovy	emtricitabine, tenofovir alafenamide
Cabenuva	cabotegravir; rilpivirine

References to specific medications or brand names in this presentation are incidental and for informational purposes only. Mention of any product does not constitute endorsement, recommendation, or preference by the Texas Department of State Health Services.

**Texas Insurance Assistance Program-PLUS**

**TIAP-PLUS Client Served**

CY 2025	
Type of Service	Number of Clients
Premium Payment Only	787
Premium Payment and Copayment	370
Copayment Only	118
<b>Grand Total</b>	<b>1,275</b>

CY 2026	
Type of Service	Number of Clients
Premium Payment Only	635
Premium Payment and Copayment	335
Copayment Only	128
<b>Grand Total</b>	<b>1,098</b>

Calendar Year (CY): January 1–December 31.  
 THMP defined the number of clients served as clients whose premiums, copayments, or both are paid by THMP.  
 Data Source: Ramsell-February 2026 Claims and Premiums.



**HIV Long-Acting Injectable Treatment Pilot.** Tina Nguyen provided updates on the LAI Treatment Pilot, which added medications like Cabenuva to the formulary in September 2025. As of April, the pilot has 180 participants with at least one fill; the program is currently capped at 210 slots per the rider language. Dr. Michael Stefanovic noted a potential gap between participants with one fill and the actual number of ongoing administrations, suggesting the program collect qualitative data from consumers and providers.

Steven Vargas inquired about moving the LAI program from a temporary "rider" to a permanent budget item; Samuel Hebb Goings agreed to consult with Government Affairs on the legislature's intent.

**HIV LAI Enrollment\***

Month	ADAP participants with LAI: (cabotegravir; rilpivirine) listed in their medication regimen in TCT	Cumulative: Participants with at least one fill	Number of LAI: (cabotegravir; rilpivirine) fill requests approved and sent
September	32	13	13
October	64	50	54
November	81	60	90
December	109	95	153
January	123	111	209
February	140	125	260
March	164	153	353
April	180	178	425

\*Data as of May 5, 2026

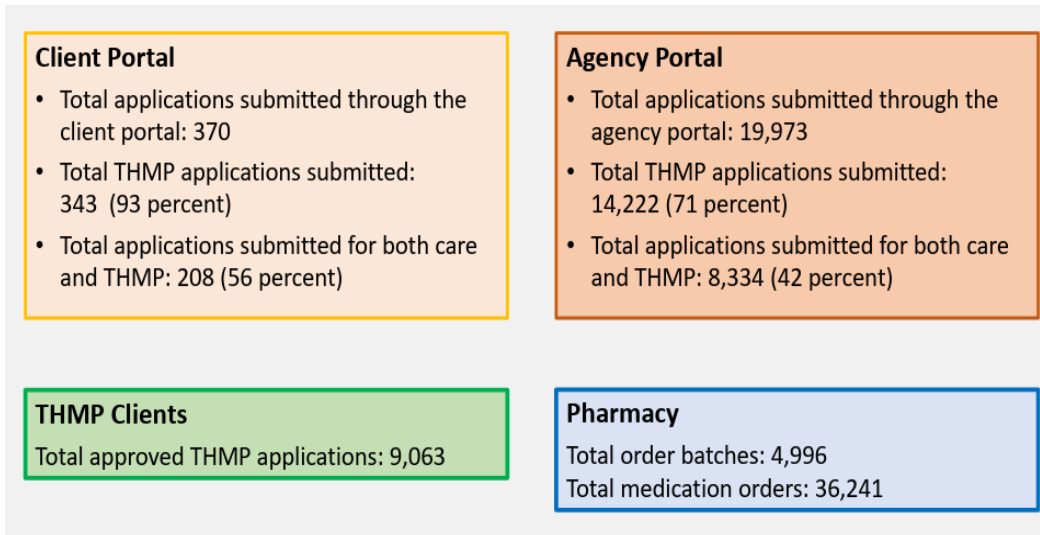
Steven Vargas expressed concern over the two-month inventory threshold, recommending a three-month trigger to ensure stability for clients during hurricane season or other disasters. Vargas also questioned why the committee did not meet during the third quarter, noting a violation of the bylaws; Samuel Hebb Goings acknowledged the concern and agreed to review meeting frequency requirements. Rachel Saner noted that federal HRSA Part B funding has remained mostly level, though there is a slight decrease in emergency relief funding due to increased demand across other states.



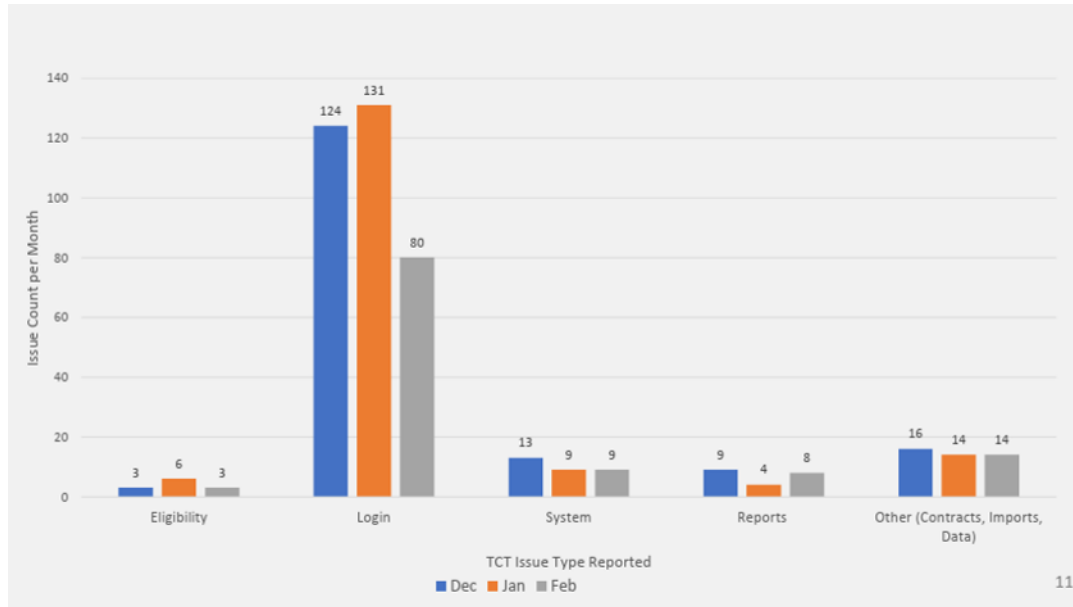
Tina Nguyen addressed challenges with phone outreach, noting low response rates and the need for updated contact information in the Take Charge Texas (TCT) system.

**TakeChargeTexas.** Rachel Saner provided an update on the TCT portal, noting that quarterly applications were slightly higher than preceding quarters, with one segment reaching 19,973. Help desk issues peaked in January, primarily due to login problems, including a specific system outage on January 22nd that was quickly resolved. The TCT system is currently in a maintenance and defect-work phase rather than an enhancement period, which has contributed to overall system stability. General issue types are trending downward, and login issues are currently well below the peak seen between June and August.

TCT Applications are Submitted Quarterly December 1, 2025–February 28, 2026



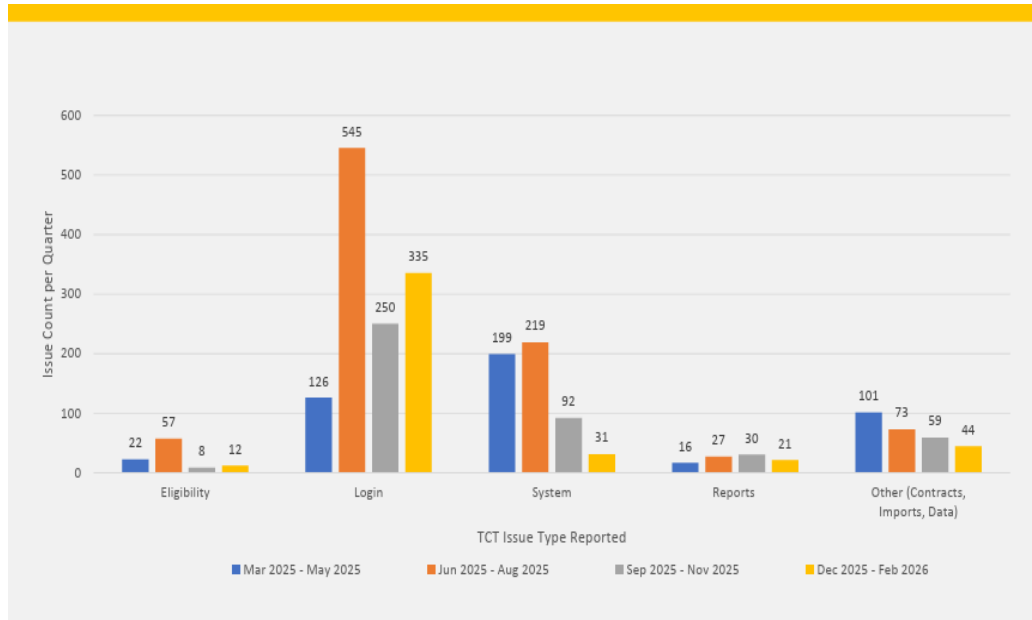
**Quarterly TCT Help Desk Issue Types December 1, 2025–February 28, 2026**



**TCT Applications Submitted Annually March 1, 2025–February 28, 2026**

<p><b>Client Portal</b></p> <ul style="list-style-type: none"> <li>Total applications submitted through the client portal: 1,164</li> <li>Total THMP applications submitted: 1,053 (90 percent)</li> <li>Total applications submitted for both care and THMP: 638 (55 percent)</li> </ul>	<p><b>Agency Portal</b></p> <ul style="list-style-type: none"> <li>Total applications submitted through the agency portal: 70,724</li> <li>Total THMP applications submitted: 50,072 (71 percent)</li> <li>Total applications submitted for both care and THMP: 29,880 (42 percent)</li> </ul>
<p><b>THMP Clients</b></p> <p>Total approved THMP applications: 19,982</p>	<p><b>Pharmacy</b></p> <p>Total order batches: 20,873</p> <p>Total medication orders: 145,954</p>

## Annual TCT Help Desk Issue Types March 1, 2025–February 28, 2026

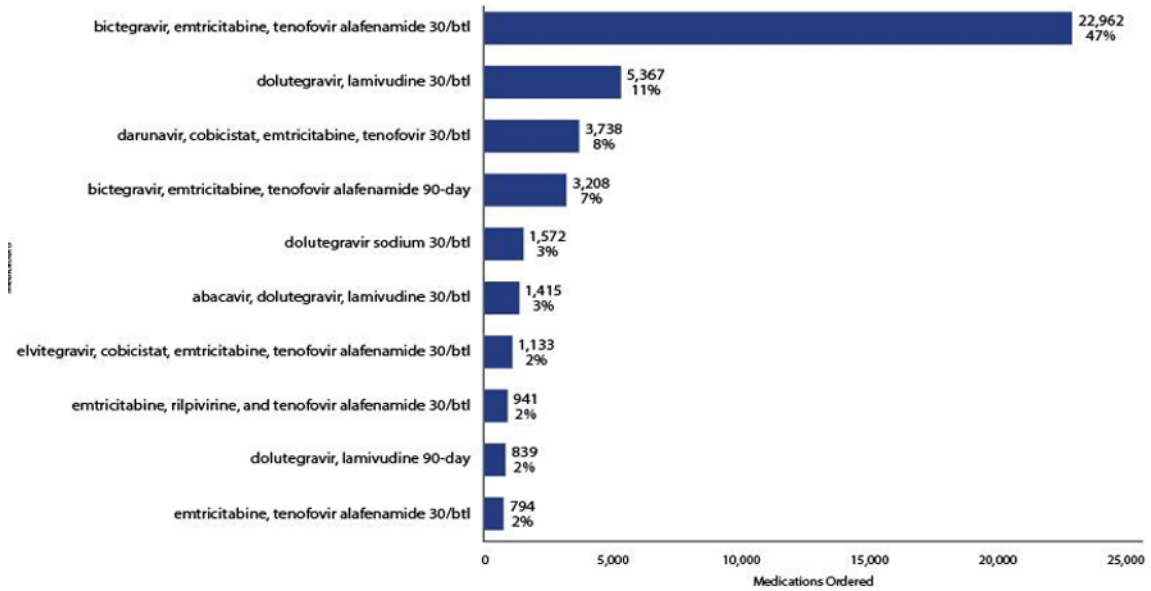


**Data update** Total medication orders reached 48,990 for the December to March period, which is higher than any previous quarter recorded. The program has transitioned to using generic names for medications to align with HRSA and HIV treatment guidelines; for example, Biktarvy is listed by its components and holds a 47% share of orders. Other top medications include Dovato (11%), Emtriva (8%), and Tivicay (3%). ADAP served 17,046 clients with medication fills this quarter. The demographic breakdown remains stable: 53% Hispanic or Latino, 63% White, and 79% Male (a slight increase from the typical 76%). The SPAP program served 1,296 clients; the highest quarter expected due to the January reset of Medicare out-of-pocket maximums.

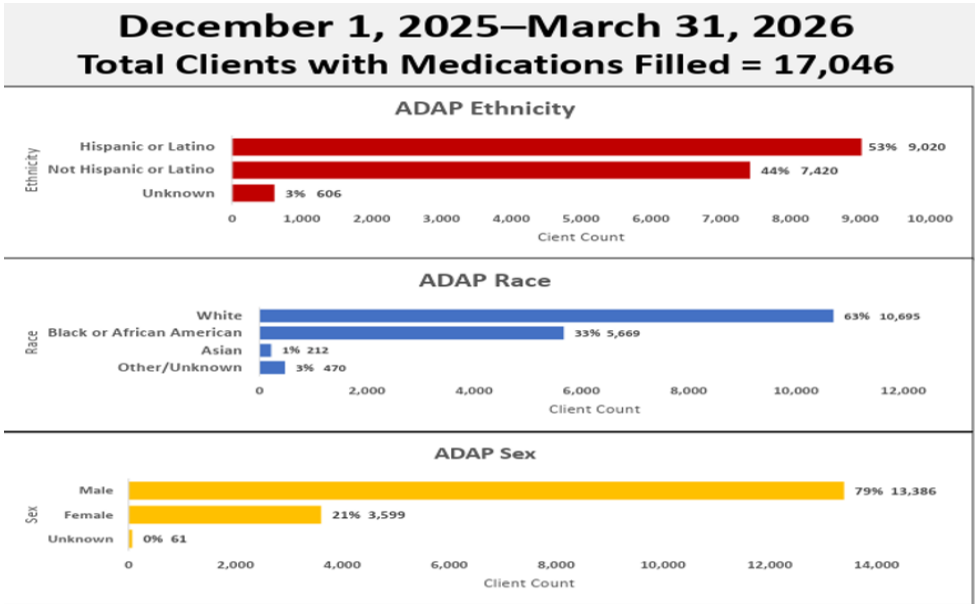
Projections for ADAP show an expected increase in clients through 2028, but a slight decrease in total costs (projected at 135 million for 2026 and 133 million for 2027-2028). Rachel Saner explained that the projected cost decrease is tied to anticipated utilization trends seen by the actuary, despite the rising number of clients. Dr. Stefanovich questioned how the cost per client could be decreasing while utilization is supposedly increasing, and Rachel noted that the actuary looks at the number of fills per person. Steven Vargas clarified the legislative timeline, noting that the program expects stability through at least June, as the next legislature won't be in place until January.

**AIDS DRUG ASSISTANCE PROGRAM (ADAP) Medications:**

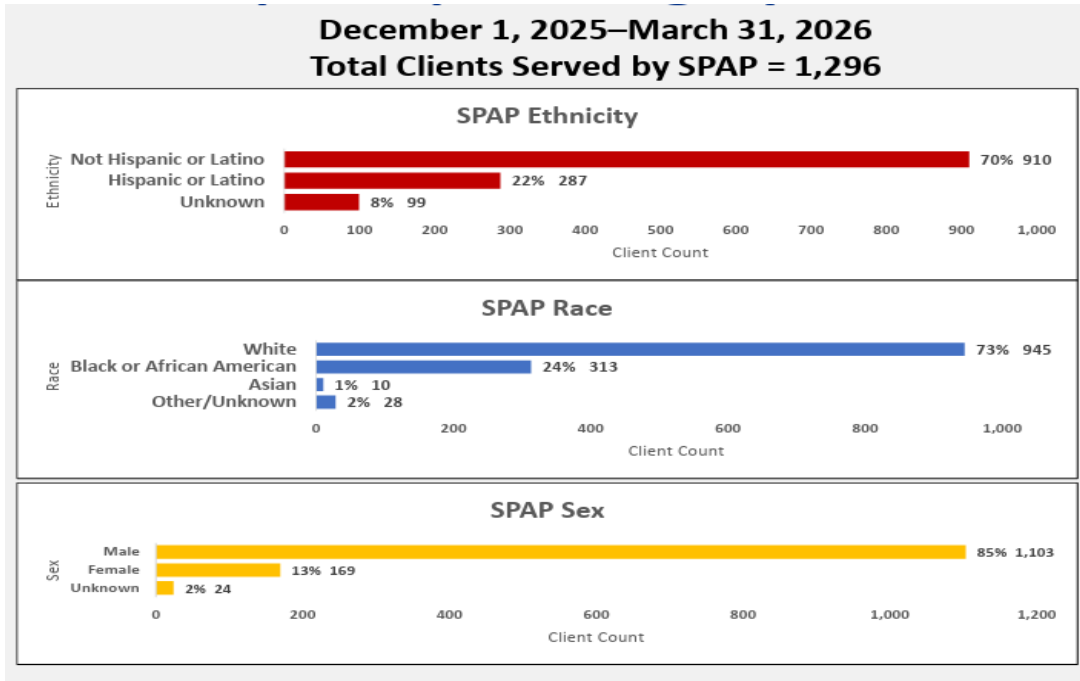
**December 1, 2025–March 31, 2026**  
**Total Medications Ordered = 48,990**



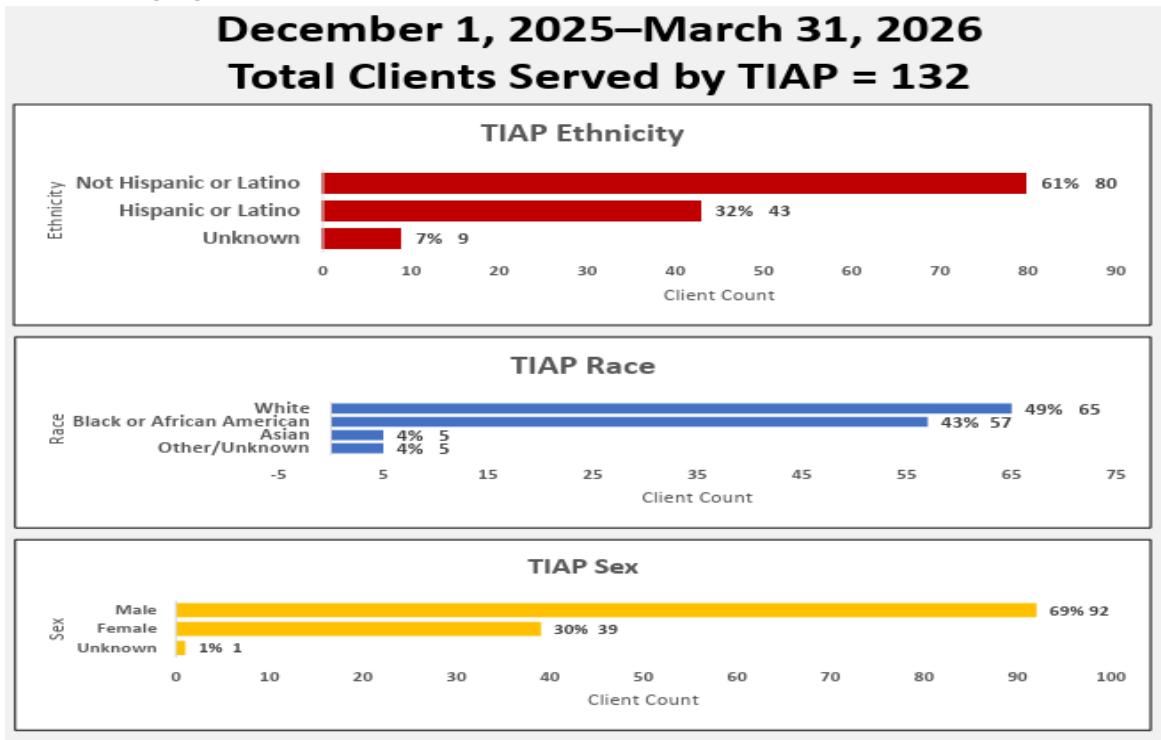
**ADAP Demographics:**



**STATE PHARMACY ASSISTANCE PROGRAM (SPAP) Demographics:**



**TIAP Demographics:**





**ADAP Data Total Clients and Total Cost Per Year**

Fiscal Year	2024	2025	2026*	2027*	2028*
Total Clients	21,280	21,833	22,143	22,364	22,588
Total Cost per Year	\$127,116,651	\$141,511,368	\$135,231,756	\$133,817,713	\$133,253,730

**SPAP Data Total Clients and Total Cost Per Year**

Fiscal Year	2024	2025	20268	2027*	2028*
Total Clients	1,682	1,525	1,522	1,522	1,522
Total Cost per Year	\$5,538,441	\$2,633,856	\$2,911,521	\$2,925,262	\$2,973,238

**TIAP Data Total Clients and Total Cost Per Year**

Fiscal Year	2024	2025	2026*	2027*	2028*
Total Clients	224	240	240	240	240
Total Cost per Year	\$665,599	\$804,955	\$833,766	\$880,575	\$932,012

**Application processing**

Application processing is currently on time with zero backlog across new applications, self-attestations, and renewals. Frank Rosas thanked Rachel, Tina, and Christine Salinas for their work in eliminating the application backlog that existed years ago.

Frank Rosas raised a concern about retail pharmacies (CVS, Walgreens) closing locations and the difficulty local community pharmacies face when trying to join the network.



A specific community pharmacy in San Antonio has been waiting over two years for contract approval despite being located next to a clinic and being willing to serve the network.

Application Type	New	Self-Attestation	Renewals
Processing on time?	✓	✓	✓
Backlogged Applications	0	0	0
Processing Date	May 19, 2026	November Due Dates	May Due Dates
Target Processing Date	May 19, 2026	November Due Dates	May Due Dates

**6. Subcommittee reports and recommendations**

**Eligibility**—no report

**Governance and Data.** Steven Vargas reported for the Governance and Data Subcommittee, acknowledging the service of Josh Hutchison and welcoming Priscilla Alfie Graham.

The Governance Subcommittee is requesting an official explanation of the onboarding process for new members to prevent long vacancies and losing potential committee members.

**Formulary.** Dr. Stefanovich reported for the Formulary Subcommittee, noting that the Long-Acting Injectable (LAI) pilot has approximately 130 clients enrolled out of a 210-person cap.

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

Staff presented four items that were in audible.

**Next meeting** July 10.



### **Additional items and agenda topics**

6 month recertifications

LAI pilot and data of fills for Cabenuva every two months.

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

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