



**HHSC: Texas HIV  
Medication Advisory  
Committee, October  
16<sup>th</sup>, 2020**

The [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-range and long-range goals and objectives.

**Current THMP Advisory Committee Members**

<ul style="list-style-type: none"> <li>• Natalie Vanek - Committee Chair Houston, Texas Term expires 2020</li> <li>• Frank Rosas - Committee Vice-Chair San Antonio, Texas Term expires 2022</li> <li>• Margaret Adjei San Antonio, Texas Term expires 2022</li> <li>• Ogechika Karl Alozie El Paso, Texas Term expires 2022</li> <li>• Gloria Heresi Houston, Texas Term expires 2024</li> <li>• Lionel Hillard Dallas, Texas Term expires 2022</li> </ul>	<ul style="list-style-type: none"> <li>• Susana Lazarte Dallas, Texas Term expires 2020</li> <li>• Nancy Miertschin Houston, Texas Term expires 2024</li> <li>• Ray Moore Granbury, Texas Term expires 2024</li> <li>• Yolanda Rodriguez- Escobar San Antonio, Texas Term expires 2024</li> <li>• Demetra Tennison Austin, Texas Term expires 2024</li> </ul>
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**1. Call to Order and Welcome.** The meeting was convened by Dr. Natalie Vanek, M.D., Committee Chair. A quorum was present.

**2. Logistical Announcement and Roll Call.** Sallie Allen, Advisory Committee Coordination Office, Health and Human Services Commission (HHSC).

**3. Review and Approval of July 31, 2020, Meeting Minutes (Vote Required) – Sallie Allen, Advisory Committee Coordination Office, HHSC.** The minutes were approved as drafted.

**4. Commissioner’s Updates, Imelda Garcia, Associate Commissioner, Department of State Health Services (DSHS); Phillipe Rocha mad the presentation.** He addressed the DSHS LAR. It was submitted on October 9<sup>th</sup>, later than normal because of the pandemic. State agencies had been asked to reduce their budgets because of revenue shortfalls. DSHS was exempt from this requirement. As part of the LAR process, all agencies were instructed to reduce their budgets for the LAR by 5%. This translates to a \$33 million reduction. This means that the large General Revenue programs have to take a reduction.

**Administrator’s Statement from the DSHS LAR.** Protecting every Texan is at the heart of the Department of State Health Services’ (DSHS) mission. We are charged with improving the health, safety and well-being of Texans, and never has that been clearer than in these unprecedented times. Since its emergence in late 2019, the COVID-19 global pandemic has challenged all aspects of life in our state.

As the state’s public health agency, DSHS has been on the frontline of Texas’ response working to slow the spread of COVID-19 in our communities, preserve the state’s healthcare system, and provide clear and actionable guidance to the public about this new disease. Our dedicated public health professionals, in coordination with local health departments across the state and our partner agencies, work tirelessly every day to safeguard Texans. DSHS is administratively organized into divisions covering Laboratory and Infectious Disease Services, Regional and Local Health Operations, Consumer Protection, and Community Health Improvement that fulfil our mission by:

- preventing, detecting and responding to infectious diseases,
- providing public health and medical response during disasters and emergencies,
- developing evidence-based public health interventions through data analysis and science,
- reducing health risks and threats through consumer protection, and
- promoting healthy lifestyles through disease and injury prevention.

Throughout the pandemic, DSHS has been fully committed as an agency to responding to COVID-19, while remaining vigilant against other infectious diseases, biological or chemical threats, and emerging public health issues. I am proud of the many ways DSHS staff have risen to the challenge of combating COVID-19. The hard work and sacrifice shown by staff embody the very best of public service. We began taking actions to fight COVID-19 shortly after the US Centers for Disease Control and Prevention confirmed the first case of the novel coronavirus in the United States. Ten days later, on January 31, we officially activated the State Medical Operations Center to prepare for the coming crisis, and by February 17, we activated our Regional Medical Operations Centers.

On March 4, we announced the first positive test result for COVID-19 in Texas, and a shortly after we confirmed on March 17 the first fatality of a Texas resident who had tested positive for COVID-19. Since early spring of 2020, the range of our response efforts during the pandemic have covered:

- Coordination of local and state public health efforts;
- Statewide management and provision of lab testing and capacity;
- Data collection, analysis and reporting;
- Health care system support and deployment of medical staffing to hospitals and nursing facilities;
- Statewide public awareness;
- Public Health guidance for individuals and businesses and consultation with local elected leaders; and
- Sourcing and consulting on medical supplies and personal protective equipment.
- Developing the infrastructure to safely and appropriately disseminate vaccine

The scale and scope of COVID-19 necessitated an unprecedented statewide public health response encompassing all parts of DSHS. Staff have been redeployed throughout the agency as we prioritized our COVID-19 response efforts, while still performing other ongoing important public health work Texans expect of us, including vaccinations, newborn screening, chronic disease prevention, vital statistics, food safety, and consumer protection activities.

DSHS developed its 2022–2023 Legislative Appropriations Request in light of its ongoing pandemic response and additional public health obligations. The DSHS appropriations request complies with the guidance provided by the Legislative Budget Board and the Governor’s Office of Budget and Policy. DSHS conducts criminal history background checks on a wide variety of positions, such as statewide users of the electronic vital statistics registration system, regional dental teams who work in schools to provide oral health screenings, staff at the Texas Center for Infectious Disease, and certain laboratory personnel as a requirement of the CDC Select Agency Program Registration.

Additionally, DSHS conducts background checks through the consumer protection program on license applicants, such as EMS personnel, EMS provider, Prescription or Non-Prescription Drug Wholesaler Distributor, and Consumable Hemp product applicants. As the pandemic unfolded, DSHS received over \$1.5 billion in federal funding to support the state’s COVID-19 public health needs. While these additional federal funding sources allow DSHS to address COVID-19, DSHS LAR reflects unmet current and future critical public health funding needs across DSHS’ responsibilities aimed at protecting Texans beyond this one infectious disease.

Our request focuses on those activities at the core of public health. **Based on the guidelines for developing the LAR, DSHS' baseline request includes a 5% reduction of General Revenue Funds and General Revenue-Dedicated Funds budget.** Post-Health and Human Services transformation, DSHS has been fully focused on public health.

**While these reductions are difficult, the agency understands the changing economic environment in Texas and has prioritized core public health programs. Programs partially reduced include HIV, the Adult Safety Net Immunization program, the Texas Primary Care Office, chronic disease programs, and agency administrative support provided by HHSC.**

The LAR includes four prioritized exceptional items that span program and infrastructure needs and ensure a stable foundation for state public health services. These exceptional items represent DSHS' refocused mission on public health and seek to provide the Department with the capacity to continue meeting the needs of Texans.

(1) Infectious Disease Respond and Laboratory Capabilities. This request includes funds to ensure the state's ongoing capability to address infectious diseases like COVID-19 and tuberculosis, and to maintain laboratory capacity to test for spinal muscular atrophy.

(2) Frontier Public Health Services. This request seeks to ensure the ongoing availability of essential public health services, such as providing vaccinations, tuberculosis surveillance, and sexually transmittable disease screening. in rural and frontier communities where DSHS is the primary public health service provider. The exceptional item includes additional rural and frontier clinics, mobile clinics, and an electronic health records system for regional offices.

(3) Consumer Protection and Safety. This request addresses audit findings related to consumer protection, seeks to secure adequate consumer protection and licensee support for the new consumable hemp program, maintains a technically skilled workforce related to food safety responsibilities, and improves customer service capabilities for current and future licensees.

(4) Effective Business Operations and Information Technology.

This request supports fiscal management, data center services costs, and the long-term viability of certain public health registries required to continue agency operations. The COVID-19 pandemic is presenting complex budgetary challenges for Texas. DSHS looks forward to continuing to work with the Legislature on protecting the health and well-being of Texans.

I am proud to submit this Legislative Appropriations Request on behalf of over 3,200 dedicated health professionals for DSHS working across the state to protect Texans from

disease and improve their health. The contributions we make every day, improve the lives of all Texans.

HIV is one of the programs impacted by the 5% reduction. The LAR proposal and legislative decisions will not go into effect until September 1, 2021. Any reduction to state funding in HIV impacts the federal funding because under Ryan White and other HIV programs an MOE requirement exists. HRSA will have to approve the change. A rider will be added to address the HRSA issue to try to safeguard funding. A lot can happen between now and the end of the legislative session in May.

We are experiencing increased demand for ADAP on the program and increased medication costs. Analysis is still underway. Once the best information is available, then this body will be informed, and stakeholders will be also informed.

### **Questions/Answers/ Comments**

What is the effect of the 5% on this program? DSHS stated it was about \$4.9 million for the biennium for the HIV program. The TB program was also reduced.

The rider would impact only HIV? DSHS stated that Ryan White dollars are what would be impacted by the rider. Without HRSA approval, the loss of dollars would be greater. DSHS would work to reduce the impact on services (looking at administrative services, etc. for reductions first).

This program has never had a waiting list, so would having one require rules changes? DSHS stated that the TAC allows waiting lists and other changes to eligibility.

We should have a budget update at the next meeting and the possible impacts if the total \$5 million were lost. DSHS stated that the 5% reduction would not come from one program alone, but across programs.

By the end of the year, these numbers will be better established. DSHS stated that the numbers are there. There are two issues: the five percent reduction in the LAR where reductions to HIV occur; it is a proposed request and there is a lot of activity that will occur during the legislature.

DSHS is in communication with the HRSA project officers. We might want to call a special meeting of this group to discuss the HRSA issues. The bylaws say the MAC can meet as needed.

HRSA MOE can get complicated and involve more than expenditures from DSHS. Other agency expenditures can be counted. There should be an answer from HRSA by next meeting.

## 5. THMP Update– Rachel Sanor, THMP Manager

MAC Terms:

- A full MAC term is six years
- A third of terms expire every two years
- MAC terms were altered to better stagger expiration dates
- Two term limit

A total of four positions need to be filled

- 2 consumers
- 2 physicians

Solicitation will start first week of November, 2020 and response will be due December, 2020. At the January MAC meeting there will be an update on process and by the April MAC meeting new members should be installed and in attendance.

### **Texas ADAP Medication Interface (TAMI)**

Implemented on 9/21/2020, this is an improved database for use until the larger HRAR project is implemented. It eliminates issues from the legacy system and allows improved HRSA compliance.

### **Program Growth.**

**ADAP Original and Current approvals,  
March to August 2019 and March to August 2020**

Approval Type	March to August 2019	March to August 2020	Difference	% Change
Original Approval	1,972	2,789	817	41%
Employed	774 (39%)	992 (36%)	218	28%
Not employed	1,198 (61%)	1,797 (64%)	599	50%
Current Approval	11,232	14,908	3,676	33%
Employed	5,863 (52%)	6,845 (46%)	982	17%
Not employed	5,369 (48%)	8,063 (54%)	2624	50%

### **THMP COVID-19 Response**

Eligibility

- Emergency application in place
- Not requiring copies of eligibility documents

- Eligibility extension being phased out
- Eligibility response end December 31, 2020, with the emergency application phased out afterwards

#### Medications - Phasing out

- Medication delivery encouraged
- 90-day fills encouraged for approved medications
- Letter sent to all existing program participants.
- 60-day fills ended 10/12/2020
- Fills can be requested 20 days early ended 10/12/2020
- The 90-day utilization of medications that are available remains.

#### Changes in Staffing

- Laura Potter now Manager with the Health Communication and Community Engagement Group (HCCEG) with the section.
- Christine Salinas, THMP team lead, will be the acting Regional Manager in Laura's place.

### **6. Sub-Committee Reports**

**Governance/Data – Nancy Miertschin.** The committee has met twice since the last MAC meeting. There was a discussion about removal of members for nonattendance. They have been trying to recruit a member for the committee. They discussed some data reports and how to make the data relevant. They wanted to see data on viral suppression.

**Eligibility – Frank Rosas.** The Committee has been meeting monthly. There are not any meeting minutes notes to be presented.

**Formulary Sub-committee report – Dr. Natalie Vanek, M.D.** The committee has met two times since the last full committee. They addressed medications they believed had low uptake and the causes of the low uptake. They discussed strategies to increase the ease of accessing the 90-day supply. They looked at a long-lasting medication that should get FDA approval and the difficulty of making the medication available because it is an injectable and extends beyond the normal life of most medications. Travel to other states was also discussed.

## Non-HIV Medications

Drug Name	Priority	Strength/Form	Per Unit	MAX Qty/30-day script	MAX Qty/90-day script
Amlodipine	3	5 mg tablets	90/btl *	N/A	90 tablets
Atorvastatin	3	20 mg tablets	90/btl *	N/A	90 tablets
Duloxetine HCL	3	30 mg tablets	90/btl *	N/A	90 tablets
Gabapentin	3	300 mg capsules	100/btl *	N/A	100 capsules
Hydrochlorothiazide (HCTZ)	3	25 mg tablets	100/btl *	N/A	100 tablets
Lisinopril	3	10 mg tablets	100/btl *	N/A	100 tablets
Livalo (pitavastatin calcium)	3	2 mg tablets	90/btl *	N/A	90 tablets
Metformin HCL	3	500 mg tablets	100/btl *	N/A	100 tablets
Metoprolol Tartrate	3	50 mg tablets	100/btl *	N/A	100 tablets
Sertraline	3	50 mg tablets	90/btl *	N/A	90 tablets
Trazodone	3	100 mg tablets	100/btl *	N/A	100 tablets
Zypitamag (pitavastatin magnesium)	3	2 mg tablets	90/btl *	N/A	90 tablets

\* NOTE: Must be dispensed in full bottle amounts. Please provide # days supply the bottle will last with each order.

**A question** was asked about the mechanism that is used to ensure that a person is ready to receive a certain medication. The Chair stated that it is a local issue. The state only has the information that is present on the med cert form.

**7. Public Comment.** No public comment was offered.

### **8. Action items and agenda topics for next scheduled meeting**

- Request for a budget update and HRSA response
- Texas Administrative Code update
- Changes related to COVID and impact
- 60-day fills vs 90-day fills discussion

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

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*This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of the organization and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless the organization grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of the organization or its management.*

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