

# Texas HIV Medication Advisory Committee Meeting Minutes

July 29, 2022, 1:30 p.m.

Location: Microsoft Teams Virtual Hybrid Meeting

## Agenda Item 1: Call Meeting to Order, Welcome and Opening Remarks

Mr. Frank Rosas, Chair, called the meeting to order at 1:32 p.m. and welcomed members, staff, and public in attendance.

## Agenda Item 2: Logistical Announcement and Roll Call

Ms. Sallie Allen, Advisory Committee Coordination Office, HHSC, Ms. Allen proceeded with the logistics announcement, called roll, asked members to introduce themselves, and determined a quorum was not immediately established. A quorum was present later at 2 PM.

Table 1: The Texas HIV Medication Advisory Committee member attendance at the Friday, July 29, 2022 meeting.

| Member Name                       | Attended         |
|-----------------------------------|------------------|
| Adjei, Margaret                   | No               |
| Alozie, Ogechika Karl, M.D.       | Yes, Joined late |
| Heresi, Gloria, M.D.              | No               |
| Hillard, Lionel                   | Yes              |
| Lazarte, Susana, M.D.             | Yes              |
| Miertschin, Nancy, M.P.H.         | Yes, Joined late |
| Rodriguez-Escobar, Yolanda, Ph.D. | No               |
| Rosas, Frank (Chair)              | Yes              |
| Martinez, Dora, M.D.              | Yes              |
| Turner, Helen                     | Yes              |
| Vargas, Steven                    | No               |

## Agenda Item 4: Public Comment

The following individuals provided oral and written public comment:

Nazley Mohammadi, commented on Take Charge Texas (TCT) and that applications have not been processed. She stated that this becomes an access to care issue. She called on DSHS to look at the roll out of the program.

The following individuals provided virtual oral public comment:

Andrew Edmonson, commented on his concerns with the HIV medication program:

- Backlog/waitlist has ballooned to 2,200 individuals increasing 40% since the last meeting
- Three months wait to be determined eligible for the program

- TCT website is problematic
- Texas is one of the few states that has made the decision to unwind the program from the public health emergency, leaving many individuals with access to medication issues and the only alternative is to add to the application load of the Texas HIV Medication Program
- The wait has been for nine months for the wait list to have been reduced.

Josh Mica requested that people living with HIV have greater involvement in the MAC. He requested a person living with HIV be the chair

### **Agenda Item 3: Consideration of the April 08, 2022, draft meeting minutes**

Following the establishment of a quorum, Ms. Allen requested a motion to approve the April 08, 2022, meeting minutes.

**MOTION:** Mr. Lionel Hillard motioned to approve the April 08, 2022 minutes as presented. Ms. Helen Turner seconded the motion. Ms. Allen conducted a roll call vote, and the motion passed with six approvals.

### **Agenda Item 5: HHSC Plan Unwind Continuous Medicaid Coverage (ending of Public Health Emergency)**

Mr. Rosas introduced Valerie Mayes, Deputy Executive Commissioner for Policy and Quality, Medicaid, and CHIP Services, HHSC and Michelle Alletto, Chief Program and Services Officer, Chief Program and Services Office, HHSC to provide members with overview of the ending of Public Health Emergency related to Medicaid coverage.

#### **Highlights included:**

- The ending of continuous Medicaid coverage established under the Medical Emergency. The Families First Coronavirus Response Act (FFCRA) was passed by U.S. Congress in March 2020. It allowed states to qualify for a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase, provided states maintain Medicaid coverage for most people enrolled in Medicaid as of or after March 18, 2020, until the end of the month in which the federal public health emergency (PHE) ends. HHSC implemented the federal directive effective March 18, 2020.
- Guidance from Centers for Medicare and Medicaid Services (CMS) has evolved over time. Major parameters for unwinding include:
  - States have up to 12 months to complete pending eligibility actions, which can begin up to 60 days before the first disenrollment will begin.
  - Disenrollment cannot be effective before the first of the month after the PHE ends.
  - States must conduct a full redetermination (as outlined in 42 Code of Federal Regulations 435.916) and allow members a minimum of 30 days to respond to renewal packets or requests for information.
- HHSC/DSHS is preparing for the large volume of work expected with unwinding continuous coverage. This plan is subject to change based on new guidance and the changing landscape.
- HHSC's unwinding approach staggers Medicaid redeterminations for continuous coverage over multiple months. The continuous coverage population will be distributed into three cohorts to best accomplish the goals of:
  - Maintaining coverage for eligible individuals; reducing churn
  - Prioritizing redeterminations for those most likely to be ineligible or to be eligible for another program
  - Reducing the risk of overwhelming the eligibility system or workforce during the

- unwinding period
- Establishing a sustainable renewal schedule for subsequent years
- To address potential strain on the eligibility system during the unwinding period, HHSC has identified multiple strategies aimed at increasing workforce capacity and/or reducing workload on eligibility workers. These include:
  - Augmenting the eligibility operations team with other staff to process certain case actions.
  - Conducting job fairs in high retention areas and doing on-demand hiring to boost recruitment.
  - Base salary increases for eligibility operations staff.
  - Increasing staff efficiency and performance, while improving the client experience, by:
    - Allowing clerical staff to perform data entry tasks and assist with interview scheduling.
    - Prioritizing specific system changes that will result in faster processing times, including the automated scheduling of SNAP appointments and automation of certain manual eligibility staff alerts (i.e., MAGI).

### **Constraints**

- The unwinding of continuous coverage is comparable in magnitude to the launch of the Affordable Care Act (ACA).
- The end date of the PHE is still uncertain.
- Additional guidance from CMS may require the need to revisit strategy, IT coding, and other preparations currently underway.
- Workforce challenges exist across the system that continue to impact planning efforts and preparation. This includes hiring and retention of staff for contract partners, including call centers.

### **Next Steps**

- Continue working with CMS to keep aligned with the latest federal guidance and requirements.
- Continue activities to increase workforce capacity and ensure the eligibility system is prepared for ending continuous coverage.
- Continue engaging with contract partners and external stakeholders to build awareness for HHSC plans to end continuous coverage and expectations for members when action is needed.

### **Discussion**

- Has HHSC looked at the impact on persons with HIV? HHSC stated that we want to reach every group, and they ask for suggestions on groups to be addressed. They want to be sure that people are not cut off from Medication. Data is being reviewed concerning who is diagnosed with HIV and who is on medication within the programs. Once this information is gathered then targeted discussions can occur.
- Reports of persons being dropped from medication coverage. There are many people who are confused. The information is not getting out to the people who need it.
- Will we be able to catch up so when the unwinding occurs? DSHS stated that they are working on the messaging.
- When information is getting to people it is confusing. Accessing 211 itself can be confusing. Options are offered that have nothing to do with why the person is calling. Ryan White Agencies must get more involved.

## **Agenda Item 6: THMP Update – Rachel Sanor, THMP Manager**

Mr. Rosas turned the floor over to Ms. Rachel Sanor Ms. Rachel Sanor, THMP Manager, DSHS, and she provided the following update and referenced the powerpoint handout, *July MAC Meeting THMP Presentation*.

### **Highlights included:**

#### **a. Take Charge Texas**

- There is process improvement training in progress with THMP staff. We are working with the vendor on improvements and enhancements. Currently in pre-discovery meetings on this. The maintenance phase continues, defects that come up are addressed on a regular basis. Help desk requests have seen a significantly reduced volume, with most being login issues.

#### **b. Application processing timeline**

- Self-attestations and renewals are being processed on time. New applications total 2600 and are being worked on March 14<sup>th</sup>. The target date was July 1, so they are backlogged. This data was from 7/15/22. Apps received as of the day of the meeting were on April 10.
- THMP has 17 staff working on applications, and 6 staff on receiving. There are 3 vacancies in Eligibility, 2 will be filled by September 1, and 5 staff in training. All staff are working hard to improve the numbers. There are 12 contract staff approved with a purchase order to start on September 1, including one contract manager.

#### **c. THMP – Staff Updates, Projections and Demographic information**

- The Data and Governance Subcommittee requested some changes. The top ten meds ordered are the same as in last quarter, however they are now shown as the percentage of all medications where before they were shown as the percentage of the top ten medications.
- AIDS Drug Assistance Program (ADAP) demographics – this includes all active clients regardless of medication fills: 18,766. This is similar to previous percentages.
- State Pharmacy Assistance Program (SPAP) demographics – 2,142 clients, again this is all active clients.
- Texas Insurance Assistance Program (TIAP) demographics – 510 clients.
- Ms. Sanor presented data on actual fills on ADAP, SPAP and TIAP. The SPAP Data was a similar pattern to last quarter, as was the TIAP data.
- Dr. Lazarte asked if the difference in cost of the ADAP data was due to the backlog. Ms. Sanor replied that that is one factor they looked at, but even accounting for that doesn't account for the decrease completely. She has been concerned. There were 15,730 clients actually filling medications that were used for the projections.
- Ms. Turner thanked Ms. Sanor for the detailed presentation and appreciated the graphic of people getting through on calls. She would like to know about the people doing the actual work that there is a plan in place to get through the backlog. Do we have a collaborative system with other entities? People are getting disenrolled from everything. Ms. Sanor replied that there are staff in training, 5 for new applications. THMP is working hard to keep good people and train new ones. Coordination with other systems: we have matches with Medicare and Medicaid. There are other challenges with linkages to other systems. Ms. Sanor offered to meet after the meeting to go over this.
- Ms. Turner said that there should be collaboration with other agencies in DSHS, for example regarding the aging population.
- Dr. Lazarte asked about costs and backlog, that this will matter in the budget request, correct? Ms. Garcia stated that this will be part of her update. We are still running the numbers. The plan is to release the numbers next month when the requisition is done. They anticipate amending the request in November/December when they have better data.

Mr. Rosas announced Ms. Imelda Garcia had another commitment thus to allow her ample time to present to the committee, we moved ahead to Agenda Item 8.

## **Agenda Item 8: Department of State Health Services Updates (DSHS) – Imelda Garcia, MPH, Associate Commissioner of Laboratory, and Infectious Disease Services**

Mr. Rosas introduced Ms. Imelda Garcia, Associate Commissioner of Laboratory, and Infectious Disease Services, DSHS, and she provided the following updates.

### **Highlights included:**

#### **a. Agency Update**

- Regarding Covid, there were over 9000 new cases yesterday, with 3600 hospitalizations. The omicron variant still poses a challenge for the country.
- Regarding monkeypox, Texas has 338 confirmed and probable cases, 98% in men, 6 women. Almost half of the cases are in Public Health Region 2/3 (Dallas/Fort Worth), one-third in region 6/5 (Houston). 98% of cases globally are in gay or bi-sexual men, with 95% of transmission by sexual contact. Approximately 45% also have HIV.
- The CDC has made the JYNNEOS vaccine available, mainly to post-exposure and prophylactic use. Additional doses are being sent to Texas. Messaging is very important. Ms. Garcia would like to hear from stakeholders on how to approach and prioritize access.
- Mr. Rosas agreed, stating that a meeting or town hall would be welcome since there is a lot of confusion on vaccine and availability.
- Dr. Lazarte said that as a physician in the DFW area, she is getting people with a new diagnosis of HIV and monkeypox. She would like pre-exposure prophylaxis. Her main concern with THMP is how to avoid the same problem we had with Covid. Ms. Garcia agreed that was a fair question. Since Covid money flowed into the state, they have hired a lot of staff in epidemiology, management, data analysis, and vaccines. They have a lot of new staff, and the CDC has allowed the use of those staff and dollars to work on monkeypox. It is a disease of concern, but Ms. Garcia is not the only one working on it. The infrastructure will assist with monkeypox, too.
- Ms. Turner suggested that DSHS not deal with monkeypox with such an iron fist, transparency and truth is essential. She attended a presentation on monkeypox that was judgmental and stigmatizing. Be compassionate.
- Mr. Hillard would like to see vaccine go to the community quicker. He also agreed that the language regarding gay and bi transmission rates is stigmatizing. He would also like DSHS to incorporate consumers. Ms. Garcia agreed.
- Regarding the Exceptional Item request, the Legislative Appropriations hearing was on Monday, and various comments have been submitted and will be incorporated. She does not have number to present at this meeting. Given the topics (ADAP backlog, public health epidemic, potential change in Medicaid, we know there are substantial changes to come. The initial numbers are expected next month and are expected to change before the Legislative session. There will be one additional amendment just before the legislative session to update the Exceptional Item.
- Mr. Hillard asked about how the influx of revenue will impact the request. Ms. Garcia replied that the Comptroller has certified that there are additional funds available, but how that will be distributed is unknown.

#### **b. Update on Standard Deduction**

- Dr. Hellerstedt asked DSHS to rerun data on the Standard Deduction. Ms. Garcia will brief him again before he makes his decision on how much that will be, by the end of August. The new rules packet goes into effect on 11/1/22. Moving forward after that, it will update annually as the Feds update the Federal Poverty Level.

Mr. Rosas returned to Agenda Item 7 and introduced Mr. Josh Hutchison.

## **Agenda Item 7: TB/HIV/STD Section Updates, Josh Hutchison, Interim Section Director, DSHS**

Mr. Rosas turned the floor over to Mr. Josh Hutchison, and he referenced a PowerPoint, *Texas HIV Medication Program Budget Update*, and a handout, *Medication Expense Projection Data*.

### **Highlights included:**

#### **a. Budget Report**

- Mr. Hutchison presented the current budget report. There are no real changes from last time. We have about \$25 million left, all from rebates and Ryan White funds. We will roll forward what is left. Out of \$128 million, we have spent about \$102 million so far.

#### **b. Medication Expense Projections**

Mr. Hutchison gave a detailed presentation on medication expense projections, showing the calculations for policy change and projection numbers. The Committee then discussed the projections. Highlights included:

- If the 6-month self-attestation is eliminated, it would require \$12 million for medication expenditures, \$351,000 for the 5 DSHS staff needed, and \$702,000 for 10 field staff. The total for Fiscal Year 2024 would be \$5.8 Million, and the total for FY2025 is \$6 million. Mr. Hutchison presented slides on the math required to calculate those expenditures.
- Ms. Miertschin asked what other states are doing. Ms. Garcia replied that other states have expanded Medicaid and insurance purchasing.
- Ms. Miertschin asked if we have factored in the cost of treatment for patients who fall off of meds and need hospitalization. Ms. Garcia replied that while it is possible to calculate that, the legislature wants to see the program-specific impact.
- Mr. Hillard asked about the projections to extend eligibility. Ms. Garcia replied that the cost is based on people who did successfully continue.
- Dr. Lazarte appreciated the detail and asked for the conclusions. Mr. Hutchison replied that this was to describe the methodology.
- Mr. Rosas reminded the Committee that this was what they requested to see. The whole issue of self-attestation and recertification is a barrier. Usually, it will be the same information every time.
- Ms. Turner requested that the presentation be sent to her again and that it be addressed earlier in the next meeting.
- Dr. Lazarte said that if this is complicated for the Committee, imagine how hard it is for others with less education and experience. She understands that the legislature doesn't want the cost of falling off of care, but can we add up the number of new transmissions that will occur because of falling off care?

## **Agenda Item 9: Sub-Committee Reports**

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

- Mr. Rosas presented a summary of the Eligibility subcommittee meeting in May. The subcommittee discussed much of the information from the THMP update, that pediatric formulations of medications were put on the formulary, orders processing, and special populations updates.

### **b. Formulary – Dr. Susanna Lazarte**

- Dr. Lazarte presented a summary of the Formulary subcommittee meeting in June. The subcommittee discussed the THMP updates, Cabenuva, the suspended medications, the 90-day supply meds, and the pediatric formulations that were approved.

**c. Governance/Data – Ms. Nancy Miertschin**

- Ms. Miertschin presented a detailed summary of the Bylaws changes discussed by the committee. Mr. Hutchison explained that there has been guidance from Legal that all changes to the Bylaws would require a Rules change as they reflect language from the Rules or governing Statute.

**Agenda Item 10: Proposed changes for Bylaws (vote required)**

The by-laws changes will need to be reviewed by HHSC before final vote by the committee. The changes are minimal in the attachment. The recommendations that the subcommittee made will have to be reviewed by legal.

MOTION: Dr. Lazarte motioned to table the Bylaws until the next meeting, and Dr. Alozie seconded. Ms. Allen conducted a roll call vote, and the motion passed with seven approvals.

**Agenda Item 11: Action Items and agenda topics for next meeting**

Mr. Rosas, Chair, stated the next meeting is scheduled for October 28, 2022. He asked Mary Richards for action items and agenda topics to be consider for the next meeting.

Agenda items for the next Committee meeting included:

- Medication Advisory Committee Bylaws. Mr. Hillard asked that the Governance and Data subcommittee notes be combined with the Bylaws to recommend the changes.
- Revisions to the Formulary to update it to the current standard of care, and a 5-year comparison on prescribing trends.
- Voting on the 2023 meeting dates.

**Agenda Item 12: Adjournment**

Mr. Rosas, Chair, thanked the members and the public and adjourned the meeting at 5:07 pm.

To view and listen to the archived video of the July 29, 2022, Texas HIV Medication Advisory Committee meeting in its' entirety, click on the link below.

<https://texashhsc.new.swagit.com/videos/178000>