

Texas HIV Medication Advisory Committee Meeting Minutes

April 8, 2022, 1:30 p.m.

Location: Microsoft Teams Virtual Hybrid Meeting

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

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

Mr. Frank Rosas, Vice-Chair, called the meeting to order at 1:31 p.m. and welcomed new and current members, staff, presenters, and the public in attendance.

Agenda Item 2: Logistical Announcement and Roll Call

Ms. Sallie Allen, Advisory Committee Coordination Office, HHSC, introduced Ms. Tessa Buck-Ragland, a new member of the ACCO team, and advised that Ms. Buck-Ragland will assume the lead facilitator role for the HIV-MAC committee beginning July 29, 2022. Ms. Allen proceeded with the logistics announcement, called the roll, asked members to introduce themselves, and determined a quorum was present.

Agenda Item 3: Consideration of January 28, 2022, draft meeting minutes

Ms. Allen requested a motion to approve January 28, 2022, meeting minutes.

Mr. Steven Vargas noted an edit to Agenda Item 7b, 60-90 supply analysis.

- Mr. Vargas requested that a bullet point be added to item 7b, stating: The Committee weighed the impact of no inherent difference in cost against people staying in care and believes that the need for 60 and 90-day fills outweighs the slight difference in cost.

MOTION:

Mr. Lionel Hillard motioned to approve the January 28, 2022 minutes as presented with the edit. Ms. Helen Turner seconded the motion. Ms. Allen conducted a roll call vote, and the motion passed with nine approvals and one abstention.

Agenda Item 4: Public Comment

The following individuals provided oral and written public comment:

- David Poole
- Nazley Mohammadi
- Andrew Edmonson
- Benjamin Johnson, written only

The following individuals provided virtual oral public comment:

- Andrew Edmonson
- Tana Pradia
- Phil Matthews
- Ruston Taylor
- Matt Pagnotti

Agenda Item 5: Department of State Health Services Updates (DSHS) – Imelda Garcia, MPH, Associate Commissioner of Laboratory and Infectious Disease Services (LIDS)

Mr. Rosas introduced Ms. Imelda Garcia, Associate Commissioner of Laboratory and Infectious Disease Services. She introduced pertinent staff and provided the following updates and referenced handouts and PowerPoint documents as noted below.

Highlights included:

a. LIDS/TB/HIV-STD Staffing Update

– referenced handout, *Management Organizational chart*

- Ms. Garcia introduced Joshua Hutchinson, Interim TB/HIV/STD Director, and gave a brief overview of his background.
- The Director IV position was withdrawn and will be reposted shortly.
- The Director I position is also being reposted.
- Ms. Garcia introduced Samuel Goings, the new HIV Prevention Manager, and gave a brief overview of his background.

b. Health Resources and Services Administration’s (HRSA) Clarifications on Ryan White Program Client Eligibility Determination and Recertification Requirements (Policy Clarification Notice 21-02)

– referenced PowerPoint, *HRSA April 2022 PCN Update*

- Ms. Garcia presented recommendations in the HRSA Clarification Notice. Those recommendations included:
 - Removing THMP’s six-month self-attestation requirement
 - Conducting increased follow-up for clients dropped from the program during annual recertification
 - Using electronic data to verify eligibility
- Ms. Garcia discussed the potential fiscal impact on THMP of those changes.
 - Projected costs would increase by more than \$17 million per year to implement those changes. Most of this cost increase would be from removing the 6-month self-attestation.

- Projections were made through 2025. This is the time frame that DSHS needs to prepare for the next legislative session. The next State Fiscal Year begins in September 2022, and 2024 and 2025 will be the next two years within the next biennium.
- Based on the significance of the dollars needed to implement these changes, DSHS will not be making any changes to the recertification processes. Instead, the requested funding will be included within the anticipated Exceptional Item request for the legislative session. This will be one component of that request.
- The Exceptional Item details must be complete by this summer to allow public hearings to be held in the fall. This will allow adequate preparation for the legislative session starting in January 2023. By the end of the summer the agency will be able to share with stakeholders what the final dollar amount for the Exceptional Item will be, and all the components that will include.

c. Status of Committee Recommendations

Ms. Garcia spoke regarding the Committee recommendations on the Cabenuva Pilot, 90-day fills, Suspended Medications, and Pediatric Medications. Highlights include:

- All of the projections for the \$17 million for HRSA as well as the Exceptional Item assume that no other changes are made. As an agency, we felt it was best to wait until funding is determined. The agency is working on providing a framework of a dollar threshold to consider adding costs to the program within. This will prevent the agency from asking for significant extra funding between legislative sessions.
- The agency will be working with the Commissioner on that threshold and intends to bring that before the Committee at large as well as the Formulary Subcommittee. This will inform the Committee on which items will be easy because they are not a significant cost, as well as which items would require a request for extra funding from the Legislature because of how big the cost impact will be.
- One particular item taken into account was the utilization pattern for new medications. As clinicians change what they prescribe, and as people move to newer, more expensive medications, costs significantly change over a short period of time. That has been a cost driver over the last few years.
- We will address how to best manage the inventory, and make sure that the Committee considers how to best manage medications that are replacing old inventory, and how to utilize that inventory. The goal is to ensure that prescribing patterns don't change too quickly.
- LIDS did ask to expand insurance purchasing in order to guarantee the long-term financial stability of the program. However, the Legislature specifically struck that language from the appropriations bill. The direction we got was that we were not to expand insurance purchasing. This restricts how much revenue we can generate through those means. Within the next two years, we don't have the ability to garner additional rebates through buying additional insurance, therefore we must live within the dollars that we have.
- We will have to lay out in the overall strategy that this is the amount we anticipate needing without insurance purchasing adding revenue to our program.

- We will make sure that the Committee has information as soon as the Exceptional Item is finalized so that the Committee knows the framework we are navigating.

d. Changes to the Texas Administrative Code

- The Standard Deduction rules change is planned to be published next month. There was a delay in publishing them. Because of that delay, they will be heard by the Health and Human Service Committee next month, the time for those rules to be rolled out will be October. Therefore, the spenddown will remain in place until October 2022, and the standard deduction will be applied on November 1. The actual amount of the standard deduction is not yet decided. This number also has the potential to increase or reduce clients in the program.
- Once the amount is known, that will be published by the end of August to ensure there is a 60-day notice. It will not be implemented until November 1st so that all eligibility workers, Administrative Agencies, and those helping people with applications will have that information.
- Lionel Hillard requested more information on the 6-month renewal. Ms. Garcia explained that every month sees clients drop off the program because they did not respond. If those clients do not drop, that drives the majority of the \$17 million projected cost increase. Mr. Hillard was concerned that clients were dropping off for reasons that were not their fault. Ms. Garcia stated that that information could not be provided to the actuarial firm for their projections, only the numbers of people who dropped off.
- Dr. Susana Lazarte gave her perspective as a prescribing physician. She feels that the 6-month recertification interferes with medical care and should not be the standard. The program should not have to tell the Legislature that they need \$17 million extra, but that they have been under-budgeted \$17 million dollars. Dr. Lazarte also addressed pediatric medications reviewed by the Formulary Subcommittee and the 90-day medication supplies. She stated that both are necessary standards of care for viral suppression.
- Steven Vargas echoed Dr. Lazarte's comments and added that the program needs to be asking for more budget because we are short. He stated that he understands that the Program's hands are tied because the Legislature refuses to expand the insurance program, even though we have evidence of the cost savings. For example, the Florida program with its cost savings. Without that, we will be asking every single time for about 55 million dollars to accommodate the short budget that we were given. If the 6-month attestation was removed, those people would still be on their meds, be closer to viral suppression, and lower the risk of transmitting HIV. If there is any disruption to people's coverage for medical care, it can result in them falling out of care. We made a number of recommendations from the committees to DSHS and you vetted them through our representatives at the state, and it doesn't look like any of them were approved. Without them in place, including expanding health insurance, it does question our state's commitment to ending the epidemic. We need to get moving on doing what's necessary to make sure that people get what they need for living long healthy lives and having viral suppression. To end the epidemic.
Mr. Vargas would also like to know the methodology behind determining the standard deduction. He would like to disaggregate the number of people who

fall off the program by their reasons for doing so. People's lives need to come before the money. Formally requests that when it comes to developing the methodology for determining the standard deduction and when it comes to the methodology for implementation that people living with HIV, on this Committee and with the Texas HIV Syndicate be consulted so that we can help with the deliberating, help with the decision making that affects our care and our well-being. The people of Texas living with HIV should not suffer the mistakes of the legislature when they make these kinds of decisions that work against our well-being. We need to figure out a way to move forward by doing what we need to do not what we can.

- Helen Turner agrees with the other Committee members. She sits at multiple community tables, and she speaks to hundreds of people who can't get on to TCT. We have poor communication in letting people know what they need to do. She gets requests from case managers, clients, and pharmacists. Some people have just given up. In 2020 this same list of issues was on the table. She knows people who can't get meds, and who go three weeks without meds. People fall off because they can't get on. We have to have accurate numbers.
- Nancy Miertschin stated that she works for Harris Health System in Houston. Her remarks come from that perspective. She also has questions about the numbers. One question is whether the number of people falling off was those who dropped off and were not heard from again, or if it included those who fell off and got back on the next month. Ms. Garcia answered that all of the data was from before TCT, from September 2021 to the previous August. Within each month, they looked at those who did not respond at all, and broke out those who were proven no longer eligible. Had to break those pieces out in order to come up with the total cost. Outreach and education for those who needed it was its own line item on additional medication cost, as opposed to just the sheer churn rate of people who are coming on and off the rolls every month. To the question about whether they jumped on the following month, Ms. Garcia would need to go back and review some of the data to see if that was considered. Ms. Miertschin asked about what goes on in other cities due to the backlog of applications. Are there other strategies to help deal with this emergency? Ms. Garcia stated that other Administrative Agencies are using their additional dollars either through local pharmacy assistance or their own part A dollars or other pieces of the more flexible Ryan White dollars that are available in order to be able to cover interim medication costs. Ms. Sanor added that we have four ADAP liaisons who are with the Administrative Agencies throughout the state, and they have also been working with the community agencies to identify other sources that they can use for medication. Things like some of the Marketplace plans that are available to the agencies, and also going with the pharmaceutical companies' prescription assistance programs, and with Harbor Path. Ms. Miertschin asked for more information about the role Harbor Path plays. She also enquired if going several months providing much fewer medications than we usually do, was going to help out the budget for the remainder of the year. Ms. Sanor stated that she will talk about the projections in her part of the presentation.
- Dr. Rodriguez-Escobar stated that she concurs with her colleagues. She hopes that we can find a resolution and move forward to provide needed services.
- Dr. Heresi stated that she works at UT Health in Houston. She sees patients, kids, and adolescents with HIV. She is in the Subcommittee for medications

and everything that they have recommended for the last two years, like the 90-days fill, putting back the medications that were suspended, and the pediatric medications. Concerns her that all of that has not been approved. Every month they have meetings and work hard. She sees women dropping because they don't know how to do it. Many times because they don't have a computer, can't do the forms. Thought it was shown in one of their meetings that the drops are because the system is complicated and people don't know how to use it.

- Dr. Lazarte concurred with Dr. Heresi. Have been talking about these issues since early 2020. They have worked hard, recommended things, and nothing is getting approved.
- Dr. Martinez echoes everything. Added that ADAP is the backup. She is the Chief Medical Officer at the Valley AIDS Council down in the Rio Grande Valley, and once you take out the major metropolitan areas, they have the largest numbers in the state of Texas. They don't have access to those things, so for them to be able to utilize LPAP becomes more challenging. Echoes also that the numbers don't seem to add up with what she sees. They are dealing with large numbers of people that are being dropped that are not understanding. There is a lot of human cost to that. We can't forget that the new diagnosis is another bill. Not all HIV cases are in metropolitan areas. Not everything comes in a sample, and not everyone qualifies for a PAP, and they are stuck scrambling, and they shouldn't be.
- Mr. Rosas agrees that we have to think outside the major metropolitan areas. Mr. Rosas requests a presentation from the actuarial firm that came up with the numbers. Ms. Garcia responded that we can lay out the data, but don't know that the contract would cover them presenting it. There's also such a thing as best practices. And use guidance from NASTAD on additional funding streams and sources. Are there people who are working on grants and other funding streams?
- Ms. Garcia stated that we are the state agency, and as stakeholders, we have different roles. How she will be able to say things downtown will be different from how everyone else in the room will be able to say them. That is part of the benefit of us coming together and understanding where we are at. The Committee can say things that she cannot say. At the end of the day we need to collectively work together to make things better because we have to live within the confines of the structures that we have in the state.

e. THMP Budget Report, Josh Hutchison

Mr. Hutchinson referenced the PowerPoint, *April 2022 MAC Budget Update Final Rev 3*

- There have been no significant changes since the last budget report.
- 63% of funds expended and 53% through the state fiscal year. We do anticipate reduced expenditures for the remainder of the fiscal year.
- Mr. Hutchinson showed slides describing the most dispensed medication vs the alternative medications since 2018. However, although the primary medication increased at a high rate, the decrease in the alternative medication was not enough to offset it. It was not a 1 for 1 ratio. The drop in cost of the alternative medications was also not enough to offset the increased cost of the most prescribed medication. This is due more to the prescribing patterns of the medication than the cost per bottle or people on the program.

- Ms. Garcia explained that the one-pill regimens are more expensive, but the proportion of people on the new medication increased much more than simply replacing the existing equivalents for existing clients. The prescribing pattern shifts heavily in favor of the new med as new people come on the program.
- Ms. Miertschin asked if the budget includes other sources of funding that may offset the costs. Mr. Hutchinson explained that that is the total amount available. The projection is the actuarial firm's projection of what they think the actual cost of medications is going to be based on current trends. Ms. Miertschin requested information on the sources that are included in the budget. Mr. Hutchinson referred to the Monthly THMP Financial Report. Ms. Miertschin asked about the HIV Vendor Drug Rebates line, and why it fluctuated in the years shown. Ms. Garcia explained that that was due to rolling forward funds from the previous year so that they could be spent before they expired.
- Mr. Hutchinson stated that we will be focusing IT support on upgrades and functionalities that will eliminate the backlog first. Ordering will continue to be manually done by THMP staff until the backlog can be fixed.
- Dr. Lazarte would like the group to determine the budget to include a doctor who can advise on costs and planning. We should expect to spend more. The backlog has had an impact. There were delays in getting medications over December and January. Fewer people recertified means fewer medications filled, which seems like saving money, but it is a fallacy. In the long run, it's an increase in cases, people needing more medications, and taxpayer money going to hospitalizations.
- Dr. Martinez agreed with Dr. Lazarte. These medications are the standard of care. Has seen resistance develop when they break up the regimen. Do we want a tiered medical care system where insurance gets the standard of care and THMP/ADAP does not? That is what is happening when the new long-acting injectable has been approved for over a year, but THMP clients can't get it.
- Mr. Vargas asked about the rate of growth trends for the new medications. He feels that people should not be dropped from THMP eligibility because of a glitch in the system or because there is no contact. These explanations reveal aspects that advocates can address more readily than anyone in government. In this case, it revealed that we don't have the infrastructure to allow physicians to follow the accepted standard of care from the ARV guidelines. He suggests that the department looks at the cost considerations section of the ARV guidelines for recommendations on how to move forward.

Mr. Rosas announced a 5-minute break and reminded members to turn off their cameras and mute their microphones before they stepped away. Mr. Rosas reconvened the meeting at 3:57 pm. Ms. Allen conducted a roll call vote and determined a quorum was present.

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

Ms. Rachel Sanor, THMP Manager, DSHS, provided the following update and referenced the PowerPoint handout, *Final April 2022 MAC THMP Update*.

Highlights included:

a. THMP - Projections and Demographic information

- Ms. Sanor presented the top ten medications ordered from December 2021 to February 2022, which have not changed significantly from last quarter. There is no large change in demographics this quarter. There has been a slight reduction in the number of clients served in THMP, SPAP, and TIAP. The racial, ethnic, and gender breakdowns also remain much the same.
- Ms. Sanor presented data for the ADAP program from the Actuarial firm. There is a decrease in the total number of projected ADAP clients in 2022, down to 16,752, and the average cost per client per year is also lower, primarily due to clients who are being served for fewer months. Some of the decreases in clients may be due to the backlog, but the issue will be looked into more to verify that. The total budgeted amount for the year is almost \$83 million, which is significantly lower than what it has been for several years.
- Ms. Sanor also presented the average cost per client per month for SPAP and TIAP. Both showed the same trends, with an expected utilization peak for SPAP in January and February due to the donut hole. Both showed a very low level of growth with increased costs in the plan and participation.

b. Take Charge Texas

- Ms. Sanor presented on Take Charge Texas (TCT). A second phase rolled out in February, which included increased reporting and increased upload capacity and notifications.
- There is a new website for TCT, which includes training videos and links for users. There are two help desk emails, one for the client portal (TCTClientHelp@dshs.texas.gov) and one for the agency portal (TCTHelpDesk@dshs.texas.gov).
- Ms. Sanor presented on TCT user stats from February. There has been significant uptake in users, and a significant increase in applications submitted through the agency and client portals. There have been 880 medication order batches submitted by THMP staff, with a significant number of individual medication orders in each batch.
- TCT help desk issues received have decreased over time.

c. Processing of medication orders

- There were some delays in medication order processing as the portal was rolled out. In response, several additional staff was devoted to getting the medication orders processed. Medication orders have been on time for the last couple of months.
- Ms. Sanor presented information on the medication order process in TCT at present and after the Pharmacy Portal is rolled out. Currently, both the participant and their assigned participating pharmacy are sent letters. Clients are asked to order their medication up to ten days before they run out. The participating pharmacy then fills out and faxes the order to THMP. The THMP order staff enters the orders in TCT and sends that information to the DSHS Pharmacy Warehouse, where the orders are boxed and shipped. THMP staff also sends a return fax to the participating pharmacy detailing which orders were approved and providing reasons for any denials. The participating pharmacy receives the medications and dispenses them.
- The medication ordering process after TCT will differ in that information for approved participants will be in TCT for the participating pharmacy to check. Participating pharmacy staff will be able to complete the medication order directly

in TCT. TCT will then send the orders directly to the DSHS Pharmacy Warehouse with the exception of any override requests (ie, refills too soon, etc.) which would come to the THMP ordering staff. The Warehouse will be receiving orders both directly from the pharmacies and THMP ordering staff as pharmacies transfer over.

d. Application processing timeline

- There is an application backlog with 1875 new applications, 71 self-attestations, and 27 renewals.
- THMP has received approval for four new contract staff to start on Monday the 18th, and two more to be filled later. There is also a memo being routed to add six additional permanent eligibility staff to the program. The goal is to use these resources to get people trained quickly and get these applications processed.
- Dr. Lazarte stated that requiring orders every twenty days and the six-month renewal are archaic processes. She felt that the 90-day fills were better for clients, staff efficiency, and costs. Ms. Sanor replied that we did find that the 90-days fills helped with ordering. However, staff costs are significantly less than the cost difference from 30 to 90-day fills and six-month attestations.
- Ms. Miertschin asked if contract workers were included in the budget slide. Ms. Sanor answered that there is funding for 12 contract staff to help with applications. The funding lapsed at the end of February and has now been renewed.
- Ms. Miertschin asked if it would be a permanent pattern to complete our staff by hiring contract workers. Ms. Sanor replied that we are working to hire permanent staff. Ms. Miertschin also asked about problems with TCT and the cause of the backlog. Ms. Sanor answered that when TCT rolled out it slowed down the ability of staff to process significantly due to the transition and learning of a new process. There were also defects that were identified early on that occupied staff time.
Ms. Miertschin asked what she should tell people about TCT. Mr. Hutchinson answered that we are hiring more staff but will also work on improving the efficiency of the system. The first improvement will hopefully be deployed in late May. It will allow us to prioritize those clients that are eligible. There were also four more opportunities for efficiency that were identified that will be worked on next.
- Ms. Turner shared that she worked with TCT as a tester in September. The program is much improved, but there are still problems. First-time applicants are better, but renewals can't get in. There are sign-in issues, and password changes are required at 90 days. What is being done to address this? Mr. Hutchinson replied that we will work on communication and will be making a change to allow unlocking the password. Ms. Garcia added that changing the 90-day password reset requires an exception to the national security standard from the security office. The password reset has been paused in the system as of today, and a permanent exception is working through the IT process.
- Mr. Rosas talked about the login process. Mr. Hutchinson added that users can also call the general IT help desk at 512-438-4720, extension 3 for the LIDS option to reset the Enterprise Portal password.
- Mr. Vargas asked how the decrease of people in the program was determined if it was due to financial eligibility, no contact, or emergency access to health

insurance? Ms. Sanor answered that the decrease was due to any reason. Mr. Vargas asked if the reasons people were no longer on the program were captured. Ms. Sanor replied that eligibility denial reasons were captured, but if they do not update their renewal, we do not have the reason. It would be very helpful to do outreach to find out why people have left THMP.

MOTION:

Mr. Steven Vargas made a motion to recommend to the DSHS to not drop individuals from the THMP program for failure to renew their six-month recertification attestation. Mr. Lionel Hillard seconded the motion. Ms. Allen conducted a roll call vote and the motion passed with eight approvals and one abstention.

The Committee discussed the motion, with Dr. Lazarte questioning if anything would be done. Mr. Vargas stated that it is important for the Committee to be seen to make the effort, and if it is denied, he hopes that the explanation will demonstrate how the decision helps end the epidemic. Dr. Lazarte clarified that the recommendation was to not drop people at the six-month point in the next year. Ms. Miertschin stated that she doesn't disagree but recalls that when patients are not recertifying in time, it puts THMP crossways with HRSA because that's contrary to their requirements. There could be other creative ways to plug this hole rather than have a standoff upfront. Clarify if this would put us out of compliance with an HRSA regulation before we enact it. Ms. Sanor stated that there was a previous HRSA requirement to implement a six-month self-attestation, and the program did a lot of work to get into compliance. There was a new PCN released in October 2021 which removed the requirement for the six-month self-attestation. Ms. Miertschin's understanding of the policy was that the patient can simply attest that nothing has changed. Ms. Sanor answered that the new guidance gives grantees more flexibility, but that the requirement is that we follow our own policies and procedures. If we were to make a change like that, we would need to re-do our policies and procedures to make sure that they were in line with whatever the new requirements were. Mr. Rosas stated that he partly blames HRSA for the confusion. HRSA should be involved with this, there should be another national call to clarify.

Agenda Item 7: Election of Presiding Officers – Sallie Allen, Advisory Committee Coordination Office (HHSC)

Ms. Allen reminded members the officer election procedure and process were adopted at the last meeting. She proceeded with the election process for chair and vice-chair.

- Ms. Allen announced one nomination was received for the Chair, Mr. Frank Rosas. The floor was open for other nominations and none were received. It is a single nominee, and a motion was called for by acclamation. Mr. Lionel Hillard motioned to elect Mr. Rosas as the new Chair. Ms. Helen Turner seconded the motion. A roll call vote was conducted, and the motion carried, with eight approvals and one abstention.
- Ms. Allen announced one nomination was received for the Vice-Chair, Dr. Susana Lazarte. It is a single nominee, and a motion was called for by acclamation. Ms. Helen Turner motioned to elect Dr. Lazarte as the new Vice-Chair. Mr. Steven Vargas seconded the motion. A roll call vote was conducted, and the motion carried, with eight approvals and one abstention.

- Ms. Allen congratulated Mr. Rosas and Dr. Lazarte and stated that Ms. Mary Richards would contact them directly to review the agenda for the next MAC meeting.

Agenda Item 8: Sub-Committee Reports

- a. Eligibility** – Mr. Frank Rosas, Chair
- b. Formulary** – Dr. Susana Lazarte
- c. Governance and Data subcommittee** – Ms. Nancy Miertschin

Mr. Rosas announced for the interest of time, this agenda item would be tabled. He advised that the subcommittee reports were provided in the members' packet for their reference. He stated that Dr. Susana Lazarte was appointed Chair of the Formulary subcommittee. He also stated that Dr. Dora Martinez volunteered to serve on the Formulary subcommittee and she should be added to the invite list.

Agenda Item 9: Proposed changes for Bylaws (vote required)

Mr. Rosas stated this agenda item would also be tabled. The proposed changes to the bylaws were only recently received by legal counsel and ACCO. They will review the proposed changes and prepare responses for the final presentation at the next meeting. It was mentioned that the members were previously provided the bylaws for review via email from Christine Felicetta. Mr. Rosas recommended members review the document once again and send any additional changes to Mary Richards.

Agenda Item 10: Action Items and agenda topics for the next meeting

Mr. Rosas, Vice-Chair, stated the next meeting is scheduled for July 29, 2022. He asked Mary Richards for action items and agenda topics to be considered for the next meeting.

- Ms. Richards stated that in addition to the regular updates, the Committee has requested a presentation from the Actuarial firm on the data used, whether by the Actuarial firm or by Ms. Garcia.
- Mr. Vargas requested details on the process for the Standard Deduction and the methodology for implementation.
- Mr. Vargas also requested details on Mr. Hutchinson's four measures that will contribute to greater efficiency in the program.
- There was discussion on changing the date of the next meeting, due to July 29th falling on the weekend of the International AIDS Society (IAS) meeting, however Mr. Rosas recommended keeping the date. Ms. Allen pointed out that the minutes of the previous meeting show that the date was accepted by the Committee.

Agenda Item 11: Adjournment

Mr. Rosas, Chair, thanked the members and the public and adjourned the meeting at 5:38pm.

To view and listen to the archived video of the April 8, 2022, Texas HIV Medication Advisory Committee meeting in its entirety, click on the link below.

<https://texashhsc.new.swagit.com/videos/158814>