

BILL ANALYSIS

C.S.H.B. 246
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Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

According to CDC the face of the AIDS epidemic in the United States is changing. Early in the epidemic, HIV infection and AIDS were diagnosed for relatively few women and female adolescents. Today, women account for more than one quarter of all new HIV/AIDS diagnoses. Women of color are especially affected by HIV infection and AIDS. In 2004 (the most recent year for which data are available), HIV infection was the leading cause of death for African American women aged 25–34 years; the 3rd leading cause of death for African American women aged 35–44 years; the 4th leading cause of death for African American women aged 45–54 years; and the 4th leading cause of death for Hispanic women aged 35–44 years. Heterosexual African-American and Hispanic women with no other risk factors frequently contract HIV from their male partners who become infected through homosexual activities, drug use and/or solicitation of prostitutes. Many of these women only find out they are HIV positive when they become pregnant and participate in routine, state mandated, opt-out HIV screening.

This bill requires a health authority to report to the state's health department all cases of acquired human deficiency syndrome (AIDS) and human immunodeficiency virus infection (HIV) on a weekly basis. An infected person's city and county of residence, age, gender, race, ethnicity, national origin and method of transmission must be included in the report. By expanding the reportable data, the department will have greater understanding of the segments of the population that are infected with HIV and/or AIDS. The HIV/STD Epidemiology & Surveillance Branch Section of the Texas Department of State Health Services feels that changing the reporting requirements to a weekly basis will positively impact the frequency of reporting and knowledge regarding population trends, risk and infection that were difficult to ascertain with previous collection methods.

Health departments report their data to CDC so that information from around the country can be analyzed to determine who is being affected and why. By reporting this data with a greater frequency the health department and CDC will have a better picture of both people who are HIV and AIDS infected and people who are at risk for HIV infection. The primary component in Texas' and CDC's fight against HIV/AIDS is HIV prevention programs. As this information is underreported using current methods there is a dearth of prevention efforts being directed towards these populations.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 4 of this bill.

ANALYSIS

This bill requires health authorities to file weekly reports that include an infected person's city and county of residence, age, gender, race, ethnicity, and national origin, as well as the method by which the disease was transmitted. For a case of acquired immune deficiency syndrome or human immunodeficiency virus infection, the department must require the reports to contain any information relating to a case that is necessary for the purposes of reporting including the patient's name, address, age, sex, race, and occupation; the date of onset of the disease or condition; the probable source of infection; the name of the attending physician or dentist; and the patient's ethnicity, national origin, and city and county of residence. The department shall annually analyze and determine trends in incidence and prevalence of AIDS and HIV infection by region, city, county, age, gender, race, ethnicity, national origin, transmission category and

other factors as appropriate and prepare a report on the analysis of this information and make the report available to the public. The department may not include any information in the report that would allow the identification of an individual.

EFFECTIVE DATE

September 1, 2007.

COMPARISON OF ORIGINAL TO SUBSTITUTE

C.S.H.B. 246 modifies the original by changing a health authority's reporting requirement from quarterly to weekly. The substitute also modifies the original by changing the quarterly reporting of information collected to an annual report of information collected. The substitute further adds a strict confidentiality requirement to the public reporting section, stating that the department may not include any information that would allow the identification of an individual in the analysis conducted.