

BILL ANALYSIS

C.S.H.B. 1370
By: Coleman
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Texas currently has the fourth largest population of people living with HIV in the country. Recent increases in the number of Texans diagnosed with HIV indicate the need for better coordination between state agencies regarding HIV prevention and services. The Interagency Coordinating Council for HIV and Hepatitis was created in 1993 to explore efficient, cost-saving means of delivering services to people infected with HIV and hepatitis.

In 2003, H.B. 2292 granted the Commissioner of Health and Human Services statutory authority to dissolve advisory councils. The Commissioner used this authority to eliminate the Interagency Coordinating Council for HIV and Hepatitis. The Interagency Coordinating Council served a purpose apart from HHSC, which was to create a plan regarding the prevention of HIV, AIDS and hepatitis, and the provision of services to those infected with HIV and hepatitis. In addition, the Interagency Coordinating Council was required to submit an interim report of recommendations to the legislature every two years.

CSHB 1370 would reinstate the Interagency Coordinating Council for HIV and Hepatitis. The Interagency Coordinating Council will address issues related to HIV, AIDS and hepatitis prevention and services for those infected with HIV and hepatitis. CSHB 1370 also updates the composition of the Interagency Coordinating Council, alters meeting requirements, and requires an annual report based on statistical information for HIV, AIDS and hepatitis in Texas.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

CSHB 1370 reinstates the Interagency Coordinating Council for HIV and Hepatitis. The bill requires one representative from each of the following agencies to serve on the council: the Department of State Health Services, the Department of Aging and Disability Services, the Department of Assistive and Rehabilitative Services, the Department of Family and Protective Services, the Texas Youth Commission, the Texas Department of Criminal Justice, the Texas Juvenile Probation Commission, the Texas Education Agency, the Texas Medical Board, the Board of Nurse Examiners, the State Board of Dental Examiners, the Health and Human Services Commission, the Texas Workforce Commission, and the Texas Higher Education Coordinating Board. The council representatives will be appointed by the executive director or commissioner of each agency listed. The council may meet on meeting dates set by the council. The representative from the Health and Human Services Commission will serve as the council's chairperson.

The council must coordinate communication among the listed agencies with regards to each agency's programs in providing AIDS, HIV and hepatitis services.

The council must also develop a plan that facilitates coordination of agency programs based on statistics from the state of Texas regarding AIDS, HIV and hepatitis prevention and the provision of services to individuals who have these diseases.

The council shall identify all statewide plans related to AIDS, HIV, and hepatitis; collect a complete inventory on all federal, state, and local money spent on HIV infection, AIDS, and hepatitis prevention and health care services. The council must identify areas with respect to which state agencies interact on HIV, AIDS, and hepatitis issues and assess gaps and barrier in prevention and health care services. The council must identify and evaluate certain issues and information relating to HIV, AIDS, and hepatitis.

No later than September 1 of each year, the council must also file a report with the legislature and Governor based on statistics from the state regarding the prevention of HIV, AIDS and hepatitis as well as the services provided to those infected with HIV and hepatitis.

Administrative support for the Interagency Coordinating Council for HIV and Hepatitis will be provided by the Health and Human Services Commission.

EFFECTIVE DATE

September 1, 2007.

COMPARISON OF ORIGINAL TO SUBSTITUTE

CSHB 1370 allows the council to meet on dates set by the council, and encourages each agency's representative to ensure that an agency representative is present at each meeting. The original bill required the council to meet quarterly and required that each agency's representative attend every meeting.

CSHB 1370 includes language that adds the following eight duties for the council: identify all statewide plans related to AIDS, HIV and hepatitis; compile a complete inventory of all federal, state, and local money spent in this state on HIV infection, AIDS, and hepatitis prevention and health care services, including services provided through or covered under Medicaid and Medicare; identify the areas with respect to which state agencies interact on HIV, AIDS, and hepatitis issues and the policy issues arising from that interaction; assess gaps in prevention and health care services for HIV infection, AIDS, and hepatitis in this state, including gaps in services that result from provision of services by different state agencies, and develop strategies to address these gaps through service coordination; identify barriers to prevention and health care services for HIV infection, AIDS, and hepatitis faced by marginalized populations; identify the unique health care service and other service needs of persons who are infected with HIV or who have AIDS or hepatitis; evaluate the level of service and quality of health care in this state for persons who are infected with HIV or who have AIDS or hepatitis as compared to national standards; and identify issues that emerge related to HIV, AIDS and hepatitis and the potential impact on delivery of prevention and health care services. These duties were not included in the original bill.

CSHB 1370 further requires that the information relevant to all ten duties enumerated in this section be provided to the Department of State Health Services (DSHS). The original bill did not explicitly require the information be provided to DSHS.

CSHB 1370 requires each member agency provide the information from the itemized duties to the council, and enables the council to request this information from each agency. An agency must comply with a request from the council under this section. The original bill did not include this language.

CSHB 1370 requires DSHS to file a report with the legislature and governor no later than September 1 of each year. The original bill required the council to file the report.

CSHB amends the original bill by adding language which clarifies that the bill re-creates the Interagency Coordinating Council for HIV and Hepatitis effective January 1, 2008. CSHB 1370 also amends the original bill by specifying that each agency named as a member of the council shall appoint a representative to the council not later than January 1, 2008.