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| BILL ANALYSIS |

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| H.B. 1629 |
| By: Coleman |
| Public Health |
| Committee Report (Unamended) |

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| **BACKGROUND AND PURPOSE** Interested parties note that one significant means of reducing the transmission of HIV and improving health outcomes for persons living with HIV, many of whom receive Medicaid or child health plan program (CHIP) benefits, is to ensure that such persons maintain a very low viral load in their blood. H.B. 1629 seeks to reduce costs and help those living with HIV by providing for a quality-based outcome measure for Medicaid and CHIP programs regarding persons who maintain a low viral load. |
| **CRIMINAL JUSTICE IMPACT**It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision. |
| **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** H.B. 1629 amends the Government Code to require the Health and Human Services Commission, in coordination with the Department of State Health Services, to develop and implement a quality-based outcome measure for the child health plan program (CHIP) and Medicaid to annually measure the percentage of CHIP enrollees or Medicaid recipients with HIV infection, regardless of age, whose most recent viral load test indicates a viral load of less than 200 copies per milliliter of blood.  |
| **EFFECTIVE DATE** On passage, or, if the bill does not receive the necessary vote, September 1, 2017. |