SUBJECT:	Recreation of the Interagency Coordinating Council for HIV and Hepatitis.
COMMITTEE:	Public Health — committee substitute recommended
VOTE:	8 ayes — Delisi, Jackson, Cohen, Coleman, Gonzales, S. King, Olivo, Truitt
	0 nays
	1 absent — Laubenberg
WITNESSES:	For — Randall Ellis, Legacy Community Health Services (<i>Registered, but did not testify</i> : Dan Finch, Texas Medical Association; Benny Hernandez, American Civil Liberties Union)
	Against — None
	On — Charles E. Bell, Health and Human Services Commission; Felipe Rocha, Department of State Health Services
BACKGROUND:	Texas has one of the largest populations of people living with HIV in the country and the number has increased in recent years. In 1993, the 73rd Legislature created the Interagency Coordinating Council for HIV and Hepatitis to facilitate coordination among state agencies concerning HIV/AIDS policies. In 2003, the 78th Legislature enacted HB 2292 which granted the executive commissioner of the Health and Human Services Commission (HHSC) the authority to abolish the Interagency Coordinating Council for HIV and Hepatitis. The commissioner, upon a recommendation by the Department of State Health Services (DSHS) abolished the council after DSHS studied the functions of the council and found them duplicative of other state agencies. Currently, DSHS maintains a website that publishes information about HIV/AIDS programs to facilitate coordination of programs with other state agencies. Most of the functions of the council have been subsumed by DSHS.
DIGEST:	CSHB 1370 would reinstate the Interagency Coordinating Council for HIV and Hepatitis and would specify duties and responsibilities of the Council. The council would be tasked with:

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- identifying all statewide plans related to AIDS, HIV, and hepatitis;
- compiling an inventory of all federal, state, and local money spent in Texas on HIV/AIDS prevention and care, including Medicaid and Medicare;
- identifying agency interaction on HIV, AIDS, and hepatitis issues;
- assessing gaps in prevention and health care services and develop strategies to address these gaps through service coordination;
- identify barrier to prevention and health care services, especially in marginalized populations;
- identifying health care needs for infected persons;
- evaluating the level of service and quality of care in this state compared to national standards;
- identifying issues that impact delivery of prevention and health care services; and
- providing this information to DSHS.

The council would consist of one member from each of the relevant health, human services, criminal justice, education, and workforce and employment agencies. The representative from HHSC would serve as the chairperson of the council. The executive director or commissioner of each agency would appoint a member to the council by January 1, 2008. Each agency with a member on the council should provide information to the council that would assist it in performing its duties. The council would also have the right to request this information from an agency, and the agency would comply with the request.

DSHS would be required to file a report by September 1 of each year with the Legislature and the governor containing policy recommendations based on the data collected by the council.

The council would be re-created as of January 1, 2008. This bill would take effect September 1, 2007.

NOTES: Costs to implement the bill would be absorbed within existing budgets of the agencies.

Comparison of original to substitute:

• the substitute would allow the council to meet at its discretion rather the required quarterly meeting in the original bill;

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- the substitute added additional duties for the council;
- the substitute would require the agencies to provide information essential to the duties of council;
- the substitute would require DSHS to file a report; the original required the council to file the report; and
- the substitute adds language that stipulates that it would re-create the council effective January 1, 2008.