

## **BILL ANALYSIS**

Senate Research Center  
85R4291 LED-F

H.B. 1629  
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Health & Human Services  
5/11/2017  
Engrossed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

According to the Texas Department of State Health Services (DSHS) Texas HIV Surveillance Report, there are more than eighty thousand Texans living with HIV. Of those, just more than 15,000 are receiving services through Texas Medicaid and the Children's Health Insurance Program (CHIP). One significant means of reducing the transmission of HIV and improving the health outcomes for persons living with HIV is to ensure that they maintain a very low viral load of less than 200 copies per milliliter of blood. If this quality measure was adopted in the Texas Medicaid and CHIP programs, it would help improve the health of affected persons in those programs and would help reduce the transmission of HIV in Texas. Current statute outlines the Health and Human Services Commission's duty to develop quality-based outcome and process measures that promote the provision of efficient, quality health care which can be used in CHIP and Texas Medicaid. Current law does not require these quality measures to measure HIV viral loads.

H.B. 1629 directs the Health and Human Services Commission to specifically adopt the quality measure that measures HIV viral loads.

H.B. 1629 amends current law relating to the development of a quality-based outcome measure for the child health plan program and Medicaid regarding certain persons with HIV.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Section 536.003, Government Code, by adding Subsections (f) and (g), as follows:

(f) Requires the Health and Human Services Commission (HHSC), in coordination with the Department of State Health Services (DSHS), to develop and implement a quality-based outcome measure for the child health plan program and Medicaid to annually measure the percentage of child health plan program 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.

(g) Defines "HIV."

SECTION 2. Requires HHSC and DSHS, as soon as practicable after the effective date of this Act, to develop and implement the quality-based outcome measure required by Section 536.003(f), Government Code, as added by this Act.

SECTION 3. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes delay of implementation until such a waiver or authorization is granted.

SECTION 4. Effective date: upon passage or September 1, 2017.