

BILL ANALYSIS

Senate Research Center

H.B. 1629
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Health & Human Services
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Enrolled

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 80,000 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 (HHSC'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 would direct HHSC to specifically adopt the quality measure that measures HIV viral loads. The committee substitute would clarify that, while HHSC must collect the quality measure data and include it in the annual report required by the bill, HHSC has the flexibility to determine whether to include this quality measure in the payment system incentives or penalty calculations established by this legislation. (Original Author's / Sponsor's Statement of Intent)

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), (g), and (h), 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) Requires HHSC to include aggregate, nonidentifying data collected using the quality-based outcome measure described by Subsection (f) in the annual report required by Section 536.008 (Annual Report) and authorizes HHSC to include that data in any other report required by this chapter (Medicaid and the Child Health Plan Program: Quality-Based Outcomes and Payments). Requires HHSC to determine the appropriateness of including the quality-based outcome measure described by Subsection (f) in the quality-based payments and payment systems developed under Sections 536.004 (Development

of Quality-Based Payment Systems) and 536.051 (Development of Quality-Based Premium Payments; Performance Reporting).

(h) 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.