Interagency Coordinating Council for HIV and Hepatitis Legislative Report

As Required By
Texas Health and Safety Code
Section 81.010

Department of State Health Services
December 2015

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Executive Summary

In accordance with Texas Health and Safety Code §81.010, the 2015 Interagency Coordinating Council for Human Immunodeficiency Virus (HIV) and Hepatitis (Council) Legislative Report is presented to the Texas Legislature and Governor. In early 2013, the Council began discussing ways to update and improve the legislative policy recommendations in the report. The Council reviewed the ten existing policy recommendations developed in 2008 to determine what updates needed to be made. The Council also evaluated whether any new recommendations were needed. As a result of this analysis, 11 recommendations are included in this annual report.

The Council reviewed several national and statewide guidance and planning documents when developing these policy recommendations. The planning documents include the National HIV/AIDS Strategy; the Texas HIV Plan; the Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis; the National Strategy for Prevention and Control of Hepatitis B and C; and the Hepatitis C Plan to the 82nd Legislature. The links to these national and statewide plans can be found in Appendix A: HIV, AIDS and Viral Hepatitis Plans. In addition, the Council considered HIV and hepatitis policy recommendations from the U.S. Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention (CDC).

2015 Policy Recommendations

1. Increase early diagnosis of, and intervention in, HIV and hepatitis disease through coordination among state agencies and expansion of current programs, including increased earlier diagnosis of HIV infection via promotion of routine HIV testing in a variety of acute care settings in high prevalence areas of Texas. In addition, increase routine testing for the hepatitis B virus (HBV) and hepatitis C virus (HCV) in the target groups recommended by the CDC in order to increase early detection.
2. Increase HBV immunization to avoid vaccine-preventable infections for children and at-risk adults.
3. Continue to invest in core public health activities such as public health follow-up and partner services.
4. Develop new prevention and treatment strategies that address the health disparities associated with HIV and hepatitis infection, and increase access to existing prevention and treatment programs.
5. Expand implementation of behavioral interventions with demonstrated evidence of effectiveness in reducing risk for HIV and hepatitis.
6. Improve viral hepatitis surveillance.
7. Explore structural interventions that address underlying vulnerabilities among risk groups for HIV and viral hepatitis caused by substance abuse and mental health needs.
8. Investigate issues related to the new anti-viral treatment available for viral hepatitis.
9. Increase links to care and supportive networks for individuals with chronic hepatitis B and C and HIV.
10. Explore further how HIV treatment is the best prevention measure against further HIV infection.
11. Ease the financial burden of testing and treatment options for individuals with chronic hepatitis B and C and/or HIV infections.

Introduction

Texas Health and Safety Code § 81.010 establishes the Interagency Coordinating Council for HIV and Hepatitis to facilitate communication between state agencies concerning policies relating to Acquired Immunodeficiency Syndrome (AIDS), HIV, and hepatitis. The following state agencies are represented on the Council:

- Health and Human Services Commission (HHSC)
- Department of State Health Services (DSHS)
- Department of Aging and Disability Services (DADS)
- Department of Assistive and Rehabilitative Services (DARS)
- Department of Family and Protective Services (DFPS)
- Texas Juvenile Justice Department (TJJD)
- Texas Department of Criminal Justice (TDCJ)
- Texas Medical Board
- Texas Board of Nursing
- State Board of Dental Examiners
- Texas Workforce Commission (TWC)
- Texas Higher Education Coordinating Board (THECB)

Texas Health and Safety Code § 81.010(i) states that DSHS shall file a report with the Legislature and the Governor containing policy recommendations based on information reported to the Council in Texas Health and Safety Code § 81.010 (h) relating to: (1) prevention of AIDS, HIV infection, and hepatitis; and (2) delivery of health services to individuals who have AIDS or hepatitis or are infected with HIV.

The policy recommendations reflect national and state guidance and planning documents and take into account the new advancements in HCV treatment, as well as the use of controlled HIV management as a prevention strategy.

The policy recommendations are based on statistical and epidemiologic data that can be found in Appendix B: Epidemiology of HIV, AIDS, and Viral Hepatitis in Texas.

In addition to producing a report with policy recommendations, the Texas Health and Safety Code directs the Council to compile a complete inventory of all federal, state, and local money spent in Texas on HIV infection, AIDS, and hepatitis prevention and health care services, including services provided through or covered under Medicaid and Medicare. This information can be found in Appendix C: HIV and Viral Hepatitis Prevention and Treatment Resources in Texas.

Background

The Council was established by SB 286, 73rd Legislature, Regular Session, 1993. HB 1370 made significant changes to the statute governing the Council during the 80th Legislative Session. Texas Health and Safety Code §81.010 was repealed by SB 200, 84th Legislature, Regular Session, 2015.

As a result of changes made during the Texas 84th Legislative Session, the Council is no longer required to meet and will not be officially convened. However, the HIV/STD Prevention and Care Branch within DSHS will continue to implement several activities to address many of the recommendations. Some of these efforts will be reported on in the annual progress report required of DSHS on HIV activities.

Detailed information about the Council's required activities and information on the agencies represented on the Council is provided in Appendix D: Council Members and Participating Agency Profiles.

2015 Policy Recommendations and Discussion

The 11 policy recommendations listed below are not in priority order.

1. Increase early diagnosis of, and intervention in, HIV and hepatitis disease through coordination among state agencies and expansion of current programs, including increased earlier diagnosis of HIV infection via promotion of routine HIV testing in a variety of acute care settings in high prevalence areas of Texas. In addition, increase routine testing for HBV and HCV in the target groups recommended by the CDC in order to increase early detection.

A substantial number of persons living with HIV (PLWH) in Texas are diagnosed late in the progression of HIV. Between 2002 and 2012, 38 percent of persons diagnosed with HIV received an AIDS diagnosis within one month of their first reported HIV diagnosis. The short time period between HIV and AIDS diagnoses indicates that they have had an undiagnosed HIV infection for a long time. Among those who received an HIV and AIDS diagnosis within one month, 40 percent were Hispanic, 32 percent were Black, and 25 percent were White (non-Hispanic). Early diagnosis generally produces better health outcomes, reduces health care costs, and results in behavior changes that prevent further disease spread.

For these reasons, the CDC and a number of other groups[1,2,3,4] recommend routine HIV testing in health care settings.[5] Routine testing means that all patients between the ages of 13 and 65 are tested for HIV while receiving services at a health care setting unless the test is refused. If the

[1] Qaseem A, Snow V, Shekelle P, Hopkins R Jr, Owens DK; Clinical Efficacy Assessment Subcommittee, American College of Physicians. Screening for HIV in health care settings: a guidance statement from the American College of Physicians and HIV Medicine Association. Ann Intern Med. 2009;150:125-31.
[2] Lubinski C, Aberg J, Bardeguez AD, Elion R, Emmanuel P, Kuritzkes D, et al. HIV policy: the path forward—a joint position paper of the HIV Medicine Association of the Infectious Diseases Society of America and the American College of Physicians. Clin Infect Dis. 2009;48(10):1335-44.
[3] American College of Obstetricians and Gynecologists. ACOG committee opinion: routine human immunodeficiency virus screening. Obstet Gynecol. 2008;112(2 Pt 1):401-3.
[4] Emmanuel PJ, Martinez J; Committee on Pediatric AIDS. Adolescents and HIV infection: the pediatrician's role in promoting routine testing. Pediatrics. 2011;128(5):1023-9.
[5] The phrases "routine testing" and "screening" both mean testing in the absence of disease signs and symptoms or complaints associated with a specific disease or condition.

initial test is negative, the person will be tested again at a timeframe appropriate for his or her level of risk.[6]

Created in 1984, the USPSTF is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The USPSTF works to improve the health of all Americans by making evidence-based recommendations[7] about clinical preventive services such as screenings, counseling services, and preventive medications. The USPSTF assigns each recommendation a letter grade (an A, B, C, or D grade or an I statement)[8] based on the strength of the evidence and the balance of benefits and harms of a preventive service. An "A" rating from the USPSTF means that the task force recommends the service because there is high certainty that the net benefit is substantial. A "B" recommendation means that the USPSTF recommends the service because there is high certainty that the net benefit is moderate.

In April 2013, USPSTF reviewed the evidence of the benefits of routine testing for HIV and added it to the list of preventive services with an "A" rating.[9]

On June 25, 2013, the USPSTF issued a "B" rating for screening for HCV infection in persons at high risk for infection (persons who inject drugs) and offering one-time screening for HCV infection to adults born between 1945 and 1965.[10] The recommendations from the CDC align with those from the USPSTF.[11] Previous recommendations on screening for HCV by the American Academy of Family Physicians, which is currently updating its recommendations, have been consistent with those of the USPSTF.[12]

The CDC guidelines for HBV recommend testing for:

- Persons born in geographic regions with hepatitis B prevalence of ≥ 2 percent
- U.S.-born persons not vaccinated as infants whose parents were born in geographic regions with prevalence of ≥ 8 percent
- Persons who inject drugs

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[6] Centers for Disease Control and Prevention. (2006) Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. *MMWR*, September 22, 2006 15, 1 – 17. Retrieved September 1, 2015 from http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

[7] http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations. Released December 2013. Accessed September 1, 2015.

[8] U.S. Preventive Services Task Force, Grade Definitions. http://www.uspreventiveservicestaskforce.org/Page/Name/grade-definitions. Released July 2012. Accessed September 1, 2015

[9] U.S. Preventive Services Task Force. Human Immunodeficiency Virus (HIV) Infection: Screening. http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm. Released April 2013. Accessed September 1, 2015.

[10] U.S. Preventive Services Task Force. Hepatitis C Screening. http://www.uspreventiveservicestaskforce.org/uspstf12/hepc/hepcfinalrs.htm. Released June 2013. Accessed November 2, 2015.

[11] Smith BD, Morgan RL, Beckett GA, Falck-Ytter Y, Holtzman D, Teo CG, et al; Centers for Disease Control and Prevention. Recommendations for the identification of chronic hepatitis C virus infection among persons born during 1945–1965. MMWR Recomm Rep. 2012;61 (RR-4):1-32.

[12] American Academy of Family Physicians. Clinical Preventive Services: Hepatitis. Leawood, KS: American Academy of Family Physicians; 2004. www.aafp.org/patient-care/clinical-recommendations/all/hepatitis.html Accessed September 1, 2015.

- Men who have sex with men
- Persons with elevated liver enzymes with unknown cause or with certain medical conditions that require immunosuppressive therapy
- Pregnant women and infants born to mothers who show hepatitis B antigens
- Household contacts and sex partners of HBV-infected persons and persons infected with HIV[13]

Implementing these recommendations for HIV and viral hepatitis across a variety of health care providers, including community health centers and hospitals in higher morbidity areas, requires joint promotion of this issue. Other priorities include promoting the efforts of early adopters of the USPSTF recommendations for this practice among health care providers, and coordinating efforts to address reimbursement issues across payers. Increasing awareness and education among health care providers that the USPSTF recommendations are covered by insurance will help in integrating these prevention health services.

2. Increase HBV immunization to avoid vaccine-preventable infections for children and at-risk adults.

In Texas, every child must be immunized for HBV before attending a public or private elementary or secondary school unless a parent or guardian obtains an exemption.[14] To ensure vaccination of adults at risk for HBV infection, the CDC has recommendations for health care providers.

- Assess the need for vaccination by obtaining a history that emphasizes risks for sexual or blood-borne transmission of HBV
- Vaccinate all adults who report risk factors for HBV infection
- Vaccinate anyone seeking protection from HBV (identification of a specific risk factor is not required)
- Identify, counsel, and vaccinate susceptible household, sex, and needle-sharing contacts of hepatitis B surface antigen (HBsAg)-positive persons[15]
- Vaccinate all adults receiving services in the following settings:
    - Sexually transmitted disease (STD) clinics
    - HIV/AIDS counseling, testing, and treatment facilities
    - Health care settings targeting services to men who have sex with men
    - Drug abuse prevention and treatment facilities[16]

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[13] CDC. Travelers' Health; Yellow Book. Recommendations for Routine Testing and Follow-up for Chronic Hepatitis B Virus (HBV) Infection. http://www.cdc.gov/hepatitis/HBV/PDFs/ChronicHepBTestingFlwUp-BW.pdf. The recommendations in their entirety may be viewed at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5708a1.htm. Accessed September 1, 2015.

[14] Texas Administrative Code: Title 25, Part 1, Chapter 97, Subchapter B, §97.63

[15] Hepatitis B surface antigen (HBsAg): A protein on the surface of hepatitis B virus; it can be detected in high levels in serum during acute or chronic hepatitis B virus infection. The presence of HBsAg indicates that the person is infectious. The body normally produces antibodies to HBsAg as part of the normal immune response to infection. HBsAg is the antigen used to make hepatitis B vaccine.

[16] Centers for Disease Control and Prevention. Viral Hepatitis – Hepatitis B Information. http://www.cdc.gov/hepatitis/hbv/vaccadults.htm. Accessed on September 1, 2015.

Additionally, students enrolled in health science programs at institutions of higher education providing direct patient care are required to complete the three-shot series of HBV vaccination prior to providing patient care.

Persons who suffer from chronic liver or kidney disease, kidney dialysis patients, residents and staff in institutions for the developmentally disabled, and people who travel to countries where HBV is common are also recommended to receive HBV vaccination.

On October 25, 2011, the CDC's Advisory Committee on Immunization Practices recommended that all previously unvaccinated adults aged 19 through 59 years with diabetes mellitus (type 1 and type 2) be vaccinated against HBV.

Health care providers and others who work with at-risk populations are often unsure of the local resources for this service. This lack of knowledge creates a barrier for adults who could benefit from greater access to HBV vaccinations through the Adult Safety Net Program. This vaccination program is located in most public health departments. The program offers HBV vaccinations at a reduced cost for those that are underinsured or uninsured. Council agencies and providers who serve vulnerable populations need a shared understanding of how adult HBV immunization will benefit their clients and communities and how to access local immunization services like the Adult Safety Net Program.

3. Continue to invest in public health follow-up and partner services.

Investment in public health follow-up and partner services protects communities by intervening in disease spread, promoting knowledge of status, and assuring linkage with medical care and risk-reduction services. Disease intervention and partner services are core public health activities. The goal of partner services is twofold: to notify partners of infected persons and other individuals at high risk for infectious disease of a possible exposure, and to offer them testing and linkage to treatment if necessary. This intervention is most commonly used in the fields of HIV, STD, and tuberculosis. These activities require coordination of state, regional, and local resources. Currently, partner services for HBV and HCV are not in place, with the exception of follow-up for pregnant women with HBV. Developing an infrastructure for viral hepatitis partner notification would require significant resources.

Recent introduction of combined antibody-antigen HIV tests (also known as 4th generation HIV tests) allow earlier detection of HIV infection, including acute HIV infection.[17] Detection of acute HIV infections paired with robust partner services increases the chances of intervening before the disease is spread.

4. Develop new prevention and treatment strategies that address the health disparities associated with HIV and hepatitis infection and increase access to existing prevention and treatment programs.

[17] Acute HIV infection refers to the period immediately following initial infection with HIV and is characterized by very high amounts of the virus in the blood, making it more likely that the infection could be passed on to others.

A new approach emphasizes improved access to treatment as a method to prevent these conditions and reduce health disparities. PLWH who take their HIV medications have less of the virus in their blood, and are, therefore, less infectious, thus minimizing transmission to others.[18] Together with the Center for the Elimination of Disproportionality and Disparities at HHSC, agencies and programs represented on the Council can assist in research, education, policy change, and community partnerships to reduce health disparities. The effort to address health disparities requires scaling up access to HIV and hepatitis treatment and prevention, including HBV vaccination. This involves trying new methods of reaching and retaining marginalized persons in medical care and addressing the broader environmental, systemic, and structural barriers that separate individuals from the community and from care

HIV and HCV have a disproportionate impact on racial/ethnic minorities and gay/bisexual men. The disparate impacts of HIV on African Americans and men who have sex with men in Texas are well documented[19]. These disparities are only partially explained by differences in risk behavior. There are other environmental, structural, and personal factors that may act to isolate these communities and increase exposure to HIV. Poverty and high levels of incarceration intensify exposure to HIV in social and sexual networks, as do the lack of social support and stigma associated with sexual orientation and being HIV-infected. Both can lead to an avoidance of preventive actions or inconsistent adherence to treatment. Mental illness and substance abuse can also contribute to risk-taking and act as a barrier to effective treatment, as does low health literacy and limited access to health care providers.

A study conducted by the Baylor University Medical Center found minority populations in Texas to be disproportionately burdened by HCV infection, with infection rates of 2.8% among non-Hispanic blacks, 2.0% among Hispanics, and 1.4% among Whites. The greatest concentrations of HCV cases were located in or near major Texas cities, such as Houston and Dallas. Estimated county prevalence of HCV varied from 1.2% to 2.6%, with higher rates concentrated along the U.S.-Mexico border counties.[20]

Border populations cite the same service needs and barriers to care for PLWH as other areas of the state, in addition to unique challenges such as language barriers, poverty, and fear about immigration status. Higher poverty rates along the U.S.-Mexico border create the need for increased social and supportive services for PLWH. Immigrant populations, especially non-citizens, are unable to navigate the service system and have misperceptions of requirements such as paperwork, eligibility determination, and identification. Patients not fluent in English often receive health information at medical visits from non-medical personnel who may not accurately translate complex medical information. Some providers may not have the capacity to translate technical language used to describe medical issues into culturally appropriate, understandable language, or provide health education to non-English speaking clients.

[18] Cohen, Jon. HIV Treatment as Prevention. *Science.* 23 December 2011: Vol. 334 no. 6063 p. 1628.
[19] 2013 Texas STD and HIV Epidemiologic Profile, Texas Department of State Health Services, December 2014. Publication Number E13-11937. Accessed November 1, 2015.
[20] Yalamanchili K. et al. The prevalence of hepatitis C virus infection in Texas: Implications for future health care. Proceedings (Baylor University Medical Center). 2005 Jan. 18(1): 3-6.

5. Expand implementation of behavioral interventions with demonstrated evidence of effectiveness in reducing risk for HIV and hepatitis.

Prevention efforts are crucial because no cure exists for HIV and treatment for HIV or HCV is costly. DSHS has funded behavioral interventions through contracts with local health departments and community-based organizations. Behavioral interventions provide awareness, education, and skills building information to high risk individuals to promote healthy behaviors. The scale and scope of these interventions is limited by resources available for such efforts. Expansion of the behavioral interventions available to Texans at risk for HIV and hepatitis could allow DSHS and other Council agencies to work together to address their consumers' needs.

6. Improve viral hepatitis surveillance.

Disease surveillance is a core public health activity and provides needed information vital to reducing disease impact. Information gathered through disease surveillance is critical to identify successful public health interventions. Local and regional health departments lack the capacity to systematically investigate and establish cases as reportable acute hepatitis infections. If systemic case-based surveillance cannot be established in Texas for chronic viral hepatitis, then other sampling-based approaches hold some promise, but further study and discussion are needed. These more modest alternatives may similarly require additional resources.

7. Explore structural interventions that address underlying vulnerabilities among risk groups for HIV and viral hepatitis caused by substance abuse and mental health needs.

It is not uncommon for those living with HIV and/or HCV to have a "multiple diagnosis" of HIV infection, HCV infection, substance abuse, and/or mental illness. Research has indicated the key role that substance use and mental illness, especially depression, play in acquiring HIV and viral hepatitis; these same issues interfere with participation in treatment.[21]

Structural interventions strive to change the physical or social environment of the risk groups to affect behavior changes. There are a number of structural interventions that are evidenced-based, public health strategies to reduce HIV and viral hepatitis among persons who use drugs illicitly.

- Prevention and treatment of substance use disorders and mental illnesses
- Outreach programs
- Risk assessments for illicit use of drugs
- Risk assessments for infectious diseases
- Screening, diagnosis, and counseling for infectious diseases
- Vaccination
- Prevention of mother-to-child transmission of infectious diseases
- Interventions for reduction of risk behaviors
- Partner services and contact follow-up
- Referrals and linkage to care

[21] Health Resources and Service Administration. (2004) *Guide to Primary Care for People with HIV/AIDS*, (2004 Edition). ftp://ftp.hrsa.gov/hab/PCARE04.pdf Accessed August 1, 2008.

- Medical treatment for infectious diseases
- Delivery of integrated prevention services

8. Investigate issues related to the new anti-viral treatment available for viral hepatitis.

The treatment for HCV continues to change and improve substantially over previous medication protocols. In December 2013, the U.S. Food and Drug Administration approved the latest HCV treatment drug, sofosbuvir (Sovaldi), which has now become the standard of care for treating chronic HCV (genotypes 1 – 6). The new drug, a polymerase inhibitor, can also be combined with a new protease inhibitor, simeprevir (Olysio) to treat patients who cannot take interferon. These new treatment regimens can provide interferon-free treatment that are shorter, more effective (up to 95 percent cure rate), and are well tolerated.[22] Side effects may be lessened with the new treatments, but also remain an issue.

As promising as these changes are, treatment remains expensive. Currently, the price of Sovaldi is $1,000 per pill, or about $84,000 for a standard 12-week course. Patients also face challenges related to access to treatment, including access to health care providers who have experience with new treatment regimens.

The availability of new treatment requires coordinated campaigns to educate and train health care providers and to build pathways to treatment for persons with chronic HCV infection. Interagency and public-private partnerships that increase access to testing and create seamless linkage to care at the community level must be paired with efforts that take into account the changing insurance environment.

9. Increase links to care and supportive networks for individuals with chronic hepatitis B and C and HIV.

Persons with HIV infection or chronic hepatitis B and C infections require complex and ongoing care. This type of case management involves extensive assessment of non-medical support service needs, as well as coordination of treatment through care teams. It is especially helpful for patients with behavioral health needs or special treatment needs. These models of care can be coupled with peer system navigation and support, which have also had success in increasing retention in care. Consideration of peer support and intensive case management can be promoted across the public and private sectors, as well as investigation into payment models that support this type of coordinated care for persons with HIV and chronic hepatitis.

10. Explore further how HIV treatment is the best prevention measure against further HIV infection.

There is evidence that treatment benefits not only the individual, but reduces transmission of HIV at the partner and the community level.[23] New biomedical interventions such as pre-exposure prophylaxis (PrEP) decrease the risk of becoming infected when taken by HIV-

[22] Casey, LC and Lee, WM. Hepatitis C Virus Therapy Update 2013. *Current Opinions in Gastroenterology*. 2013;29(3):243-249.
[23] CDC. CDC-Prevention Benefits of HIV Treatment. http://www.cdc.gov/hiv/prevention/research/tap/. Accessed November 2, 2015.

negative persons who are at risk for infection. Both increasing the number of persons with HIV who are receiving consistent and effective treatment and scaling up the use of PrEP or other biomedical preventive agents require careful policy consideration of new health care payment and delivery models, expansion of the number of providers who treat HIV, and coordinated action at the community level.

Governmental agencies are encouraged to examine policies to remove barriers to treatment, including examination of the policies needed to effectively implement programs using biomedical preventive agents, such as PrEP. Finally, coordinated efforts to increase provider training and respond to changes in health care delivery and finance can enhance the potential for treatment and other biomedical approaches to reduce new HIV infections.

11. **Ease the financial burden of testing and treatment options for individuals with chronic hepatitis B and C and/or HIV infections.**

The coming changes to the health care delivery systems facilitated by the Medicaid 1115 waiver and in health care financing created by the federal Patient Protection and Affordable Care Act will impact access to treatment for these conditions. The Medicaid 1115 waiver allows the state to expand Medicaid managed care while preserving hospital funding, provides incentive payments for health care improvements and directs more funding to hospitals that serve large numbers of uninsured patients.[24] Agencies adapting procedures to include information about the new policies need to be well informed about the implications of these changes for the services needed by their clients. The agencies on the Council need to partner with communities to ensure information-sharing. Increased understanding of how patients may access private insurance and how changes in the health care delivery system impact healthcare access and resources can provide additional options for persons with HIV or HCV.

[24] Texas Health and Human Services Commission. Medicaid Transformation Waiver. http://www.hhsc.state.tx.us/1115-waiver.shtml. Accessed November 2, 2015.

Appendix A: HIV, AIDS, and Viral Hepatitis Plans

The following plans have been identified to address HIV, AIDS, and viral hepatitis in Texas.

National HIV/AIDS Strategy

This National HIV/AIDS Strategy provides a road map for addressing the domestic HIV epidemic. It is not intended to be a comprehensive list of all activities needed to respond to HIV/AIDS, but is intended to be a concise plan that identifies a set of priorities and strategic action steps tied to measurable outcomes. The Federal Implementation Plan outlines the specific steps to be taken by various federal agencies to support the high-level priorities outlined in the Strategy. Both the National HIV/AIDS Strategy and the Federal Implementation Plan may be accessed at:

http://www.whitehouse.gov/administration/eop/onap/nhas

Texas HIV Plan

The overarching goal of the Texas HIV Plan is to reduce new HIV infections. The Texas HIV Plan contains two strategies: decrease the risk for vulnerable populations and reduce the amount of virus present in these communities by reducing undiagnosed and untreated HIV infections. The Texas HIV Plan uses a comprehensive approach based on public health principles and the Continuum of Care developed by the Health Resources and Services Administration (HRSA). The HRSA continuum shows the range of possible engagement in care, beginning with awareness of HIV status and spanning a range of engagement levels, ending with people with HIV fully engaged in medical care. The HRSA continuum has been expanded into the Texas spectrum of HIV engagement.

dshs.texas.gov/hivstd/planning/

Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis

The U.S. Department of Health and Humans Services (HHS) is committed to ensuring that new cases of viral hepatitis are prevented and that persons who are already infected are tested; informed about their infection; and provided with counseling, care, and treatment. This increasing commitment is evidenced in the new Healthy People 2020 report, the first Healthy People publication to document increasing viral hepatitis awareness among infected persons as a formal HHS objective.

https://www.aids.gov/pdf/viral-hepatitis-action-plan.pdf

Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C

An Institute of Medicine (IOM) study found that hepatitis B and C are not widely recognized as serious public health problems, and as a result, that viral hepatitis prevention, control, and surveillance programs have inadequate resources. The report concludes that the current approach to the prevention and control of chronic hepatitis B and hepatitis C is not working. As a remedy, the IOM recommends increased knowledge and awareness about chronic viral hepatitis among health care providers, social service providers, and the public; improved surveillance for hepatitis B and hepatitis C; and better integration of viral hepatitis services.

http://www.iom.edu/Reports/2010/Hepatitis-and-Liver-Cancer-A-National-Strategy-for-Prevention-and-Control-of-Hepatitis-B-and-C.aspx

Hepatitis C Plan Report to the 82nd Texas Legislature

Until 2012, Texas statute required DSHS to develop a state plan for HCV prevention and treatment and update the plan each biennium. The most recent report, the *Hepatitis C Plan Report to the 82nd Legislature*, describes five goals for addressing HCV in Texas based on prevention, testing, care, and surveillance. The state plan reports the progress made on each of these goals as well as the existing barriers to conducting activities related to each goal. The goals are as follows:

- Engage internal and external stakeholders to plan and coordinate approaches to HCV testing, prevention, and treatment
- Increase understanding of current HCV prevention activities
- Improve surveillance and prevention data systems for HCV
- Increase access to HCV testing
- Increase access to HCV prevention interventions

dshs.texas.gov/hivstd/reports

Appendix B: Epidemiology of HIV, AIDS, and Viral Hepatitis in Texas

Link to Integrated HIV Epidemiologic Profile:
dshs.texas.gov/hivstd/reports/

Appendix C: HIV and Viral Hepatitis Prevention and Treatment Funding Resources in Texas

Link to HIV and Viral Hepatitis Prevention and Treatment Funding Resources in Texas: dshs.texas.gov/hivstd/info/hcv/

Appendix D: Council Members and Participating Agency Profiles

Health and Safety Code §81.010 outlines the required representation and leadership of the Council, the opportunity for public input, and levels of expected participation. HHSC is charged with providing administrative support to the Council, and its representative on the Council serves as chairperson. Each agency included in the statute is represented on the Council by an appointee named by the executive director or commissioner of the agency. The agencies and representatives are listed as follows:

Agency	Representative
Department of State Health Services	Shelley Lucas
Department of Aging and Disability Services	Dr. Lisa B. Glenn
Department of Assistive and Rehabilitative Services	John Coburn
Department of Family and Protective Services	Dr. James Rogers
Health and Human Services Commission	Clare Seagraves
State Board of Dental Examiners	Richard Gober
Texas Juvenile Justice Department	Jana Johnson
Texas Department of Criminal Justice	Connie Adams
Texas Medical Board	Robert Bredt
Texas Board of Nursing	Denise Benbow
Texas Workforce Commission	Kristin McEntyre
Texas Higher Education Coordinating Board	Mindy Nobles

The Council is required to facilitate communication and coordination among the member agencies concerning the agencies' programs for prevention and services related to HIV, AIDS, and hepatitis. Further, the Council is required to:

- Identify statewide plans related to HIV, AIDS, and hepatitis
- Identify all federal, state, and local money spent on HIV and hepatitis prevention and care services in Texas, including Medicaid and Medicare
- Identify areas in which state agencies interact on HIV and hepatitis issues and the policy issues that arise from this interaction
- Assess gaps in prevention and health care services for HIV and hepatitis and develop strategies to address gaps through service coordination
- Identify barriers to prevention services and health care services for HIV, AIDS, and hepatitis faced by populations disproportionately affected by these illnesses
- Identify the health care and service needs of persons living with HIV, AIDS, or hepatitis and evaluate the level of service and quality of health care for these Texans compared to national standards
- Identify emerging issues related to HIV and hepatitis and their impact on the delivery of prevention and health care services

Each year, DSHS must file a report with the Legislature and the Governor. This report contains policy recommendations based on the information reported to the Council related to prevention of HIV and hepatitis and to the delivery of health services to individuals living with HIV and hepatitis.

Agency Profiles

Each agency represented on the Council was surveyed regarding statistics and plans related to HIV/AIDS and hepatitis. Of the 12 agencies, only TDCJ, TJJD, and DSHS reported policies and programs that specifically address prevention and services for persons at risk for or living with HIV/AIDS or hepatitis.

Texas Health and Human Services Commission (HHSC)

Originally created in 1991, HHSC oversees operations of the entire health and human services system in Texas; this system is composed of five agencies:

- Health and Human Services Commission (HHSC)
- Department of Aging and Disability Services (DADS)
- Department of State Health Services (DSHS)
- Department of Assistive and Rehabilitative Services (DARS)
- Department of Family and Protective Services (DFPS)

HHSC provides administrative oversight of Texas health and human services programs. It also directs administration of programs, including Medicaid, Children's Health Insurance Program (CHIP), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program, Family Violence Services, Refugee Services, Disaster Assistance, Early Childhood Coordination, and Ombudsman Services. Expenditures for Medicaid and CHIP are highlighted in this report (Appendix C). Though the direct services of HHSC are not targeted specifically to individuals living with HIV/AIDS and hepatitis, HHSC services are available to these individuals who are otherwise eligible. HHSC oversees the activities of DSHS, which does provide services directly targeted to populations at risk for HIV and hepatitis and PLWH.

Texas Board of Dental Examiners

The mission of the Texas Board of Dental Examiners is to safeguard the dental health of Texans. This is done by developing and maintaining programs to ensure that only qualified persons are licensed to provide dental care and those violators of laws and rules regulating dentistry are sanctioned as appropriate. The Texas State Board of Dental Examiners does not target services to individuals at risk for or living with HIV/AIDS and hepatitis.

Texas Board of Nursing

The mission of the Texas Board of Nursing is to protect and promote the welfare of the people of Texas by ensuring that each person holding a license as a nurse in Texas is competent to practice

safely. This agency does not target services to individuals at risk for or living with HIV/AIDS and hepatitis.

Department of Aging and Disability Services (DADS)

The mission of DADS is to provide a comprehensive array of aging and disability services, support, and opportunities that are easily accessed in local communities. DADS provides and contracts for long-term care, services, and support for eligible older Texans and children and adults with cognitive and physical disabilities. DADS regulates facilities and agencies and credentials staff working in these facilities and agencies. DADS does not target services to individuals at risk for or living with HIV/AIDS and hepatitis.

Department of Assistive and Rehabilitative Services (DARS)

The mission of DARS is to work in partnership with Texans with disabilities and families with children who have developmental delays to improve the quality of their lives and enable their full participation in society. Although the services of DARS are not specifically targeted to individuals at risk of or living with HIV/AIDS and hepatitis, DARS assists individuals with AIDS and chronic hepatitis who have been deemed severely disabled and are applying for Social Security Disability Insurance and/or Supplemental Security Income. Individuals experiencing significant functional limitations related to HIV/AIDS or hepatitis may also be eligible for DARS programs that provide assistance with achieving vocational and independent living goals.

Department of Family and Protective Services (DFPS)

The mission of DFPS is to protect children and adults who are elderly or have a disability from abuse, neglect, and exploitation by working with clients, family, and communities. The agency is charged with managing community-based programs that prevent delinquency, abuse, neglect, and exploitation of Texas children, as well as elderly and disabled adults. DFPS services are not specifically targeted to individuals at risk for or living with HIV/AIDS and hepatitis.

Department of State Health Services (DSHS)

The mission of DSHS is to improve health and well-being in Texas. Especially relevant to the Council are DSHS responsibilities for HIV/AIDS and hepatitis. This includes surveillance and epidemiology, public education, vaccine distribution for prevention of hepatitis A virus and HBV, coordination and funding of local disease intervention specialist activities, hepatitis prevention and services associated with treatment and care for PLWH, including the AIDS Drug Assistance Program (ADAP). Prevention and care services have both a physical and mental health emphasis and acknowledge the role that substance abuse plays in disease transmission and acquisition and adherence to treatment. DSHS provides targeted services to people who are at risk for and those living with HIV/AIDS and hepatitis.

Texas Department of Criminal Justice (TDCJ)

The mission of the TDCJ is to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime. TDCJ manages offenders in state prisons, state jails, and private correctional facilities that contract with TDCJ. The agency also provides funding and certain oversight of community supervision (previously known as adult probation) and is responsible for the supervision of offenders released from prison on parole or mandatory supervision. TDCJ provides medical care and prevention to people who are at risk for and living with HIV and hepatitis within their context of the correctional facilities.

Texas Higher Education Coordinating Board

The Texas Higher Education Coordinating Board provides leadership and coordination for the higher education system to achieve excellence in college education of Texas students. The services of the Higher Education Coordinating Board are not targeted to individuals at risk for or living with HIV/AIDS and hepatitis.

Texas Medical Board

The Texas Medical Board is a regulatory agency that serves and protects the public's welfare by ensuring licensed health care professionals are competent and provide quality patient health care and educating consumers regarding their rights in seeking quality health care. The Texas Medical Board does not target services to individuals at risk for or living with HIV/AIDS and hepatitis.

Texas Workforce Commission (TWC)

The Texas Workforce Commission is the state government agency charged with overseeing and providing workforce development services to the employers and job seekers of Texas. For employers, TWC offers recruiting, retention, training and retraining, and outplacement services, as well as information on labor and unemployment tax law, tax saving programs, and labor market planning. For job seekers, TWC offers career development information, job search resources, training programs, and administers the unemployment benefits program. Although TWC services are not targeted to individuals living with HIV/AIDS and hepatitis, these services are available for otherwise eligible individuals.

Texas Juvenile Justice Department (TJJD)

Legislation adopted in the 82nd Legislative Session created the Texas Juvenile Justice Department (TJJD) by merging the Texas Youth Commission and the Texas Juvenile Probation Commission, effective September 1, 2011.

TJJD is the state's juvenile corrections agency. It operates juvenile correctional facilities and partners with communities to provide a safe and secure environment for youth. Youth in the agency's care receive individualized education, treatment, life skills and employment training,

and positive role models to facilitate successful community reintegration. TJJD is responsible for the care, custody, rehabilitation, and reestablishment in society of Texas' most chronically delinquent or serious juvenile offenders. TJJD administers services to people who are at risk for or living with HIV/AIDS and hepatitis within the context of the correctional facilities.