
Ways & Means Committee

HB 2360

Brief Description: Concerning consolidation of administrative services for AIDS grants in the department of health.

Sponsors: Representative Darneille.

Brief Summary of Bill

- Eliminates regional AIDS service networks (AIDSNETs) and regional HIV/AIDS planning activities.
- Directs the Department of Health to distribute grants directly to community service providers, rather than through the AIDSNETs.

Hearing Date: 4/16/09

Staff: Chris Blake (786-7392)

Background:

In 1988, regional AIDS service networks (AIDSNETs) were established to serve as local entities that conduct planning activities for coordinating the availability of community services for individuals who are HIV-positive or have AIDS. The boundaries of the AIDSNETs reflect the Department of Social and Health Services' six-region service system. The most populous county in each region is designated as the lead county to coordinate with the local health departments within the region to develop a regional plan. The regional plans include components related to administration; available services; a service delivery model; and budget, staffing, and caseload projections.

The Department of Health contracts with the AIDSNETs to implement the plans within each region. The plans emphasize contracting with community service providers, such as hospitals, major volunteer organizations, and health care organizations, to implement the plans. The

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Department of Health provides funding to the community providers through the AIDSNETs to conduct plan-related activities.

Summary of Bill:

As of January 1, 2010, regional AIDS service networks (AIDSNETs) are eliminated and the requirement to conduct regional planning for community services for individuals with AIDS is discontinued. The Department of Health (Department), rather than the AIDSNETs, is responsible for distributing grants to support community services for people who are HIV-positive or have AIDS. The Department shall establish criteria for awarding the grants for testing, counseling, education, case management, notification of sexual partners regarding infected individuals, planning, coordination, and intervention strategies for high risk individuals.

Appropriation: None.

Fiscal Note: Requested on April 15, 2009.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.