

**214.640 HIV and AIDS Planning and Advisory Council -- Membership -- Functions.**

- (1) The Cabinet for Health and Family Services may create, to the extent permitted by available staffing and funding, an HIV and AIDS Planning and Advisory Council to consist of no more than thirty (30) members, for the purpose of advising the cabinet on the formulation of HIV and AIDS policy. Membership on the committee shall be drawn from the following:
  - (a) The commissioner of the Department for Public Health;
  - (b) The commissioner of the Department for Medicaid Services;
  - (c) Representatives of other state agencies or boards that provide services to clients of HIV or AIDS services or that provide education to professionals who come into contact with HIV or AIDS clients, as designated by the Governor;
  - (d) Physicians representing different geographic regions of the state;
  - (e) HIV or AIDS clients; and
  - (f) Representatives of community-based organizations from different geographic regions of the state.

To the extent possible, membership of the council shall reflect the epidemiology of the HIV/AIDS epidemic.
- (2) The members designated under paragraphs (a) to (c) of subsection (1) of this section shall serve for the duration of service in their offices, subject to removal for cause by the Governor. These members shall not be paid for attending council meetings but may receive reimbursement of expenses.
- (3) The members serving under paragraphs (d) to (f) of subsection (1) of this section shall be appointed by the cabinet from lists submitted by the appropriate licensing entities of the profession involved, by the cabinet, and by community-based organizations. These members shall serve for a term of four (4) years and may be reappointed, but the members shall not serve for more than two (2) consecutive terms.
- (4) The chair of the council shall be elected from the membership serving under paragraphs (d) to (f) of subsection (1) of this section.
- (5) The functions of the council shall include but shall not be limited to:
  - (a) Reporting its findings to the cabinet and monitoring the responsiveness of the cabinet to insure that the council's recommendations are being followed;
  - (b) Exploring the feasibility, design, cost, and necessary funding for centers of excellence to deliver comprehensive, coordinated medical and related care to all people with HIV or AIDS in the Commonwealth based on national clinical guidelines and practice standards. Coordinated medical care shall include but not be limited to access to:
    1. AIDS primary care;
    2. Drug therapy;
    3. Specialists' care, including psychiatric and other mental health providers;

4. Case management services;
  5. Dental care;
  6. Chemical dependency treatment; and
  7. Basic needs, including but not limited to housing and food;
- (c) Assessing resources and gaps in services provided for persons with HIV or AIDS;
- (d) Subdividing into necessary subcommittees. One (1) subcommittee may be formed that will consist solely of persons living with HIV or AIDS. This subcommittee shall make those recommendations as it deems necessary to the council, including recommendations on effective peer-based prevention programs; and
- (e) Reporting its findings and recommendations to the General Assembly and the Interim Joint Committee on Health and Welfare by September 1, 2001, and by September 1 of each year thereafter.

**Effective:** July 12, 2012

**History:** Amended 2012 Ky. Acts ch. 158, sec. 49, effective July 12, 2012. -- Amended 2005 Ky. Acts ch. 99, sec. 468, effective June 20, 2005. -- Amended 2002 Ky. Acts ch. 103, sec. 1, effective July 15, 2002. -- Created 2000 Ky. Acts ch. 432, sec. 3, effective July 14, 2000.