

Amend CSHB 9 by adding the following sections and renumbering appropriately:

SECTION \_\_\_\_\_. Subsection (e), Section 81.042, Health and Safety Code, is amended to read as follows:

(e) The following persons shall report to the local health authority or the department a suspected case of a reportable disease and all information known concerning the person who has or is suspected of having the disease if a report is not made as required by Subsections (a)-(d):

- (1) a professional registered nurse;
- (2) an administrator or director of a public or private temporary or permanent child-care facility;
- (3) an administrator or director of a nursing home, personal care home, maternity home, adult respite care center, or adult day-care center;
- (4) an administrator of a home health agency;
- (5) an administrator or health official of a public or private institution of higher education;
- (6) an owner or manager of a restaurant, dairy, or other food handling or processing establishment or outlet;
- (7) a superintendent, manager, or health official of a public or private camp, home, or institution;
- (8) a parent, guardian, or householder;
- (9) a health professional; ~~[or]~~
- (10) an administrator or health official of a penal or correctional institution; or
- (11) emergency medical service personnel, a peace officer, or a firefighter.

SECTION \_\_\_\_\_. Subchapter B, Chapter 562, Occupations Code, is amended by adding Section 562.055 to read as follows:

Sec. 562.055. REPORT TO TEXAS DEPARTMENT OF HEALTH. A pharmacist shall report any unusual or increased prescription rates, unusual types of prescriptions, or unusual trends in pharmacy visits that may be caused by bioterrorism, epidemic or pandemic disease, or novel and highly fatal infectious agents or biological toxins that might pose a substantial risk of a significant number of human fatalities or incidents of permanent or

long-term disability. Prescription-related events that require a report include:

(1) an unusual increase in the number of prescriptions to treat respiratory or gastrointestinal complaints or fever;

(2) an unusual increase in the number of prescriptions for antibiotics;

(3) an unusual increase in the number of requests for information on over-the-counter pharmaceuticals to treat respiratory or gastrointestinal complaints or fever; and

(4) any prescription that treats a disease that is relatively uncommon and has bioterrorism potential.

SECTION \_\_\_\_\_. Subsections (a), (b), and (c), Section 161.101, Agriculture Code, are amended to read as follows:

(a) A veterinarian, a veterinary diagnostic laboratory, or a person having care, custody, or control of an animal shall report the existence of the following diseases among livestock, exotic livestock, bison, domestic fowl, or exotic fowl to the commission within 24 hours after diagnosis of the disease:

(1) anthrax;

(2) avian infectious laryngotracheitis;

(3) avian influenza;

(4) avian tuberculosis;

(5) chronic wasting disease;

(6) duck virus enteritis;

(7) duck virus hepatitis;

(8) equine encephalomyelitis;

(9) equine infectious anemia;

(10) infectious encephalomyelitis in poultry or other fowl;

(11) ornithosis;

(12) paramyxovirus infection in poultry or other fowl;

or

(13) scabies in sheep or cattle.

(b) In addition to reporting required by Subsection (a), the commission may adopt rules that require a veterinarian, a veterinary diagnostic laboratory, or a person having care, custody, or control of an animal to report the existence of a disease other

than bluetongue in an animal to the commission within 24 hours after diagnosis if the disease:

(1) is recognized by the United States Department of Agriculture as a foreign animal disease;

(2) is the subject of a cooperative eradication program with the United States Department of Agriculture;

(3) is named on "List A" of the Office International Des Epizooties; or

(4) is the subject of a state of emergency, as declared by the governor.

(c) The commission may adopt rules that require a veterinarian, a veterinary diagnostic laboratory, or a person having care, custody, or control of an animal to report a disease not covered by Subsection (a) or (b) if the commission determines that action to be necessary for the protection of animal health in this state. The commission shall immediately deliver a copy of a rule adopted under this subsection to the appropriate legislative oversight committees. A rule adopted by the commission under this subsection expires on the first day after the last day of the first regular legislative session that begins after adoption of the rule unless the rule is continued in effect by act of the legislature.