

## **BILL ANALYSIS**

C.S.H.B. 1677  
By: Dukes  
Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Infection with Respiratory Syncytial Virus (RSV) is one of the most common causes of bronchiolitis and pneumonia in young children. While infection with this organism generally manifests in older children and adults as a mild upper respiratory tract infection, it can cause severe and even fatal disease in immunocompromised individuals, those with underlying cardiopulmonary disorders, preterm infants, and other vulnerable groups. RSV results in the hospitalization of more than 100,000 infants and children each year at an estimated cost exceeding \$500 million. Scientific progress with regard to this infection has resulted in the availability of improved recognition, prevention, and treatment strategies for this infection and improved outcomes in vulnerable populations. It is recommended that high risk individuals receive a prophylactic therapy that can prevent the development of severe disease after infection with RSV. However, the temporal occurrence of RSV infection, and the scope of severe infection in Texas, is not known. This bill mandates that the Department of State Health Services create a sentinel surveillance system to collect information, already available through most childrens' hospitals, on the incidence of RSV infection at key locations around the state. The availability of this information will enhance provider education and enable the state public health system to be aware of the annual Texas epidemic and plan an appropriate response.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 and 2 of this bill.

### **ANALYSIS**

C.S.H.B. 1677 amends the Health and Safety Code to mandate that the Department of State Health Services create a sentinel surveillance system for RSV infection.

Defines department, executive commissioner, health facility, local health unit and RSV.

Reports and information furnished to the department under this chapter are confidential and are not public information under Chapter 552. Information can be released for statistical purposes, to medical personnel and public officers as necessary to comply with the chapter, and to appropriate federal agencies such as the Centers for Disease Control and Prevention of the United States Public Health Service.

Excludes a health professional, health facility, or administrator, officer or employee of a health facility from civil or criminal liability for divulging information required to be released under this chapter.

Requires that governmental entities that are capable of assisting the department in carrying out the intent of this chapter shall cooperate with the department for the sentinel surveillance program by furnishing expertise, services, and facilities to the sentinel surveillance program.

Establishes the sentinel surveillance program to identify RSV infection in children and maintain a central database that can be used to investigate the incidence, prevalence, and trends of RSV. Requires the executive commissioner to consider the geographic distribution of children, the location of health facilities that collect RSV information and the use of existing data already being collected by health care facilities in establishing this program. The executive commissioner is authorized to adopt rules to carry out this chapter.

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Requires a health facility or health professional to make data available to the department to carry out this chapter and authorizes the executive commissioner to prescribe by rule the manner in which data are reported.

The placement of the data in a central database to facilitate information sharing is authorized as well as authorizing the department to use the data to design measures to prevent the occurrence of RSV and to provide information to providers on the incidence of RSV infection.

The bill requires the executive commissioner of the Health and Human Services Commission to adopt rules no later than November 1, 2005.

**EFFECTIVE DATE**

September 1, 2005.

**COMPARISON OF ORIGINAL TO SUBSTITUTE**

Section 96.002. (c)(3). Adds "and Prevention" to the name of the Centers for Disease Control, correcting the name of the CDC.

Section 96.004. Adds "sentinel surveillance" to identify the program.

Section 96.005 (a)(2). Adds laboratory-confirmed cases of RSV that can be used to investigate the incidence, prevalence, and trends of RSV.

Section 96.005 (b)(3). Adds that the executive commissioner shall consider the use of existing data collected by health care facilities in establishing the sentinel surveillance program.