

1-1 By: Dukes, Riddle (Senate Sponsor - Zaffirini) H.B. No. 1677
1-2 (In the Senate - Received from the House April 22, 2005;
1-3 April 25, 2005, read first time and referred to Committee on Health
1-4 and Human Services; May 5, 2005, reported favorably by the
1-5 following vote: Yeas 9, Nays 0; May 5, 2005, sent to printer.)

1-6 A BILL TO BE ENTITLED
1-7 AN ACT

1-8 relating to establishing a sentinel surveillance program for
1-9 respiratory syncytial virus.

1-10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-11 SECTION 1. Subtitle D, Title 2, Health and Safety Code, is
1-12 amended by adding Chapter 96 to read as follows:

1-13 CHAPTER 96. RESPIRATORY SYNCYTIAL VIRUS

1-14 Sec. 96.001. DEFINITIONS. In this chapter:

1-15 (1) "Department" means the Department of State Health
1-16 Services.

1-17 (2) "Executive commissioner" means the executive
1-18 commissioner of the Health and Human Services Commission.

1-19 (3) "Health facility" includes:

1-20 (A) a general or special hospital licensed by the
1-21 department under Chapter 241;

1-22 (B) a physician-owned or physician-operated
1-23 clinic;

1-24 (C) a publicly or privately funded medical
1-25 school;

1-26 (D) a state hospital or state school maintained
1-27 and managed by the Department of State Health Services or the
1-28 Department of Aging and Disability Services;

1-29 (E) a public health clinic conducted by a local
1-30 health unit, health department, or public health district organized
1-31 and recognized under Chapter 121; and

1-32 (F) another facility specified by a rule adopted
1-33 by the executive commissioner.

1-34 (4) "Local health unit" has the meaning assigned by
1-35 Section 121.004.

1-36 (5) "RSV" means respiratory syncytial virus.

1-37 Sec. 96.002. CONFIDENTIALITY. (a) Except as specifically
1-38 authorized by this chapter, reports, records, and information
1-39 furnished to a department employee or to an authorized agent of the
1-40 department that relate to cases or suspected cases of a health
1-41 condition are confidential and may be used only for the purposes of
1-42 this chapter.

1-43 (b) Reports, records, and information relating to cases or
1-44 suspected cases of health conditions are not public information
1-45 under Chapter 552, Government Code, and may not be released or made
1-46 public on subpoena or otherwise except as provided by this chapter.

1-47 (c) The department may release medical, epidemiological, or
1-48 toxicological information:

1-49 (1) for statistical purposes, if released in a manner
1-50 that prevents the identification of any person;

1-51 (2) to medical personnel, appropriate state agencies,
1-52 health authorities, regional directors, and public officers of
1-53 counties and municipalities as necessary to comply with this
1-54 chapter and rules relating to the identification, monitoring, and
1-55 referral of children with RSV; or

1-56 (3) to appropriate federal agencies, such as the
1-57 Centers for Disease Control and Prevention of the United States
1-58 Public Health Service.

1-59 Sec. 96.003. LIMITATION OF LIABILITY. A health
1-60 professional, a health facility, or an administrator, officer, or
1-61 employee of a health facility subject to this chapter is not civilly
1-62 or criminally liable for divulging information required to be
1-63 released under this chapter, except in a case of gross negligence or
1-64 wilful misconduct.

2-1 Sec. 96.004. COOPERATION OF GOVERNMENTAL ENTITIES. Another
2-2 state board, commission, agency, or governmental entity capable of
2-3 assisting the department in carrying out the intent of this chapter
2-4 shall cooperate with the department and furnish expertise,
2-5 services, and facilities to the sentinel surveillance program.

2-6 Sec. 96.005. SENTINEL SURVEILLANCE PROGRAM. (a) The
2-7 executive commissioner shall establish in the department a program
2-8 to:

2-9 (1) identify by sentinel surveillance RSV infection in
2-10 children; and

2-11 (2) maintain a central database of
2-12 laboratory-confirmed cases of RSV that can be used to investigate
2-13 the incidence, prevalence, and trends of RSV.

2-14 (b) In establishing the sentinel surveillance program for
2-15 RSV, the executive commissioner shall consider:

2-16 (1) the number and geographic distribution of children
2-17 in the state;

2-18 (2) the location of health facilities that collect RSV
2-19 information locally; and

2-20 (3) the use of existing data collected by health
2-21 facilities.

2-22 (c) The executive commissioner shall adopt rules to govern
2-23 the operation of the program and carry out the intent of this
2-24 chapter, including rules that specify a system for selecting the
2-25 demographic areas in which the department collects information.

2-26 Sec. 96.006. DATA COLLECTION. (a) To ensure an accurate
2-27 source of data, the executive commissioner may require a health
2-28 facility or health professional to make available for review by the
2-29 department or by an authorized agent medical records or other
2-30 information that is in the facility's or professional's custody or
2-31 control and that relates to an occurrence of RSV.

2-32 (b) The executive commissioner by rule shall prescribe the
2-33 manner in which data are reported to the department.

2-34 Sec. 96.007. DATABASE. (a) Information collected and
2-35 analyzed by the department or an authorized agent under this
2-36 chapter may be placed in a central database to facilitate
2-37 information sharing and provider education.

2-38 (b) The department may use the database to:

2-39 (1) design and evaluate measures to prevent the
2-40 occurrence of RSV and other health conditions; and

2-41 (2) provide information and education to providers on
2-42 the incidence of RSV infection.

2-43 SECTION 2. Not later than November 1, 2005, the executive
2-44 commissioner of the Health and Human Services Commission shall
2-45 adopt rules as required by Section 96.005, Health and Safety Code,
2-46 as added by this Act.

2-47 SECTION 3. This Act takes effect September 1, 2005.

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