

## **BILL ANALYSIS**

CSHB 2132  
By: Straus  
Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

According to the Centers for Disease Control and Prevention, diabetes has become more than twice as common as it was just 20 years ago, and the Texas Diabetes Council reports that in 2005, 1.3 million adults in Texas had diabetes. The purpose of CSHB 2132 is to establish an electronic diabetes mellitus registry pilot program that tracks the prevalence of diabetes, the level of control individual patients are exerting over their diabetes, and the trends of new diagnoses of diabetes. A centralized diabetes resource will allow researchers across the state to begin looking for ways to curtail this growing disease and to determine the root causes of diabetes.

### **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 2 of this bill.

### **ANALYSIS**

CSHB 2132 requires the Department of State Health Services (department) in coordination with a public health district (district) to develop and implement a pilot program (program) to create and maintain a diabetes mellitus registry (registry).

CSHB 2132 requires that the selected district serve a county with a population of less than two million that contains a municipality with a population of more than one million. A clinical laboratory (laboratory) located in the district is required to submit to the district and the department the results for each glycosylated hemoglobin test that the laboratory performs. The department and the district are required to create an electronic registry to track the glycosylated hemoglobin levels of the lab tests, to compile the submitted information in order to track the prevalence, the level of control certain patients exert over the diabetes mellitus, the trends of new diagnoses, the health care costs associated with diabetes mellitus, and to promote discussion and public information programs regarding diabetes mellitus. The district is solely responsible for the costs of establishing and administering the program. CSHB 2132 establishes the confidentiality of the reports, records and information obtained, and authorizes the release of certain information for statistical purposes, research, or with the consent of each person identified in the information.

The executive commissioner of the Health and Human Services Commission must adopt rules to implement the program. CSHB 2132 requires that the department submit a report containing certain evaluations and recommendations regarding the program to the governor, lieutenant governor, speaker of the house of representatives, and the appropriate standing committees of the legislature by December 1, 2009. This legislation would expire on September 1, 2010.

### **EFFECTIVE DATE**

Upon passage, or, if the Act does not receive the necessary vote, the Act takes effect September 1, 2007.

### **COMPARISON OF ORIGINAL TO SUBSTITUTE**

CSHB 2132 deletes a provision in the original that states the department and the district must "notify a patient's physician when the patient's level of control indicates additional medication or treatment may be required" and makes conforming changes.

C.S.H.B. 2132 80(R)

CSHB 2132 changes "the level of control an individual patient is exerting over the patient's diabetes mellitus" to "the level of control the patients in each demographic group exert over the diabetes mellitus." The substitute states that the district is solely responsible for the costs of establishing and administering the program.