

1-1 By: Lucio S.B. No. 415
1-2 (In the Senate - Filed February 1, 2007; February 21, 2007,
1-3 read first time and referred to Committee on Health and Human
1-4 Services; April 19, 2007, reported adversely, with favorable
1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;
1-6 April 19, 2007, sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 415 By: Deuell

1-8 A BILL TO BE ENTITLED
1-9 AN ACT

1-10 relating to a risk assessment program for Type 2 diabetes and the
1-11 creation of the Type 2 Diabetes Risk Assessment Program Advisory
1-12 Committee.

1-13 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-14 SECTION 1. The heading to Chapter 95, Health and Safety
1-15 Code, is amended to read as follows:

1-16 CHAPTER 95. RISK ASSESSMENT FOR TYPE 2 DIABETES [~~ACANTHOSIS~~
1-17 ~~NIGRICANS SCREENING~~]

1-18 SECTION 2. Section 95.001, Health and Safety Code, is
1-19 amended by adding Subdivisions (1-a) and (1-b) and amending
1-20 Subdivision (3) to read as follows:

1-21 (1-a) "Advisory committee" means the Type 2 Diabetes
1-22 Risk Assessment Program Advisory Committee established under
1-23 Section 95.006.

1-24 (1-b) "Council" means the Texas Diabetes Council.

1-25 (3) "Office" means [the Texas-Mexico Border Health
1-26 Coordination Office of] The University of Texas-Pan American Border
1-27 Health Office.

1-28 SECTION 3. Sections 95.002, 95.003, and 95.004, Health and
1-29 Safety Code, are amended to read as follows:

1-30 Sec. 95.002. TYPE 2 DIABETES [~~ACANTHOSIS NIGRICANS~~]
1-31 EDUCATION AND RISK ASSESSMENT PROGRAM [~~SCREENING PROJECT~~].

1-32 (a) The office shall administer a risk assessment program for Type
1-33 2 diabetes [an acanthosis nigricans screening program] in
1-34 accordance with this chapter.

1-35 (b) The office, after reviewing recommendations made by the
1-36 advisory committee, [executive council] by rule shall coordinate
1-37 the risk assessment for Type 2 diabetes [screening] of individuals
1-38 who attend public or private schools located in Texas Education
1-39 Agency Regional Education Service Centers 1, 2, 3, 4, 10, 11, 13,
1-40 15, 18, 19, and 20 and, by using existing funding as efficiently as
1-41 possible or by using other available funding, in additional
1-42 regional education service centers.

1-43 (c) The rules must include procedures necessary to
1-44 administer the risk assessment program, including procedures that
1-45 require each school to record and report risk assessment
1-46 [screening] activities using:

1-47 (1) an existing database used to administer and track
1-48 risk assessment data; or

1-49 (2) widely accepted surveillance software selected by
1-50 the office.

1-51 (d) The office shall require a risk assessment for Type 2
1-52 diabetes [acanthosis nigricans screening] to be performed at the
1-53 same time hearing and vision screening is performed under Chapter
1-54 36 or spinal screening is performed under Chapter 37. The risk
1-55 assessment for Type 2 diabetes should:

1-56 (1) identify students with acanthosis nigricans; and

1-57 (2) further assess students identified under
1-58 Subdivision (1) to determine the students':

1-59 (A) body mass index; and

1-60 (B) blood pressure.

1-61 (e) The office may:

1-62 (1) coordinate the risk assessment for Type 2 diabetes
1-63 [acanthosis nigricans screening] activities of school districts,

2-1 private schools, state agencies, volunteer organizations,
 2-2 universities, and other entities so that the efforts of each entity
 2-3 are complementary and not fragmented and duplicative; and

2-4 (2) [~~The office may~~] provide technical assistance
 2-5 to those entities in developing risk assessment [~~screening~~]
 2-6 programs.

2-7 (f) The office shall:

2-8 (1) [~~and may~~] provide educational and other material
 2-9 to assist local risk assessment [~~screening~~] activities;

2-10 (2) [~~(f) The office shall~~] monitor the quality of
 2-11 risk assessment [~~screening~~] activities provided under this
 2-12 chapter; and

2-13 (3) consult with the Board of Nurse Examiners to
 2-14 determine the training requirements necessary for a nurse or other
 2-15 person to conduct risk assessment activities under this chapter.

2-16 (g) The office shall provide on the office's Internet
 2-17 website information on obesity, Type 2 diabetes, and related
 2-18 conditions to health care providers and update the information at
 2-19 least annually.

2-20 Sec. 95.003. COMPLIANCE WITH RISK ASSESSMENT [~~SCREENING~~]
 2-21 REQUIREMENTS. (a) Each individual required by rules adopted under
 2-22 this chapter to be assessed [~~screened~~] shall undergo approved risk
 2-23 assessment [~~screening~~] for Type 2 diabetes [~~acanthosis nigricans~~].
 2-24 The individual shall comply with the requirements as soon as
 2-25 possible after the individual's admission to a school and as
 2-26 required by rule. The individual or, if the individual is a minor,
 2-27 the minor's parent, managing conservator, or guardian may
 2-28 substitute a professional examination for the risk assessment
 2-29 [~~screening~~].

2-30 (b) An individual is exempt from risk assessment
 2-31 [~~screening~~] if risk assessment [~~screening~~] conflicts with the
 2-32 tenets and practices of a recognized church or religious
 2-33 denomination of which the individual is an adherent or a member. To
 2-34 qualify for the exemption, the individual or, if the individual is a
 2-35 minor, the individual's parent, managing conservator, or guardian
 2-36 must submit to the chief administrator of the school on or before
 2-37 the day of the risk assessment process [~~screening procedure~~] an
 2-38 affidavit stating the objections to the risk assessment
 2-39 [~~screening~~].

2-40 (c) The chief administrator of each school shall ensure that
 2-41 each individual admitted to the school complies with the risk
 2-42 assessment [~~screening~~] requirements set by the office [~~executive~~
 2-43 ~~council~~] or submits an affidavit of exemption.

2-44 Sec. 95.004. RECORDS; REPORTS. (a) The chief
 2-45 administrator of each school shall maintain, on a form prescribed
 2-46 by the office, risk assessment [~~executive council, screening~~]
 2-47 records for each individual in attendance[~~7~~] and enter the risk
 2-48 assessment information for each individual on the surveillance
 2-49 software selected by the office. The risk assessment [~~the~~] records
 2-50 are open for inspection by the office or the local health
 2-51 department.

2-52 (b) The office may, directly or through local health
 2-53 departments, enter a school and inspect records maintained by the
 2-54 school relating to risk assessment [~~screening~~] for Type 2 diabetes
 2-55 [~~acanthosis nigricans~~].

2-56 (c) An individual's risk assessment [~~screening~~] records may
 2-57 be transferred among schools without the consent of the individual
 2-58 or, if the individual is a minor, the minor's parent, managing
 2-59 conservator, or guardian.

2-60 (d) The person performing the risk assessment [~~screening~~]
 2-61 shall send a report indicating that an individual may be at risk for
 2-62 developing Type 2 diabetes [~~have acanthosis nigricans~~] to the
 2-63 individual or, if the individual is a minor, the minor's parent,
 2-64 managing conservator, or guardian. The report must include:

2-65 (1) an explanation of:
 2-66 (A) the process for assessing risk for developing
 2-67 Type 2 diabetes;

2-68 (B) the reasons the individual was identified in
 2-69 the risk assessment process as being at risk for developing Type 2

3-1 diabetes;
 3-2 (C) the risk factors associated with developing
 3-3 Type 2 diabetes; and
 3-4 (D) the individual's body mass index [~~acanthosis~~
 3-5 ~~nigricans and related conditions~~];
 3-6 (2) a statement concerning an individual's or family's
 3-7 need for further evaluation for Type 2 diabetes and related [~~of~~
 3-8 conditions [~~related to acanthosis nigricans~~]; [and]
 3-9 (3) instructions to help the individual or family
 3-10 receive evaluation by a physician or other health care provider;
 3-11 and
 3-12 (4) information on procedures for applying for the
 3-13 state child health plan program and the state Medicaid program [~~and~~
 3-14 intervention by the school district].
 3-15 (e) Each school shall submit to the office an annual report
 3-16 on the risk assessment [~~screening~~] status of the individuals in
 3-17 attendance during the reporting year and shall include in the
 3-18 report any other information required by the office.
 3-19 (f) The report required under Subsection (e) must:
 3-20 (1) be compiled from the information entered into the
 3-21 surveillance software;
 3-22 (2) be on a form prescribed by the office; [~~executive~~
 3-23 council] and
 3-24 (3) [~~must~~] be submitted according to the timetable
 3-25 established by the office's [~~executive council's~~] rules.
 3-26 (g) After the end of the reporting period under Subsection
 3-27 (e), the office shall:
 3-28 (1) analyze and compile a summary of the reports
 3-29 submitted by schools during that reporting period;
 3-30 (2) file a copy of the summary with the advisory
 3-31 committee; and
 3-32 (3) post on an Internet website accessible to each
 3-33 school required to submit a report under Subsection (e):
 3-34 (A) the number of students and the percentage of
 3-35 the student population identified by each of those schools during
 3-36 the reporting period as at risk for Type 2 diabetes; and
 3-37 (B) comparison data and analyses regarding the
 3-38 information required to be reported under that subsection.
 3-39 (h) The office shall deliver to the chief administrator of
 3-40 each school and the school nurse or other person responsible for
 3-41 conducting risk assessment activities for the school under this
 3-42 chapter an annual summary compilation of the reports submitted by
 3-43 schools under Subsection (e).
 3-44 (i) [~~(f)~~] Not later than January 15 of each odd-numbered
 3-45 year, the office shall submit to the governor and the legislature a
 3-46 report relating to [~~concerning~~] the implementation and
 3-47 effectiveness of the Type 2 diabetes risk assessment [~~acanthosis~~
 3-48 ~~nigricans screening~~] program established by this chapter that
 3-49 includes a detailed description of the expenses related to the
 3-50 program.
 3-51 SECTION 4. Chapter 95, Health and Safety Code, is amended by
 3-52 adding Sections 95.005 and 95.006 to read as follows:
 3-53 Sec. 95.005. GIFTS AND GRANTS. The office may accept gifts,
 3-54 grants, and donations to support the Type 2 diabetes risk
 3-55 assessment program conducted under this chapter.
 3-56 Sec. 95.006. ADVISORY COMMITTEE. (a) The Type 2 Diabetes
 3-57 Risk Assessment Program Advisory Committee is established to advise
 3-58 the office on the Type 2 diabetes risk assessment program conducted
 3-59 under this chapter.
 3-60 (b) The advisory committee is composed of:
 3-61 (1) the following representatives appointed by the
 3-62 executive director of the office:
 3-63 (A) one representative of the office;
 3-64 (B) one representative of the Texas Education
 3-65 Agency;
 3-66 (C) one representative of the Texas Pediatric
 3-67 Society;
 3-68 (D) one representative of the American Diabetes
 3-69 Association;

4-1 (E) one representative who is a member of the
 4-2 board of regents of The University of Texas-Pan American;

4-3 (F) one school nurse representative from an urban
 4-4 school located within the boundaries of a regional education
 4-5 service center;

4-6 (G) one parent or guardian of a child who resides
 4-7 within the boundaries of a regional education service center; and

4-8 (H) one person with knowledge and experience in
 4-9 health care in school settings; and

4-10 (2) the following representatives appointed by the
 4-11 chairman of the council:

4-12 (A) one representative of the council;

4-13 (B) one representative of the Texas Medical
 4-14 Association;

4-15 (C) one school district administrator
 4-16 representative from a school district located within the boundaries
 4-17 of a regional education service center;

4-18 (D) one school principal representative from a
 4-19 school district located within the boundaries of a regional
 4-20 education service center; and

4-21 (E) one school nurse representative from a rural
 4-22 school located within the boundaries of a regional education
 4-23 service center.

4-24 (c) A person may not be a member of the advisory committee if
 4-25 the person is required to register as a lobbyist under Chapter 305,
 4-26 Government Code, because of the person's activities for
 4-27 compensation on behalf of a health care profession or related
 4-28 business or another profession related to the operation of the
 4-29 council.

4-30 (d) The representative of the office appointed under
 4-31 Subsection (b)(1)(A) shall serve as the presiding officer of the
 4-32 advisory committee.

4-33 (e) The advisory committee shall meet at least twice a year
 4-34 and at other times at the call of the presiding officer. The
 4-35 advisory committee may meet by teleconference if an in-person
 4-36 meeting of all the members is not practicable.

4-37 (f) Members of the advisory committee may not receive
 4-38 compensation for service on the committee. An advisory committee
 4-39 member is entitled to reimbursement of travel expenses incurred by
 4-40 the member while conducting the business of the advisory committee
 4-41 to the extent that funds are available to the office for that
 4-42 purpose.

4-43 (g) Chapter 2110, Government Code, does not apply to the
 4-44 size, composition, or duration of the advisory committee.

4-45 (h) The advisory committee shall:

4-46 (1) recommend the person who should be responsible for
 4-47 conducting risk assessment activities under this chapter for
 4-48 schools that do not employ a school nurse;

4-49 (2) advise the office on the age groups that would
 4-50 benefit most from the risk assessment activities under this
 4-51 chapter;

4-52 (3) recommend a method to record and report the number
 4-53 of children who are identified in the risk assessment process as
 4-54 being at risk for having or developing Type 2 diabetes and who
 4-55 qualify for the national free or reduced-price lunch program
 4-56 established under 42 U.S.C. Section 1751 et seq.;

4-57 (4) recommend a deadline, which may not be later than
 4-58 the first anniversary of the date the advisory committee submits a
 4-59 recommendation to the office under this section, by which the
 4-60 office shall implement the advisory committee's recommended risk
 4-61 assessment activities, surveillance methods, reports, and quality
 4-62 improvements;

4-63 (5) contribute to the state plan for diabetes
 4-64 treatment developed by the council under Section 103.013 by
 4-65 providing statistics and information on the risk assessment
 4-66 activities conducted under this chapter and recommendations for
 4-67 assisting children in this state at risk for developing Type 2
 4-68 diabetes; and

4-69 (6) recommend any additional information to be

5-1 included in the report required by Section 95.004.

5-2 (i) The advisory committee shall submit to the office a
5-3 report of the recommendations developed under Subsection (h) not
5-4 later than September 1 of each even-numbered year. The office,
5-5 subject to the availability of funds, shall implement each advisory
5-6 committee recommendation concerning the Type 2 diabetes risk
5-7 assessment program.

5-8 (j) In this section, "regional education service center"
5-9 means a Texas Education Agency Regional Education Service Center
5-10 listed in Section 95.002(b).

5-11 SECTION 5. Subsection (h), Section 110.15, Education Code,
5-12 is amended to read as follows:

5-13 (h) In conducting its activities under this section, the
5-14 center shall consult with [~~the Texas-Mexico Border Health~~
5-15 ~~Coordination Office of~~] The University of Texas-Pan American Border
5-16 Health Office that administers the Type 2 Diabetes risk assessment
5-17 [~~an acanthosis nigricans screening~~] program under Chapter 95,
5-18 Health and Safety Code.

5-19 SECTION 6. Subdivisions (2) and (6), Section 95.001, Health
5-20 and Safety Code, are repealed.

5-21 SECTION 7. (a) As soon as practicable after the effective
5-22 date of this Act, the executive director of The University of
5-23 Texas--Pan American Border Health Office shall appoint eight of the
5-24 initial members of the Type 2 Diabetes Risk Assessment Program
5-25 Advisory Committee in accordance with Subdivision (1), Subsection
5-26 (b), Section 95.006, Health and Safety Code, as added by this Act.

5-27 (b) As soon as practicable after the effective date of this
5-28 Act, the chairman of the Texas Diabetes Council shall appoint five
5-29 of the initial members of the Type 2 Diabetes Risk Assessment
5-30 Program Advisory Committee in accordance with Subdivision (2),
5-31 Subsection (b), Section 95.006, Health and Safety Code, as added by
5-32 this Act.

5-33 SECTION 8. This Act takes effect September 1, 2007.

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