

SENATE AMENDMENTS

2nd Printing

By: Laubenberg, Jackson

H.B. No. 3154

A BILL TO BE ENTITLED

AN ACT

1
2 relating to the creation of a review committee to study the
3 provision of indigent health care through county and regional
4 health care services.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

6 SECTION 1. (a) In this section, "region" means the area
7 formed by the counties in public health region three of this state
8 as established by the Department of State Health Services.

9 (b) The regional health care systems review committee is
10 created to conduct public hearings regarding, and to study the
11 implications of, implementing regional health care service to
12 address indigent health care in the region.

13 (c) The committee consists of:

14 (1) each member of the legislature who represents a
15 district that contains territory in the region;

16 (2) each county commissioner of a county located in
17 the region;

18 (3) each county judge in the region; and

19 (4) the chief executive officer of each public and
20 nonprofit hospital system in the region.

21 (d) In conducting hearings and studies, the committee
22 shall:

23 (1) examine whether a regional system to provide
24 indigent health care should be offered throughout the region;

1 (2) examine whether there should be a mechanism for
2 additional counties to participate in the regional health care
3 system; and

4 (3) perform a review of funding and financing options,
5 including a review of funding indigent health care in the region.

6 (e) The initial meeting of the committee must take place
7 before September 30, 2007. At the initial meeting the committee
8 shall:

9 (1) adopt rules governing the committee; and

10 (2) establish a work plan and schedule for future
11 meetings.

12 (f) The committee may accept gifts, grants, technical
13 support, or any other resources from any source to carry out the
14 functions of the committee.

15 (g) Not later than September 1, 2008, the committee shall
16 issue a report on indigent health care that summarizes:

17 (1) hearings conducted by the committee;

18 (2) studies conducted by the committee;

19 (3) any legislation proposed by the committee; and

20 (4) any other findings or recommendations of the
21 committee.

22 (h) Not later than December 1, 2008, the committee shall
23 submit a copy of the summary report to the governor, the lieutenant
24 governor, and the speaker of the house of representatives.

25 (i) This section expires September 1, 2009.

26 SECTION 2. This Act takes effect September 1, 2007.

ADOPTED

FLOOR AMENDMENT NO. 1

MAY 23 2007

BY: Denell

Lacey Spaw
Secretary of the Senate

1 Amend HB 3154 by amending Subsection (c) (4), page 1, line
2 19 engrossed version by inserting ",for-profit" between
3 "public" and "and".

ADOPTED

MAY 2 2007

Atay Spaul
Secretary of the Senate

FLOOR AMENDMENT NO. 2

BY: *Donnell*

1 Amend H. B. No. 3154 by inserting the following appropriately
2 numbered SECTIONS to the bill and renumbering subsequent SECTIONS
3 of the bill accordingly:

4 SECTION __. Subtitle B, Title 4, Health and Safety Code, is
5 amended by adding Chapter 254 to read as follows:

6 CHAPTER 254. INDEPENDENT EMERGENCY MEDICAL CARE FACILITIES

7 Sec. 254.001. DEFINITIONS. In this chapter:

8 (1) "Department" means the Department of State Health
9 Services.

10 (2) "Executive commissioner" means the executive
11 commissioner of the Health and Human Services Commission.

12 (3) "Facility" means an independent emergency medical
13 care facility.

14 (4) "Independent emergency medical care facility"
15 means a facility, structurally separate and distinct from a
16 hospital, that:

17 (A) receives and treats individuals requiring
18 treatment or stabilization of an emergency or immediate medical
19 condition;

20 (B) determines if an individual has an emergency
21 or immediate medical condition; or

22 (C) except for mass trauma preparation or
23 planning, is fully capable of providing Level IV trauma care, as
24 defined by the department.

25 Sec. 254.002. LICENSE REQUIRED. (a) Except as provided by
26 Section 254.003, a person may not establish or operate an
27 independent emergency medical care facility in this state without a
28 license issued under this chapter.

29 (b) Each facility must have a separate license.

1 (c) A license issued under this chapter is not transferable
2 or assignable.

3 Sec. 254.003. EXEMPTIONS FROM LICENSING REQUIREMENT. The
4 following facilities are not required to be licensed under this
5 chapter:

6 (1) a licensed hospital;

7 (2) a hospital that is owned or operated by this state;

8 (3) a facility located within or connected to a
9 hospital described by Subdivision (1) or (2); or

10 (4) an independent emergency medical care facility
11 that is owned or operated by a hospital described by Subdivision (1)
12 or (2).

13 Sec. 254.004. LICENSE APPLICATION AND ISSUANCE. (a) An
14 applicant for a license under this chapter must submit an
15 application to the department on a form prescribed by the
16 department.

17 (b) Each application must be accompanied by a nonrefundable
18 license fee in an amount set by the executive commissioner.

19 (c) The application must contain evidence that the
20 composition of the facility's staff meets standards adopted by the
21 executive commissioner under this chapter.

22 (d) The department shall issue a license if, after
23 inspection and investigation, it finds that the applicant and the
24 facility meet the requirements of this chapter and the standards
25 adopted under this chapter.

26 (e) The license fee must be paid every two years on renewal
27 of the license.

28 Sec. 254.005. FACILITY REQUIREMENTS. (a) To be licensed
29 under this chapter, a facility must:

30 (1) provide necessary medical equipment for the
31 evaluation or resuscitation of critically or seriously injured

1 patients, including in each treatment room:

2 (A) airway control and ventilation equipment,
3 including laryngoscope and endotracheal tubes and airway
4 resuscitation equipment;

5 (B) electrocardiograph, oscilloscope, and
6 defibrillator equipment;

7 (C) equipment for standard intravenous
8 administration of fluids, catheters, and rapid infusers;

9 (D) standard surgical sets for thoracostomy,
10 venous cutdown, central line insertion, and cricothyrotomy;

11 (E) long bone stabilization devices;

12 (F) stationary and portable x-ray capability;

13 (G) computed tomography (CT) capability with
14 accuracy, in accordance with the American College of Radiology,
15 sufficient for the definitive diagnosis of all emergency medical
16 conditions as defined by the American College of Emergency
17 Physicians; and

18 (H) equipment for cardiac resuscitation and
19 newborn and pediatric resuscitation;

20 (2) if the facility is located 10 miles or less from a
21 licensed hospital, be open to receive patients for a minimum of 12
22 hours a day, seven days a week, and if the facility is not open 24
23 hours a day, display clearly visible signage that provides:

24 (A) an indication of whether the facility is open
25 or closed;

26 (B) information as to the facility's operating
27 hours; and

28 (C) clear instructions directing a patient to a
29 licensed hospital emergency room within 10 miles of the facility;

30 (3) if the facility is located more than 10 miles from
31 a licensed hospital, be open to receive patients 24 hours a day,

1 seven days a week;

2 (4) if the facility is located more than 30 miles from
3 a licensed hospital, have in immediate proximity a pad suitable for
4 helicopter landing and takeoff;

5 (5) have a referral, transmission, or admission
6 agreement with a licensed hospital with an emergency room before
7 the facility accepts any patient for treatment or diagnosis;

8 (6) be staffed with physicians, nurses, and other
9 necessary staff with specialty training or experience in managing
10 catastrophic illnesses or life-threatening injuries, including:

11 (A) emergency physicians who are credentialed
12 for advanced cardiac life support, advanced trauma life support,
13 and pediatric advanced life support;

14 (B) registered emergency nurses credentialed for
15 advanced cardiac life support, pediatric advanced life support or
16 emergency nursing pediatric course, and trauma nurse core course;

17 (C) a laboratory technician certified by the
18 American Society of Clinical Pathologists or the American Medical
19 Technologists to provide on-site clinical laboratory services for
20 standard analysis of blood, urine, and other bodily fluids; and

21 (D) a radiology technician certified by the
22 American Registry of Radiologic Technicians available to perform
23 clinical radiology services, x-rays, and CT scans;

24 (7) satisfy the minimum standards established under
25 Section 254.011; and

26 (8) comply with the applicable guidelines adopted
27 under the Emergency Medical Treatment and Active Labor Act, 42
28 U.S.C. Section 1395dd.

29 (b) An insurer or other third-party payor shall provide
30 payment to a facility at the same rate as the rate at which payment
31 is provided to an emergency room attached to a hospital only if the

1 facility is open until at least midnight seven days a week.

2 Sec. 254.006. INSPECTIONS. The department may inspect a
3 facility at reasonable times as necessary to ensure compliance with
4 this chapter.

5 Sec. 254.007. MONITORING. If a facility's failure to
6 comply with this chapter creates a serious threat to the health and
7 safety of the public, the department may appoint a monitor for the
8 facility to ensure compliance with this chapter. The facility
9 shall pay the cost of the monitor.

10 Sec. 254.008. FEES. The executive commissioner shall set
11 fees imposed by this chapter in amounts reasonable and necessary to
12 defray the cost of administering this chapter.

13 Sec. 254.009. INDEPENDENT EMERGENCY MEDICAL CARE FACILITY
14 LICENSING FUND. All fees collected under this chapter shall be
15 deposited in the state treasury to the credit of the independent
16 emergency medical care facility licensing fund and may be
17 appropriated to the department only to administer and enforce this
18 chapter.

19 Sec. 254.010. ADOPTION OF RULES. The executive
20 commissioner shall adopt rules necessary to implement this chapter,
21 including requirements for the issuance, renewal, denial,
22 suspension, and revocation of a license to operate a facility.

23 Sec. 254.011. MINIMUM STANDARDS. (a) Rules adopted under
24 this chapter must contain:

25 (1) minimum facility design and construction
26 standards that:

27 (A) are consistent with the American College of
28 Emergency Physicians' published reference "ED Architectural
29 Design"; and

30 (B) require a minimum of five beds for each 5,000
31 square feet of facility space; and

1 (2) standards for:

2 (A) the qualifications for the facility's
3 professional staff and other personnel consistent with Section
4 254.005;

5 (B) the supervision of the facility's
6 professional staff and other personnel;

7 (C) the provision and coordination of treatment
8 and other services;

9 (D) the organizational structure, including the
10 lines of authority and the delegation of responsibility;

11 (E) the keeping of clinical records; and

12 (F) any other aspect of the operation of a
13 facility that the executive commissioner considers necessary to
14 protect the public.

15 (b) This section does not authorize the executive
16 commissioner to:

17 (1) establish the qualifications of a physician or
18 other licensed health care practitioner; or

19 (2) permit a person to provide health care services
20 who is not authorized to provide those services under another state
21 law.

22 Sec. 254.012. COMPLAINTS. A person may file a complaint
23 with the department against a facility licensed under this chapter.

24 Sec. 254.013. DENIAL, SUSPENSION, PROBATION, OR REVOCATION
25 OF LICENSE. (a) The department may deny, suspend, or revoke a
26 license for:

27 (1) a violation of this chapter or a rule adopted under
28 this chapter; or

29 (2) a history of continuing noncompliance with this
30 chapter or rules adopted under this chapter.

31 (b) The denial, suspension, or revocation of a license by

1 the department and the appeal from that action are governed by the
2 procedures for a contested case hearing under Chapter 2001,
3 Government Code.

4 (c) If the department finds that a facility is in repeated
5 noncompliance with this chapter or rules adopted under this chapter
6 but that the noncompliance does not endanger public health and
7 safety, the department may schedule the facility for probation
8 rather than suspending or revoking the facility's license. The
9 department shall provide notice to the facility of the probation
10 and of the items of noncompliance not later than the 10th day before
11 the date the probation period begins. The department shall
12 designate a period of not less than 30 days during which the
13 facility remains under probation. During the probation period, the
14 facility must correct the items that were in noncompliance and
15 report the corrections to the department for approval.

16 (d) The department may suspend or revoke the license of a
17 facility that does not correct items that were in noncompliance or
18 that does not comply with this chapter or the rules adopted under
19 this chapter within the applicable probation period.

20 Sec. 254.014. EMERGENCY SUSPENSION. (a) The department
21 may issue an emergency order to suspend a license issued under this
22 chapter if the department has reasonable cause to believe that the
23 conduct of a license holder creates an immediate danger to the
24 public health and safety.

25 (b) An emergency suspension under this section is effective
26 on the later of the date stated in the suspension order or the 10th
27 day after the date notice of the suspension is sent to the license
28 holder.

29 (c) On written request of the license holder, the department
30 shall conduct a hearing not earlier than the seventh day or later
31 than the 10th day after the date the notice of emergency suspension

1 is sent to the license holder to determine if the suspension is to
2 take effect or be modified or rescinded.

3 (d) A hearing and any appeal under this section are governed
4 by the department's rules for a contested case hearing and Chapter
5 2001, Government Code.

6 Sec. 254.015. INJUNCTION. (a) The department may petition
7 a district court for a temporary restraining order to restrain a
8 continuing violation of the standards or licensing requirements
9 provided under this chapter if the department finds that the
10 violation creates an immediate threat to the health and safety of
11 the patients of a facility.

12 (b) A district court, on petition of the department and on a
13 finding by the court that a person is violating the standards or
14 licensing requirements provided under this chapter, may by
15 injunction:

16 (1) prohibit a person from continuing a violation of
17 the standards or licensing requirements provided under this
18 chapter;

19 (2) restrain or prevent the establishment or operation
20 of a facility without a license issued under this chapter; or

21 (3) grant any other injunctive relief warranted by the
22 facts.

23 (c) The attorney general shall institute and conduct a suit
24 authorized by this section at the request of the department.

25 (d) Venue for a suit brought under this section is in the
26 county in which the facility is located or in Travis County.

27 Sec. 254.016. CRIMINAL PENALTY. (a) A person commits an
28 offense if the person violates Section 254.002(a).

29 (b) An offense under this section is a misdemeanor
30 punishable by a fine of not more than \$100 for the first offense and
31 not more than \$200 for each subsequent offense.

1 (c) Each day of a continuing violation constitutes a
2 separate offense.

3 Sec. 254.017. CIVIL PENALTY. (a) A person who violates
4 this chapter or a rule adopted under this chapter is liable for a
5 civil penalty if the department determines that the violation
6 threatens the health and safety of a patient. A penalty under this
7 section is in an amount of not less than \$100 and not more than \$500
8 for each violation.

9 (b) Each day a violation continues constitutes a separate
10 violation for the purposes of this section.

11 (c) The attorney general may bring suit to recover a civil
12 penalty under this section.

13 Sec. 254.018. IMPOSITION OF ADMINISTRATIVE PENALTY.

14 (a) The department may impose an administrative penalty on a
15 person licensed under this chapter who violates this chapter or a
16 rule or order adopted under this chapter. A penalty collected under
17 this section or Section 254.019 shall be deposited in the state
18 treasury in the general revenue fund.

19 (b) A proceeding to impose the penalty is considered to be a
20 contested case under Chapter 2001, Government Code.

21 (c) The amount of the penalty may not exceed \$1,000 for each
22 violation, and each day a violation continues or occurs is a
23 separate violation for purposes of imposing a penalty. The total
24 amount of the penalty assessed for a violation continuing or
25 occurring on separate days under this subsection may not exceed
26 \$5,000.

27 (d) The amount shall be based on:

28 (1) the seriousness of the violation, including the
29 nature, circumstances, extent, and gravity of the violation;

30 (2) the threat to health or safety caused by the
31 violation;

1 (3) the history of previous violations;
2 (4) the amount necessary to deter a future violation;
3 (5) whether the violator demonstrated good faith,
4 including when applicable whether the violator made good faith
5 efforts to correct the violation; and

6 (6) any other matter that justice may require.

7 (e) If the department initially determines that a violation
8 occurred, the department shall give written notice of the report by
9 certified mail to the person.

10 (f) The notice under Subsection (e) must:

11 (1) include a brief summary of the alleged violation;
12 (2) state the amount of the recommended penalty; and
13 (3) inform the person of the person's right to a
14 hearing on the occurrence of the violation, the amount of the
15 penalty, or both.

16 (g) Within 20 days after the date the person receives the
17 notice under Subsection (e), the person in writing may:

18 (1) accept the determination and recommended penalty
19 of the department; or

20 (2) make a request for a hearing on the occurrence of
21 the violation, the amount of the penalty, or both.

22 (h) If the person accepts the determination and recommended
23 penalty or if the person fails to respond to the notice, the
24 commissioner of state health services by order shall approve the
25 determination and impose the recommended penalty.

26 (i) If the person requests a hearing, the commissioner of
27 state health services shall refer the matter to the State Office of
28 Administrative Hearings, which shall promptly set a hearing date
29 and give written notice of the time and place of the hearing to the
30 person. An administrative law judge of the State Office of
31 Administrative Hearings shall conduct the hearing.

1 (j) The administrative law judge shall make findings of fact
2 and conclusions of law and promptly issue to the commissioner of
3 state health services a proposal for a decision about the
4 occurrence of the violation and the amount of a proposed penalty.

5 (k) Based on the findings of fact, conclusions of law, and
6 proposal for a decision, the commissioner of state health services
7 by order may:

8 (1) find that a violation occurred and impose a
9 penalty; or

10 (2) find that a violation did not occur.

11 (l) The notice of the order under Subsection (k) that is
12 sent to the person in accordance with Chapter 2001, Government
13 Code, must include a statement of the right of the person to
14 judicial review of the order.

15 Sec. 254.019. PAYMENT AND COLLECTION OF ADMINISTRATIVE
16 PENALTY; JUDICIAL REVIEW. (a) Within 30 days after the date an
17 order of the commissioner of state health services under Section
18 254.018(k) that imposes an administrative penalty becomes final,
19 the person shall:

20 (1) pay the penalty; or

21 (2) file a petition for judicial review of the
22 commissioner's order contesting the occurrence of the violation,
23 the amount of the penalty, or both.

24 (b) Within the 30-day period prescribed by Subsection (a), a
25 person who files a petition for judicial review may:

26 (1) stay enforcement of the penalty by:

27 (A) paying the penalty to the court for placement
28 in an escrow account; or

29 (B) giving the court a supersedeas bond approved
30 by the court that:

31 (i) is for the amount of the penalty; and

1 (ii) is effective until all judicial review
2 of the commissioner's order is final; or

3 (2) request the court to stay enforcement of the
4 penalty by:

5 (A) filing with the court a sworn affidavit of
6 the person stating that the person is financially unable to pay the
7 penalty and is financially unable to give the supersedeas bond; and

8 (B) sending a copy of the affidavit to the
9 commissioner by certified mail.

10 (c) If the commissioner of state health services receives a
11 copy of an affidavit under Subsection (b)(2), the commissioner may
12 file with the court, within five days after the date the copy is
13 received, a contest to the affidavit. The court shall hold a
14 hearing on the facts alleged in the affidavit as soon as practicable
15 and shall stay the enforcement of the penalty on finding that the
16 alleged facts are true. The person who files an affidavit has the
17 burden of proving that the person is financially unable to pay the
18 penalty or to give a supersedeas bond.

19 (d) If the person does not pay the penalty and the
20 enforcement of the penalty is not stayed, the penalty may be
21 collected. The attorney general may sue to collect the penalty.

22 (e) If the court sustains the finding that a violation
23 occurred, the court may uphold or reduce the amount of the penalty
24 and order the person to pay the full or reduced amount of the
25 penalty.

26 (f) If the court does not sustain the finding that a
27 violation occurred, the court shall order that a penalty is not
28 owed.

29 (g) If the person paid the penalty and if the amount of the
30 penalty is reduced or the penalty is not upheld by the court, the
31 court shall order, when the court's judgment becomes final, that

1 the appropriate amount plus accrued interest be remitted to the
2 person within 30 days after the date that the judgment of the court
3 becomes final. The interest accrues at the rate charged on loans to
4 depository institutions by the New York Federal Reserve Bank. The
5 interest shall be paid for the period beginning on the date the
6 penalty is paid and ending on the date the penalty is remitted.

7 (h) If the person gave a supersedeas bond and the penalty is
8 not upheld by the court, the court shall order, when the court's
9 judgment becomes final, the release of the bond. If the person gave
10 a supersedeas bond and the amount of the penalty is reduced, the
11 court shall order the release of the bond after the person pays the
12 reduced amount.

13 SECTION __. (a) Not later than December 1, 2008, an
14 independent emergency medical care facility must obtain a license
15 as required by Chapter 254, Health and Safety Code, as added by this
16 Act.

17 (b) Not later than September 1, 2008, the executive
18 commissioner of the Health and Human Services Commission shall
19 adopt rules as required by Chapter 254, Health and Safety Code, as
20 added by this Act.

21 SECTION __. Notwithstanding any other provision of this
22 Act, Sections 254.013 through 254.019, Health and Safety Code, as
23 added by this Act, take effect December 1, 2008.

ADOPTED

FLOOR AMENDMENT NO. 3

MAY 23 2007

BY:

Leta Spaw
Secretary of the Senate

[Handwritten signature]

1 Amend H.B. No. 3154 by adding the following
2 appropriately numbered SECTION to the bill and renumbering
3 subsequent SECTIONS of the bill accordingly:

4 SECTION __. (a) The Texas Health Care Policy Council, in
5 coordination with the Institute for Demographic and
6 Socioeconomic Research at The University of Texas at San
7 Antonio, the Regional Center for Health Workforce Studies at the
8 Center for Health Economics and Policy of The University of
9 Texas Health Science Center at San Antonio, and the Texas
10 Medical Board, shall conduct a study regarding increasing:

11 (1) the number of medical residency programs and
12 medical residents in this state; and

13 (2) the number of physicians practicing medical
14 specialties.

15 (b) The study must:

16 (1) examine the feasibility of using a percentage of
17 physician licensing fees to increase the number of medical
18 residency programs and medical residents in this state;

19 (2) put emphasis on, and recommend a plan of action
20 for, increasing the number of:

21 (A) medical residency programs and medical
22 residents in medically underserved areas of this state; and

23 (B) physicians practicing medical specialties
24 that are underrepresented in this state; and

25 (3) determine the number of medical residents that
26 obtain a license to practice medicine in this state on
27 completion of a medical residency program in this state.

28 (c) Not later than December 1, 2008, the Texas Health Care
29 Policy Council shall:

17

1 (1) report the results of the study to the governor,
2 the lieutenant governor, and the speaker of the house of
3 representatives; and

4 (2) make available the raw data from the study to the
5 governor, the lieutenant governor, the speaker of the house of
6 representatives, the House Committee on Public Health, and the
7 Senate Committee on Health and Human Services.

8 (d) The Texas Health Care Policy Council may accept gifts,
9 grants, and donations of any kind from any source for the
10 purposes of this section.

11 (e) This Section expires January 1, 2009.

18

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 80TH LEGISLATIVE REGULAR SESSION

May 14, 2007

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: John S. O'Brien, Director, Legislative Budget Board

IN RE: HB3154 by Laubenberg (Relating to the creation of a review committee to study the provision of indigent health care through county and regional health care services.), **As Engrossed**

No fiscal implication to the State is anticipated.

The bill would create the regional health care system review committee in public health region three to conduct public hearings regarding, and to study the implications of, implementing regional health care service to address indigent health care in the region. The committee's composition and duties are defined in the bill. The initial meeting of the committee must occur before September 30, 2007, and the committee would be required to issue a report on indigent health care by September 1, 2008, summarizing hearings and studies conducted by the committee, legislation proposed by the committee, and any other findings or recommendations of the committee. A copy of the report must be submitted to the governor, the lieutenant governor, and the speaker of the house of representatives by not later than December 1, 2008.

The committee would be allowed to accept gifts, grants, technical support, or any other resources from any source to carry out the functions of the committee.

The bill would take effect September 1, 2007.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies:

LBB Staff: JOB, CL, DB

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 80TH LEGISLATIVE REGULAR SESSION

May 1, 2007

TO: Honorable Dianne White Delisi, Chair, House Committee on Public Health

FROM: John S. O'Brien, Director, Legislative Budget Board

IN RE: HB3154 by Laubenberg (Relating to the creation of a review committee to study the provision of indigent health care through county and regional health care services.),
Committee Report 1st House, Substituted

No fiscal implication to the State is anticipated.

The bill would create the regional health care system review committee in public health region three to conduct public hearings regarding, and to study the implications of, implementing regional health care service to address indigent health care in the region. The committee's composition and duties are defined in the bill. The initial meeting of the committee must occur before September 30, 2007, and the committee would be required to issue a report on indigent health care by September 1, 2008, summarizing hearings and studies conducted by the committee, legislation proposed by the committee, and any other findings or recommendations of the committee. A copy of the report must be submitted to the governor, the lieutenant governor, and the speaker of the house of representatives by not later than December 1, 2008.

The committee would be allowed to accept gifts, grants, technical support, or any other resources from any source to carry out the functions of the committee.

The bill would take effect September 1, 2007.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies:

LBB Staff: JOB, CL, DB

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 80TH LEGISLATIVE REGULAR SESSION

March 24, 2007

TO: Honorable Dianne White Delisi, Chair, House Committee on Public Health

FROM: John S. O'Brien, Director, Legislative Budget Board

IN RE: HB3154 by Laubenberg (Relating to the creation of a review committee to study the potential for a regional health care system in certain counties.), **As Introduced**

No fiscal implication to the State is anticipated.

The bill would create the regional health care system review committee in public health region three. The committee's composition and duties are defined in the bill. The initial meeting of the committee must occur before September 30, 2007, and the committee would be required to issue a report by September 1, 2008, summarizing hearings and studies conducted by the committee, legislation proposed by the committee, and any other findings or recommendations of the committee. A copy of the report must be submitted to the governor, the lieutenant governor, and the speaker of the house of representatives by not later than December 1, 2008.

The committee would be allowed to accept gifts, grants, technical support, or any other resources from any source to carry out the functions of the committee.

The bill would take effect immediately if it were to receive the required two-thirds vote in each house; otherwise, it would take effect September 1, 2007, and would expire September 1, 2009.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies:

LBB Staff: JOB, CL, DB

3