

BILL ANALYSIS

C.S.H.B. 1363
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Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Diabetes is a chronic disease that has reached epidemic proportions nationwide. In San Antonio, the problem is especially high among the Hispanic population and is growing. Preventing more cases of diabetes would greatly improve the overall health of the community and reduce medical costs that affect everyone.

C.S.H.B. 1363 modifies and extends the diabetes mellitus registry pilot program created by Chapter 706 (H.B. 2132), Acts of the 80th Legislature, Regular Session, 2007, to include the tracking of diagnosis codes of patients who receive laboratory tests to determine glycosylated hemoglobin levels as submitted by a physician practicing in a participating public health district.

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

C.S.H.B. 1363 amends Sections 1(c), (d), and (e), 2, 4, and 5, Chapter 706 (H.B. 2132), Acts of the 80th Legislature, Regular Session, 2007, to include the diagnosis codes of each person who has a laboratory test to determine glycosylated hemoglobin levels in the information required to be tracked by the diabetes mellitus registry pilot program. The bill requires a physician practicing in the public health district participating in the pilot program, rather than a clinical laboratory located in the district, to submit the results of each glycosylated hemoglobin test to the public health district and the Department of State Health Services (DSHS). The bill specifies that the results submitted are to be from each test the physician orders for a patient and include the diagnosis codes for the patient, if the patient consents to the submission of the information in writing. The bill adds the health care costs associated with glycosylated hemoglobin testing to the information DSHS and participating public health districts are required to track under the program and makes a technical change related to the tracking of patients' levels of diabetic control.

C.S.H.B. 1363 makes a conforming change to add the collection of patient diagnosis codes to the information for which the executive commissioner of the Health and Human Services Commission is required to adopt rules. The bill extends the date by which DSHS is required to submit a report to the governor, lieutenant governor, speaker of the house of representatives, and appropriate standing committees of the legislature regarding the diabetes mellitus registry pilot program from December 1, 2009, to December 1, 2010. The bill extends the expiration date of the pilot program from September 1, 2010, to September 1, 2011.

EFFECTIVE DATE

September 1, 2009.

COMPARISON OF ORIGINAL AND SUBSTITUTE

C.S.H.B. 1363 differs from the original by extending the diabetes mellitus registry pilot program rather than providing for the creation and maintenance of a permanent voluntary statewide diabetes mellitus registry, as in the original. The substitute differs from the original by adding a requirement that the pilot program to track the diagnosis codes, in addition to the glycosylated hemoglobin level, of each person who has a laboratory test to determine that level. The substitute differs from the original by requiring a physician practicing in the participating public health district, rather than the clinical laboratory located in the public health district, as in the original, to submit test results for each patient who consents in writing to the submission of the information. The substitute omits provisions relating to definitions, statutory headings, voluntary participation by a public health district, confidentiality of reports, records, and information obtained for the registry, and the biennial report regarding the registry.