

1-1 By: Nelson S.B. No. 790
1-2 (In the Senate - Filed February 11, 2009; March 4, 2009,
1-3 read first time and referred to Committee on Health and Human
1-4 Services; March 30, 2009, reported adversely, with favorable
1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;
1-6 March 30, 2009, sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 790 By: Nelson

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

1-10 relating to clinical practice hours available for professional
1-11 nursing educational programs at certain hospitals.

1-12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-13 SECTION 1. Chapter 105, Health and Safety Code, is amended
1-14 by adding Section 105.0021 to read as follows:

1-15 Sec. 105.0021. CLINICAL PRACTICE HOURS DATABASE; REPORTING
1-16 REQUIREMENTS. (a) In this section:

1-17 (1) "Hospital" has the meaning assigned by Section
1-18 108.002.

1-19 (2) "Institution of higher education" has the meaning
1-20 assigned by Section 61.003, Education Code.

1-21 (3) "Reporting year" means a period beginning August 1
1-22 and ending on the succeeding July 31.

1-23 (b) The council shall establish and maintain a database of
1-24 clinical practice hours, disaggregated by hospital location, that
1-25 are available at hospitals for professional nursing educational
1-26 programs regulated by the Texas Board of Nursing that are offered at
1-27 institutions of higher education in this state. The council shall
1-28 administer the database through the nursing resource section of the
1-29 health professions resource center created under Section 105.002.

1-30 (c) Not later than August 1 of each year, each hospital
1-31 shall report to the nursing resource section:

1-32 (1) the projected number of clinical practice hours
1-33 that will be available to professional nursing educational programs
1-34 at institutions of higher education in this state at the hospital
1-35 during the reporting year that begins on that August 1;

1-36 (2) the actual number of clinical practice hours that
1-37 were available to professional nursing educational programs at the
1-38 hospital during the preceding reporting year; and

1-39 (3) the actual number of clinical practice hours used
1-40 by professional nursing educational programs at the hospital, by
1-41 institution of higher education, during the preceding reporting
1-42 year.

1-43 (d) The nursing resource section may collect the data
1-44 required under Subsection (c) in the same manner and at the same
1-45 time other state-mandated data is collected.

1-46 (e) The council may exempt from the reporting requirement in
1-47 Subsection (c) a hospital that is unable to provide clinical
1-48 practice hours to professional nursing educational programs.

1-49 (f) The nursing resource section, using the most efficient
1-50 means available, shall report to professional nursing educational
1-51 programs the following information disaggregated by hospital
1-52 location:

1-53 (1) the actual number of clinical practice hours
1-54 available during the preceding reporting year;

1-55 (2) the actual number of unused clinical practice
1-56 hours during the preceding reporting year;

1-57 (3) the projected number of clinical practice hours
1-58 available for the following reporting year;

1-59 (4) the written comments submitted by each hospital
1-60 under Subsection (g); and

1-61 (5) a comparison of the variation between projected
1-62 and available clinical practice hours for the preceding reporting
1-63 year and any issues impacting the numbers of hours.

2-1 (g) When submitting clinical practice hours data to the
2-2 nursing resource section, a hospital may include in the hospital's
2-3 report concise written comments in the form prescribed by the
2-4 section regarding any issue impacting the number of hours reported.

2-5 (h) Not later than January 1 of each odd-numbered year, the
2-6 council shall submit a report to the legislature that:

2-7 (1) lists the number of unused clinical practice hours
2-8 for reporting hospitals;

2-9 (2) identifies specific professional nursing
2-10 educational programs at institutions of higher education that could
2-11 be targeted for growth based on geographical proximity to
2-12 facilities with unused clinical practice hours;

2-13 (3) includes a summary of the written comments
2-14 submitted by a hospital under Subsection (g); and

2-15 (4) provides an analysis of the variation between
2-16 projected and available clinical practice hours in preceding
2-17 reporting years and any issues impacting the numbers of hours.

2-18 (i) The executive commissioner of the Health and Human
2-19 Services Commission may adopt rules as necessary to administer this
2-20 section.

2-21 SECTION 2. Notwithstanding Section 105.0021, Health and
2-22 Safety Code, as added by this Act:

2-23 (1) a hospital shall submit the initial report
2-24 required under Subsection (c), Section 105.0021, Health and Safety
2-25 Code, as added by this Act, not later than August 1, 2010;

2-26 (2) the nursing resource section of the health
2-27 professions resource center shall report:

2-28 (A) the information required under Subdivisions
2-29 (1) through (4), Subsection (f), Section 105.0021, Health and
2-30 Safety Code, as added by this Act, not later than November 1, 2010;
2-31 and

2-32 (B) the information required under Subdivision
2-33 (5), Subsection (f), Section 105.0021, Health and Safety Code, as
2-34 added by this Act, not later than November 1, 2011; and

2-35 (3) the statewide health coordinating council shall
2-36 submit the initial report required under Subdivision (4),
2-37 Subsection (h), Section 105.0021, Health and Safety Code, as added
2-38 by this Act, not later than January 1, 2013.

2-39 SECTION 3. This Act takes effect immediately if it receives
2-40 a vote of two-thirds of all the members elected to each house, as
2-41 provided by Section 39, Article III, Texas Constitution. If this
2-42 Act does not receive the vote necessary for immediate effect, this
2-43 Act takes effect September 1, 2009.

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