

## **BILL ANALYSIS**

Senate Research Center

S.B. 510  
By: Van de Putte  
Health & Human Services  
7/20/2011  
Enrolled

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

S.B. 510 modifies and permanently extends the diabetes mellitus registry pilot program created by H.B. 2132, 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.

The bill limits the public district able to participate to Bexar County and clarifies what data is sent to the Department of State Health Services (DSHS) and the San Antonio Metropolitan Health District (district). The clinical laboratories will only send diagnosis codes and the patient's sample to the district, not to DSHS. The district will submit compiled anonymous data to DSHS to prepare for the report to the legislature.

S.B. 510 amends current law relating to a voluntary statewide diabetes mellitus registry.

### **RULEMAKING AUTHORITY**

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 4 (Section 95.055, Health and Safety Code) of this bill.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends the heading to Chapter 95, Health and Safety Code, to read as follows:

#### CHAPTER 95. DIABETES

SECTION 2. Amends Chapter 95, Health and Safety Code, by designating Sections 95.001, 95.002, 95.003, 95.004, 95.005, and 95.006 as Subchapter A, and adding a heading to Subchapter A, to read as follows:

#### SUBCHAPTER A. RISK ASSESSMENT FOR TYPE 2 DIABETES

SECTION 3. Amends Section 95.001, Health and Safety Code, to make conforming and nonsubstantive changes.

SECTION 4. Amends Chapter 95, Health and Safety Code, by adding Subchapter B, as follows:

#### SUBCHAPTER B. DIABETES MELLITUS REGISTRY

Sec. 95.051. DEFINITIONS. Defines, in this subchapter, "department," "executive commissioner," and "public health district."

Sec. 95.052. APPLICABILITY OF SUBCHAPTER. Provides that this subchapter applies only to a public health district that serves a county that has a population of more than 1.5 million and in which more than 75 percent of the population lives in a single municipality.

Sec. 95.053. DIABETES MELLITUS REGISTRY. (a) Requires the Department of State Health Services (DSHS), in coordination with participating public health districts, to create and maintain an electronic diabetes mellitus registry to track the glycosylated hemoglobin level of each person who has a laboratory test to determine that level performed at a clinical laboratory in the participating district.

(b) Authorizes a public health district to participate in the diabetes mellitus registry. Provides that a public health district that participates in the registry is solely responsible for the costs of establishing and administering the program in that district.

(c) Requires a physician, except as provided by Subsection (d), practicing in a participating public health district, who, on or after November 1, 2011, orders a glycosylated hemoglobin test for a patient to submit to a clinical laboratory located in the participating public health district the diagnosis codes of a patient along with the patient's sample. Requires the clinical laboratory to submit to the district for a patient whose diagnosis codes were submitted with the patient's sample the results of the patient's glycosylated hemoglobin test along with the diagnosis codes provided by the physician for that patient.

(d) Requires a physician who orders a glycosylated hemoglobin test for a patient to provide the patient with a form developed by DSHS that allows the patient to opt out of having the patient's information included in the registry. Requires the physician, if the patient opts out by signing the form, to keep the form in the patient's medical records, and prohibits the physician from submitting to the clinical laboratory the patient's diagnosis codes along with the patient's sample.

(e) Requires the participating public health districts to compile results submitted under Subsection (c) in order to track the prevalence of diabetes mellitus among people tested in the district, the level of diabetic control for the patients with diabetes mellitus in each demographic group, the trends of new diagnoses of diabetes mellitus in the district, and the health care costs associated with diabetes mellitus and glycosylated hemoglobin testing, and provide DSHS with de-identified aggregate data.

(f) Requires DSHS and participating public health districts to promote discussion and public information programs regarding diabetes mellitus.

Sec. 95.054. CONFIDENTIALITY. Provides that reports, records, and information obtained under this subchapter are not public health information under Chapter 552 (Public Information), Government Code, and are subject to the confidentiality requirements described by Section 81.046 (Confidentiality), Health and Safety Code.

Sec. 95.055. RULES. Requires the executive commissioner of the Health and Human Services Commission (executive commissioner) to adopt rules to implement this subchapter, including rules to govern the format and method of collecting glycosylated hemoglobin data.

Sec. 95.056. REPORT. Requires DSHS, not later than December 1 of each even-numbered year, to submit to the governor, lieutenant governor, speaker of the house of representatives, and appropriate standing committees of the legislature a report regarding the diabetes mellitus registry that includes an evaluation of the effectiveness of the registry and the number of public health districts voluntarily participating in the registry.

SECTION 5. Requires DSHS, not later than October 1, 2011, to make available on its Internet website the form required under Section 95.053(d), Health and Safety Code, as added by this Act.

SECTION 6. Effective date: September 1, 2011.