

BILL ANALYSIS

S.B. 510
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Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Recently enacted legislation created a voluntary statewide diabetes mellitus registry pilot program. S.B. 510 makes the program permanent, limits application to public health districts in certain counties, and expands the program's scope to include the tracking of diagnosis codes of patients who receive laboratory tests to determine glycosylated hemoglobin levels.

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 4 of this bill.

ANALYSIS

S.B. 510 amends the Health and Safety Code to require 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. The bill makes its provisions relating to the registry applicable only to a public health district that serves a county having a population of more than 1.5 million and in which more than 75 percent of the population lives in a single municipality. The bill authorizes a public health district to participate in the diabetes mellitus registry and provides that a participating public health district is solely responsible for the costs of establishing and administering the program in that district.

S.B. 510 requires a physician 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 district the diagnosis codes of a patient along with the patient's sample. The bill 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. The bill 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. The bill 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.

S.B. 510 requires the participating public health districts to compile the results of glycosylated hemoglobin tests submitted by a clinical laboratory in connection with the registry 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 to provide DSHS with de-identified aggregate data. The bill requires DSHS and the participating public health districts to promote discussion

and public information programs regarding diabetes mellitus.

S.B. 510 establishes that reports, records, and information obtained through the diabetes mellitus registry are not public health information under state public information law and provides that such reports, records, and information are subject to the confidentiality requirements of reports, records, and information relating to cases or suspected cases of diseases or health conditions.

S.B. 510 requires the executive commissioner of the Health and Human Services Commission to adopt rules to implement the bill's provisions regarding the registry, including rules to govern the format and method of collecting glycosylated hemoglobin data. The bill 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.

S.B. 510 requires DSHS, not later than October 1, 2011, to make available on the department's Internet website the required form that allows a patient undergoing a glycosylated hemoglobin test to opt out of having the patient's information included in the registry. The bill defines "department" and "executive commissioner," provides for the meaning of "public health district" by reference to the Health and Safety Code, and makes conforming and nonsubstantive changes.

EFFECTIVE DATE

September 1, 2011.