

BILL ANALYSIS

Senate Research Center

S.B. 969
By: Nelson
Health & Human Services
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Enrolled

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Local health officials often learn about funding for public health priorities only weeks or days before funding is allocated, and funding allocation decisions are frequently made without regard to the specific public health needs of the communities.

Local health officials are our boots on the ground in dealing with public health issues such as the spread of infectious diseases, STDs and HIV, and food borne illnesses. They should be involved in setting policy priorities and should have an established means by which to communicate their concerns and suggestions to the Department of State Health Services (DSHS).

S.B. 969 creates a Public Health Funding and Policy Committee (committee) made up of regional health directors, local health departments, public health authorities, and individuals from schools of public health.

The committee will meet at least quarterly (meetings may be via video or teleconference) to define core public health functions all local health departments should provide, evaluate public health in the state and areas that need improvement, identify funding available to perform these functions, and recommend policy priorities for DSHS to use in allocating money available for core public health services.

The committee's policy priorities must be in accordance with prevailing epidemiological evidence, variations in geographic and population needs, best practices, evidenced-based interventions, state and federal law, and federal funding requirements.

The committee must make formal semiannual recommendations to DSHS on the use of funds available exclusively to local health departments to perform core public health functions and on the allocation of the available funds throughout the state.

S.B. 969 requires that the committee provide opportunities for public testimony at least twice a year; requires DSHS to create a plan to transition from a contractual relationship to a cooperative agreement relationship with local health departments; and requires DSHS to file an annual report with the governor, lieutenant governor, and speaker of the house of representatives on the implementation of the committee's funding and policy recommendations and explanations on why they did not implement any of the recommendations.

S.B. 969 amends current law relating to the establishment of the Public Health Funding and Policy Committee within the Department of State Health Services.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subtitle E, Title 2, Health and Safety Code, by adding Chapter 117, as follows:

CHAPTER 117. PUBLIC HEALTH FUNDING AND POLICY COMMITTEE

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 117.001. **DEFINITIONS.** Defines, in this chapter, "commissioner," "committee," "department," "local health department," "local health entity," "local health unit," and "public health district."

Sec. 117.002. **APPLICATION OF SUNSET ACT.** Provides that the Public Health Funding and Policy Committee (committee) is subject to Chapter 325 (Texas Sunset Act), Government Code. Provides that unless continued in existence as provided by that chapter, the committee is abolished and this chapter expires September 1, 2023.

Sec. 117.003. **ADMINISTRATIVE COSTS.** Authorizes the Department of State Health Services (DSHS) or a local health entity, to the extent that a term or condition of a federal grant or federal law does not limit the use of federal grant money, to use federal grant money to pay the administrative costs incurred by DSHS or the local health entity in implementing and administering this chapter.

[Reserves Sections 117.004-117.050 for expansion.]

SUBCHAPTER B. ESTABLISHMENT OF COMMITTEE

Sec. 117.051. **ESTABLISHMENT OF COMMITTEE.** Requires the commissioner of state health services (commissioner) to establish the committee within DSHS.

Sec. 117.052. **APPOINTMENT OF MEMBERS.** (a) Requires the commissioner to appoint nine members to the committee. Sets forth the requirements for the members to be appointed to the committee.

(b) Requires the commissioner, in making appointments under Subsections (a)(2), (3), (4), and (5), to select the members from nominations by associations representing local health departments, county governments, and municipal governments.

Sec. 117.053. **TERMS; VACANCY.** (a) Provides that committee members serve staggered six-year terms, with the terms of three members expiring on February 1 of each odd-numbered year.

(b) Requires that, if a vacancy occurs on the committee, a person be appointed to fill the vacancy for the unexpired term in the same manner as the original appointment.

Sec. 117.054. **COMPENSATION AND REIMBURSEMENT.** Provides that a committee member is not entitled to compensation for service on the committee and is not entitled to reimbursement for travel expenses.

Sec. 117.055. **PRESIDING OFFICER.** Provides that the presiding officer is elected by a majority vote of all the committee members.

Sec. 117.056. **MEETINGS.** (a) Requires the committee to meet at least quarterly or more frequently at the call of the presiding officer.

(b) Authorizes the committee, to ensure appropriate representation from all areas of this state, to meet by videoconference or telephone conference call. Requires that a meeting held by videoconference or telephone conference call under this subsection comply with the requirements applicable to a telephone conference call under Sections 551.125(c)-(f) (relating to the requirements governing a telephone conference call), Government Code. Provides that Sections 551.125(b) (relating

to the criteria in which a telephone conference call may be held) and 551.127 (Videoconference Call), Government Code, do not apply to the committee.

[Reserves Sections 117.057-117.100 for expansion.]

SUBCHAPTER C. DUTIES OF COMMITTEE

Sec. 117.101. GENERAL DUTIES OF COMMITTEE. (a) Requires the committee to:

- (1) define the core public health services a local health entity should provide in a county or municipality;
- (2) evaluate public health in this state and identify initiatives for areas that need improvement;
- (3) identify all funding sources available for use by local health entities to perform core public health functions;
- (4) establish public health policy priorities for this state; and
- (5) at least annually, make formal recommendations to DSHS regarding:
 - (A) the use and allocation of funds available exclusively to local health entities to perform core public health functions;
 - (B) ways to improve the overall public health of citizens in this state;
 - (C) methods for transitioning from a contractual relationship between DSHS and the local health entities to a cooperative-agreement relationship between DSHS and the local health entities; and
 - (D) methods for fostering a continuous collaborative relationship between DSHS and the local health entities.

(b) Requires that recommendations made under Subsection (a)(5)(A) be in accordance with:

- (1) prevailing epidemiological evidence, variations in geographic and population needs, best practices, and evidence-based interventions related to the populations to be served;
- (2) state and federal law; and
- (3) federal funding requirements.

Sec. 117.102. PUBLIC TESTIMONY. (a) Requires the committee, at least semiannually, to invite public health stakeholders, including federal public health officials, county and municipal governments, schools of public health at institutions of higher education, and federally qualified health centers, to give oral or written testimony to the committee; and provide opportunities for the general public to give oral or written testimony to the committee.

(b) Requires the committee to consult with public health stakeholders to carry out the general duties of the committee.

Sec. 117.103. ANNUAL REPORT. Requires the committee, beginning in 2012, not later than November 30 of each year, to file a report on the implementation of this

chapter with the governor, lieutenant governor, and speaker of the house of representatives.

Sec. 117.104. SUPPORT STAFF. Authorizes local health entities or their designees, using existing personnel and videoconferencing equipment, to assist the committee in the performance of its duties under this chapter.

Sec. 117.105. OPEN MEETINGS ACT. Provides that except as provided by Section 117.056, the committee is subject to Chapter 551 (Open Meetings), Government Code.

[Reserves Sections 117.106-117.150 for expansion.]

SUBCHAPTER D. POWERS AND DUTIES OF DEPARTMENT

Sec. 117.151. ANNUAL REPORT. (a) Requires DSHS, beginning in 2012, not later than November 30 of each year, to file an annual report with the governor, the lieutenant governor, and the speaker of the house of representatives detailing the implementation of the committee's recommendations described in Section 117.101(a)(5); and an explanation of DSHS's reasons for not implementing a recommendation.

(b) Requires that a decision by DSHS not to implement a recommendation of the committee be based on:

(1) a lack of available funding;

(2) evidence that the recommendation is not in accordance with prevailing epidemiological evidence, variations in geographic and population needs, best practices, or evidence-based interventions related to the populations to be served;

(3) evidence that implementing the recommendation would violate state or federal law; or

(4) evidence that the recommendation would violate federal funding requirements.

Sec. 117.152. COLLABORATIVE RELATIONSHIP WITH LOCAL HEALTH ENTITIES. Requires DSHS to establish a continuous, collaborative relationship with local health departments.

Sec. 117.153. COOPERATIVE AGREEMENT PLAN. Requires DSHS, not later than June 30, 2012, to develop a plan to transition from contractual agreements with the local health entities to cooperative agreements with the local health entities. Requires that the plan include a mechanism to ensure the local health entities are accountable to DSHS for the funds allocated. Provides that this section expires June 30, 2013.

SECTION 2. Amends Subchapter B, Chapter 1001, Health and Safety Code, by adding Section 1001.0305, as follows:

Sec. 1001.0305. LOCAL HEALTH ENTITY POLICY. Requires DSHS, in developing policy related to funding local health entities as defined by Section 117.001, to consult with the committee established under Chapter 117.

SECTION 3. (a) Requires the commissioner, as soon as practicable after the effective date of this Act but not later than October 1, 2011, to appoint the members of the committee established by Section 117.051, Health and Safety Code, as added by this Act.

(b) Requires the commissioner, not later than the 30th day after the date all members are appointed to the committee as required by Subsection (a) of this section, to call the first meeting of the committee.

(c) Requires the members, at the first meeting of the committee, to draw lots to determine which three members will serve initial two-year terms expiring February 1, 2013, which three members will serve initial four-year terms expiring February 1, 2015, and which three members will serve initial six-year terms expiring February 1, 2017.

SECTION 4. Effective date: September 1, 2011.