

BILL ANALYSIS

S.B. 969
By: Nelson
Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Interested parties assert that local health officials often learn about funding for public health priorities only weeks or days before funding is allocated, and that funding allocation decisions are frequently made without regard to the specific public health needs of a community. These parties believe that, because these officials deal with public health issues such as infectious diseases, STDs and HIV, and food borne illnesses on the local level, 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. S.B. 969 seeks to address this issue by creating the Public Health Funding and Policy Committee, made up of regional health directors, local health departments, public health authorities, and individuals from schools of public health at institutions of higher education.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

S.B. 969 amends the Health and Safety Code to require the commissioner of state health services to establish the Public Health Funding and Policy Committee within the Department of State Health Services (DSHS). The bill subjects the committee to the Texas Sunset Act and abolishes the committee and makes the bill's provisions expire September 1, 2023, unless continued in existence as provided by that act. The bill authorizes 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 the bill's provisions.

S.B. 969 establishes the composition of the nine-member committee and requires the commissioner, as soon as practicable after the bill's effective date but not later than October 1, 2011, to appoint the members of the committee. The bill requires the commissioner, in making certain specified appointments, to select those members from nominations by associations representing local health departments, county governments, and municipal governments. The bill sets out provisions relating to committee member terms, committee vacancies, and members' compensation and travel expense reimbursement. The bill establishes that the presiding officer is elected by a majority vote of all the committee members, requires the committee to meet at least quarterly or more frequently at the call of the presiding officer. The bill requires the commissioner, not later than the 30th day after the date all members are appointed to the committee, to call the first meeting of the committee. The bill requires the committee members, at the first meeting of the initial members of the committee, to draw lots to determine the staggered terms of the members.

S.B. 969 authorizes the committee to meet by videoconference or by telephone conference call to ensure appropriate representation from all areas of Texas and requires a meeting held by

videoconference or telephone conference call to comply with certain open meeting requirements applicable to a telephone conference call. The bill exempts the committee from provisions of law authorizing telephone conference calls only under certain conditions and provisions of law relating to videoconference calls.

S.B. 969 requires the committee to define the core public health services a local health entity should provide in a county or municipality; evaluate public health in Texas and identify initiatives for areas that need improvement; identify all funding sources available for use by local health entities to perform core public health functions; and establish public health policy priorities for the state. The bill requires the committee at least annually to make formal recommendations to DSHS regarding the following: the use and allocation of funds available exclusively to local health entities to perform core public health functions; ways to improve the overall public health of citizens in Texas; 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 methods for fostering a continuous collaborative relationship between DSHS and the local health entities. The bill requires recommendations made regarding the use and allocation of funds available exclusively to local health entities to perform core public health functions to be in accordance with prevailing epidemiological evidence, variations in geographic and population needs, best practices, and evidence-based interventions related to the populations to be served; state and federal law; and federal funding requirements.

S.B. 969 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. The bill requires the committee to consult with public health stakeholders to carry out the general duties of the committee. The bill requires the committee, beginning in 2012 and not later than November 30 of each year, to file a report on the implementation of the bill's provisions with the governor, the lieutenant governor, and the speaker of the house of representatives.

S.B. 969 authorizes local health entities or their designees, using existing personnel and videoconferencing equipment, to assist the committee in the performance of its duties under the bill's provisions. The bill makes the committee, except as otherwise provided, subject to provisions of law relating to open meetings.

S.B. 969 requires DSHS, beginning in 2012 and 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 formal recommendations to DSHS and an explanation of the department's reasons for not implementing a recommendation. The bill requires a decision by DSHS not to implement a recommendation of the committee to be based on a lack of available funding; 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; evidence that implementing the recommendation would violate state or federal law; or evidence that the recommendation would violate federal funding requirements. The bill requires DSHS to establish a continuous collaborative relationship with local health departments.

S.B. 969 adds a temporary provision, set to expire June 30, 2013, to require DSHS, not later than June 30, 2012, to develop a plan to transition from contractual agreements with local health entities to cooperative agreements with local health entities. The bill requires the plan to include a mechanism to ensure that the local health entities are accountable to DSHS for the funds allocated.

S.B. 969 requires DSHS, in developing policy related to funding local health entities, to consult

with the committee.

S.B. 969 defines "commissioner," "committee," "department," and "local health entity" and provides for the meaning of "local health department," "local health unit," and "public health district" by reference.

EFFECTIVE DATE

September 1, 2011.