

1-1 By: Van de Putte S.B. No. 510
1-2 (In the Senate - Filed February 2, 2011; February 17, 2011,
1-3 read first time and referred to Committee on Health and Human
1-4 Services; March 7, 2011, reported adversely, with favorable
1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;
1-6 March 7, 2011, sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 510 By: Nichols

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

1-10 relating to a voluntary statewide diabetes mellitus registry.
1-11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
1-12 SECTION 1. The heading to Chapter 95, Health and Safety
1-13 Code, is amended to read as follows:
1-14 CHAPTER 95. [~~RISK ASSESSMENT FOR TYPE 2~~] DIABETES
1-15 SECTION 2. Chapter 95, Health and Safety Code, is amended by
1-16 designating Sections 95.001, 95.002, 95.003, 95.004, 95.005, and
1-17 95.006 as Subchapter A and adding a heading to Subchapter A to read
1-18 as follows:
1-19 SUBCHAPTER A. RISK ASSESSMENT FOR TYPE 2 DIABETES
1-20 SECTION 3. Section 95.001, Health and Safety Code, is
1-21 amended to read as follows:
1-22 Sec. 95.001. DEFINITIONS. In this subchapter [~~chapter~~]:
1-23 (1) "Acanthosis nigricans" means a light brown or
1-24 black velvety, rough, or thickened area on the surface of the skin
1-25 that may signal high insulin levels indicative of insulin
1-26 resistance.
1-27 (2) [~~(1-a)~~] "Advisory committee" means the Type 2
1-28 Diabetes Risk Assessment Program Advisory Committee established
1-29 under Section 95.006.
1-30 (3) [~~(1-b)~~] "Council" means the Texas Diabetes
1-31 Council.
1-32 (4) [~~(3)~~] "Office" means The University of Texas-Pan
1-33 American Border Health Office.
1-34 (5) [~~(4)~~] "Professional examination" means an
1-35 evaluation performed by an appropriately licensed professional.
1-36 (6) [~~(5)~~] "School" means an educational institution
1-37 that admits children who are five years of age or older but younger
1-38 than 21 years of age.
1-39 SECTION 4. Chapter 95, Health and Safety Code, is amended by
1-40 adding Subchapter B to read as follows:
1-41 SUBCHAPTER B. DIABETES MELLITUS REGISTRY
1-42 Sec. 95.051. DEFINITIONS. In this subchapter:
1-43 (1) "Department" means the Department of State Health
1-44 Services.
1-45 (2) "Executive commissioner" means the executive
1-46 commissioner of the Health and Human Services Commission.
1-47 (3) "Public health district" means a district created
1-48 under Chapter 121.
1-49 Sec. 95.052. APPLICABILITY OF SUBCHAPTER. This subchapter
1-50 applies only to a public health district that serves a county that
1-51 has a population of more than 1.5 million and in which more than 75
1-52 percent of the population lives in a single municipality.
1-53 Sec. 95.053. DIABETES MELLITUS REGISTRY. (a) The
1-54 department, in coordination with participating public health
1-55 districts, shall create and maintain an electronic diabetes
1-56 mellitus registry to track the glycosylated hemoglobin level of
1-57 each person who has a laboratory test to determine that level
1-58 performed at a clinical laboratory in the participating district.
1-59 (b) A public health district may participate in the diabetes
1-60 mellitus registry. A public health district that participates in
1-61 the registry is solely responsible for the costs of establishing
1-62 and administering the program in that district.
1-63 (c) Except as provided by Subsection (d), a physician

2-1 practicing in a participating public health district who, on or
2-2 after November 1, 2011, orders a glycosylated hemoglobin test for a
2-3 patient shall submit to a clinical laboratory located in the
2-4 participating public health district the diagnosis codes of a
2-5 patient along with the patient's sample. The clinical laboratory
2-6 shall submit to the district for a patient whose diagnosis codes
2-7 were submitted with the patient's sample the results of the
2-8 patient's glycosylated hemoglobin test along with the diagnosis
2-9 codes provided by the physician for that patient.

2-10 (d) A physician who orders a glycosylated hemoglobin test
2-11 for a patient must provide the patient with a form developed by the
2-12 department that allows the patient to opt out of having the
2-13 patient's information included in the registry. If the patient
2-14 opts out by signing the form, the physician:

2-15 (1) shall keep the form in the patient's medical
2-16 records; and

2-17 (2) may not submit to the clinical laboratory the
2-18 patient's diagnosis codes along with the patient's sample.

2-19 (e) The participating public health districts shall:

2-20 (1) compile results submitted under Subsection (c) in
2-21 order to track:

2-22 (A) the prevalence of diabetes mellitus among
2-23 people tested in the district;

2-24 (B) the level of diabetic control for the
2-25 patients with diabetes mellitus in each demographic group;

2-26 (C) the trends of new diagnoses of diabetes
2-27 mellitus in the district; and

2-28 (D) the health care costs associated with
2-29 diabetes mellitus and glycosylated hemoglobin testing; and

2-30 (2) provide the department with de-identified
2-31 aggregate data.

2-32 (f) The department and participating public health
2-33 districts shall promote discussion and public information programs
2-34 regarding diabetes mellitus.

2-35 Sec. 95.054. CONFIDENTIALITY. Reports, records, and
2-36 information obtained under this subchapter are not public health
2-37 information under Chapter 552, Government Code, and are subject to
2-38 the confidentiality requirements described by Section 81.046.

2-39 Sec. 95.055. RULES. The executive commissioner shall adopt
2-40 rules to implement this subchapter, including rules to govern the
2-41 format and method of collecting glycosylated hemoglobin data.

2-42 Sec. 95.056. REPORT. Not later than December 1 of each
2-43 even-numbered year, the department shall submit to the governor,
2-44 lieutenant governor, speaker of the house of representatives, and
2-45 appropriate standing committees of the legislature a report
2-46 regarding the diabetes mellitus registry that includes an
2-47 evaluation of the effectiveness of the registry and the number of
2-48 public health districts voluntarily participating in the registry.

2-49 SECTION 5. Not later than October 1, 2011, the Department of
2-50 State Health Services shall make available on its Internet website
2-51 the form required under Subsection (d), Section 95.053, Health and
2-52 Safety Code, as added by this Act.

2-53 SECTION 6. This Act takes effect September 1, 2011.

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