

1-1 By: Nelson S.B. No. 969
1-2 (In the Senate - Filed February 25, 2011; March 8, 2011,
1-3 read first time and referred to Committee on Health and Human
1-4 Services; March 28, 2011, reported adversely, with favorable
1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;
1-6 March 28, 2011, sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 969 By: Nelson

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

1-10 relating to the establishment of the Public Health Funding and
1-11 Policy Committee within the Department of State Health Services.

1-12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-13 SECTION 1. Subtitle E, Title 2, Health and Safety Code, is
1-14 amended by adding Chapter 117 to read as follows:

1-15 CHAPTER 117. PUBLIC HEALTH FUNDING AND POLICY COMMITTEE

1-16 SUBCHAPTER A. GENERAL PROVISIONS

1-17 Sec. 117.001. DEFINITIONS. In this chapter:

1-18 (1) "Commissioner" means the commissioner of state
1-19 health services.

1-20 (2) "Committee" means the Public Health Funding and
1-21 Policy Committee established under Section 117.051.

1-22 (3) "Department" means the Department of State Health
1-23 Services.

1-24 (4) "Local health department" means a local health
1-25 department established under Subchapter D, Chapter 121.

1-26 (5) "Local health entity" means a local health unit, a
1-27 local health department, or a public health district.

1-28 (6) "Local health unit" has the meaning assigned by
1-29 Section 121.004.

1-30 (7) "Public health district" means a health district
1-31 established under Subchapter E, Chapter 121.

1-32 Sec. 117.002. APPLICATION OF SUNSET ACT. The Public Health
1-33 Funding and Policy Committee is subject to Chapter 325, Government
1-34 Code (Texas Sunset Act). Unless continued in existence as provided
1-35 by that chapter, the committee is abolished and this chapter
1-36 expires September 1, 2023.

1-37 Sec. 117.003. ADMINISTRATIVE COSTS. To the extent that a
1-38 term or condition of a federal grant or federal law does not limit
1-39 the use of federal grant money, the department or a local health
1-40 entity may use federal grant money to pay the administrative costs
1-41 incurred by the department or the local health entity in
1-42 implementing and administering this chapter.

1-43 [Sections 117.004-117.050 reserved for expansion]

1-44 SUBCHAPTER B. ESTABLISHMENT OF COMMITTEE

1-45 Sec. 117.051. ESTABLISHMENT OF COMMITTEE. The commissioner
1-46 shall establish the Public Health Funding and Policy Committee
1-47 within the department.

1-48 Sec. 117.052. APPOINTMENT OF MEMBERS. (a) The
1-49 commissioner shall appoint nine members to the committee as
1-50 follows:

1-51 (1) two regional health directors, each of whom is
1-52 serving as a health authority in a municipality or county;

1-53 (2) one local health entity representative of a
1-54 municipality or county with a population of 50,000 or less;

1-55 (3) one local health entity representative from a
1-56 municipality or county with a population greater than 50,000 but
1-57 less than 250,000;

1-58 (4) one local health entity representative from a
1-59 municipality or county with a population of at least 250,000;

1-60 (5) two local health entity representatives, each of
1-61 whom serves in a municipality or county as the health authority; and

1-62 (6) two representatives of schools of public health at
1-63 institutions of higher education in this state.

2-1 (b) In making appointments under Subsections (a)(2), (3),
2-2 (4), and (5), the commissioner shall select the members from
2-3 nominations by associations representing local health departments,
2-4 county governments, and municipal governments.

2-5 Sec. 117.053. TERMS; VACANCY. (a) Committee members serve
2-6 staggered six-year terms, with the terms of three members expiring
2-7 on February 1 of each odd-numbered year.

2-8 (b) If a vacancy occurs on the committee, a person shall be
2-9 appointed to fill the vacancy for the unexpired term in the same
2-10 manner as the original appointment.

2-11 Sec. 117.054. COMPENSATION AND REIMBURSEMENT. A committee
2-12 member is not entitled to compensation for service on the committee
2-13 and is not entitled to reimbursement for any travel expenses.

2-14 Sec. 117.055. PRESIDING OFFICER. The presiding officer is
2-15 elected by a majority vote of all the committee members.

2-16 Sec. 117.056. MEETINGS. (a) The committee shall meet at
2-17 least quarterly or more frequently at the call of the presiding
2-18 officer.

2-19 (b) To ensure appropriate representation from all areas of
2-20 this state, the committee may meet by videoconference or telephone
2-21 conference call. A meeting held by videoconference or telephone
2-22 conference call under this subsection must comply with the
2-23 requirements applicable to a telephone conference call under
2-24 Sections 551.125(c), (d), (e), and (f), Government Code. Sections
2-25 551.125(b) and 551.127, Government Code, do not apply to the
2-26 committee.

2-27 [Sections 117.057-117.100 reserved for expansion]

2-28 SUBCHAPTER C. DUTIES OF COMMITTEE

2-29 Sec. 117.101. GENERAL DUTIES OF COMMITTEE. (a) The
2-30 committee shall:

2-31 (1) define the core public health services a local
2-32 health entity should provide in a county or municipality;

2-33 (2) evaluate public health in this state and identify
2-34 initiatives for areas that need improvement;

2-35 (3) identify all funding sources available for use by
2-36 local health entities to perform core public health functions;

2-37 (4) establish public health policy priorities for this
2-38 state; and

2-39 (5) at least annually, make formal recommendations to
2-40 the department regarding:

2-41 (A) the use and allocation of funds available
2-42 exclusively to local health entities to perform core public health
2-43 functions;

2-44 (B) ways to improve the overall public health of
2-45 citizens in this state;

2-46 (C) methods for transitioning from a contractual
2-47 relationship between the department and the local health entities
2-48 to a cooperative-agreement relationship between the department and
2-49 the local health entities; and

2-50 (D) methods for fostering a continuous
2-51 collaborative relationship between the department and the local
2-52 health entities.

2-53 (b) Recommendations made under Subsection (a)(5)(A) must be
2-54 in accordance with:

2-55 (1) prevailing epidemiological evidence, variations
2-56 in geographic and population needs, best practices, and
2-57 evidence-based interventions related to the populations to be
2-58 served;

2-59 (2) state and federal law; and

2-60 (3) federal funding requirements.

2-61 Sec. 117.102. PUBLIC TESTIMONY. (a) At least
2-62 semiannually, the committee shall:

2-63 (1) invite public health stakeholders, including
2-64 federal public health officials, county and municipal governments,
2-65 schools of public health at institutions of higher education, and
2-66 federally qualified health centers, to give oral or written
2-67 testimony to the committee; and

2-68 (2) provide opportunities for the general public to
2-69 give oral or written testimony to the committee.

3-1 (b) The committee shall consult with public health
3-2 stakeholders to carry out the general duties of the committee.

3-3 Sec. 117.103. ANNUAL REPORT. Beginning in 2012, not later
3-4 than November 30 of each year the committee shall file a report on
3-5 the implementation of this chapter with the governor, the
3-6 lieutenant governor, and the speaker of the house of
3-7 representatives.

3-8 Sec. 117.104. SUPPORT STAFF. Using existing personnel and
3-9 videoconferencing equipment, local health entities or their
3-10 designees may assist the committee in the performance of its duties
3-11 under this chapter.

3-12 Sec. 117.105. OPEN MEETINGS ACT. Except as provided by
3-13 Section 117.056, the committee is subject to Chapter 551,
3-14 Government Code.

3-15 [Sections 117.106-117.150 reserved for expansion]

3-16 SUBCHAPTER D. POWERS AND DUTIES OF DEPARTMENT

3-17 Sec. 117.151. ANNUAL REPORT. (a) Beginning in 2012, not
3-18 later than November 30 of each year the department shall file an
3-19 annual report with the governor, the lieutenant governor, and the
3-20 speaker of the house of representatives detailing:

3-21 (1) the implementation of the committee's
3-22 recommendations described in Section 117.101(a)(5); and

3-23 (2) an explanation of the department's reasons for not
3-24 implementing a recommendation.

3-25 (b) A decision by the department not to implement a
3-26 recommendation of the committee must be based on:

3-27 (1) a lack of available funding;

3-28 (2) evidence that the recommendation is not in
3-29 accordance with prevailing epidemiological evidence, variations in
3-30 geographic and population needs, best practices, or evidence-based
3-31 interventions related to the populations to be served;

3-32 (3) evidence that implementing the recommendation
3-33 would violate state or federal law; or

3-34 (4) evidence that the recommendation would violate
3-35 federal funding requirements.

3-36 Sec. 117.152. COLLABORATIVE RELATIONSHIP WITH LOCAL HEALTH
3-37 ENTITIES. The department shall establish a continuous
3-38 collaborative relationship with local health departments.

3-39 Sec. 117.153. COOPERATIVE AGREEMENT PLAN. Not later than
3-40 June 30, 2012, the department shall develop a plan to transition
3-41 from contractual agreements with local health entities to
3-42 cooperative agreements with local health entities. The plan must
3-43 include a mechanism to ensure that the local health entities are
3-44 accountable to the department for the funds allocated. This
3-45 section expires June 30, 2013.

3-46 SECTION 2. Subchapter B, Chapter 1001, Health and Safety
3-47 Code, is amended by adding Section 1001.0305 to read as follows:

3-48 Sec. 1001.0305. LOCAL HEALTH ENTITY POLICY. In developing
3-49 policy related to funding local health entities as defined by
3-50 Section 117.001, the department shall consult with the Public
3-51 Health Funding and Policy Committee established under Chapter 117.

3-52 SECTION 3. (a) As soon as practicable after the effective
3-53 date of this Act but not later than October 1, 2011, the
3-54 commissioner of state health services shall appoint the members of
3-55 the Public Health Funding and Policy Committee established by
3-56 Section 117.051, Health and Safety Code, as added by this Act.

3-57 (b) Not later than the 30th day after the date all members
3-58 are appointed to the Public Health Funding and Policy Committee as
3-59 required by Subsection (a) of this section, the commissioner of
3-60 state health services shall call the first meeting of the
3-61 committee.

3-62 (c) At the first meeting of the initial members of the
3-63 Public Health Funding and Policy Committee, the members shall draw
3-64 lots to determine which three members will serve initial two-year
3-65 terms expiring February 1, 2013, which three members will serve
3-66 initial four-year terms expiring February 1, 2015, and which three
3-67 members will serve initial six-year terms expiring February 1,
3-68 2017.

3-69 SECTION 4. This Act takes effect September 1, 2011.

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