

BILL ANALYSIS

C.S.H.B. 595
By: Kolkhorst
Government Efficiency & Reform
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Over the past few decades, numerous new programs, councils, and task forces have been created in Texas statute. It has been noted that certain of these programs, councils, and task forces have fulfilled their original statutory purpose, but the legal requirements for their operation remains enshrined in law. Health-related state agencies, in particular, provide administrative and personnel support for a large number of these programs, councils, and task forces. Interested parties have observed that repealing applicable statutory provisions will allow certain of these agencies to use limited resources in a more efficient manner and make relevant portions of the code easier to understand. C.S.H.B. 595 seeks to ensure that certain health-related agency resources are used in the best possible manner to serve Texans.

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

C.S.H.B. 595 repeals statutory provisions relating to pediculosis of minors, tertiary medical care, exposure to Agent Orange, breast cancer and lung cancer, osteoporosis, the prostate cancer education program, the Border Health Foundation, and a statutory provision making inapplicable and unenforceable after August 31, 2013, the requirement that a contract between a managed care organization and the Health and Human Services Commission contain a requirement that the managed care organization develop, implement, and maintain an outpatient pharmacy benefit plan for its enrolled recipients that exclusively employs the vendor drug program formulary and preserves the state's ability to reduce waste, fraud, and abuse under the Medicaid program.

C.S.H.B. 595 abolishes on September 1, 2013, the programs and system established under statutory provisions relating to pediculosis of minors, tertiary medical care, exposure to Agent Orange, breast cancer and lung cancer, osteoporosis, and the prostate cancer education program. The bill, on September 1, 2013, transfers any money remaining in the tertiary care account to the general revenue fund and abolishes the account.

C.S.H.B. 595 abolishes on September 1, 2013, the advisory councils and the advisory committee established under statutory provisions relating to breast cancer and lung cancer and transfers all property in the custody of the advisory councils and the advisory committee and all contracts, leases, rights, and obligations of the advisory councils and advisory committee to the Department of State Health Services (DSHS).

C.S.H.B. 595 abolishes on September 1, 2013, the Border Health Foundation and transfers all property in the custody of the foundation and all contracts, leases, rights, and obligations of the foundation to DSHS.

C.S.H.B. 595 repeals the following provisions of the Health and Safety Code:

- Chapter 38
- Chapter 46
- Chapter 83
- Chapter 86
- Chapter 90
- Chapter 91
- Chapter 112

C.S.H.B. 595 repeals Section 533.005(a-1), Government Code.

EFFECTIVE DATE

September 1, 2013.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 595 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and highlighted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Section 531.021(b), Government Code, is amended to read as follows:

No equivalent provision.

(b) The commission shall:

(1) plan and direct the Medicaid program in each agency that operates a portion of the Medicaid program, including the management of the Medicaid managed care system and the development, procurement, management, and monitoring of contracts necessary to implement the Medicaid managed care system;

(2) adopt reasonable rules and standards governing the determination of fees, charges, and rates for medical assistance payments under Chapter 32, Human Resources Code, in consultation with the agencies that operate the Medicaid program; and

(3) establish requirements for and define the scope of the ongoing evaluation of the Medicaid managed care system [~~conducted in conjunction with the Texas Health Care Information Council under Section 108.0065, Health and Safety Code~~].

SECTION 2. Section 531.0214(b), Government Code, is amended to read as follows:

No equivalent provision.

(b) To minimize cost and duplication of

activities, the commission shall assist and coordinate:

(1) the efforts of the agencies that are participating in the development of the system required by Subsection (a); and

(2) the efforts of those agencies with the efforts of other agencies involved in a [statewide] health care data collection system used by the Department of State Health Services ~~[provided for by Section 108.006, Health and Safety Code]~~, including avoiding duplication of expenditure of state funds for computer hardware, staff, or services.

SECTION 3. Section 2054.0541, Government Code, is amended to read as follows:

Sec. 2054.0541. STATEWIDE HEALTH CARE DATA COLLECTION SYSTEM. The department shall assist ~~[the Texas Health Care Information Council and]~~ the [Texas] Department of State Health Services with planning, analyses, and management functions relating to the procurement, use, and implementation of a [statewide] health care data collection system used by the Department of State Health Services ~~[under Chapter 108, Health and Safety Code]~~.

No equivalent provision.

SECTION 4. Chapter 35, Health and Safety Code, is amended by adding Section 35.014 to read as follows:

Sec. 35.014. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The services program for children with special health care needs is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

No equivalent provision.

SECTION 5. Chapter 36, Health and Safety Code, is amended by adding Section 36.015 to read as follows:

Sec. 36.015. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The screening

No equivalent provision.

program for special senses and communication disorders established under this chapter is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

SECTION 6. Chapter 37, Health and Safety Code, is amended by adding Section 37.007 to read as follows:

Sec. 37.007. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The program to detect abnormal spinal curvature in children established under this chapter is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

No equivalent provision.

SECTION 7. Chapter 38, Health and Safety Code, is amended by adding Section 38.003 to read as follows:

Sec. 38.003. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The program for the control and eradication of pediculosis in minors established under this chapter is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the

No equivalent provision, but see SECTIONS 1 and 2 below.

duty as it relates to the program.

SECTION 8. Chapter 39, Health and Safety Code, is amended by adding Section 39.007 to read as follows:

No equivalent provision.

Sec. 39.007. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The children's outreach heart program is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

SECTION 9. Chapter 40, Health and Safety Code, is amended by adding Section 40.008 to read as follows:

No equivalent provision.

Sec. 40.008. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The epilepsy program established under this chapter is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

SECTION 10. Chapter 41, Health and Safety Code, is amended by adding Section 41.008 to read as follows:

No equivalent provision.

Sec. 41.008. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The hemophilia assistance program is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325,

Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

SECTION 11. Chapter 42, Health and Safety Code, is amended by adding Section 42.019 to read as follows:

No equivalent provision.

Sec. 42.019. SUNSET PROVISION. The kidney health care division is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the division is abolished and this chapter expires September 1, 2021.

SECTION 12. Chapter 43, Health and Safety Code, is amended by adding Section 43.015 to read as follows:

No equivalent provision.

Sec. 43.015. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The oral health improvement services program is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

SECTION 13. Chapter 46, Health and Safety Code, is amended by adding Section 46.008 to read as follows:

No equivalent provision, but see SECTIONS 1 and 2 below.

Sec. 46.008. APPLICATION OF SUNSET ACT TO SYSTEM. (a) The system implemented in accordance with Section 46.002(a) is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the system is not continued in existence in accordance with that chapter, the system is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the

duty as it relates to the system.

SECTION 14. Chapter 47, Health and Safety Code, is amended by adding Section 47.012 to read as follows:

No equivalent provision.

Sec. 47.012. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The newborn hearing screening, tracking, and intervention program is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

SECTION 15. Section 81.010, Health and Safety Code, is amended by adding Subsection (l) to read as follows:

No equivalent provision.

(l) The Interagency Coordinating Council for HIV and Hepatitis is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the council is abolished and this section expires September 1, 2021.

SECTION 16. Chapter 83, Health and Safety Code, is amended by adding Section 83.0085 to read as follows:

No equivalent provision, but see SECTIONS 1 and 2 below.

Sec. 83.0085. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The program created by Section 83.008 is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

SECTION 17. Subchapter B, Chapter 85, Health and Safety Code, is amended by adding

No equivalent provision.

Section 85.045 to read as follows:

Sec. 85.045. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The state grant program established under this subchapter is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this subchapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

SECTION 18. Subchapter C, Chapter 85, Health and Safety Code, is amended by adding Section 85.066 to read as follows:

Sec. 85.066. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The Texas HIV medication program is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this subchapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

No equivalent provision.

SECTION 19. Subchapter D, Chapter 85, Health and Safety Code, is amended by adding Section 85.090 to read as follows:

Sec. 85.090. APPLICATION OF SUNSET ACT TO PROGRAMS. (a) The testing, registration, and counseling programs established under this subchapter are subject to review under Chapter 325, Government Code (Texas Sunset Act), as if they were a state agency subject to review under that chapter. If the programs are not continued in existence in accordance with that chapter, the programs are abolished and this subchapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the

No equivalent provision.

duty as it relates to the programs.

SECTION 20. Subchapter A, Chapter 86, Health and Safety Code, is amended by adding Section 86.006 to read as follows:

Sec. 86.006. SUNSET PROVISION. The advisory council is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the council is abolished and this subchapter expires September 1, 2021.

No equivalent provision, but see SECTIONS 1 and 2 below.

SECTION 21. Section 86.012, Health and Safety Code, is amended by adding Subsection (c) to read as follows:

(c) The advisory committee is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the committee is abolished and this section expires September 1, 2021.

No equivalent provision, but see SECTIONS 1 and 2 below.

SECTION 22. Section 86.103, Health and Safety Code, is amended by adding Subsection (c) to read as follows:

(c) The advisory council is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the council is abolished and this section expires September 1, 2021.

No equivalent provision, but see SECTIONS 1 and 2 below.

SECTION 23. Chapter 90, Health and Safety Code, is amended by adding Section 90.004 to read as follows:

Sec. 90.004. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The osteoporosis program created by Section 90.002 is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

No equivalent provision, but see SECTIONS 1 and 2 below.

SECTION 24. Chapter 91, Health and Safety Code, is amended by adding Section 91.004 to read as follows:

Sec. 91.004. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The program created by Section 91.002 is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

No equivalent provision, but see SECTIONS 1 and 2 below.

SECTION 25. Subchapter A, Chapter 93, Health and Safety Code, is amended by adding Section 93.015 to read as follows:

Sec. 93.015. SUNSET PROVISION. The Council on Cardiovascular Disease and Stroke is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the council is abolished and this chapter expires September 1, 2021.

No equivalent provision.

SECTION 26. Chapter 97, Health and Safety Code, is amended by adding Section 97.008 to read as follows:

Sec. 97.008. APPLICATION OF SUNSET ACT TO PROGRAM. (a) The arthritis control and prevention program is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the program is not continued in existence in accordance with that chapter, the program is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the program.

No equivalent provision.

SECTION 27. Subchapter A, Chapter 98, Health and Safety Code, as added by Chapter 359 (S.B. 288), Acts of the 80th Legislature, Regular Session, 2007, is amended by adding Section 98.003 to read as follows:

No equivalent provision.

Sec. 98.003. SUNSET PROVISION. The Advisory Panel on Health Care-Associated Infections and Preventable Adverse Events is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the advisory panel is abolished and this chapter expires September 1, 2021.

SECTION 28. Chapter 101, Health and Safety Code, is amended by adding Section 101.011 to read as follows:

No equivalent provision.

Sec. 101.011. SUNSET PROVISION. The Texas Council on Alzheimer's Disease and Related Disorders is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the council is abolished and this chapter expires September 1, 2021.

SECTION 29. Chapter 103, Health and Safety Code, is amended by adding Section 103.020 to read as follows:

No equivalent provision.

Sec. 103.020. SUNSET PROVISION. The Texas Diabetes Council is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the council is abolished and this chapter expires September 1, 2021.

SECTION 30. Section 105.001(2), Health and Safety Code, is amended to read as follows:

No equivalent provision.

(2) "Department" [~~Council~~] means the Department of State Health Services [statewide health coordinating council].

SECTION 31. Section 105.002, Health and Safety Code, is amended to read as follows:

No equivalent provision.

Sec. 105.002. ESTABLISHMENT OF CENTER. (a) In conjunction with the Texas Higher Education Coordinating Board and in such a way as to avoid duplication of effort, the department [ouncil] shall establish a comprehensive health professions resource center for the collection and analysis of educational and employment trends for health professions in this state.

(b) To [In conjunction with the committee formed under Section 104.0155, to avoid duplication of effort, and to] the extent funding is available through fees collected under

Section 301.155(c), Occupations Code, the department [~~ouncil~~] shall establish a nursing resource section within the center for the collection and analysis of educational and employment trends for nurses in this state.

(c) If the nursing resource section established under Subsection (b) is funded from surcharges collected under Section 301.155(c), Occupations Code, the department [~~ouncil~~] shall provide the Texas Board of Nursing with an annual accounting of the money received from the board. The department [~~ouncil~~] may expend a reasonable amount of the money to pay administrative costs of maintaining the nursing resource section.

SECTION 32. Sections 105.003(a), (b), (c), (c-1), (d), (f), and (g), Health and Safety Code, are amended to read as follows:

No equivalent provision.

(a) The department [~~ouncil~~] shall place a high priority on collecting and disseminating data on health professions demonstrating an acute shortage in this state, including:

- (1) data concerning nursing personnel; and
- (2) data concerning the health professions in which shortages occur in rural areas.

(b) To the extent possible, the department [~~ouncil~~] may collect the data from existing sources that the department [~~ouncil~~] determines are credible. The department [~~ouncil~~] may enter agreements with those sources that establish guidelines concerning the identification, acquisition, transfer, and confidentiality of the data.

(c) The Department of Information Resources, through the state electronic Internet portal and in consultation with the department [~~ouncil~~] and the Health Professions Council, shall add and label as "mandatory" the following fields on an application or renewal form for a license, certificate, or registration for a person subject to Subsection (c-2):

- (1) full name and last four digits of social security number;
- (2) full mailing address; and
- (3) educational background and training, including basic health professions degree, school name and location of basic health professions degree, and graduation year for basic health professions degree, and, as applicable, highest professional degree obtained, related professional school name and location, and related graduation year.

(c-1) The Department of Information

Resources, through the state electronic Internet portal and in consultation with the department [council] and the Health Professions Council, shall add the following fields on an application or renewal form for a license, certificate, or registration for a person subject to Subsection (c-2):

- (1) date and place of birth;
- (2) sex;
- (3) race and ethnicity;
- (4) location of high school;
- (5) mailing address of primary practice;
- (6) number of hours per week spent at primary practice location;
- (7) description of primary practice setting;
- (8) primary practice information, including primary specialty practice, practice location zip code, and county; and
- (9) information regarding any additional practice, including description of practice setting, practice location zip code, and county.

(d) To the extent feasible, the department [council] shall use a researcher with a doctorate in nursing to collect, analyze, and disseminate nursing data that may be used to predict supply and demand for nursing personnel in this state using appropriate federal or state supply-and-demand models. The nursing data must at least:

- (1) include demographics, areas of practice, supply, demand, and migration; and
- (2) be analyzed to identify trends relating to numbers and geographical distribution, practice setting, and area of practice and, to the extent possible, compare those trends with corresponding national trends.

(f) The relevant members of the Health Professions Council, in conjunction with the Department of Information Resources, shall ensure that the information collected under Subsections (c) and (c-1) is transmitted to the department [statewide health coordinating council]. The department [council] shall store the information as needed and conduct related workforce studies, including a determination of the geographical distribution of the reporting professionals.

(g) The relevant members of the Health Professions Council, in conjunction with the Department of Information Resources, shall ensure that the following information is submitted to the department [statewide health coordinating council] for a person subject to Subsection (c-2):

- (1) certification, registration, or license

- number;
- (2) issuance date;
- (3) method of certification, registration, or licensure; and
- (4) certification, registration, or licensure status.

SECTION 33. Section 105.004, Health and Safety Code, is amended to read as follows:

No equivalent provision.

Sec. 105.004. REPORTS. (a) The department [~~ouncil~~] may use the data collected and analyzed under this chapter to publish reports regarding:

- (1) the educational and employment trends for health professions;
- (2) the supply and demand of health professions; and
- (3) other issues, as necessary, concerning health professions in this state.

(b) The department [~~ouncil~~] shall publish reports regarding the data collected and analyzed under this chapter related to:

- (1) the educational and employment trends of nursing professionals;
- (2) the supply and demand of nursing professionals; and
- (3) other issues, as determined necessary by the department [~~ouncil~~], concerning nursing professionals in this state.

SECTION 34. Section 105.007, Health and Safety Code, is amended to read as follows:

No equivalent provision.

Sec. 105.007. CLEARINGHOUSE. (a) As part of the comprehensive health professions resource center, the department [~~ouncil~~] shall develop and establish a clearinghouse for health professionals seeking collaborative practice.

(b) The department [~~ouncil~~] may:

- (1) set and collect a reasonable fee to offset the cost of complying with this section;
- (2) solicit, receive, and spend grants, gifts, and donations from public and private sources to comply with this section; and
- (3) contract with public or private entities in the performance of the department's [~~its~~] responsibilities under this section.

SECTION 35. Section 105.008, Health and Safety Code, is amended by amending Subsections (e) and (h) and adding Subsection (l) to read as follows:

No equivalent provision.

(e) The nursing resource section shall contract with an independent researcher to develop the research design and conduct the research. The independent researcher must be selected by a selection committee composed of:

(1) ~~[one representative elected by a majority of the nursing advisory committee under Section 104.0155, who is the chair of the selection committee;~~

~~[(2)]~~ one representative designated by the Texas Health Care Policy Council;

~~(2) [(3)]~~ the presiding officer of the Texas Board of Nursing;

~~(3) [(4)]~~ one representative of the Texas Higher Education Coordinating Board, designated by the governor;

~~(4) [(5)]~~ one representative designated by the Texas Hospital Association;

~~(5) [(6)]~~ one representative designated by the Texas Association of Business; and

~~(6) [(7)]~~ one representative designated by a clinical competency assessment program that meets the requirements of Section 301.157(d-8), Occupations Code~~;~~ and

~~[(8) the nurse researcher member of the nursing advisory committee under Section 104.0155].~~

(h) The executive commissioner of the Health and Human Services Commission ~~[nursing advisory committee formed under Section 104.0155]~~ shall oversee ~~[serve as the oversight committee for]~~ the study.

(l) This section expires December 31, 2017.

SECTION 36. Chapter 105, Health and Safety Code, is amended by adding Section 105.009 to read as follows:

Sec. 105.009. APPLICATION OF SUNSET ACT TO CENTER. (a) The comprehensive health professions resource center created by Section 105.002 is subject to review under Chapter 325, Government Code (Texas Sunset Act), as if it were a state agency subject to review under that chapter. If the center is not continued in existence in accordance with that chapter, the center is abolished and this chapter expires September 1, 2021.

(b) To the extent that Chapter 325, Government Code (Texas Sunset Act), places a duty on a state agency subject to review under that chapter, the department shall perform the duty as it relates to the center.

No equivalent provision.

SECTION 37. Chapter 112, Health and Safety Code, is amended by adding Section 112.015 to read as follows:

Sec. 112.015. SUNSET PROVISION. The Border Health Foundation is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the foundation is abolished and this chapter expires September 1, 2021.

No equivalent provision, but see SECTIONS 1 and 2 below.

SECTION 38. The heading to Chapter 114, Health and Safety Code, is amended to read as follows:

CHAPTER 114. ~~[INTERAGENCY]~~
OBESITY COORDINATION EFFORT
~~[COUNCIL]~~

No equivalent provision.

SECTION 39. Section 114.001, Health and Safety Code, is amended to read as follows:

Sec. 114.001. DEFINITION. In this chapter, "institution of higher education" has the meaning assigned by Section 61.003, Education Code ~~["council" means the interagency obesity council created by this chapter].~~

No equivalent provision.

SECTION 40. Section 114.005, Health and Safety Code, is amended to read as follows:

Sec. 114.005. REVIEW OF AGENCY PROGRAMS. The institutions of higher education that receive state money for obesity research ~~[council]~~ shall jointly review the status of the programs of the Department of Agriculture, the Department of State Health Services, and the Texas Education Agency that promote better health and nutrition and prevent obesity among children and adults in this state.

No equivalent provision.

SECTION 41. Sections 114.007(a) and (b), Health and Safety Code, are amended to read as follows:

(a) Not later than January 15 of each even-numbered ~~[odd-numbered]~~ year, the institutions of higher education performing the review under Section 114.005 ~~[the council]~~ shall jointly submit a report to the governor, the lieutenant governor, and the speaker of the house of representatives on the activities of the institutions ~~[council]~~ under Section ~~[Sections]~~ 114.005 ~~[and 114.006]~~ during the preceding two calendar years.

(b) A report submitted by the institutions of

No equivalent provision.

higher education [council] under Subsection (a) must include the following information regarding discussions of agency programs under Section 114.005:

- (1) a list of the programs within each agency ~~[represented on the council]~~ that are designed to promote better health and nutrition;
- (2) an assessment of the steps taken by each program during the preceding two calendar years;
- (3) a report of the progress made by taking these steps in reaching each program's goals;
- (4) the areas of improvement that are needed in each program; and
- (5) recommendations for future goals or legislation.

SECTION 42. Section 115.012, Health and Safety Code, as added by Chapters 835 (S.B. 1824) and 1133 (H.B. 2196), Acts of the 81st Legislature, Regular Session, 2009, is amended to read as follows:

Sec. 115.012. SUNSET PROVISION. The Interagency Task Force for Children With Special Needs is subject to Chapter 325, Government Code (Texas Sunset Act). Unless continued in existence as provided by that chapter, the task force is abolished and this chapter expires September 1, 2021 ~~[2015]~~.

No equivalent provision.

SECTION 43. Section 221.005(b), Health and Safety Code, is amended to read as follows:

(b) This chapter does not exempt a corporation or user from compliance with Chapter ~~[104-07]~~ 225.

No equivalent provision.

SECTION 44. Section 222.022(1), Health and Safety Code, is amended to read as follows:

(1) "Health care facility" means a public or private hospital, skilled nursing facility, intermediate care facility, ambulatory surgical center, family planning clinic that performs ambulatory surgical procedures, rural or urban health initiative clinic, end stage renal disease facility, or inpatient rehabilitation facility. The term does not include the office of physicians or practitioners of the healing arts practicing individually or in groups or [has the meaning assigned by Section 104.002, except that the term does not include] a chemical dependency treatment facility licensed by the Department of State Health Services ~~[Texas Commission on~~

No equivalent provision.

~~Alcohol and Drug Abuse~~].

SECTION 45. Section 311.033(d), Health and Safety Code, is amended to read as follows:

(d) A hospital that does not submit to the department the data required under this section is subject to civil penalties under Section 311.0331 [~~404.043~~].

No equivalent provision.

SECTION 46. Subchapter C, Chapter 311, Health and Safety Code, is amended by adding Section 311.0331 to read as follows:

Sec. 311.0331. FAILURE TO SUBMIT DATA; CIVIL PENALTY. (a) If the department does not receive necessary data from a hospital as required by Section 311.033, the department shall send to the hospital a notice requiring the hospital to submit the data not later than the 30th day after the date on which the hospital receives the notice.

(b) A hospital that does not submit the data during the period determined under Subsection (a) is subject to a civil penalty of not more than \$500 for each day after the period that hospital fails to submit the data.

(c) At the request of the executive commissioner of the Health and Human Services Commission, the attorney general shall sue in the name of the state to recover the civil penalty.

No equivalent provision.

SECTION 47. Section 577.016(a), Health and Safety Code, is amended to read as follows:

(a) The department may deny, suspend, or revoke a license if the department finds that the applicant or licensee has substantially failed to comply with:

- (1) department rules;
- (2) this subtitle; or
- (3) Chapter [~~Chapters 104 and~~] 225.

No equivalent provision.

SECTION 48. Section 1001.071, Health and Safety Code, is amended to read as follows:

Sec. 1001.071. GENERAL POWERS AND DUTIES OF DEPARTMENT RELATED TO HEALTH CARE. The department is responsible for administering human services programs regarding the public health, including:

- (1) implementing the state's public health care delivery programs under the authority of the

No equivalent provision.

department;

- (2) administering state health facilities, hospitals, and health care systems;
- (3) developing and providing health care services, as directed by law;
- (4) providing for the prevention and control of communicable diseases;
- (5) providing public education on health-related matters, as directed by law;
- (6) compiling, collecting, and reporting health-related information, as directed by law;
- (7) acting as the lead agency for implementation of state policies regarding the human immunodeficiency virus and acquired immunodeficiency syndrome and administering programs related to the human immunodeficiency virus and acquired immunodeficiency syndrome;
- (8) investigating the causes of injuries and methods of prevention;
- (9) administering a grant program to provide appropriated money to counties, municipalities, public health districts, and other political subdivisions for their use to provide or pay for essential public health services;
- (10) administering the registration of vital statistics;
- (11) licensing, inspecting, and enforcing regulations regarding health facilities, other than long-term care facilities regulated by the Department of Aging and Disability Services;
- (12) implementing established standards and procedures for the management and control of sanitation and for health protection measures;
- (13) enforcing regulations regarding radioactive materials;
- (14) enforcing regulations regarding food, bottled and vended drinking water, drugs, cosmetics, and health devices;
- (15) enforcing regulations regarding food service establishments, retail food stores, mobile food units, and roadside food vendors; and
- (16) enforcing regulations controlling hazardous substances in households and workplaces.

SECTION 49. Chapter 1001, Health and Safety Code, is amended by adding Subchapter G to read as follows:

SUBCHAPTER G. SUBMISSION AND COLLECTION OF HEALTH CARE DATA

Sec. 1001.171. DEFINITION. In this subchapter, "rural provider" means a provider:

No equivalent provision.

- (1) located in a county:
 - (A) with a population of 35,000 or less; or
 - (B) with a population of more than 35,000, that has 100 or fewer licensed hospital beds, and that is not located in an area that is delineated as an urbanized area by the United States Census Bureau; and
- (2) that is not a state-owned hospital or a hospital that is managed or owned, directly or indirectly, by an individual, association, partnership, corporation, or other legal entity that owns or manages one or more other hospitals.

Sec. 1001.172. DATA SUBMISSION AND COLLECTION. (a) The department may collect and, except as provided by Subsections (c) and (d), providers shall submit to the department or another entity as determined by the department all data required by this section. The data must be collected according to uniform submission formats, coding systems, and other technical specifications necessary to make the incoming data substantially valid, consistent, compatible, and manageable using electronic data processing, if available.

(b) The executive commissioner shall adopt rules to implement the data submission requirements imposed by Subsection (a) in appropriate stages to allow for the development of efficient systems for the collection and submission of the data. A rule adopted by the executive commissioner that requires submission of a data element that was not required to be submitted before adoption of the rule:

- (1) may not take effect before the 90th day after the date the rule is adopted; and
- (2) must take effect not later than the first anniversary after the date the rule is adopted.

(c) A rural provider may provide the data required by this subchapter.

(d) A hospital may provide the data required by this subchapter if the hospital:

- (1) is exempt from state franchise, sales, ad valorem, or other state or local taxes; and
- (2) does not seek or receive reimbursement for providing health care services to patients from any source, including:

(A) the patient or any person legally obligated to support the patient;

(B) a third-party payor; and

(C) Medicaid, Medicare, or any other federal, state, or local program for indigent health care.

(e) The department may not collect data from:

- (1) an individual physician; or

(2) except to the extent the entity owns and operates a health care facility in this state, an entity that is composed entirely of physicians and that is:

(A) formed under Title 7, Business Organizations Code;

(B) a professional association organized under the former Texas Professional Association Act (Article 1528f, Vernon's Texas Civil Statutes) or formed under the Texas Professional Association Law, as described by Section 1.008, Business Organizations Code;

(C) a limited liability partnership organized under former Section 3.08, Texas Revised Partnership Act (Article 6132b-3.08, Vernon's Texas Civil Statutes) or described by Subchapter J, Chapter 152, Business Organizations Code; or

(D) a limited liability company organized under the former Texas Limited Liability Company Act (Article 1528n, Vernon's Texas Civil Statutes) or formed under the Texas Limited Liability Company Law, as described by Section 1.008, Business Organizations Code.

(e-1) Subsection (e) does not prohibit the release of data about physicians using uniform physician identifiers collected from a health care facility under this subchapter.

(f) The department is the single collection point for the receipt of data from providers. The department may transfer collection of any data required to be collected by the department under any other law to the statewide health care data collection system.

(g) The department may not require a provider to submit data more frequently than quarterly. A provider may submit data more frequently than quarterly.

(h) The department shall coordinate data collection with the data collection formats used by federally qualified health centers. To satisfy the requirements of this subchapter:

(1) a federally qualified health center shall submit annually to the department a copy of the Medicaid cost report of federally qualified health centers; and

(2) a provider receiving federal funds under 42 U.S.C. Section 254b, 254c, or 256 shall submit annually to the department a copy of the Bureau of Common Reporting Requirements data report developed by the United States Public Health Service.

(i) The department shall coordinate data collection with the data submission formats

used by hospitals and other providers. The department shall accept data in the format developed by the American National Standards Institute or its successors or other nationally accepted standardized forms that hospitals and other providers use for other complementary purposes.

(j) The executive commissioner by rule shall develop reasonable alternate data submission procedures for providers that do not possess electronic data processing capacity.

(k) The department shall collect health care data elements relating to payer type, the racial and ethnic background of patients, and the use of health care services by consumers. The department shall prioritize data collection efforts on inpatient and outpatient surgical and radiological procedures from hospitals, ambulatory surgical centers, and freestanding radiology centers.

(l) To the extent feasible, the department shall obtain from public records the information that is available from those records.

(m) A provider of a health benefit plan shall annually submit to the department aggregate data by service area required by the Health Plan Employer Data and Information Set as operated by the National Committee for Quality Assurance. The department may approve the submission of data in accordance with other methods generally used by the health benefit plan industry. If the Health Plan Employer Data and Information Set does not generally apply to a health benefit plan, the department shall require submission of data in accordance with other methods. This subsection does not relieve a health care facility that provides services under a health benefit plan from the requirements of this subchapter. Information submitted under this section:

(1) is subject to Section 1001.174; and

(2) is not subject to Section 1001.173.

Sec. 1001.173. COLLECTION AND DISSEMINATION OF PROVIDER QUALITY DATA. (a) Subject to Section 1001.172, the department shall collect data reflecting provider quality based on a methodology and review process established in department rules. The methodology must identify and measure quality standards and adhere to any federal mandates.

(b) The department shall study and analyze initial methodologies for obtaining provider quality data, including outcome data.

(c) Provider quality data for reports shall be

published and made available to the public, on a time schedule the department considers appropriate.

(d) If the department determines that provider quality data to be published under Subsection (c) does not provide the intended result or is inaccurate or inappropriate for dissemination, the department is not required to publish the data or reports based in whole or in part on the data. This subsection does not affect the release of public use data in accordance with Section 1001.174 or the release of information submitted under Section 1001.172(m).

(e) The executive commissioner shall adopt rules allowing a provider to submit concise written comments regarding any specific provider quality data to be released concerning the provider. The department shall make the comments available to the public and in an electronic form accessible through the Internet. The comments shall be attached to any public release of provider quality data. Providers shall submit the comments to the department to be attached to the public release of provider quality data in the same format as the provider quality data that is to be released.

(f) The methodology adopted by the department for measuring quality shall include case-mix qualifiers, severity adjustment factors, adjustments for medical education and research, and any other factors necessary to accurately reflect provider quality.

(g) In addition to the requirements of this section, any release of provider quality data shall comply with Sections 1001.174(g) and (h).

(h) A provider quality data report may not identify an individual physician by name. A provider quality data report must identify a physician by the uniform physician identifier designated by the department under Section 1001.174(c).

(i) The department shall release provider quality data in an aggregate form without uniform physician identifiers if:

- (1) the data relates to a rural provider; or
- (2) the cell size of the data is less than the minimum size established by department rule that would enable identification of an individual patient or physician.

Sec. 1001.174. DISSEMINATION OF PUBLIC USE DATA AND DEPARTMENT PUBLICATIONS. (a) The department shall promptly provide public use data and data collected in accordance with Section

1001.172(m) to those requesting it. The public use data does not include provider quality data prescribed by Section 1001.173 or confidential data prescribed by Section 1001.176.

(b) Subject to the restrictions on access to department data prescribed by Sections 1001.173 and 1001.176, and using the public use data and other data, records, and matters of record available to the department, the department shall prepare and issue reports to the governor, the legislature, and the public as provided by this section. The department must issue the reports at least annually.

(c) Subject to the restrictions on access to department data prescribed by Sections 1001.173 and 1001.176, the department shall use public use data to prepare and issue reports that provide information relating to providers, including the incidence rate of selected medical or surgical procedures. The reports must provide the data in a manner that identifies individual providers, including individual physicians, and that identifies and compares data elements for all providers. An individual physician may not be identified by name. An individual physician shall be identified by uniform physician identifiers. The executive commissioner by rule shall designate the characters to be used as uniform physician identifiers.

(d) The department shall use public use data to prepare and issue reports that provide information for review and analysis by the commission relating to services that are provided:

(1) in a niche hospital, as that term is defined by Section 105.002, Occupations Code; and

(2) by a physician with an ownership interest in the niche hospital.

(e) Subsection (d) does not apply to an ownership interest in publicly available shares of a registered investment company, including a mutual fund, that owns publicly traded equity securities or debt obligations issued by a niche hospital or an entity that owns a niche hospital.

(f) The department shall adopt procedures to establish the accuracy and consistency of the public use data before releasing the public use data to the public.

(g) If public use data is requested from the department about a specific provider, the department shall notify the provider about the release of the data. A provider may not interfere with the release of the data.

(h) A report issued by the department shall

include a reasonable review and comment period for the affected providers before public release of the report.

(i) The executive commissioner shall adopt rules allowing a provider to submit concise written comments regarding any specific public use data to be released concerning the provider. The department shall make the comments available to the public and in an electronic form accessible through the Internet. The comments shall be attached to any public release of the public use data. A provider shall submit the comments to the department to be attached to the public release of public use data in the same format as the public use data that is to be released.

(j) Electronic media containing public use data and provider quality reports that is released to the public must include general consumer education material, including an explanation of the benefits and limitations of the information provided in the public use data and provider quality reports.

(k) The department shall release public use data in an aggregate form without uniform physician identifiers if:

(1) the data relates to a rural provider; or

(2) the cell size of the data is less than the minimum size established by department rule that would enable identification of an individual patient or physician.

Sec. 1001.175. COMPUTER ACCESS TO DATA. (a) The department shall provide for computer-to-computer access to the public use data. A report must maintain patient confidentiality as provided by Section 1001.176.

(b) The department may charge a person requesting public use or provider quality data a fee for the data. The fee:

(1) may reflect the quantity of information provided and the expense incurred by the department in collecting and providing the data; and

(2) must be set at a level that will raise revenue sufficient for the department's operations under this subchapter.

(c) The department may not charge a fee for providing public use data to a state agency.

Sec. 1001.176. CONFIDENTIALITY AND GENERAL ACCESS TO DATA. (a) The department and commission shall use data received by the department under this subchapter for the benefit of the public. Subject to specific limitations established by

this subchapter and executive commissioner rule, the department shall make determinations on requests for information in favor of access.

(b) The executive commissioner by rule shall designate the characters to be used as uniform patient identifiers. The basis for assignment of the characters and the manner in which the characters are assigned are confidential.

(c) Unless specifically authorized by this subchapter, the department may not release and a person may not gain access to any data obtained under this subchapter that:

(1) could reasonably be expected to reveal the identity of a patient;

(2) could reasonably be expected to reveal the identity of a physician;

(3) discloses a provider discount or a differential between payments and billed charges;

(4) relates to actual payments to an identified provider made by a payer; or

(5) is submitted to the department in a uniform submission format that is not included in the public use data set established, except in accordance with Section 1001.177.

(d) Except as provided by this section, all data collected and used by the department under this subchapter is subject to the confidentiality provisions and criminal penalties of:

(1) Section 81.103;

(2) Section 311.037; and

(3) Section 159.002, Occupations Code.

(e) Data on patients and compilations produced from the data collected that identifies a patient is not:

(1) subject to discovery, subpoena, or any other means of legal compulsion for release to any person or entity except as provided by this section; or

(2) admissible in any civil, administrative, or criminal proceeding.

(f) Data on physicians and compilations produced from the data collected that identifies a physician is not:

(1) subject to discovery, subpoena, or any other means of legal compulsion for release to any person or entity except as provided by this section; or

(2) admissible in any civil, administrative, or criminal proceeding.

(g) Unless specifically authorized by this subchapter, the department may not release data elements in a manner that will reveal the identity of a patient or a physician.

(h) Subsections (c) and (g) do not prohibit the

release of a uniform physician identifier in conjunction with:

(1) a provider quality report in accordance with Section 1001.173; or

(2) associated public use data in accordance with Section 1001.174.

(i) Notwithstanding any other law and except as provided by this section, the department may provide information made confidential by this section to the commission or a health and human services agency as defined by Section 531.001, Government Code, provided that the receiving agency has appropriate controls in place to ensure the confidentiality of any personal information contained in the information shared by the department under this subsection is subject to the limits of further disclosure described by Subsection (f).

(j) The executive commissioner by rule shall develop and implement a mechanism to comply with Subsections (c)(1) and (2).

(k) The department may disclose data collected under this subchapter that is not included in public use data to any department or commission program if the disclosure is reviewed and approved by the institutional review board under Section 1001.177.

(l) Confidential data collected under this subchapter that is disclosed to a department or commission program remains subject to the confidentiality provisions of this subchapter and other applicable law. The department shall identify the confidential data that is disclosed to a program under Subsection (k). The program shall maintain the confidentiality of the disclosed confidential data.

(m) The following provisions do not apply to the disclosure of data to a department or commission program:

(1) Section 81.103;

(2) Sections 1001.173(g) and (h);

(3) Sections 1001.174(g) and (h);

(4) Section 311.037; and

(5) Section 159.002, Occupations Code.

(n) Nothing in this section authorizes the disclosure of physician identifying data.

Sec. 1001.177. INSTITUTIONAL REVIEW BOARD. (a) The department shall establish an institutional review board to review and approve requests for access to data not contained in public use data.

(b) The members of the institutional review board must have experience and expertise in ethics, patient confidentiality, and health care data.

(c) To assist the institutional review board in determining whether to approve a request for information, the executive commissioner shall adopt rules similar to the federal Centers for Medicare and Medicaid Services' guidelines on releasing data.

(d) A request for information, other than public use data, must be made on the form prescribed by the department.

(e) Any approval to release information under this section must require that the confidentiality provisions of this subchapter be maintained and that any subsequent use of the information conform to the confidentiality provisions of this subchapter.

Sec. 1001.1775. LIST OF PURCHASERS OR RECIPIENTS OF DATA. The department shall post on the department's Internet website a list of each entity that purchases or receives data collected under this subchapter.

Sec. 1001.178. CIVIL PENALTY. (a) A person who knowingly or negligently releases data in violation of this subchapter is liable for a civil penalty of not more than \$10,000.

(b) A person who fails to supply available data under Sections 1001.172 and 1001.173 is liable for a civil penalty of not less than \$1,000 or more than \$10,000 for each violation.

(c) If requested by the department, the attorney general shall enforce this subchapter.

(d) The venue of an action brought under this section is in Travis County.

(e) A civil penalty recovered in a suit instituted by the attorney general under this subchapter shall be deposited in the general revenue fund to the credit of the health care information account.

Sec. 1001.179. CRIMINAL PENALTY. (a) A person commits an offense if the person:

(1) knowingly accesses data in violation of this subchapter; or

(2) releases data, with criminal negligence, in violation of this subchapter.

(b) An offense under this section is a state jail felony.

Sec. 1001.180. RULES. The executive commissioner may adopt rules as necessary to implement this subchapter, including rules that:

(1) prescribe a process for providers to submit data consistent with Section 1001.172; and

(2) adopt and implement a methodology to collect and disseminate data reflecting provider quality in accordance with Section 1001.173.

SECTION 50. Section 56.3075(a), Education Code, is amended to read as follows:

No equivalent provision.

(a) If the money available for TEXAS grants in a period for which grants are awarded is sufficient to provide grants to all eligible applicants in amounts specified by Section 56.307, the coordinating board may use any excess money available for TEXAS grants to award a grant in an amount not more than three times the amount that may be awarded under Section 56.307 to a student who:

(1) is enrolled in a program that fulfills the educational requirements for licensure or certification by the state in a health care profession that the coordinating board, in consultation with the Texas Workforce Commission and the Department of State Health Services [~~statewide health coordinating council~~], has identified as having a critical shortage in the number of license holders needed in this state;

(2) has completed at least one-half of the work toward a degree or certificate that fulfills the educational requirement for licensure or certification; and

(3) meets all the requirements to receive a grant award under Section 56.307.

SECTION 51. Section 56.4075(a), Education Code, is amended to read as follows:

No equivalent provision.

(a) The coordinating board may award a grant in an amount not more than three times the amount that may be awarded under Section 56.407 to a student who:

(1) is enrolled in a program that fulfills the educational requirements for licensure or certification by the state in a health care profession that the coordinating board, in consultation with the Texas Workforce Commission and the Department of State Health Services [~~statewide health coordinating council~~], has identified as having a critical shortage in the number of license holders needed in this state;

(2) has completed at least one-half of the work toward a degree or certificate that fulfills the educational requirement for licensure or certification; and

(3) meets all the requirements to receive a grant award under Section 56.407.

SECTION 52. Section 501.253(a), Insurance Code, is amended to read as follows:

No equivalent provision.

(a) The office is entitled to information that is confidential under a law of this state, including Section 843.006 of this code, Subchapter G, Chapter 1001 [408], Health and Safety Code, and Chapter 552, Government Code.

SECTION 53. Section 301.157(h), Occupations Code, is amended to read as follows:

No equivalent provision.

(h) The board, in collaboration with the nursing educators, the Texas Higher Education Coordinating Board, and the Department of State Health Services [~~Texas Health Care Policy Council~~], shall implement, monitor, and evaluate a plan for the creation of innovative nursing education models that promote increased enrollment in this state's nursing programs.

SECTION 54. (a) The following laws are repealed:

No equivalent provision.

(1) Chapter 104, Health and Safety Code;
(2) Chapter 108, Health and Safety Code; and
(3) Sections 114.002, 114.003, 114.004, 114.006, 114.007(c), and 114.008, Health and Safety Code.

(b) Effective September 1, 2014, the following laws are repealed:

(1) Section 1001.171, Health and Safety Code, as added by this Act; and
(2) Section 1001.172(c), Health and Safety Code, as added by this Act.

SECTION 55. On September 1, 2013:

No equivalent provision.

(1) the statewide health coordinating council is abolished;
(2) all property in the custody of the statewide health coordinating council is transferred to the Department of State Health Services; and
(3) all contracts, leases, rights, and obligations of the statewide health coordinating council are transferred to the Department of State Health Services.

SECTION 56. On September 1, 2013:

No equivalent provision.

(1) the Interagency Obesity Council is abolished;
(2) all property in the custody of the Interagency Obesity Council is transferred to the Department of State Health Services; and
(3) all contracts, leases, rights, and obligations

of the Interagency Obesity Council are transferred to the Department of State Health Services.

No equivalent provision.

SECTION 1. (a) Chapters 38, 46, 83, 86, 90, 91, and 112, Health and Safety Code, are repealed.

(b) Section 533.005(a-1), Government Code, is repealed.

No equivalent provision.

SECTION 2. (a) On September 1, 2013, the programs and system established under Chapters 38, 46, 83, 86, 90, and 91, Health and Safety Code, as the laws existed immediately before the effective date of this Act, are abolished.

(b) On September 1, 2013, any money remaining in the tertiary care account is transferred to the general revenue fund and the account is abolished.

(c) The repeal of Chapter 83, Health and Safety Code, by this Act does not affect a cause of action that accrued before the effective date of this Act. A cause of action that accrued before the effective date of this Act is governed by the law in effect immediately before that date, and the former law is continued in effect for that purpose.

No equivalent provision.

SECTION 3. On September 1, 2013:

(1) the advisory council established under Section 86.003, Health and Safety Code, as the law existed immediately before the effective date of this Act, is abolished;

(2) all property in the custody of the advisory council is transferred to the Department of State Health Services; and

(3) all contracts, leases, rights, and obligations of the advisory council are transferred to the Department of State Health Services.

No equivalent provision.

SECTION 4. On September 1, 2013:

(1) the advisory committee established under Section 86.012, Health and Safety Code, as the law existed immediately before the effective date of this Act, is abolished;

(2) all property in the custody of the

advisory committee is transferred to the Department of State Health Services; and (3) all contracts, leases, rights, and obligations of the advisory committee are transferred to the Department of State Health Services.

No equivalent provision.

SECTION 5. On September 1, 2013:

(1) the advisory council established under Section 86.103, Health and Safety Code, as the law existed immediately before the effective date of this Act, is abolished;

(2) all property in the custody of the advisory council is transferred to the Department of State Health Services; and

(3) all contracts, leases, rights, and obligations of the advisory council are transferred to the Department of State Health Services.

No equivalent provision.

SECTION 6. On September 1, 2013:

(1) the Border Health Foundation is abolished;

(2) all property in the custody of the foundation is transferred to the Department of State Health Services; and

(3) all contracts, leases, rights, and obligations of the foundation are transferred to the Department of State Health Services.

SECTION 57. Except as otherwise provided by this Act, this Act takes effect September 1, 2013.

SECTION 7. This Act takes effect September 1, 2013.