

BILL ANALYSIS

S.B. 127
By: Nelson
Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Interested parties assert that the majority of public health funding for local and regional health departments is distributed based on historical funding levels, rather than factors that reflect local needs such as population density or disease rates. In addition, the parties observe that there are instances in which staff at local health departments cannot effectively be used to respond to disasters or public health emergencies because of grant contract restrictions, noting that an epidemiologist funded by an immunization grant may not be deployed to respond to a food-borne illness outbreak. S.B. 127 seeks to address these issues by amending current law relating to the creation of certain funding formulas and policies and to certain public health evaluations by the Department of State Health Services.

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. 127 amends the Health and Safety Code to require the Department of State Health Services (DSHS), in collaboration with the Public Health Funding and Policy Committee, to develop funding formulas for federal and state funds appropriated to DSHS to be allocated to local health departments, local health units, public health districts, and health service regions' regional headquarters, based on population, population density, disease burden, social determinants of health, local efforts to prevent disease, and other relevant factors as determined by DSHS and the committee. The bill requires DSHS, in collaboration with the committee, to evaluate the feasibility and benefits of placing a cap on the percentage of public health funds that can be used on administrative costs at local health departments, local health units, public health districts, and health service regions' regional headquarters and to evaluate public health functions provided by DSHS and those entities and determine if another entity, including a private entity, can provide those functions more effectively.

S.B. 127 requires DSHS to create a policy to allow a local health department flexibility, to the extent allowed by federal law, in the use of personnel and other resources during disaster response activities, outbreaks, and other appropriate public health threats.

S.B. 127 requires DSHS, not later than October 1, 2014, to develop the required funding formulas; to submit a report to the governor, lieutenant governor, speaker of the house of representatives, and appropriate standing committees of the legislature on the required evaluations relating to the feasibility of capping the use of public health funds for administrative costs and the provision of public health functions by other entities; and to create the required policy to allow a local health department flexibility during appropriate public health threats.

EFFECTIVE DATE

September 1, 2013.