

SENATE AMENDMENTS

2nd Printing

By: Klick, Price, Fallon, Crownover, et al.

H.B. No. 2950

A BILL TO BE ENTITLED

AN ACT

relating to the Task Force on Infectious Disease Preparedness and Response.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 81, Health and Safety Code, as amended by S.B. No. 219, Acts of the 84th Legislature, Regular Session, 2015, is amended by adding Subchapter J to read as follows:

SUBCHAPTER J. TASK FORCE ON INFECTIOUS DISEASE PREPAREDNESS AND RESPONSE

Sec. 81.401. DEFINITION. In this subchapter, "task force" means the Task Force on Infectious Disease Preparedness and Response.

Sec. 81.402. TASK FORCE; DUTIES. (a) The Task Force on Infectious Disease Preparedness and Response is created as an advisory board to the department.

(b) The task force shall:

(1) provide expert, evidence-based assessments, protocols, and recommendations related to state responses to infectious diseases, including Ebola, and a strategic emergency management plan for state and local levels of government;

(2) develop a comprehensive plan to ensure that Texas is prepared for the potential of widespread outbreak of infectious diseases, such as the Ebola virus, and can provide rapid response that effectively protects the safety and well-being of citizens of

1 this state;

2 (3) evaluate the supplies and resources available to
3 address an infectious disease outbreak; and

4 (4) serve as a reliable and transparent source of
5 information and education for Texas leadership and citizens.

6 (c) In developing the plan described by Subsection (b)(2),
7 the task force shall:

8 (1) use the significant expertise of medical
9 professionals in Texas and other states;

10 (2) collaborate with local government officials and
11 local health officials;

12 (3) use, as practicable, the Texas Emergency
13 Preparedness Plan and structure;

14 (4) identify various responses necessary in the event
15 of an epidemic of infectious disease;

16 (5) establish a command and control structure that
17 will ensure effective preparations and response if the governor
18 takes emergency action under Chapter 418, Government Code, or other
19 law; and

20 (6) coordinate with appropriate entities to ensure
21 public awareness and education regarding any pandemic threat.

22 Sec. 81.403. APPOINTMENT OF MEMBERS; TERMS. (a) The
23 commissioner may appoint members of the task force as necessary,
24 including members from relevant state agencies, members with
25 expertise in infectious diseases and other issues involved in the
26 prevention of the spread of infectious diseases, and members from
27 institutions of higher education in this state. The commissioner

1 shall appoint to the task force:

2 (1) at least one member who is a representative of a
3 local health authority serving a rural area;

4 (2) at least one member who is a representative of a
5 local health authority serving an urban area;

6 (3) at least one member who is a licensed physician;

7 (4) at least one member who is a licensed nurse;

8 (5) at least one member who is emergency medical
9 services personnel, as defined by Section 773.003; and

10 (6) at least one member representing a hospital.

11 (b) The commissioner shall appoint a director of the task
12 force from among the members of the task force.

13 (c) The commissioner may fill any vacancy that occurs on the
14 task force and may appoint additional members as needed.

15 (d) Members of the task force serve at the pleasure of the
16 commissioner.

17 (e) A state or local employee appointed to the task force
18 shall perform any duties required by the task force in addition to
19 the regular duties of the employee.

20 Sec. 81.404. REPORTS. (a) The task force shall report to
21 the department, governor, legislature, Texas Medical Board, and any
22 relevant medical associations as often as necessary to make
23 recommendations for updating protocols for addressing infectious
24 diseases.

25 (b) The task force shall make written reports on its
26 findings and recommendations, including legislative
27 recommendations, to the department, governor, and legislature on

1 December 1 of each even-numbered year.

2 Sec. 81.405. MEETINGS. (a) The task force shall meet at
3 times and locations as determined by the director of the task force.

4 (b) The task force may meet telephonically in accordance
5 with Section 551.125(b)(3), Government Code.

6 (c) The task force may hold public hearings to gather
7 information. The task force shall endeavor to meet in various parts
8 of the state to encourage local input.

9 (d) Notwithstanding Section 551.144, Government Code, or
10 any other law, the task force may hold a closed meeting to discuss
11 matters that are confidential by state or federal law or to ensure
12 public security or law enforcement needs. A closed meeting held as
13 provided by this subsection must be held as otherwise provided by
14 Chapter 551, Government Code.

15 Sec. 81.406. ADMINISTRATIVE SUPPORT. State agencies with
16 members on the task force shall provide administrative support for
17 the task force.

18 Sec. 81.407. REIMBURSEMENT. Task force members serve
19 without compensation and are not entitled to reimbursement for
20 travel expenses.

21 Sec. 81.408. INFECTIOUS DISEASE EMERGENCY PREPAREDNESS
22 FACILITIES AT HEALTH CARE-RELATED INSTITUTIONS. (a) If the task
23 force adopts a comprehensive plan under Section 81.402, the
24 commission may enter into contracts or agreements to assist in the
25 establishment of infectious disease emergency preparedness
26 facilities at health care-related institutions in this state,
27 consistent with the comprehensive plan, if the task force finds

1 that the contracts or agreements are necessary to implement the
2 comprehensive plan. The contracts or agreements may provide for
3 payment by the commission to develop and equip infectious disease
4 emergency preparedness facilities, consistent with the
5 comprehensive plan, at health care-related institutions in this
6 state, as well as for materials, equipment, services, or other
7 items the commission considers necessary to implement this section.

8 (b) This section expires September 1, 2017.

9 SECTION 2. As soon as practicable after the effective date
10 of this Act, the commissioner of state health services shall make
11 appointments to the Task Force on Infectious Disease Preparedness
12 and Response required under Subchapter J, Chapter 81, Health and
13 Safety Code, as added by this Act.

14 SECTION 3. This Act takes effect immediately if it receives
15 a vote of two-thirds of all the members elected to each house, as
16 provided by Section 39, Article III, Texas Constitution. If this
17 Act does not receive the vote necessary for immediate effect, this
18 Act takes effect September 1, 2015.

ADOPTED

MAY 27 2015

By: Van Taylor

Antony Spaw
Secretary of the Senate

H.B. No. 2950

Substitute the following for H.B. No. 2950:

By: Van Taylor

C.S. H.B. No. 2950

A BILL TO BE ENTITLED

1 AN ACT

2 relating to the Task Force on Infectious Disease Preparedness and
3 Response.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

5 SECTION 1. Chapter 81, Health and Safety Code, as amended by
6 S.B. No. 219, Acts of the 84th Legislature, Regular Session, 2015,
7 is amended by adding Subchapter J to read as follows:

8 SUBCHAPTER J. TASK FORCE ON INFECTIOUS DISEASE PREPAREDNESS AND
9 RESPONSE

10 Sec. 81.401. DEFINITION. In this subchapter, "task force"
11 means the Task Force on Infectious Disease Preparedness and
12 Response.

13 Sec. 81.402. PURPOSE AND FINDINGS. The legislature finds
14 that:

15 (1) infectious diseases are responsible for more
16 deaths worldwide than any other single cause;

17 (2) the State of Texas has a responsibility to
18 safeguard and protect the health and well-being of its citizens
19 from the spread of infectious diseases;

20 (3) on September 30, 2014, the first case of Ebola
21 diagnosed in the United States occurred in Dallas, Texas;

22 (4) addressing infectious diseases requires the
23 coordination and cooperation of multiple governmental entities at
24 the local, state, and federal levels;

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1 (5) public health and medical preparedness and
2 response guidelines are crucial to protect the safety and welfare
3 of our citizens; and

4 (6) Texas has nationally recognized infectious
5 disease experts and other highly trained professionals across the
6 state with the experience needed to minimize any potential risk to
7 the people of Texas.

8 Sec. 81.403. TASK FORCE; DUTIES. (a) The Task Force on
9 Infectious Disease Preparedness and Response is created as an
10 advisory panel to the governor.

11 (b) The task force shall:

12 (1) provide expert, evidence-based assessments,
13 protocols, and recommendations related to state responses to
14 infectious diseases, including Ebola; and

15 (2) serve as a reliable and transparent source of
16 information and education for Texas leadership and citizens.

17 Sec. 81.404. APPOINTMENT OF MEMBERS; TERMS. (a) The
18 governor may appoint members of the task force as necessary,
19 including members from relevant state agencies, members with
20 expertise in infectious diseases and other issues involved in the
21 prevention of the spread of infectious diseases, and members from
22 institutions of higher education in this state. The governor shall
23 appoint to the task force:

24 (1) at least one member who is a representative of a
25 local health authority serving a rural area;

26 (2) at least one member who is a representative of a
27 local health authority serving an urban area;

1 (3) at least one member who is a licensed nurse; and
2 (4) at least one member who is emergency medical
3 services personnel, as defined by Section 773.003.

4 (b) The governor shall appoint a director of the task force
5 from among the members of the task force.

6 (c) The governor may fill any vacancy that occurs on the
7 task force and may appoint additional members as needed.

8 (d) Members of the task force serve at the pleasure of the
9 governor.

10 (e) A state or local employee appointed to the task force
11 shall perform any duties required by the task force in addition to
12 the regular duties of the employee.

13 Sec. 81.405. REPORTS. The task force may make written
14 reports on its findings and recommendations, including legislative
15 recommendations, to the governor and legislature.

16 Sec. 81.406. MEETINGS. (a) The task force shall meet at
17 times and locations as determined by the director of the task force.

18 (b) The task force may meet telephonically in accordance
19 with Section 551.125(b)(3), Government Code.

20 (c) The task force may hold public hearings to gather
21 information. The task force shall endeavor to meet in various parts
22 of the state to encourage local input.

23 (d) Notwithstanding Section 551.144, Government Code, or
24 any other law, the task force may hold a closed meeting to discuss
25 matters that are confidential by state or federal law or to ensure
26 public security or law enforcement needs. A closed meeting held as
27 provided by this subsection must be held as otherwise provided by

1 Chapter 551, Government Code.

2 Sec. 81.407. ADMINISTRATIVE SUPPORT. State agencies with
3 members on the task force shall provide administrative support for
4 the task force.

5 Sec. 81.408. REIMBURSEMENT. Task force members serve
6 without compensation and are not entitled to reimbursement for
7 travel expenses.

8 SECTION 2. (a) On the effective date of this Act, a member
9 serving on the Task Force on Infectious Disease Preparedness and
10 Response created by executive order of the governor continues to
11 serve on the Task Force on Infectious Disease Preparedness and
12 Response under Subchapter J, Chapter 81, Health and Safety Code, as
13 added by this Act.

14 (b) As soon as practicable after the effective date of this
15 Act, the governor shall make any appointments to the Task Force on
16 Infectious Disease Preparedness and Response required under
17 Subchapter J, Chapter 81, Health and Safety Code, as added by this
18 Act.

19 SECTION 3. This Act takes effect September 1, 2015.

FLOOR AMENDMENT NO. 1

ADOPTED

BY:

Van Taylor

MAY 27 2015

Leta Spaw
Secretary of the Senate

1 Amend C.S.H.B. 2950 (senate committee printing) as follows:

2 (1) In SECTION 1 of the bill, in added Section 81.404(a),
3 Health and Safety Code, insert the following appropriately
4 numbered subdivisions to that subsection and renumber the
5 subsequent subdivisions of that subsection and cross references
6 to those subdivisions accordingly:

7 () at least one member who is a county judge of a county
8 with a population of less than 100,000;

9 () at least one member who is a county judge of a county
10 with a population of 100,000 or more;

11 (2) In SECTION 1 of the bill, in added Subchapter J, Chapter
12 81, Health and Safety Code (page 2, between lines 45 and 46),
13 insert the following section:

14 Sec. 81.409. INFECTIOUS DISEASE EMERGENCY PREPAREDNESS
15 FACILITIES AT HEALTH CARE-RELATED INSTITUTIONS. (a) The commission
16 may enter into contracts or agreements to assist in the
17 establishment of infectious disease emergency preparedness
18 facilities at health care-related institutions in this state. The
19 contracts or agreements may provide for payment by the commission
20 to develop and equip infectious disease emergency preparedness
21 facilities at health care-related institutions in this state, as
22 well as for materials, equipment, services, or other items the
23 commission considers necessary to implement this section.

24 (b) This section expires September 1, 2017.

25 (3) Strike SECTION 3 of the bill (page 2, line 57) and
26 substitute the following:

27 SECTION ____ . This Act takes effect immediately if it receives
28 a vote of two-thirds of all the members elected to each house, as
29 provided by Section 39, Article III, Texas Constitution. If this
30 Act does not receive the vote necessary for immediate effect, this

1 Act takes effect September 1, 2015.

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

May 28, 2015

TO: Honorable Joe Straus, Speaker of the House, House of Representatives

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB2950 by Klick (Relating to the Task Force on Infectious Disease Preparedness and Response.), **As Passed 2nd House**

Estimated Two-year Net Impact to General Revenue Related Funds for HB2950, As Passed 2nd House: a negative impact of (\$3,000,000) through the biennium ending August 31, 2017.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2016	(\$1,500,000)
2017	(\$1,500,000)
2018	\$0
2019	\$0
2020	\$0

All Funds, Five-Year Impact:

Fiscal Year	Probable (Cost) from General Revenue Fund 1	Probable (Cost) from Federal Funds 555
2016	(\$1,500,000)	(\$1,750,000)
2017	(\$1,500,000)	(\$1,750,000)
2018	\$0	\$0
2019	\$0	\$0
2020	\$0	\$0

Fiscal Analysis

The bill would amend Health and Safety Code to establish the Task Force on Infectious Disease Preparedness and Response as an advisory board to the Department of State Health Services. The bill would direct certain duties, eligibility of membership, and reporting and meeting requirements of the task force. The bill would authorize the Health and Human Services Commission (HHSC) to

enter into contracts or agreements, which may provide for payment by HHSC, to assist in the establishment of infectious disease emergency preparedness facilities at health care-related institutions; this authorization would expire September 1, 2017.

Methodology

According to HHSC, provisions of the bill would allow them to reimburse three facilities a total of \$6.5 million in all funds, including \$3.0 million in General Revenue Funds. There is no provision in the bill limiting the amount of reimbursement to an individual institution or the number of institutions reimbursed.

The Department of State Health Services indicates that any costs associated with implementing provisions of the bill relating to the establishment of the Task Force could be absorbed within existing resources.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission, 537 State Health Services,
Department of

LBB Staff: UP, SS, NB, WP, LBe

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

May 22, 2015

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: **HB2950** by Klick (Relating to the Task Force on Infectious Disease Preparedness and Response.), **Committee Report 2nd House, Substituted**

No significant fiscal implication to the State is anticipated.

The bill would amend Health and Safety Code to establish in statute the Task Force on Infectious Disease Preparedness and Response as an advisory board to the Department of State Health Services. The bill would direct certain duties, eligibility of membership, and reporting and meeting requirements of the task force. The bill would take effect immediately upon receiving two-thirds majority vote in each house. Otherwise, the bill would take effect September 1, 2015.

This analysis assumes that any costs associated with implementation of the bill could be absorbed within existing resources.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission, 537 State Health Services, Department of

LBB Staff: UP, SS, NB, WP, LBe

**LEGISLATIVE BUDGET BOARD
Austin, Texas**

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

May 20, 2015

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB2950 by Klick (Relating to the Task Force on Infectious Disease Preparedness and Response.), **As Engrossed**

Estimated Two-year Net Impact to General Revenue Related Funds for HB2950, As Engrossed: a negative impact of (\$3,000,000) through the biennium ending August 31, 2017.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2016	(\$1,500,000)
2017	(\$1,500,000)
2018	\$0
2019	\$0
2020	\$0

All Funds, Five-Year Impact:

Fiscal Year	Probable (Cost) from <i>General Revenue Fund</i> 1	Probable (Cost) from <i>Federal Funds</i> 555
2016	(\$1,500,000)	(\$1,750,000)
2017	(\$1,500,000)	(\$1,750,000)
2018	\$0	\$0
2019	\$0	\$0
2020	\$0	\$0

Fiscal Analysis

The bill would amend Health and Safety Code to establish the Task Force on Infectious Disease Preparedness and Response as an advisory board to the Department of State Health Services. The bill would direct certain duties, eligibility of membership, and reporting and meeting requirements of the task force. The bill would authorize the Health and Human Services Commission (HHSC) to

enter into contracts or agreements, which may provide for payment by HHSC, to assist in the establishment of infectious disease emergency preparedness facilities at health care-related institutions; this authorization would expire September 1, 2017.

Methodology

According to HHSC, provisions of the bill would allow them to reimburse three facilities a total of \$6.5 million in all funds, including \$3.0 million in General Revenue Funds. There is no provision in the bill limiting the amount of reimbursement to an individual institution or the number of institutions reimbursed.

The Department of State Health Services indicates that any costs associated with implementing provisions of the bill relating to the establishment of the Task Force could be absorbed within existing resources.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission, 537 State Health Services,
Department of

LBB Staff: UP, NB, WP, SS, LBe

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

April 29, 2015

TO: Honorable Myra Crownover, Chair, House Committee on Public Health

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB2950 by Klick (Relating to the Task Force on Infectious Disease Preparedness and Response.), **Committee Report 1st House, Substituted**

No significant fiscal implication to the State is anticipated.

The bill would amend Health and Safety Code to establish the Task Force on Infectious Disease Preparedness and Response as an advisory board to the Department of State Health Services. The bill would direct certain duties, eligibility of membership, and reporting and meeting requirements of the task force. The bill would take effect immediately upon receiving two-thirds majority vote in each house. Otherwise, the bill would take effect September 1, 2015.

The Department of State Health Services indicates that any costs associated with implementation of the bill could be absorbed within existing resources.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 537 State Health Services, Department of

LBB Staff: UP, NB, LBe

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

April 19, 2015

TO: Honorable Myra Crownover, Chair, House Committee on Public Health

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB2950 by Klick (Relating to the Task Force on Infectious Disease Preparedness and Response.), **As Introduced**

No significant fiscal implication to the State is anticipated.

The bill would amend Health and Safety Code to establish the Task Force on Infectious Disease Preparedness and Response as an advisory board to the Governor. The bill would direct certain duties, eligibility of membership, and reporting and meeting requirements of the task force. The bill would take effect immediately upon receiving two-thirds majority vote in each house. Otherwise, the bill would take effect September 1, 2015.

The Office of the Governor indicates that any costs associated with implementation of the bill could be absorbed within existing resources.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 301 Office of the Governor

LBB Staff: UP, NB, EP, LBe