

BILL ANALYSIS

Senate Research Center
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C.S.S.B. 1680
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Health & Human Services
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Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Concerned public health officials contend that the public health along the Texas-Mexico border is like nowhere else in the state. Due to its location, the border region is next to a country that handles public health risks differently than the manner by which Texas handles them. Additionally, health officials contend that high unemployment, extreme poverty, complex barriers to accessing health care, and low per capita income make addressing the public health and health care needs of the border region different and even more challenging than any other region in Texas.

Unfortunately, the border region is disproportionately affected by health problems such as a high propensity of diabetes, obesity, and heart disease. In fact, the proximity to Mexico leads to a higher risk to communicable diseases such as tuberculosis, the Zika virus, and the Chikungunya virus; and, as a result, makes the work of state officials even more difficult.

In order to address the lack of health infrastructure, and these unique challenges, concerned stakeholders believe that there is a need for increased public awareness, which could be greatly assisted by maximizing local resources and strengthening collaborations between local and state health officials.

To address these concerns, S.B. 1680 calls for a specialized task force focused on border issues to assist the Texas Department of State Health Services. Local public health departments would empower the state to become familiarized with and could better address the countless health issues that are home to this region.

The committee substitute makes the assistance provided to the task force by state agencies and political subdivisions permissive.

C.S.S.B. 1680 amends current law relating to a task force of border health officials.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subtitle F, Title 2, Health and Safety Code, by adding Chapter 120, as follows:

CHAPTER 120. TASK FORCE OF BORDER HEALTH OFFICIALS

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 120.001. DEFINITIONS. Defines "border region" and "task force."

Sec. 120.002. SUNSET PROVISION. Provides that the task force is subject to Chapter 325, Government Code (Texas Sunset Act). Provides that unless continued in existence

as provided by that chapter, the task force is abolished and this chapter expires September 1, 2029.

SUBCHAPTER B. POWERS AND DUTIES

Sec. 120.051. TASK FORCE; DUTIES. (a) Requires the Department of State Health Services (DSHS) to establish the Task Force of Border Health Officials (task force) to advise the commissioner of state health services (commissioner) on policy priorities addressing major issues affecting the border region residents' health and health conditions, on raising public awareness of the issues described by Subdivision (1), and on other health issues impacting the border region as determined by the commissioner, including barriers to accessing health care; certain health problems affecting the region; certain factors that impede access to health care; surveillance and tracking of communicable diseases, environmental factors, and other factors negatively influencing health; standardization of data to ensure compatibility with data collected by border states on both sides of the international border with Mexico; public health infrastructure that includes education and research institutions to train culturally competent health care providers; establishing local and regional public health programs that build on local resources and maximize the use of public dollars to address the needs of the indigent population; and collaboration and cooperation with Mexican counterparts of the task force at the state and federal level, and collaboration with federal counterparts in the United States.

- (b) Requires the task force to study and make recommendations relating to the health problems, conditions, challenges, and needs of the population in the border region.
- (c) Requires the task force to submit a report of recommendations to the commissioner for short-term and long-term border plans, as described by Subchapter C, not later than November 1 of each even-numbered year.

Sec. 120.052. COLLABORATION WITH OFFICE OF BORDER HEALTH. Requires the Office of Border Health (OBH) established under Section 12.071 (Office of Border Health), Health and Safety Code, to provide staff support to the task force and any other assistance as needed or required by the task force, if practicable.

Sec. 120.053. COMPOSITION; TERMS. (a) Provides that the task force is composed of the health department directors appointed under Section 121.033 (Department Director), Health and Safety Code, from each county in the border region and each municipality in the border region that has a sister city in Mexico, two ex officio nonvoting members who are members of the legislature, one of whom is appointed by the lieutenant governor and one of whom is appointed by the speaker of the house of representatives, and additional members appointed by the commissioner.

- (b) Requires the commissioner to designate a chair and vice chair of the task force from among the task force members.
- (c) Provides that the members appointed by the lieutenant governor and the speaker of the house of representatives serve three-year terms.

Sec. 120.054. MEETINGS. (a) Requires the task force to meet at least quarterly each fiscal year. Authorizes members to hold meetings by conference calls and through videoconference in accordance with Section 551.127 (Videoconference Call), Government Code.

- (b) Provides that Section 551.125 (Other Governmental Body), Government Code, applies to a meeting held by conference call under this section, except that Section 551.125(b) (relating to when a meeting held by telephone conference call may be held), does not apply.

Sec. 120.055. COMPENSATION AND REIMBURSEMENT. Provides that a task force member is not entitled to compensation or reimbursement for expenses incurred in performing the member's duties.

SUBCHAPTER C. BORDER HEALTH IMPROVEMENT PLAN

Sec. 120.101. SHORT-TERM AND LONG-TERM PLANS. (a) Requires the task force to make recommendations to the commissioner for short-term and long-term border health improvement plans. Requires that the short-term plan identify health objectives proposed to be accomplished before the fourth anniversary of the date the plan is adopted. Requires that the long-term plan identify health objectives proposed to be accomplished before the ninth anniversary of the date the plan is adopted.

(b) Requires the commissioner to review the task force's recommendations and, based on those recommendations, recommend short-term and long-term border health improvement plans to the executive commissioner of the Health and Human Services Commission (executive commissioner), identifying specific health objectives that are authorized to be implemented under existing law.

(c) Requires the executive commissioner to adopt short-term and long-term border health improvement plans and direct DSHS to implement the portions of the plans that are authorized to be implemented within existing appropriations under existing law.

(d) Requires the executive commissioner, not later than September 1 of each even-numbered year, to submit a report detailing the actions taken by the task force. Requires that the report include certain information.

Sec. 120.102. APPLICATION OF OTHER LAW. Provides that Chapter 2110 (State Agency Advisory Committees), Government Code, does not apply to the task force.

Sec. 120.103. ASSISTANCE FROM STATE AGENCIES AND POLITICAL SUBDIVISIONS. Authorizes a state agency or political subdivision of this state, at the request of the task force, to cooperate with the task force to the greatest extent practicable to fully implement the task force's statutory duties.

SECTION 2. (a) Requires the commissioner, lieutenant governor, and speaker of the house of representatives to appoint the members of the task force established by this Act not later than October 1, 2017.

(b) Requires that the initial short-term border health improvement plan adopted under Section 120.101, Health and Safety Code, as added by this Act, include a border health improvement plan for implementation beginning not later than September 1, 2018. Requires DSHS to implement the initiatives in the short-term border health improvement plan, as directed by the executive commissioner, not later than September 1, 2022.

(c) Requires that the initial long-term border health improvement plan adopted under Section 120.101, Health and Safety Code, as added by this Act, include a border health improvement plan for implementation beginning not later than September 1, 2020. Requires DSHS to implement the initiatives in the long-term border health improvement plan, as directed by the executive commissioner, not later than September 1, 2027.

SECTION 3. Effective date: upon passage or September 1, 2017.