

BILL ANALYSIS

Senate Research Center
86R26239 SCL-D

C.S.S.B. 1122
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Health & Human Services
4/23/2019
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

The Task Force of Border Health Officials under the Department of State Health Services (DSHS) has reported a critical need for the state to assist the Texas border region to undertake reforms to minimize current gaps of infrastructure and capacity and to better address current and emerging public health threats.

For example, vector, zoonotic, food- and water-borne diseases, and contaminants all serve as unique health risks on the Texas/Mexico Border region; these risks increase in light of the border's inadequate infrastructure and capacity for surveillance, testing, and international risks. Specifically, the constant inflow of vectors (mosquito, fleas and ticks) from Mexico, as well as the entry of illegal food and vending, add to the risk of a public health threat in the region.

Unfortunately, the lack of adequate solid waste management and the prevalence of illegal dumping of trash, debris and tires contribute to vector breeding, which cannot be controlled with existing resources. The lack of infrastructure, funding, and capacity for identification and testing of food- and water-borne diseases, add to the increased risk for disease threats in the region.

In already overburdened communities along the border new and emerging diseases such as the Zika virus, which increases the risk for birth defects, pose additional health challenges to overstretched local public health departments.

In order to address these concerns, S.B. 1122 directs DSHS to establish a sanitarian recruitment and retention program (program) in border counties. The program would provide local health departments the necessary resources to improve recruitment and retention of sanitarians and expand opportunities for training and registration of sanitarians to improve disease response and prevent food-borne, water-borne, vector-borne, and zoonotic diseases.

S.B. 1122 directs DSHS to work in coordination with local health entities and the appropriate state agencies, federal agencies, nonprofit organizations, and local public and private stakeholders, and the necessary support to help improve local public health. DSHS is allowed to solicit and accept gifts, grants, and donations to operate the program and to work with the appropriate state, federal, and local agencies and stakeholders to identify funding resources. (Original Author's/Sponsor's Statement of Intent)

C.S.S.B. 1122 amends current law relating to the establishment of a sanitarian recruitment and retention program in border counties for public health purposes.

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 Subchapter A, Chapter 121, Health and Safety Code, by adding Section 121.0055, as follows:

Sec. 121.0055. SANITARIAN RECRUITMENT AND RETENTION PROGRAM IN BORDER COUNTIES. (a) Provides that this section applies only to a local health unit, local health department, or public health district that is located in a county along the international border with Mexico and affiliated with the Department of State Health Services (DSHS) under Section 121.005 (State and Local Affiliation; Contracts).

(b) Requires DSHS, to the extent funds are available, to develop a program under which DSHS provides grants to local health units, local health departments, and public health districts to improve recruitment and retention of sanitarians registered under Chapter 1953 (Sanitarians), Occupations Code, and expands opportunities for training and registration of sanitarians to improve disease response and prevent foodborne, waterborne, vector-borne, and zoonotic diseases.

(c) Requires DSHS to administer the grant program described by Subsection (b) in coordination with local health units, local health departments, public health districts, and appropriate state agencies, federal agencies, nonprofit organizations, public and private hospitals, institutions of higher education, and other private entities.

(d) Authorizes DSHS to provide a grant under Subsection (b) only in accordance with a contract between DSHS and the recipient. Requires the contract to include provisions under which DSHS is granted sufficient control to ensure the public purpose of improved public health is accomplished and the state receives the return benefit.

(e) Authorizes DSHS to solicit and accept gifts, grants, and donations to operate the program established under this section. Requires DSHS to coordinate with appropriate state agencies, federal agencies, nonprofit organizations, public and private hospitals, institutions of higher education, and other private entities in identifying and soliciting funding to implement this section.

SECTION 2. Provides that DSHS is required to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. Authorizes, but does not require, DSHS, if the legislature does not appropriate money specifically for that purpose, to implement a provision of this Act using other appropriations available for that purpose.

SECTION 3. Effective date: September 1, 2019.