

House Bill 1669
Senate Amendments
Section-by-Section Analysis

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SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.02253 to read as follows:

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SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Sections 531.0221 and 531.02253 to read as follows:

Sec. 531.0221. INITIATIVE TO INCREASE MENTAL HEALTH SERVICES CAPACITY IN RURAL AREAS.

(a) In this section, "local mental health authority group" means a group of local mental health authorities established under Subsection (b)(2).

(b) Not later than January 1, 2020, the commission, using existing resources, shall:

(1) identify each local mental health authority that is located in a county with a population of 250,000 or less or that the commission determines provides services predominantly in a county with a population of 250,000 or less;

(2) in a manner that the commission determines will best achieve the reductions described by Subsection (d), assign the authorities identified under Subdivision (1) to regional groups of at least two authorities; and

(3) notify each authority identified under Subdivision (1):

(A) that the commission has identified the authority under that subdivision; and

(B) which local mental health authority group the commission assigned the authority to under Subdivision (2).

(c) The commission, using existing resources, shall develop a mental health services development plan for each local mental health authority group that will increase the capacity of the authorities in the group to provide access to needed services.

(d) In developing a plan under Subsection (c), the commission shall focus on reducing:

(1) the cost to local governments of providing services to persons experiencing a mental health crisis;

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(2) the transportation of persons served by an authority in the local mental health authority group to mental health facilities;

(3) the incarceration of persons with mental illness in county jails that are located in an area served by an authority in the local mental health authority group; and

(4) the number of hospital emergency room visits by persons with mental illness at hospitals located in an area served by an authority in the local mental health authority group.

(e) In developing a plan under Subsection (c):

(1) the commission shall assess the capacity of the authorities in the local mental health authority group to provide access to needed services; and

(2) the commission and the local mental health authority group shall evaluate:

(A) whether and to what degree increasing the capacity of the authorities in the local mental health authority group to provide access to needed services would offset the cost to state or local governmental entities of:

(i) the transportation of persons for mental health services to facilities that are not local providers;

(ii) admissions to and inpatient hospitalizations at state hospitals or other treatment facilities;

(iii) the provision of services by hospital emergency rooms to persons with mental illness who are served by or reside in an area served by an authority in the local mental health authority group; and

(iv) the incarceration in county jails of persons with mental illness who are served by or reside in an area served by an authority in the local mental health authority group;

(B) whether available state funds or grant funding sources could be used to fund the plan; and

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(C) what measures would be necessary to ensure that the plan aligns with the statewide behavioral health strategic plan and the comprehensive inpatient mental health plan.

(f) In each mental health services development plan produced under this section, the commission, in collaboration with the local mental health authority group, shall determine a method of increasing the capacity of the authorities in the local mental health authority group to provide access to needed services.

(g) The commission shall compile and evaluate each mental health services development plan produced under this section and determine:

(1) the cost-effectiveness of each plan; and

(2) how each plan would improve the delivery of mental health treatment and care to residents in the service areas of the authorities in the local mental health authority group.

(h) Not later than December 1, 2020, the commission, using existing resources, shall produce and publish on its Internet website a report containing:

(1) the commission's evaluation of each plan under Subsection (g);

(2) each mental health services development plan evaluated by the commission under Subsection (g); and

(3) a comprehensive statewide analysis of mental health services in counties with a population of 250,000 or less, including recommendations to the legislature for implementing the plans developed under this section.

(i) The commission and the authorities in each local mental health authority group may implement a mental health services development plan evaluated by the commission under this section if the commission and the local mental

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Sec. 531.02253. COMPREHENSIVE WORKFORCE PLAN FOR MENTAL HEALTH AND SUBSTANCE USE.

(a) The commission shall develop and implement a comprehensive plan to increase and improve the workforce in this state to serve persons with mental health and substance use issues. In developing the plan, the commission shall analyze and consider available studies, reports, and recommendations regarding that segment of the workforce in this state or elsewhere.

(b) The plan must include:

- (1) a strategy and timeline for implementing the plan, including short-term, medium-term, and long-term goals;
- (2) a system for monitoring the implementation of the plan;
- and
- (3) a method for evaluating the outcomes of the plan.

No equivalent provision.

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health authority group to which the plan applies identify a method of funding that implementation.

(j) This section expires September 1, 2021.

Sec. 531.02253. COMPREHENSIVE WORKFORCE PLAN FOR MENTAL HEALTH AND SUBSTANCE USE.

(a) The statewide behavioral health coordinating council, under the direction of the commission, shall develop and the commission shall implement a comprehensive plan to increase and improve the workforce in this state to serve persons with mental health and substance use issues. In developing the plan, the council shall analyze and consider available studies, reports, and recommendations regarding that segment of the workforce in this state or elsewhere.

(b) The plan must include:

- (1) a strategy and timeline for implementing the plan, including short-term, medium-term, and long-term goals;
- (2) a system for monitoring the implementation of the plan;
- and
- (3) a method for evaluating the outcomes of the plan.

SECTION __. Subchapter A, Chapter 555, Health and Safety Code, is amended by adding Section 555.004 to read as follows:

Sec. 555.004. ADDITIONAL METHODS TO PROTECT RIGHTS OF CENTER RESIDENTS AND CLIENTS. In addition to other methods required by law, rule, or policy to protect the rights of residents and clients in centers, the executive commissioner shall:

- (1) develop formal methods to more fully educate executives, administrators, supervisors, and direct care

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employees of centers and residents, clients, and guardians on:

(A) the rights of residents and clients;

(B) the health and medical obligations and responsibilities and the legal obligations and responsibilities toward residents and clients of executives, administrators, and direct care employees of centers;

(C) the categories and types of specific needs and complex behavioral challenges of various populations of residents and clients that may require additional attention and specialized training, including:

(i) alleged criminal offenders, including sexual offenders;

(ii) residents and clients living with dementia;

(iii) aging or geriatric residents and clients; and

(iv) adolescent residents and clients;

(D) the circumstances under which a resident's or client's rights may be restricted, the circumstances under which a resident's or client's rights may not be restricted, and the processes and procedures that must be followed to restrict a right; and

(E) the manner in which a person may file a complaint; and

(2) specify processes and procedures, including the use of flowcharts, that centers and direct care employees must use and the specialized training direct care employees must receive to ensure that centers comply fully with laws, rules, and policies relating to:

(A) the rights of residents and clients;

(B) the circumstances under which a resident's or client's rights may be restricted, the circumstances under which a resident's or client's rights may not be restricted, and the processes and procedures that must be followed to restrict a right;

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(C) the categories and types of specific needs and complex behavioral challenges of various populations of residents and clients that may require additional attention and specialized training, including:

(i) alleged criminal offenders, including sexual offenders;

(ii) residents and clients living with dementia;

(iii) aging or geriatric residents and clients; and

(iv) adolescent residents and clients; and

(D) the manner in which a person may file a complaint.

[FA1]

No equivalent provision.

SECTION __. Section 555.024, Health and Safety Code, is amended by adding Subsections (d-1) and (f) to read as follows:

(d-1) In addition to the training provided to direct care employees under Subsections (a), (c), and (d), each center shall develop and implement additional initial and refresher specialized training for all executives, administrators, supervisors, and direct care employees to support populations of residents and clients that may require additional attention and specialized training, including:

(1) alleged criminal offenders, including sexual offenders;

(2) residents and clients living with dementia;

(3) aging or geriatric residents and clients; and

(4) adolescent residents and clients.

(f) The executive commissioner by rule shall develop standards for the training provided to executives, administrators, supervisors, and direct care employees under this section, including the length of the training and the manner in which the training is provided. In developing standards relating to the manner in which training is

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provided, the executive commissioner shall ensure that the training is competency-based and, to the extent possible, provided in an interactive manner such as on a one-on-one basis, by a group discussion, or by a demonstration. [FA1]

No equivalent provision.

SECTION __. The executive commissioner of the Health and Human Services Commission shall comply with Section 555.004, Health and Safety Code, as added by this Act, as soon as possible after the effective date of this Act. [FA1]

No equivalent provision.

SECTION __. (a) Not later than January 1, 2020, each state supported living center shall develop and implement the additional training required by Section 555.024(d-1), Health and Safety Code, as added by this Act. Each state supported living center shall ensure that each direct care employee receives the additional training, regardless of when the employee was hired, not later than September 1, 2020.
(b) Not later than January 1, 2020, the executive commissioner of the Health and Human Services Commission shall develop the training standards required by Section 555.024(f), Health and Safety Code, as added by this Act. The executive commissioner shall ensure that each state supported living center implements the training standards as soon as possible. [FA1]

SECTION 2. Not later than September 1, 2020, the Health and Human Services Commission shall develop and begin implementing the plan required under Section 531.02253, Government Code, as added by this Act.

SECTION 2. Not later than September 1, 2020, the statewide behavioral health coordinating council shall develop and the Health and Human Services Commission

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shall begin implementing the plan required under Section 531.02253, Government Code, as added by this Act.

No equivalent provision.

SECTION 3. The statewide behavioral health coordinating council and the Health and Human Services Commission are required to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the council and the commission may, but are not required to, implement the provision using other appropriations made to the commission that are available for that purpose.

SECTION 3. This Act takes effect September 1, 2019.

SECTION 4. Same as House one.

No equivalent provision.

SECTION __Chapter 12, Health and Safety Code, is amended by adding Subchapter K to read as follows:
SUBCHAPTER K. PUBLIC HEALTH LABORATORY CAPABILITIES IN CERTAIN COUNTIES
Sec. 12.151. PUBLIC HEALTH LABORATORY REPORT. (a) Not later than September 1, 2020, the department shall prepare and submit a written or electronic report to the legislature on public laboratories in this state's counties that are adjacent to an international border. The report must include:
(1) information on the existing testing capabilities of the public laboratories, focusing on clinical, environmental, and zoonotic testing capabilities; and

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(2) recommendations to increase the efficiency, effectiveness, and productivity of the public laboratories through administrative action and legislation.

(b) The department shall collaborate with local health departments established under Subchapter D, Chapter 121, and public and private testing laboratories to collect information and develop recommendations for the report described by Subsection (a).

(c) This section expires September 1, 2021.

Sec. 12.152. LOCAL AGREEMENTS. Using available resources and as determined appropriate by the department, the department shall enter into agreements with institutions of higher education as defined by Section 61.003, Education Code, and public and private testing laboratories in this state to increase the availability of public health laboratory services for local health departments established under Subchapter D, Chapter 121, in counties adjacent to an international border. The agreements must establish protocols that:

(1) ensure confidentiality of the laboratory testing;

(2) require the testing procedures to satisfy state standards for laboratory testing;

(3) provide cost-effective resources to the local health departments to increase the availability of laboratory testing in the border counties;

(4) enhance the laboratory testing capacity, including testing of human and nonhuman specimens, in the border counties; and

(5) ensure the efficiency, effectiveness, and accuracy of laboratory test results.

Sec. 12.153. YEAR-ROUND ACCESS TO LABORATORY TESTING FOR VECTOR-BORNE

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INFECTIOUS DISEASES. Using available resources and as determined appropriate by the department, the department shall support access to year-round laboratory testing for vector-borne infectious diseases to record and address local outbreaks of vector-borne infectious diseases in the counties of this state that are most at risk for the year-round outbreaks, including Maverick, Val Verde, Webb, Zapata, Starr, Hidalgo, Willacy, and Cameron Counties. The department may make the access directly available or through a local agreement entered into under Section 12.152. The testing may include, as appropriate:

(1) arboviral testing;

(2) speciation testing;

(3) PCR testing;

(4) IgM testing;

(5) IgG testing; and

(6) any other testing the department determines appropriate.

[FA2]

No equivalent provision.

SECTION __. Subtitle C, Title 2, Health and Safety Code, is amended by adding Chapter 65 to read as follows:

CHAPTER 65. BORDER PUBLIC HEALTH INITIATIVE

Sec. 65.0001. DEFINITIONS. In this chapter:

(1) "Border county" means a county adjacent to this state's international border with Mexico.

(2) "Promotora" or "community health worker" has the meaning assigned by Section 48.001.

Sec. 65.0002. BORDER PUBLIC HEALTH INITIATIVE.

(a) The department shall develop an initiative to reduce the adverse health impacts of diabetes, hypertension, and obesity

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for adults and children in border counties. The initiative must promote:

(1) educational resources designed to prevent those conditions;

(2) screenings of persons at risk for those conditions; and

(3) referrals to and treatment by health care providers for those conditions.

(b) In developing the border public health initiative, the department may consult and collaborate with:

(1) other health and human services agencies;

(2) other appropriate state or federal agencies;

(3) health science centers and medical schools; and

(4) public and private health care providers and hospitals.

Sec. 65.0003. OUTREACH CAMPAIGNS. To implement the border public health initiative described by Section 65.0002, the department shall conduct bilingual, culturally appropriate outreach campaigns in consultation and collaboration with appropriate individuals and entities that may include:

(1) promotoras and community health workers;

(2) academic centers located in border counties;

(3) nonprofit organizations;

(4) public schools;

(5) public and private health care providers and hospitals;

(6) worksite wellness programs;

(7) local business and health care providers that provide early detection of prediabetes, prehypertension, and obesity; and

(8) other local entities, as the department determines appropriate.

Sec. 65.0004. REPORT. Not later than January 1, 2023, the department shall prepare and electronically submit to the

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lieutenant governor, the speaker of the house of representatives, and the legislature a report describing:
(1) health outcomes and health care savings resulting from prevention, screenings, and treatment of chronic diseases under the border public health initiative; and
(2) other relevant findings, as determined by the department, resulting from the border public health initiative.
Sec. 65.0005. EXPIRATION. This chapter expires December 31, 2031. [FA2]

No equivalent provision.

SECTION __.Chapter 81, Health and Safety Code, is amended by adding Subchapter K to read as follows:
SUBCHAPTER K. HEALTH PROFESSIONAL CONTINUING EDUCATION TO ADDRESS COMMUNICABLE AND OTHER DISEASES IN BORDER COUNTIES
Sec. 81.451. DEFINITIONS. In this subchapter:
(1) "Community health worker" has the meaning assigned by Section 48.001.
(2) "Health professional" means an individual whose:
(A) vocation or profession is directly or indirectly related to the maintenance of the health of another individual; and
(B) duties require a specified amount of formal education and may require a special examination, certificate or license, or membership in a regional or national association.
(3) "HIV" means human immunodeficiency virus.
Sec. 81.452. APPLICABILITY OF SUBCHAPTER. This subchapter applies only to a county adjacent to the international border with Mexico.
Sec. 81.453. HEALTH PROFESSIONAL CONTINUING EDUCATION. (a) To the extent funds are available, the

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department, in collaboration with health authorities, local health departments, and public health districts, shall provide to community health workers, health professionals, and applicable employees of a local health department or public health district continuing education designed to reduce the incidence of communicable and other diseases in counties described by Section 81.452.

(b) The continuing education described by Subsection (a) may address:

(1) the diagnosis and treatment of communicable and other diseases, including:

(A) tuberculosis, tuberculosis meningitis, multidrug resistant tuberculosis, and tuberculosis and HIV coinfections;

(B) sexually transmitted diseases and HIV; and

(C) liver diseases;

(2) methods for increasing pediatric and adult immunization rates;

(3) strategies for improving health care system operations related to public health, including identifying, monitoring, tracking, and responding to communicable and other diseases occurring in the counties described by Section 81.452; and

(4) any other matter that the department determines will assist health professionals, local health departments, and public health districts with addressing public health challenges existing in those counties.

(c) The department shall identify and assess the accessibility of continuing education resources and programs for local health departments in counties described by Section 81.452 that may provide the continuing education described by this section.

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Sec. 81.454. FUNDING. (a) The department may solicit or accept gifts, grants, or donations to fund health professional continuing education under this subchapter.

(b) The department shall collaborate with state and federal agencies, nonprofit organizations, public and private hospitals, institutions of higher education, and the private sector to identify, apply for, and solicit sources of funding for health professional continuing education under this subchapter. [FA2]

SECTION __. Subtitle D, Title 2, Health and Safety Code, is amended by adding Chapter 90 to read as follows:

CHAPTER 90. DEMONSTRATION PROGRAMS ADDRESSING CHILDHOOD OBESITY AND CHRONIC DISEASE IN CERTAIN BORDER COUNTIES

Sec. 90.0001. DEFINITION. In this chapter, "border county" means a county adjacent to this state's international border with Mexico.

Sec. 90.0002. ESTABLISHMENT. The department shall establish the childhood obesity prevention demonstration program and the chronic disease prevention demonstration program under this chapter in counties that:

- (1) are adjacent to the international border with Mexico; and
- (2) have a population of less than 800,000 and more than 400,000.

Sec. 90.0003. CHILDHOOD OBESITY PREVENTION DEMONSTRATION PROGRAM. (a) To the extent funds are available, the department shall develop and implement a school-based demonstration program to address childhood obesity and related chronic diseases in each county to which this chapter applies.

No equivalent provision.

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(b) The demonstration program must be evidence-based and culturally appropriate.

(c) In developing the childhood obesity prevention demonstration program under Subsection (a), the department shall prioritize appropriate collaborations with:

(1) medical professionals specializing in obesity prevention;

(2) experts in public health;

(3) representatives of health science centers;

(4) experts in public and higher education;

(5) representatives of local school health advisory councils;

(6) interested parties from the counties participating in the program;

(7) a representative from the Texas Education Agency;

(8) a representative from the Texas Higher Education Coordinating Board; and

(9) representatives from other appropriate state agencies.

Sec. 90.0004. CHRONIC DISEASE PREVENTION DEMONSTRATION PROGRAM. (a) To the extent funds are available, the department shall establish a chronic disease prevention demonstration program for adults residing in each county to which this chapter applies.

(b) In establishing the chronic disease prevention demonstration program under Subsection (a), the department shall prioritize appropriate collaboration with:

(1) medical professionals specializing in chronic disease treatment;

(2) representatives from hospitals licensed under Chapter 241;

(3) representatives from academic centers located in border counties; and

(4) a representative from a medical school in the immediate border region.

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Sec. 90.0005. RECOMMENDATIONS FOR SCHOOLS AND OTHER ENTITIES. The department, based on the results of the demonstration programs established under this chapter, shall share the strategies, best practices, and recommendations the department determines are successful in addressing childhood obesity and chronic disease prevention with public schools and other appropriate entities in each county to which this chapter applies.

Sec. 90.0006. EVALUATION. The department shall evaluate the effectiveness of the demonstration programs established under this chapter not later than September 1, 2029.

Sec. 90.0007. REPORT. Not later than November 1, 2029, the department shall submit a written or electronic report on the demonstration programs established under this chapter to the lieutenant governor, the speaker of the house of representatives, and each member of the legislature. The report must include:

- (1) a summary of the programs;
- (2) an evaluation of the effectiveness of the programs; and
- (3) recommendations on whether the programs should be continued, expanded to other border counties, or terminated.

Sec. 90.0008. RULES. The executive commissioner shall adopt rules as necessary to implement this chapter. [FA2]

SECTION __. Subchapter A, Chapter 121, Health and Safety Code, is amended by adding Section 121.0055 to read as follows:

Sec. 121.0055. SANITARIAN RECRUITMENT AND RETENTION PROGRAM IN BORDER COUNTIES. (a)

No equivalent provision.

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This section applies only to a local health unit, local health department, or public health district that is:

(1) located in a county along the international border with Mexico; and

(2) affiliated with the department under Section 121.005.

(b) To the extent funds are available, the department shall develop a program under which the department:

(1) provides grants to local health units, local health departments, and public health districts to improve recruitment and retention of sanitarians registered under Chapter 1953, Occupations Code; and

(2) expands opportunities for training and registration of sanitarians to improve disease response and prevent foodborne, waterborne, vector-borne, and zoonotic diseases.

(c) The department shall 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) The department may provide a grant under Subsection (b) only in accordance with a contract between the department and the recipient. The contract must include provisions under which the department is granted sufficient control to ensure the public purpose of improved public health is accomplished and the state receives the return benefit.

(e) The department may solicit and accept gifts, grants, and donations to operate the program established under this section. The department shall coordinate with appropriate state agencies, federal agencies, nonprofit organizations, public and private hospitals, institutions of higher education,

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and other private entities in identifying and soliciting funding to implement this section. [FA2]

No equivalent provision.

SECTION __.Chapter 161, Health and Safety Code, is amended by adding Subchapter X to read as follows:

SUBCHAPTER X. BORDER PUBLIC HEALTH RESPONSE TEAM

Sec. 161.701. DEFINITIONS. In this subchapter:

(1) "Border county" means a county adjacent to the international border with Mexico.

(2) "Disaster" has the meaning assigned by Section 418.004, Government Code. The term includes a state of disaster declared by:

(A) the president of the United States under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. Section 5121 et seq.);

(B) the governor under Section 418.014, Government Code;

or

(C) the presiding officer of the governing body of a political subdivision under Section 418.108, Government Code.

(3) "Response team" means the border public health response team established under Section 161.702.

(4) "Sanitarian" has the meaning assigned by Section 1953.001, Occupations Code.

Sec. 161.702. BORDER PUBLIC HEALTH RESPONSE TEAM. The department shall establish a border public health response team to deploy in response to public health threats declared by the commissioner and declared disasters in border counties.

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Sec. 161.703. COMPOSITION OF RESPONSE TEAM. The response team may be composed of the following members appointed by the commissioner:

(1) an epidemiologist;

(2) a sanitarian;

(3) a nurse;

(4) a public health specialist; and

(5) any other person the commissioner considers appropriate.

Sec. 161.704. s. (a) The department, in consultation with the response team, shall, as necessary, enter into memoranda of understanding with other state agencies to develop policies, plans, and procedures to facilitate an effective response to a declared public health threat or disaster.

(b) The department shall provide, or contract to provide, training, equipment, and support staff to the response team to enhance the team's response efforts, as appropriate.

Sec. 161.705. RESPONSE TEAM DUTIES. During a declared public health threat or disaster in a border county, the response team shall, as appropriate:

(1) assess health infrastructure and response capabilities for the threat or disaster in a border county;

(2) develop appropriate responses for the threat or disaster in a border county; and

(3) address language, cultural, and environmental factors that are unique to responding to the threat or disaster in a border county.

Sec. 161.706. FUNDING. (a) The department shall coordinate with the commission, the office of the governor, the federal government, and any other appropriate entity for funding to support the response team's activities.

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(b) The department may accept on behalf of the response team a gift, grant, or donation from any source to carry out the purposes of this subchapter. [FA2]

No equivalent provision.

SECTION __. Not later than December 1, 2019, the Department of State Health Services shall establish the border public health response team as required by Subchapter X, Chapter 161, Health and Safety Code, as added by this Act. [FA2]

No equivalent provision.

SECTION __. The Department of State Health Services is required to implement a provision of this Act only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the department may, but is not required to, implement a provision of this Act using other appropriations available for that purpose. [FA2]