

1-1 By: Kolkhorst S.B. No. 969
 1-2 (In the Senate - Filed March 3, 2021; March 11, 2021, read
 1-3 first time and referred to Committee on Health & Human Services;
 1-4 April 19, 2021, reported adversely, with favorable Committee
 1-5 Substitute by the following vote: Yeas 9, Nays 0; April 19, 2021,
 1-6 sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			
1-17	X			

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 969 By: Campbell

1-19 A BILL TO BE ENTITLED
 1-20 AN ACT

1-21 relating to reporting procedures for and information concerning
 1-22 public health disasters and to certain public health studies;
 1-23 providing a civil penalty.

1-24 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-25 SECTION 1. Subchapter A, Chapter 81, Health and Safety
 1-26 Code, is amended by adding Section 81.016 to read as follows:

1-27 Sec. 81.016. AVAILABILITY OF DATA REGARDING PUBLIC HEALTH
 1-28 DISASTER. During a public health disaster, the department shall
 1-29 timely make available to the public on the department's Internet
 1-30 website, in an easy-to-read format, all available de-identified
 1-31 public health data regarding the public health disaster. The
 1-32 department must present data related to individuals as summary
 1-33 statistics consistent with the confidentiality provisions of
 1-34 Sections 81.046, 161.0073, and 161.008.

1-35 SECTION 2. Section 81.044(a), Health and Safety Code, is
 1-36 amended to read as follows:

1-37 (a) The executive commissioner shall prescribe the form and
 1-38 method of reporting under this chapter [~~which may be in writing, by~~
 1-39 ~~telephone,~~] by electronic data transmission, through a health
 1-40 information exchange as defined by Section 182.151 if requested and
 1-41 authorized by the person required to report, or by other means.

1-42 SECTION 3. Subchapter C, Chapter 81, Health and Safety
 1-43 Code, is amended by adding Sections 81.0443, 81.0444, 81.0445,
 1-44 81.0495, and 81.053 to read as follows:

1-45 Sec. 81.0443. STANDARDIZED INFORMATION SHARING METHOD. The
 1-46 department shall collaborate with local health authorities,
 1-47 hospitals, laboratories, and other persons who submit information
 1-48 to the department during a public health disaster or in response to
 1-49 other outbreaks of communicable disease to plan, design, and
 1-50 implement a standardized and streamlined method for sharing
 1-51 information needed during the disaster or response. The department
 1-52 may require a person submitting information to the department under
 1-53 this subchapter to use the method developed under this section.

1-54 Sec. 81.0444. HOSPITAL TO REPORT. A hospital shall report
 1-55 to the department and to the applicable trauma service area
 1-56 regional advisory council all information required by the
 1-57 department related to a reportable disease for which a public
 1-58 health disaster is declared.

1-59 Sec. 81.0445. PROVISION OF INFORMATION TO PUBLIC DURING
 1-60 PUBLIC HEALTH DISASTER. (a) This section applies only to

2-1 information related to a reportable disease for which a public
2-2 health disaster is declared.

2-3 (b) The department and each trauma service area regional
2-4 advisory council shall make publicly available in accordance with
2-5 Subsection (c) the information a hospital is required to report to
2-6 the department and regional advisory council under Section 81.0444.
2-7 The department and each regional advisory council shall ensure that
2-8 information released under this subsection does not contain any
2-9 personally identifiable information.

2-10 (c) The department shall collaborate and coordinate with
2-11 local health departments to ensure that all information covering a
2-12 reporting period is released to the public in a timely manner.

2-13 (d) The department shall develop and publish on its Internet
2-14 website monthly compliance reports for laboratories reporting
2-15 during a public health disaster. Each compliance report, at a
2-16 minimum, must include:

2-17 (1) the number of laboratory reports the department
2-18 receives by electronic data transmission;

2-19 (2) the number of incomplete information fields in the
2-20 laboratory reports;

2-21 (3) the electronic format each laboratory used in
2-22 submitting information;

2-23 (4) the number of coding errors in the laboratory
2-24 reports; and

2-25 (5) the average length of time from the date the
2-26 specimen is collected to the date the department receives the
2-27 corresponding laboratory report.

2-28 (e) The department shall develop and publish on its Internet
2-29 website monthly compliance reports for hospitals reporting during a
2-30 public health disaster. Each compliance report, at a minimum, must
2-31 include:

2-32 (1) the number of incomplete information fields in the
2-33 hospital reports;

2-34 (2) the number of reports a hospital failed to submit
2-35 in a timely manner; and

2-36 (3) the number of identified inaccuracies in the
2-37 information submitted.

2-38 Sec. 81.0495. FAILURE TO REPORT; CIVIL PENALTY. (a) The
2-39 department may impose a civil penalty of not more than \$1,000 on a
2-40 health care facility for each failure to submit a report required
2-41 under this subchapter.

2-42 (b) The attorney general may bring an action to recover a
2-43 civil penalty imposed under Subsection (a).

2-44 Sec. 81.053. DATA QUALITY ASSURANCE. The department shall
2-45 implement quality assurance procedures to ensure that data
2-46 collected and reported for a public health disaster is
2-47 systematically reviewed for errors and completeness. The
2-48 department shall implement procedures to timely resolve any
2-49 deficiencies in data collection and reporting.

2-50 SECTION 4. (a) The Department of State Health Services
2-51 shall evaluate the planning and response capabilities of the state
2-52 health care system, including hospitals, long-term care
2-53 facilities, and laboratories, to respond to public health threats.
2-54 The department shall coordinate its evaluation with the Health and
2-55 Human Services Commission, regional advisory councils, local
2-56 health departments, and health care system organizations. The
2-57 department shall submit to the legislature an implementation plan
2-58 based on the findings of its evaluation not later than December 1,
2-59 2021.

2-60 (b) The Department of State Health Services shall evaluate
2-61 the current scope, size, function, and public health response
2-62 capabilities of public health regions and regional offices. The
2-63 department shall identify current capabilities, assess the need for
2-64 geographic realignment, and identify ways to improve support to
2-65 local health departments and areas in which the department serves
2-66 as the primary public health provider. The department shall
2-67 coordinate its evaluation with local health departments, areas
2-68 served by department regional offices, and the Public Health
2-69 Funding and Policy Committee. The department shall provide a

3-1 report based on its evaluation to the legislature not later than
3-2 December 1, 2021.

3-3 (c) The Department of State Health Services shall improve
3-4 standardized data collection and reporting by the department,
3-5 laboratories, health care facilities, local health departments,
3-6 and other entities as appropriate during a declared public health
3-7 disaster. The department shall identify current processes for and
3-8 barriers to standardized, regular, and consistent reporting and
3-9 shall collaborate on best practices to ensure that data collection
3-10 and reporting are consistent across state, regional, and local
3-11 levels. The department shall coordinate its analysis with local
3-12 health departments, laboratories, health care facilities, and the
3-13 Public Health Funding and Policy Committee. The department shall
3-14 implement best practices and report its findings to the legislature
3-15 not later than December 1, 2021.

3-16 SECTION 5. As soon as practicable after the effective date
3-17 of this Act, the executive commissioner of the Health and Human
3-18 Services Commission shall adopt rules necessary to implement this
3-19 Act.

3-20 SECTION 6. Section 81.044(a), Health and Safety Code, as
3-21 amended by this Act, applies only to a report submitted on or after
3-22 January 1, 2023.

3-23 SECTION 7. (a) The Department of State Health Services is
3-24 required to implement this Act only if the legislature appropriates
3-25 money specifically for that purpose. If the legislature does not
3-26 appropriate money specifically for that purpose, the department
3-27 may, but is not required to, implement this Act using other
3-28 appropriations available for that purpose.

3-29 (b) The Department of State Health Services shall use any
3-30 available federal money to implement this Act.

3-31 SECTION 8. This Act takes effect September 1, 2021.

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