

**SUBJECT:** Standardizing data collection and reporting during a public health disaster

**COMMITTEE:** Public Health — favorable, without amendment

**VOTE:** 7 ayes — Klick, Guerra, Allison, Jetton, Oliverson, Price, Smith

0 nays

4 absent — Campos, Coleman, Collier, Zwiener

**SENATE VOTE:** On final passage, April 21 — 31-0

**WITNESSES:** For — Dana Wiltz-Beckham, Harris County Public Health; (*Registered, but did not testify*: Amanda Fredriksen, AARP; Jamaal Smith, City of Houston, Office of the Mayor; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Charles Miller, Texas 2036; Craig Holzheuser, Texas Association of City and County Officials; Nora Belcher, Texas e-Health Alliance; Dan Finch, Texas Medical Association; Thomas Parkinson)

Against — None

On — (*Registered, but did not testify*: Monica Gamez and David Gruber, Department of State Health Services)

**BACKGROUND:** Health and Safety Code ch. 81 establishes the duty of the state to protect the public health and includes provisions governing the prevention and control of communicable diseases and reporting procedures for public health systems.

As the COVID-19 pandemic progressed in Texas, some noted issues with accessibility of critical public health data collected and disseminated by the Department of State Health Services and have called for improving the accessibility and integrity of such data during a public health disaster.

**DIGEST:** SB 969 would require the Department of State Health Services (DSHS) to

make certain public health data accessible to the public during a public health disaster. The bill also would establish reporting procedures for data related to a public health disaster and provide for an administrative penalty for certain facilities that failed to comply with reporting requirements, among other provisions.

**Availability of data regarding public health disaster.** SB 969 would require the Department of State Health Services (DSHS) to make available to the public on its website and in an easy-to-read format all available de-identified public health data during a public health disaster. DSHS would have to confidentially present data related to individuals as summary statistics consistent with confidentiality provisions under current law.

The bill also would require DSHS to collaborate with local health authorities, hospitals, laboratories, and other entities that submitted information to the department during a public health disaster or in response to outbreaks of communicable disease to plan and implement a standardized and streamlined method for sharing necessary information during the disaster or response. DSHS could require a person submitting information to the department to use the developed method.

**Information sharing.** A hospital would be required to report to DSHS and to the applicable trauma service area regional advisory council all required information related to a reportable disease for which a public health disaster was declared. DSHS and each regional advisory council would be required to make publicly available in a timely manner the information a hospital was required to report. DSHS and each regional advisory council would have to ensure that information released under the bill did not contain any personally identifiable information.

DSHS also would have to collaborate and coordinate with local health departments to ensure that all information covering a reporting period and related to a reportable disease for which a public health disaster was declared was released to the public in a timely manner.

The bill would require DSHS to develop and publish on its website monthly compliance reports for laboratories and hospitals reporting during a public health disaster. The minimum requirements for the reports would be provided by the bill.

DSHS also would be required to implement quality assurance procedures to ensure that data collected and reported for a public health disaster was systematically reviewed for errors and completeness. DSHS would have to implement procedures to timely resolve any deficiencies in data collection and reporting.

**Implementation plans, reports to Legislature.** Under the bill, DSHS would have to evaluate the planning and response capabilities of the state health care system to respond to public health threats. The department would be required to coordinate its evaluation with certain entities and submit to the Legislature an implementation plan based on its findings.

DSHS would have to evaluate the current scope, size, function, and public health response capabilities of public health regions and regional offices as specified by the bill and identify ways to improve support for local health departments and areas in which DSHS served as the primary public health provider. A report based on the evaluation would have to be provided to the Legislature.

DSHS also would be required to improve standardized data collection and reporting by the department and certain other entities during a declared public health disaster and collaborate on best practices to ensure that data collection and reporting were consistent across state, regional, and local levels. DSHS would have to implement the best practices and report its findings to the Legislature.

The reports and implementation plan required by the bill would have to be provided to the Legislature by December 1, 2021.

**Civil penalty, other provisions.** DSHS could impose a civil penalty of not more than \$1,000 on a health care facility for each failure to submit a

required report, and the attorney general could bring an action to recover the civil penalty.

The bill would remove from the methods the executive commissioner of the Health and Human Services Commission could prescribe for a report made under Health and Safety Code ch. 81 a provision allowing reporting in writing or by telephone. This would apply only to a report submitted on or after January 1, 2023.

SB 969 would require the HHSC executive commissioner to adopt rules necessary to implement the provisions of the bill as soon as practicable after the bill's effective date.

DSHS would be required to implement the bill's provisions only if the Legislature appropriated funds specifically for that purpose. If the Legislature did not appropriate money specifically for that purpose, DSHS could implement the bill using other available appropriations. The department would be required to use any available federal funds to implement the bill.

The bill would take effect September 1, 2021.