

BILL ANALYSIS

Senate Research Center

S.B. 969
By: Kolkhorst
Health & Human Services
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Enrolled

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

The state's response to the COVID-19 pandemic relied heavily on the collection and dissemination of data by the Department of State Health Services. However, the uniformity, public accessibility, and integrity of that critical data was a challenge for the state.

S.B. 969 seeks to better ensure the transparency, quality, and integrity of critical data during a public health disaster.

(Original Author's / Sponsor's Statement of Intent)

S.B. 969 amends current law relating to reporting procedures for and information concerning public health disasters and to certain public health studies and provides a civil penalty.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 5 of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter A, Chapter 81, Health and Safety Code, by adding Section 81.016, as follows:

Sec. 81.016. AVAILABILITY OF DATA REGARDING PUBLIC HEALTH DISASTER. Requires the Department of State Health Services (DSHS), during a public health disaster, to timely make available to the public on DSHS's Internet website, in an easy-to-read format, all available de-identified public health data regarding the public health disaster. Requires DSHS to present data related to individuals as summary statistics consistent with the confidentiality provisions of Sections 81.046 (Confidentiality), 161.0073 (Registry Confidentiality), and 161.008 (Immunization Record).

SECTION 2. Amends Section 81.044(a), Health and Safety Code, to delete existing text providing that the form and method of reporting under Chapter 81 (Communicable Diseases) may be in writing or by telephone.

SECTION 3. Amends Subchapter C, Chapter 81, Health and Safety Code, by adding Sections 81.0443, 81.0444, 81.0445, 81.0495, and 81.053, as follows:

Sec. 81.0443. STANDARDIZED INFORMATION SHARING METHOD. Requires DSHS to collaborate with local health authorities, hospitals, laboratories, and other persons who submit information to DSHS during a public health disaster or in response to other outbreaks of communicable disease to plan, design, and implement a standardized and streamlined method for sharing information needed during the disaster or response. Authorizes DSHS to require a person submitting information to DSHS under Subchapter C (Reports and Reportable Diseases) to use the method developed under this section.

Sec. 81.0444. HOSPITAL TO REPORT. Requires a hospital to report to DSHS and to the applicable trauma service area regional advisory council (council) all information required by DSHS related to a reportable disease for which a public health disaster is declared.

Sec. 81.0445. PROVISION OF INFORMATION TO PUBLIC DURING PUBLIC HEALTH DISASTER. (a) Provides that this section applies only to information related to a reportable disease for which a public health disaster is declared.

(b) Requires DSHS and each council to make publicly available in accordance with Subsection (c) the information a hospital is required to report to DSHS and the council under Section 81.0444. Requires DSHS and each council to ensure that information released under this subsection does not contain any personally identifiable information.

(c) Requires DSHS to collaborate and coordinate with local health departments to ensure that all information covering a reporting period is released to the public in a timely manner.

(d) Requires DSHS to develop and publish on its Internet website monthly compliance reports for laboratories reporting during a public health disaster. Requires that each compliance report, at a minimum, include the number of laboratory reports DSHS receives by electronic data transmission, the number of incomplete information fields in the laboratory reports, the electronic format each laboratory used in submitting information, the number of coding errors in the laboratory reports, and the average length of time from the date the specimen is collected to the date DSHS receives the corresponding laboratory report.

(e) Requires DSHS to develop and publish on its Internet website monthly compliance reports for hospitals reporting during a public health disaster. Requires that each compliance report, at a minimum, include the number of incomplete information fields in the hospital reports, the number of reports a hospital failed to submit in a timely manner, and the number of identified inaccuracies in the information submitted.

Sec. 81.0495. FAILURE TO REPORT; CIVIL PENALTY. (a) Authorizes DSHS to impose a civil penalty of not more than \$1,000 on a health care facility for each failure to submit a report required under Subchapter C.

(b) Authorizes the attorney general to bring an action to recover a civil penalty imposed under Subsection (a).

Sec. 81.053. DATA QUALITY ASSURANCE. Requires DSHS to implement quality assurance procedures to ensure that data collected and reported for a public health disaster is systematically reviewed for errors and completeness. Requires DSHS to implement procedures to timely resolve any deficiencies in data collection and reporting.

SECTION 4. (a) Requires DSHS to evaluate the planning and response capabilities of the state health care system, including hospitals, long-term care facilities, and laboratories, to respond to public health threats. Requires DSHS to coordinate its evaluation with the Health and Human Services Commission (HHSC), regional advisory councils, local health departments, and health care system organizations. Requires DSHS to submit to the legislature an implementation plan based on the findings of its evaluation not later than September 1, 2022.

(b) Requires DSHS to evaluate the current scope, size, function, and public health response capabilities of public health regions and regional offices. Requires DSHS to identify current capabilities, assess the need for geographic realignment, and identify ways to improve support to local health departments and areas in which DSHS serves as the primary public health provider. Requires DSHS to coordinate its evaluation with local health departments, areas served by DSHS regional offices, and the Public Health

Funding and Policy Committee (PHFPC). Requires DSHS to provide a report based on its evaluation to the legislature not later than September 1, 2022.

(c) Requires DSHS to improve standardized data collection and reporting by DSHS, laboratories, health care facilities, local health departments, and other entities as appropriate during a declared public health disaster. Requires DSHS to identify current processes for and barriers to standardized, regular, and consistent reporting and to collaborate on best practices to ensure that data collection and reporting are consistent across state, regional, and local levels. Requires DSHS to coordinate its analysis with regional advisory councils, local health departments, laboratories, health care facilities, and PHFPC. Requires DSHS to implement best practices and report its findings to the legislature not later than September 1, 2022.

SECTION 5. Requires the executive commissioner of HHSC, as soon as practicable after the effective date of this Act, to adopt rules necessary to implement this Act.

SECTION 6. Makes application of Section 81.044(a), Health and Safety Code, as amended by this Act, prospective to January 1, 2023.

SECTION 7. (a) Requires DSHS to implement this Act only if the legislature appropriates money specifically for that purpose. Provides that, if the legislature does not appropriate money specifically for that purpose, DSHS is authorized, but is not required, to implement this Act using other appropriations available for that purpose.

(b) Requires DSHS to use any available federal money to implement this Act.

SECTION 8. Effective date: September 1, 2021.