

BILL ANALYSIS

Senate Research Center

S.B. 969
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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 (DSHS). 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 accessibility and integrity of critical data during a public health disaster. The bill requires DSHS to make available all de-identified data related to the public health disaster in a timely and easy to read format.

Additionally, the bill tasks DSHS with developing a standardized method for reporting data, releasing reports, and the authority to seek a civil penalty for a facility that does not report critical data. S.B. 969 also establishes the Office of the Chief State Epidemiologist, requires DSHS to develop a quality assurance process, and directs DSHS to further study DSHS's structure and capabilities for receiving and disseminating data.

As proposed, S.B. 969 amends current law relating to reporting procedures for and information concerning public health disasters and to certain public health studies, creates the office of the chief state epidemiologist, 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 2 (Section 81.044, Health and Safety Code) 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.

SECTION 2. Amends Section 81.044(a), Health and Safety Code, to require the executive commissioner of the Health and Human Services Commission (executive commissioner) by rule to require a person reporting at least 30 cases of a reportable disease in a month, excluding point-of-care testing, to submit a report required under Subchapter C (Reports and Reportable Diseases) by electronic data transmission in the form prescribed by rule.

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 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 the same reporting period is released simultaneously to the public.

(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 concerning 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. Amends Subchapter C, Chapter 1001, Health and Safety Code, by adding Section 1001.0511, as follows:

Sec. 1001.0511. OFFICE OF CHIEF STATE EPIDEMIOLOGIST. (a) Defines "office."

(b) Requires the commissioner of state health services (commissioner) to establish the office of the chief state epidemiologist (office) within DSHS to inform public health activities and public health policy in Texas by evaluating epidemiological,

medical, and health care data, and identifying pertinent research and evidence-based best practices, and to appoint a board-certified physician licensed to practice medicine in Texas as the chief state epidemiologist to administer the office.

(c) Requires the chief state epidemiologist to have experience in public health and an advanced degree in public health, epidemiology, or a related field.

(d) Provides that the chief state epidemiologist serves as the DSHS expert on epidemiological matters and on communicable and noncommunicable diseases; is authorized to provide professional and scientific consultation to state facilities, health service regions, local health agencies, and other entities regarding epidemiology and disease control, harmful exposure, and injury prevention; is required to serve as DSHS's senior science representative and primary point of contact to the Centers for Disease Control and Prevention and other federal agencies for epidemiological science and disease surveillance; and, notwithstanding any other law, is authorized to access data from across DSHS to carry out the duties of the office.

(e) Provides that reports, records, and information provided to the office that relate to an epidemiological or toxicological investigation of human illnesses or conditions and of environmental exposures that are harmful or believed to be harmful to the public health are not public information under Chapter 552 (Public Information), Government Code. Prohibits them from being released or made public, on subpoena or otherwise, except for statistical purposes and if released in a manner that prevents the identification of any person.

SECTION 5. (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, 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 December 1, 2021.

(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 December 1, 2021.

(c) Requires DSHS to improve standardized data collection and reporting by DSHS, laboratories, health care facilities, local health entities, 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 local health entities, laboratories, health care facilities, and PHFPC. Requires DSHS to implement best practices and report its findings to the legislature not later than December 1, 2021.

SECTION 6. Requires the executive commissioner, as soon as practicable after the effective date of this Act, to adopt rules necessary to implement this Act.

SECTION 7. Makes application of Section 81.044(a), Health and Safety Code, as amended by this Act, prospective to January 1, 2022.

SECTION 8. Effective date: September 1, 2021.