

BILL ANALYSIS

Senate Research Center

S.B. 984
By: Schwertner et al.
Health & Human Services
6/3/2021
Enrolled

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Among the many shortfalls that became evident in the state's response to COVID-19, the most notable were the shortage of personal protective equipment (PPE), lack of guidance and participation from the Task Force on Infectious Disease Preparedness and Response, and the absence of demographic data being reported out when needed most. State officials had to wait weeks on end to replenish our supply of PPE while providers were reusing what they could keep their hands on. Prior to the onset of the public health emergency, the task force designed to plan for such a disaster had not met since 2018. Also, trauma service areas could not appropriately plan for surges as they had little to no real-time insight as to what groups of patients were taking up hospital beds in their region.

S.B. 984 will ensure Texas is properly prepared to respond to future public health disasters by establishing PPE stockpiles, requiring the Task Force on Infectious Disease Preparedness and Response to include an epidemiologist in its membership and meet at least once annually, and enabling regional advisory committees to make necessary data publicly available during an emergency.

The committee substitute to S.B. 984 removes the personal protective equipment stockpile provision and adds the fiscal responsibility amendment.

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

S.B. 984 amends current law relating to public health disaster and public health emergency preparedness and response, including the operation of the Task Force on Infectious Disease Preparedness and Response.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 (Section 81.027, Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subchapter B, Chapter 81, Health and Safety Code, by adding Section 81.027, as follows:

Sec. 81.027. TRAUMA SERVICE AREA REGIONAL ADVISORY COUNCIL DATA COLLECTION AND REPORTING. (a) Requires each trauma service area regional advisory council to collect from each hospital located in the regional advisory council's trauma service area the de-identified health care data, including demographic data, necessary for this state and the area to effectively plan for and respond to public health disasters and communicable or infectious disease emergencies in this state. Requires the executive commissioner of the Health and Human Services Commission by rule to prescribe the data each council is required to collect under this subsection.

(b) Requires a trauma service area regional advisory council to:

(1) provide the data collected under Subsection (a) to the Department of State Health Services (DSHS); and

(2) make the data publicly available by posting the data on the regional advisory council's Internet website or, if the regional advisory council does not maintain an Internet website, by providing the data in writing on request.

(c) Provides that information collected or maintained under this section that identifies a patient is confidential and exempt from disclosure under Chapter 552 (Public Information), Government Code.

SECTION 2. Amends Section 81.404(a), Health and Safety Code, to require the governor to appoint at least one member who is an epidemiologist to the Task Force on Infectious Disease Preparedness and Response (task force). Makes nonsubstantive changes.

SECTION 3. Amends Section 81.406(a), Health and Safety Code, to require the task force to meet at least once each year at a location determined by the task force director, and at other times and locations as determined by the task force director. Makes nonsubstantive changes.

SECTION 4. Requires the governor, not later than January 1, 2022, to appoint the member of the task force as required by Section 81.404(a)(7) (relating to the member who is required to be an epidemiologist), Health and Safety Code, as added by this Act.

SECTION 5. Requires DSHS or a trauma service area regional advisory council to implement Section 81.027, Health and Safety Code, as added by 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 or a trauma service area regional advisory council is authorized, but not required, to implement Section 81.027 using other appropriations available for that purpose.

SECTION 6. Effective date: September 1, 2021.