APPENDIX A

Interim Committee Charges

BILL RATLIFF

Lieutenant Governor of Texas
President of the Senate

The Capitol
Austin, Texas 78711-2068
512-463-0001 • Fax: 512-936-6700

State Senator
District 1

September 13, 2001

The Honorable Mike Moncrief
Chairman
Senate Committee on Health and Human Services
State Capitol, Room 4E.2
Austin, Texas 78701

Dear Mike:

I am pleased to issue the attached interim charges to the Senate Committee on Health and Human Services. Instructions relating to interim studies are included with the charges.

Please provide me with a copy of your proposed workplan, including the number and location of hearings you anticipate having. In an effort to minimize costs, hearings outside of Austin should be limited to the minimum required to obtain public input on the charges.

Throughout this interim, I would appreciate you keeping Laura Smith of my office informed of the committee's work on a regular basis. Please do not hesitate to contact Laura or me at 463-0001, if this office can be of assistance to you.

Thank you for your hard work on behalf of the people of Texas.

Yours very truly,

Bill Ratliff

William R. Ratliff
Lieutenant Governor of Texas

WRR/nbm

Attachment

cc: The Honorable Rick Perry, Governor of Texas
The Honorable Pete Laney, Speaker of the House
Members of the Senate Health and Human Services Committee
Mrs. Patsy Spaw, Secretary of the Senate
Interim Committee Distribution List

SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES

Interim Charges

The Committee shall:

1. Review, evaluate, and make recommendations on the following mental health and mental retardation issues:

    a. Availability and adequacy of mental health services for children and adolescents and their families, including services funded through the mental health system, Medicaid, the Children's Health Insurance Program, and other funding sources the Committee considers relevant.

    b. Community mental health services delivery structure, including evaluating the efficacy of continuation or expansion of the NorthStar managed care pilot and the role of local community MHMR centers as mental health authorities.

    c. Texas Department of Mental Health and Mental Retardation's allocation formulas for distributing mental health and mental retardation funds to local communities.

2. Review, evaluate, and make recommendations to improve the effectiveness of the state's Temporary Assistance for Needy Families (TANF), Welfare-to-Work, Child Care, and related programs in moving families out of poverty to self-sufficiency, with special focus on expiration of the state's federal waiver in FY 2002. Monitor federal reauthorization activities on these programs.

3. Review, evaluate, and make recommendations to improve Texas' Supplemental Security Income disability determination procedures. The Committee should compare Texas' denial rate with other states' rates, analyze any changes in Texas' rate, and examine the impact of Texas' system on Medicaid coverage for the uninsured.

Reports

The Committee shall submit copies of its final report as soon as possible, but no later than November 15, 2002. This date will allow the findings of the Committee to be considered when the Legislative Budget Board is developing performance and budget recommendations to the 78th Legislature. Copies of the final report should be sent to the Lieutenant Governor, Secretary of the Senate, Legislative Council, and Legislative Reference Library.

The final report of the Committee should be approved by a majority of the voting members of the Committee and include any recommended statutory changes. Draft legislation containing recommended statutory changes should be attached to the report. Recommended agency rule changes should also be attached to the report.

Budget and Staff

The Committee shall use its existing staff and utilize the budget approved by the Senate Committee on Administration. Where appropriate, the Committee should obtain assistance from the Senate Research Center and legislative agencies, including the Legislative Budget Board, the Legislative Council, and the State Auditor. The Committee should also seek the assistance of appropriate Executive Branch agencies with responsibilities in the areas related to the Committee's interim charges.

Interim Appointments

Pursuant to Section 301.041, Government Code, it may be necessary to change the membership of a committee if a member is not returning to the Legislature in 2003. This will ensure that the work of interim committees is carried forward into the 78th Legislative Session.

BILL RATLIFF

Lieutenant Governor of Texas
President of the Senate

The Capitol
Austin, Texas 78711-2068
512-463-0001 • Fax: 512-936-6700

State Senator
District 1

February 13, 2002

The Honorable Mike Moncrief
Chairman
Senate Health and Human Resources Committee
State Capitol, Room 4E.2
Austin, Texas 78701

Dear Mike:

In addition to the charges issued to the Senate Health and Human Services Committee on September 13, 2001, please conduct a study of the following topic:

Examine the problem of abuse of prescription painkillers, especially Schedule III drugs containing hydrocodone, and make recommendations on ways to reduce diversion and misuse of these drugs.

Other instructions previously given to you regarding interim studies will apply to this charge. In addition, please keep Senator Armbrister apprised of your committee's deliberations on this issue.

Thank you for your hard work on behalf of the people of Texas.

Yours very truly,

Bill Ratliff

William R. Ratliff
Lieutenant Governor of Texas

WRR/ls/nbm

cc: The Honorable Rick Perry, Governor of Texas
The Honorable Pete Laney, Speaker, Texas House of Representatives
Members of the Senate Health and Human Services Committee
The Honorable Ken Armbrister
Mrs. Patsy Spaw, Secretary of the Senate
Interim Committee Distribution List

APPENDIX B

Mental Health Authority Funding Levels

Estimated Cost of Funding Mental Health Authorities at the 2000 Texas Average Per Capita Community Service Allocation ($14.61)

		A	B	C	D
Rank	CMHMRC's and SOCS	FY00 Population	Net FY 00 Funding	Per-Capita Rate for FY 00 Funding	Funding Req to Reach Mean Per-Capita In FY 2000
				(B/A)	(14.61 - C) x A
1	Heart of Texas	141,491	3,999,702	28.27	
2	Anderson / Cherokee Co	96,353	2,675,090	27.76	
3	West Texas Center	224,916	6,020,977	26.77	
4	Coastal Plain Center	225,116	5,657,000	25.13	
5	Helen Farabee Center	291,475	7,573,184	25.98	
6	The Lakes Regional SOCS	135,636	3,172,053	23.39	
7	Central Texas	92,542	1,844,896	19.94	
8	Laredo State Center SOCS	272,587	5,197,478	19.07	
9	Central Plains	98,197	1,809,188	18.42	
10	Camino Real SOCS	283,198	5,332,262	18.83	
11	Hill Country	423,516	7,399,967	17.47	
12	Life Management Center	775,004	13,332,956	17.20	
13	Permian Basin	307,246	5,276,937	17.17	
14	Bluebonnet Trails	376,794	6,390,076	16.96	
15	Life Resource	380,573	6,391,336	16.79	
16	Texas Panhandle	367,502	6,045,387	16.45	
17	Tri-County	354,549	5,821,688	16.42	
18	Lubbock	271,453	4,433,284	16.33	
19	Austin-Travis County	654,255	10,559,488	16.14	
20	Brazos Valley	232,013	3,735,830	16.10	
21	Gulf Coast	460,346	7,037,826	15.29	
22	Abilene Regional	158,658	2,489,051	15.18	
23	Gulf Bend	167,644	2,523,714	15.05	
24	Central Counties	337,233	5,069,760	15.03	
25	Pecan Valley	203,269	3,038,923	14.95	
26	Northeast Texas	128,635	1,884,382	14.65	
27	Burke Center	332,519	4,861,537	14.62	
28	Texoma	155,636	2,275,095	14.62	
29	Texana	449,967	6,482,828	14.41	91,189.87
30	Tropical Texas	903,137	12,917,229	14.30	277,602.57
31	Nueces County	318,478	4,549,354	14.28	103,699.58
32	Concho Valley	131,172	1,780,557	13.57	135,865.92
33	Tarrant County	1,545,091	20,680,776	13.33	1,973,803.51
34	Andrews Center	331,577	4,335,131	13.07	509,208.97
35	NorthStar	2,993,396	37,780,068	12.62	5,953,447.56
36	Johnson-Ellis-Navarro Co.	138,920	1,734,217	12.48	295,404.20
37	Center for Health Care Svcs	1,378,499	16,595,345	12.04	3,544,525.39
38	Harris County	3,320,437	38,691,395	11.65	9,820,189.57
39	Sabine Valley	468,485	5,374,902	11.47	1,469,663.85
40	Denton County	417,742	4,656,044	11.15	1,447,166.62
	TOTAL	20,345,257	297,266,913	14.61	25,620,879

APPENDIX C

Mental Retardation Authority Funding Levels

Texas Department of Mental Health and Mental Retardation

SB 1, Article II, Rider 16, Enhanced Equity

Local Mental Retardation Authority (MRA)	FY 2001 Per Capita Funding	FY 2001 Ranking	FY 2002 Per Capita Funding	FY 2002 Ranking	Change in Per Capita Funding
Central Texas MHMR Center	109.50	1	109.97	1	0.47
Betty Hardwick Center (Abilene)	100.27	2	100.54	2	0.27
Concho Valley	99.74	3	100.05	3	0.31
Lubbock	78.44	4	78.60	4	0.16
Anderson/Cherokee Co	73.95	5	74.39	5	0.44
Burke Center (Lufkin)	64.28	6	64.41	6	0.13
Spindletop MHMR Services	62.23	7	62.46	7	0.23
Heart of Texas Region MHMR Center	61.79	8	61.94	8	0.15
Bluebonnet Trails Community MHMR Center	60.13	9	60.29	9	0.16
Johnson-Ellis-Navarro MHMR Services	59.51	10	59.64	10	0.13
Sabine Valley Center	58.81	11	58.96	11	0.15
West Texas Centers for MHMR	56.86	12	57.04	12	0.18
MHMR Services of Texoma	55.07	13	55.34	13	0.27
Austin-Travis County	53.91	14	54.10	14	0.19
Texas Panhandle MHMR	53.59	15	53.81	15	0.22
Helen Farabee Center	53.50	16	53.65	16	0.15
Nueces County MHMR Community Center	53.10	17	53.23	17	0.13
Hill Country Community MHMR Center	52.03	18	52.23	18	0.20
Hunt County MHMR	51.50	19	52.07	19	0.57
Denton County	49.60	20	49.79	20	0.19
Coastal Plains MHMR Services	46.67	21	46.86	21	0.19
Center for Health Care Services	44.79	22	44.97	22	0.18
Texana MHMR Center	44.55	23	44.72	23	0.17
Northeast Texas	43.42	24	43.75	24	0.33
Permian Basin Community Center for MHMR	43.06	25	43.19	25	0.13
Gulf Bend	42.04	26	42.29	26	0.25
BELOW THE MEAN					
Andrews Center	40.69	27	40.81	27	0.12
Brazos Valley	39.38	28	39.56	28	0.18
The Lakes Regional Center	38.73	29	39.06	29	0.33
Pecan Valley MHMR Region	38.00	30	38.39	30	0.39
Camino Real Community MHMR Center	37.21	31	37.67	31	0.46
Central Plains Center for MHMR	36.10	32	36.53	32	0.43
Tarrant County MHMR Services	35.70	33	36.20	33	0.50
Central Counties	35.29	34	35.79	34	0.50
Harris County	31.48	35	32.22	35	0.74
Dallas MetroCare Services	29.82	36	30.66	36	0.84
Gulf Coast Center	29.41	37	30.22	37	0.81
Tri-County MHMR Services	28.87	38	29.80	38	0.93
Border Region MHMR Community Center	27.10	39	28.12	39	1.02
Life Management Center for MHMR	26.50	40	27.55	40	1.05

Texas Department of Mental Health and Mental Retardation

SB 1, Article II, Rider 16, Enhanced Equity

Tropical Texas Center for MHMR	26.12	41	27.19	41	1.07
LifePath Systems	20.59	42	21.94	42	1.35
Total	41.22		41.74		

APPENDIX D

Texas Department of Health Public Health Resource Needs for Bioterrorism Preparedness and Response

Texas Department of Health

Charles E. Bell, M.D.
Executive Deputy Commissioner

1100 West 49th Street
Austin, Texas 78756-3199
(512) 458-7111
http://www.tdh.state.tx.us

October 19, 2001

The Honorable Mike Moncrief
Texas Senate
P.O. Box 12068
Austin, Texas 78711

Dear Senator Moncrief:

This letter is in response to your request to Dr. Sharilyn Stanley for a priority listing of the estimated costs, items, and other expenditures necessary to ensure that the Texas Department of Health (TDH) is ready to respond to a bio-terrorism threat.

This document outlines the public health infrastructure gaps and resource needs for TDH and local health departments in priority order. It is an estimate of public health resource needs for bio-terrorism detection and emergency response in the state of Texas today.

Thank you for your interest in the needs of TDH for addressing bio-terrorism and emergency readiness and response. Should you or your staff have any questions or need other information about this document, please contact Sharilyn Stanley, M.D. at (512) 458-7729.

Sincerely,

C. E. Bell, M.D.

Charles E. Bell, M.D.
Executive Deputy Commissioner

Enclosure

cc: Don Gilbert, Commissioner, Health and Human Services Commission

Public Health Resource Needs for Bioterrorism Preparedness and Response

Texas Department of Health
October 19, 2001

Public Health Resource Needs for Bioterrorism Preparedness and Response

Executive Summary

Background

Laboratory workers in a large medical center in Texas were diagnosed with a rare Shigella dysenteriae, leaving 12 with severe diarrheal illness, 4 of whom were hospitalized. The epidemiologic investigation linked the outbreak to intentional contamination of muffins in the staff break room with the lab's stock culture most likely used to contaminate the pastries. The perpetrator was identified, tried, and is now incarcerated. This investigation underscores the need for adequate health disease surveillance systems to detect and prevent inadvertent or intentional bioterrorist assaults.

The intentional release of a deadly bacteria, virus, or chemical on an unsuspecting population is now a real possibility. The ability to rapidly detect and respond to the first human illnesses associated with acts of terrorism hinges on local and state public health surveillance and epidemiological systems that operates every day, everywhere. The public expects this local health department capacity to exist and be effective. These essential public health functions of disease detection and emergency response are the responsibility of the Texas Department of Health (TDH) in partnership with local health departments.

Epidemiologists identify disease, determine the causes, and apply those findings to prevent disease and promote new health strategies. **Laboratory analyses** play an integral role in identifying the causative agent in many epidemiological investigations. **Communications and data sharing** among health care providers, laboratories, local health departments, and TDH are critical to obtaining information and responding to unfolding bioterroism events or other disease outbreaks. Ongoing training in these three areas at all levels is essential to maintain an effective and efficient detection and response system.

Current Need

While resources currently exist to support basic prevention and disease control activities in all of the areas listed above, Texas is far from being fully prepared to rapidly identify and adequately respond to a real or potential bioterrorism threat. This document outlines the public health infrastructure gaps and resource needs for Texas in priority order. These budget estimates are projected for two full years - FY 2002 and 2003. Based on the availability of funds, adjustments could be made for a partial year. The department would also need additional capital authority to purchase equipment.

Enhancing Disease Detection and Response Capability

Local governments and TDH's regional infrastructure have limited capacity to detect, track, analyze, and respond to outbreaks and epidemics of communicable diseases. This component would establish and train Epidemiology Response Teams in each of the eight public health regions; each of them would consist of an epidemiologist, public health nurse, and public health technician. These expert teams would allow active disease surveillance, which is critical to rapidly identifying bioterroist events.
(Note: This is a recapitulation of the TDH exceptional item request for FY 2002-2003, which was not funded.)

Laboratory Capacity to Respond to Detect and Respond to Bioterrorism

While five local health department laboratories, in addition to TDH, are capable of microbiological laboratory analyses, they do not possess the modern testing equipment and sufficient manpower to run rapid tests vital to the early detection of a bioterrorist event. In addition, TDH staffing levels are not sufficient to respond to a bioterrorist event or multiple disease outbreaks while continuing to perform other routine laboratory testing. Finally, the challenges posed by the geographic size of Texas and the distribution of its population require adding two laboratory sites to the public health laboratory network. This item would fund trained technical laboratory staff and purchase certain equipment for rapid testing at the six local health department laboratories, South Texas Hospital, and TDH.

Infectious Disease Epidemiology and Surveillance

Infectious disease surveillance requires rapid epidemiological analysis and interpretation to be maximally effective. Currently 50% of infectious disease reports are received through regular mail or other non-electronic means. Resources would be used to speed data collection and analysis and provide extensive training in epidemiology, surveillance, and data systems to staff in TDH regional offices, local health departments, and other public and private health care providers.

Health Alert Network

TDH currently has electronic communications in place with 65 local health departments. However, many local health departments do not have this capability. In addition, many local health departments do not have trained staff who can recognize and respond to bioterrorism. This component would link existing technology and systems across state and local health departments and provide training to build a comprehensive public health communication infrastructure.

Office of State Epidemiologist

TDH needs a central source of scientific and public health expertise for all disease surveillance and bioterrorism activities within the department and the state. In addition, while local governments have plans in place to respond to natural disasters and other emergencies, most are not prepared to respond to bioterrorism. This component will create an Office of the State Epidemiologist and would lend an effort to assisting local governments and hospitals with enhancing their current emergency response plans to include bioterrorism preparedness.

Laboratory Capacity to Detect and Respond to Chemical Terrorism

TDH's laboratory cannot currently process and test human samples for chemical contaminants or environmental samples from potential chemical terrorism activities. Resources would be used to appropriately staff and equip TDH's laboratory to rapidly respond to a chemical terrorism event.

Benefits

The six components summarized above will increase TDH and local health departments' capacity to detect and respond to bioterroism events and normally occurring outbreaks by:

- Enhancing epidemiological and surveillance at the regional and local level.
- Increasing microbiological and chemical laboratory capacity.
- Increasing TDH's capacity to rapidly collect and analyze data.
- Training healthcare and public health workers to respond to bioterrorism.
- Enhancing communications with and providing technical assistance to local health departments.
- Creating the Office of State Epidemiologist to serve as the public health focal point for bioterrorism response.

Bioterrorism Preparedness and Response Resource Needs Summary

Cost to the State by Component

Component	FY 2002	FY 2003	Total	FTEs
Enhancing Disease Detection and Response Capability	2,065,782	1,791,692	3,857,474	28
Laboratory Capacity to Detect and Respond to Bioterrorism	1,309,153	604,153	1,913,306	10
Infectious Disease Epidemiology and Surveillance	1,080,205	525,857	1,606,062	6
Health Alert Network	1,600,000	1,200,000	2,800,000	8
Office of State Epidemiology	466,360	432,360	898,720	5
Laboratory Capacity to Detect and Respond to Chemical Terrorism	760,357	260,357	1,020,714	2
Total	**7,281,857**	**4,814,419**	**12,096,276**	**59**

Cost to the State by Category of Expense

Category of Expense	FY 2002	FY 2003	Total
1001 Salary & Wages	2,211,558	2,211,558	4,423,116
1002 Other Personnel	696,848	696,848	1,393,696
2000 Operating Costs	2,594,451	1,706,013	4,300,464
5000 Capital Expenditures	1,779,000	200,000	1,979,000
Total	**7,281,857**	**4,814,419**	**12,096,276**
Method of Finance			
001 General Revenue Fund	**7,281,857**	**4,817,419**	**12,096,276**
Total	**7,281,857**	**4,817,419**	**12,096,276**
FTEs			
Regional	36	36	36
Central Office	17	17	17
Local health dept. positions (contract)	6	6	6
Total	**59**	**57**	**57**

Enhancing Disease Detection and Response Capability

Current Need

Local governments have limited capacity to detect, track, analyze, and respond to outbreaks and epidemics of communicable diseases. TDH's regional infrastructure also has a limited ability to respond since just four of the eight regional offices have epidemiologists. Local health departments (LHDs) need help identifying new cases of diseases, compiling information to find sources of transmission, investigating a disease outbreak, and taking action to stop disease transmission. Confirmation of a diagnosis of infectious disease often requires advanced laboratory methods requiring funds to pay for cultures, rapid diagnostic methods, and serologic testing.

Benefits and Use of Funds

Funds will be used to establish Epidemiology Response Teams (ERTs) in each of the eight Public Health Regions, consisting of an epidemiologist, public health nurse, and public health technician. The ERTs will assist LHDs and hospitals in conducting timely and effective disease surveillance activities and investigations. In communities that do not have a public health department, the ERTs will conduct all necessary investigation and surveillance activities. Information will be collected by the ERTs and will be entered into the Health Alert Network for transmission to the TDH Central Office and included in the Texas National Electronic Disease Surveillance System. Surveillance information that indicates an unusual number of disease reports for a particular area will trigger an alert that includes information and statistics relating to that disease. In this capacity, each team serves as a tool for the early detection of a covert bioterrorism event. In addition, each team will serve as a resource during the response to a bioterrorism event, such as the intentional release of a harmful microbe for terrorist purposes. This function will increase the capacity of TDH and LHDs to detect and respond to normally occurring outbreaks, as well as to detect the emergence of pathogenic microbes resistant to existing antibiotics. Funds are also included to cover the costs of the additional laboratory testing that such active surveillance will incur.

Central office resources are requested to coordinate and support regional activities and train regional staff. All ERT staff will receive specialized training in bioterrorism and will be able to provide the rapid response needed to determine the causative agent and initiate an effective public health response.

Note: This item was a TDH exceptional item request for FY 2002-2003, which was not funded.

Enhancing Disease Detection and Response Capability

Cost to the State

Category of Expense	FY 2002	FY 2003
1001 Salary & Wages	1,059,816	1,059,816
1002 Other Personnel	371,136	371,136
2000 Operating Costs	542,330	360,740
5000 Capital Expenditures	92,500	0
Total	**2,065,782**	**1,791,692**
Method of Finance		
001 General Revenue Fund	**2,065,782**	**1,791,692**
Total	**2,065,782**	**1,791,692**
FTEs		
Regional	24	24
Central Office	4	4
Total	28	28

Laboratory Capacity to Detect and Respond to Bioterrorism

Current Need

An effective statewide network of capable laboratories is necessary to adequately and rapidly respond to a bioterrorism event. This network is particularly critical in a large state such as Texas. Failure to establish such a network in this state results in unnecessary delays in transporting suspect samples from distant sites to the central TDH laboratory. Currently the Bureau of Laboratories in Austin actively collaborates with five local health department laboratories (El Paso, Houston, Dallas, San Antonio, and Lubbock) to handle infectious disease testing across the state. In addition to these sites, it is important to add a laboratory site in South Texas, such as at South Texas Hospital, to avoid delays in transporting samples from that region to the San Antonio laboratory. Given the proximity to Mexico and the fact that an event could be launched from south of the United States, this laboratory capability is necessary. Finally, because the Dallas laboratory serves a large and relatively populated portion of the state including Wichita Falls, Tyler, and Ft. Worth, the likelihood that this laboratory would become overwhelmed by work resulting from a bioterrorism event is high. It is therefore recommended that improved laboratory capacity be established at the Ft. Worth Health department laboratory.

While a network of laboratory capability currently exists at these five sites in addition to TDH, neither these sites nor the two proposed additional sites possess the modern testing equipment or manpower to run the rapid tests that are vital to the early detection of a bioterrorism event. A relatively small investment is needed to enhance the technical capabilities of these seven local laboratories proposed to a level sufficient to be proficient in the rapid detection of bioterrorism events. In addition, current TDH staffing is not sufficient to respond when multiple disease outbreaks occur or a bioterrorism event occurs; existing staff must be pulled from other vital testing to provide full laboratory coverage.

Benefits and Use of Funds

This proposal would create trained technical laboratory staff at six local health departments and two TDH sites to respond to suspected bioterrorism events rapidly and effectively. The earlier the diagnosis and response, the more lives are saved in such an event. These staff would actually run laboratory tests during a suspected event. Further, these staff would be able during an interim period to provide training and technical assistance to other laboratory staff, including those of hospital-based laboratories, to allow them to gain sufficient expertise to play a role in the initial mobilization and response to a potential event.

The enhanced statewide network that would result would provide Texas with the capability to rapidly detect an outbreak and initiate an effective response to contain the outbreak. The equipment requested would place state-of-the-art capabilities in local laboratories that would serve between events to enhance the testing of other infectious diseases that cause significant morbidity and mortality in the state.

Funds would be used to hire one additional staff in each of the six local health department laboratories and South Texas Hospital, and 3 additional staff in the Bureau of Laboratories in Austin. Equipment would be purchased for the seven laboratories and would be a one-time expense.

Laboratory Capability to Detect and Respond to Bioterrorism

Cost to the State

Category of Expense	FY 2002	FY 2003
1001 Salary & Wages	149,868	149,868
1002 Other Personnel	42,383	42,383
2000 Operating Costs	426,902	411,902
5000 Capital Expenditures	690,000	0
Total	**1,309,153**	**604,153**
Method of Finance		
001 General Revenue Fund	**1,309,153**	**604,153**
Total	**1,309,153**	**604,153**
FTEs		
Regional	1	1
Central Office	3	3
Local health dept. positions (contract)	6	6
Total	**10**	**10**

Infectious Disease Epidemiology and Surveillance

Current Need

Infectious disease epidemiologic and surveillance data that are collected require rapid analysis and interpretation to be maximally effective. Currently 50% of infectious disease reports are received through regular mail or other non-electronic means; a backlog of entering, much less analyzing, the data exists. For early detection of a bioterorism event, there is a critical need for staff to quickly enter and distribute surveillance data electronically. Enhanced collaboration between staff and those reporting is required to improve our current electronic surveillance efforts and move to Web-based surveillance. For an enhanced and broad based response to bioterrorism events or infectious disease outbreaks, facilitated data sharing with reporting organizations such as health care providers and laboratories, and with state agencies and communities involved in disease reporting and bioterrorism events is essential. This will require ongoing training of staff at all levels, from data entry to data analysis, as well as those who report and use the system.

Benefits and Use of Funds

Funds will be used to hire additional information technology staff and equipment to enhance the surveillance efforts and convert the existing system to Web-based reporting and distribution. An additional physician will be dedicated to coordinating bioterrorism education events, training sessions, and surveillance efforts. A series of training courses will be offered to public health, hospital, and health care provider audiences around the state to enhance skills around surveillance, data analysis, and disease reporting. These improvements will allow for:

- Rapid electronic data collection and distribution.
- A trained healthcare and surveillance workforce prepared to respond to bioterrorism and infectious disease outbreaks.
- Rapid detection of and ability to respond to outbreaks and bioterrorism.
- Ongoing data management and system improvements to remain state-of-the-art in the capability to collect and analyze data.

Infectious Disease Epidemiology and Surveillance

Cost to the State

Category of Expense	FY 2002	FY 2003
1001 Salary & Wages	274,000	274,000
1002 Other Personnel	77,487	77,487
2000 Operating Costs	501,718	174,370
5000 Capital Expenditures	227,000	0
Total	**1,080,205**	**525,857**
Method of Finance		
001 General Revenue Fund	**1,080,205**	**525,857**
Total	**1,080,205**	**525,857**
FTEs		
Regional	0	0
Central Office	6	6
Total	**6**	**6**

Health Alert Network

Current Needs

The Health Alert Network (HAN) program is a telecommunications link that facilitates electronic communication between TDH and local health departments. TDH currently has electronic communications in place with 65 local health departments however, many local health departments do not have this capability. In addition, many local health departments do not have trained staff who can recognize and respond to bioterrorism. Texas also needs the ability to collaborate with neighboring states and Mexico to trace the spread of infections diseases that might spread across borders.

Benefits and Use of Funds

Funds would be used to assist local jurisdictions to implement technology platforms that would enhance the state's overall system for bioterrorism response. Funding will be used to hire eight support staff to enhance the capability to conduct distance learning training for regional and local jurisdictions on bioterrorism detection and response through use of the distance learning equipment. Operating expenses would include paying for telecommunications and bridging charges for training. Funding would be provided to the local health departments to enhance the redundancy of their communications systems and to provide for additional security through the use of firewalls, encryption, digital certificates, secure tokens, and biometric devices. These improvements would enhance state and local capability to respond to a bioterrorism event by linking existing technology and systems to build the public health infrastructure through:

- Training regional and local personnel who have the necessary specific knowledge and skills to respond a bioterrorism event.
- Assuring that communications systems are secure, reliable, and redundant and that all local health departments can communicate during an emergency.
- Assisting San Antonio in obtaining state and federal funds to implement the joint military / City of San Antonio bioterrorism response tool known as the Lightweight Epidemiological Advanced Detection Emergency Response System (LEADERS) as a technology demonstration that can then be emulated in other parts of the state.
- Forming a task force consisting of TDH, University of Texas Medical Branch Galveston, and Texas Tech to integrate Telemedicine and Biosensors into our state bioterrorism response plan.
- Establishing better coordination with surrounding states and Mexico.

Health Alert Network

Cost to the State

Category of Expense	FY 2002	FY 2003
1001 Salary & Wages	317,664	317,664
1002 Other Personnel	89,835	89,835
2000 Operating Costs	992,501	592,501
5000 Capital Expenditures	200,000	200,000
Total	**1,600,000**	**1,200,000**
Method of Finance		
001 General Revenue Fund	**1,600,000**	**1,200,000**
Total	**1,600,000**	**1,200,000**
FTEs		
Regional	8	8
Central Office	0	0
Total	**8**	**8**

Office of State Epidemiologist

Current Need

TDH needs a central source of scientific and public health leadership for all bioterrorism activities within the department and the state. While there is a State Epidemiologist, as required by CDC, this is not a dedicated position; rather, an existing bureau chief currently carries out this function. This does not allow an appropriate attention to and emphasis on the importance of ongoing disease surveillance activities, particularly with regard to conducting outbreak investigations and detecting and responding to bioterrorism or chemical warfare.

In addition, while local governments have plans in place to respond to natural disasters and other emergencies, most do not have expertise in the special issues of preparing for, and responding to bioterrorism. There is a tremendous unmet need at the local level for specialized training in emergency response and emergency management. TDH has experienced an increase in the number of requests to develop and provide specialized training and technical assistance for the health and medical community, particularly hospitals, in bioterrorism preparedness. A large majority of this training is not conducive to remote or distance-learning techniques. It involves a "hands-on" approach that includes familiarization and practicing with specialized equipment and practical exercises to reinforce the training methodology.

Use of Funds and Benefits

Funds will be used for personnel and travel expenses associated with providing training and planning at the local level. In addition, a small amount of capital is required to purchase computers and equipment for training purposes.

This proposal will create the beginnings of the Office of the State Epidemiologist, which will serve as a focal point for scientific and health issues related to disease surveillance and bioterrorism. The State Epidemiologist and a Senior Scientist will provide accurate scientific and public health information to departmental programs that deal with bioterrorism such as the Infectious Diseases Epidemiology and Surveillance (IDEAS) and the Bureau of Laboratories. This office is not meant to bring all bioterrorism activities under one organizational location, but to lead and coordinate the various activities both within the department as well as with the other state agencies that interact with TDH on this topic.

Three program specialists will be trained in the public health aspects of bioterrorism and will, working with existing TDH Emergency Preparedness staff, assist local governments and hospitals in the enhancement of current emergency response plans to include bioterrorism preparedness. A better prepared community is less dependent on state and federal resources to address emergency situations that occur at the local level, thereby making scarce and limited resources available to a larger population and decreasing demand on a stressed response system. Morbidity and mortality rates will likely be decreased by enhanced response; the overall health and well-being of the community will be improved. The expenses incurred by the local jurisdiction and the state that is associated with response to an emergency situation will be decreased as well.

Office of State Epidemiologist

Cost to the State

Category of Expense	FY 2002	FY 2003
1001 Salary & Wages	293,000	293,000
1002 Other Personnel	82,860	82,860
2000 Operating Costs	71,000	56,500
5000 Capital Expenditures	19,500	0
Total	**466,360**	**432,360**
Method of Finance		
001 General Revenue Fund	**466,360**	**432,360**
Total	**466,360**	**432,360**
FTEs		
Regional	3	3
Central Office	2	2
Total	**5**	**5**

Laboratory Capacity to Detect and Respond to Chemical Terrorism

Current Need

Specialized laboratory capacity is required to conduct the testing necessary to detect and respond to chemical terrorism. While the TDH laboratory does possess the resources for the majority of testing needed, certain gaps exist. The Environmental Sciences Division of the Bureau of Laboratories currently possesses extensive capabilities for examining samples for environmental chemical contamination including water, soil, air, fish, and food products. The Division does not currently have the capability to test human samples for chemical contaminants, nor is the division set up to handle environmental samples from potential chemical terrorism activities. Establishing these capabilities requires additional trained manpower (chemists) as well as new equipment that can run accurately and rapidly the required amount of testing to achieve reliable and early results. These capabilities are essential for the Environmental Sciences Division to serve as a reference laboratory to respond to a chemical terrorism event.

Benefits and Use of Funds

Funding provides for 2 senior level chemists: one at a Ph.D. level, the second at least a Master's level chemist. The capital equipment funding provides for the purchase of a tandem mass spectrometer, gas chromatograph, high performance liquid chromatograph, and computer with software for liquid chromatograph/gas chromatograph operation. Operating funds include $10,000 for travel for training in the specific methods necessary for testing human samples and for handling samples from a potential terrorist activity, $5,000 in site preparation to handle these instruments, and $45,000 for expendable laboratory supplies and reagents. FY2003 operating costs include the travel and expendable supplies as for FY2002 as well as the ongoing costs of maintaining the capital equipment necessary for performing these tests.

Expanding the capabilities of the Environmental Sciences Division to process and test human samples for chemical contamination will equip the state of Texas with an advanced, appropriately equipped laboratory staffed with highly skilled chemists, available 24 hours a day that can respond to an event and provide rapid results.

Laboratory Capacity to Detect and Respond to Chemical Terrorism

Cost to the State

Category of Expense	FY 2002	FY 2003
1001 Salary & Wages	117,210	117,210
1002 Other Personnel	33,147	33,147
2000 Operating Costs	60,000	110,000
5000 Capital Expenditures	550,000	0
Total	**760,357**	**260,357**
Method of Finance		
001 General Revenue Fund	**760,357**	**260,357**
Total	**760,357**	**260,357**
FTEs		
Regional	0	0
Central Office	2	2
Total	**2**	**2**

PUBLIC HEALTH RESOURCE NEEDS FOR BIOTERRORISM PREPAREDNESS AND RESPONSE

REVISED IMPLEMENTATION PLAN

Texas Department of Health
December 20, 2001

Public Health Resource Needs
For Bioterrorism Preparedness and Response
Revised
Implementation Plan

Executive Summary

Should harmful bacteria or viruses be unleashed as a terrorist act, the Texas Department of Health (TDH) and local health agencies, as well as hospitals and members of the outpatient medical community, will comprise the initial public health response. A bioterrorism event may manifest itself as a large, silent epidemic that occurs days after the secret release of an infectious agent. At first, a bacteria or virus that is intentionally released may not be obvious.

A strong, flexible public health system is the best defense against any disease outbreak – naturally occurring or intentionally caused. It also lays the foundation for public health preparedness planning and response capability should other weapons of mass destruction such as nuclear or chemical agents be wielded.

Formation of the TDH Bioterrorism Workgroup (BTWG)

For several years, TDH has worked on issues related to any potential event in which weapons of mass destruction are unleashed in the state. Since the attack of September 11 and the following terrorist releases of anthrax, TDH has stepped up its focus on bioterrorism, especially through the formation of the TDH Bioterrorism Workgroup (BTWG). Members of this internal group represent diverse areas within the department and provide expertise in many fields.

TDH Bioterrorism Workgroup Charge

- Coordinate all issues and tasks related to bioterrorism;
- Develop and complete bioterrorism-related response plans;
- Coordinate with the Texas Homeland Security Task Force and other state agencies;
- Develop bioterrorism-related information;
- Assess regional and local health department needs;
- Communicate information on bioterrorism;
- Respond to media requests on bioterrorism;
- Determine epidemiological and laboratory capacity;
- Coordinate with other public and private laboratories; and
- Work with external groups (Texas Medical Association, Texas Nurses Association, Texas Hospital Association, Texas Osteopathic Medical Association, Texas Veterinary Medical Association, schools of public health and others) to provide public health perspectives to their deliberations and to provide information on legal and other issues.

TDH Response to Bioterrorism

TDH's response to a bioterrorist event has three main areas:

- Detection, agent identification, investigation, and control of epidemics;
- Communication among all response agencies; and
- Leadership role in the activation and implementation of the State Emergency Management Plan.

Within these three areas are six major implementation plan components, which are summarized within the Executive Summary.

Revisions to Current Need

While some resources currently exist to support basic prevention and disease control activities, Texas is not yet fully prepared to rapidly identify and adequately respond to a real or potential bioterrorism threat. **This document reflects revisions tailored to meet the authorized expenditure of $6.1 million outlined in the November 30, 2001, letter to Health and Human Services Commissioner Don Gilbert from Lieutenant Governor Bill Ratliff and House Speaker James E. "Pete" Laney.**

This revised implementation plan still contains the full six components, in priority order, as outlined in the original "Public Health Resources Needs for Bioterrorism Preparedness and Response" proposal. Included in this revision is the department's plan to address the public health response to bioterrorism infrastructure gaps and resource needs for Texas.

The budget estimates are projected for part of Fiscal Year 2002 and the full Fiscal Year 2003. Following the six component descriptions in the Executive Summary are tables that illustrate the state cost, the necessary staff classifications, and equipment that will require additional capital authority for purchase. Revisions to the original plan appear in bold.

Summary of the Six Implementation Plan Components in Priority Order

1. Enhancing Disease Detection and Response Capability

Local governments and TDH's regional infrastructure have limited capacity to detect, track, analyze, and respond to outbreaks and epidemics of communicable diseases. This component establishes and trains Epidemiology Response Teams (ERTs) in each of the eight public health regions. Each ERT will consist of an epidemiologist, public health nurse, and public health technician. These expert teams, supported by TDH Central Office staff in Austin, will conduct active disease surveillance, which is critical to rapidly identifying bioterrorist events.

Revision:

Component 1, Enhancing Disease Detection and Response Capability, remains as submitted with seven (7) months funding for Fiscal Year 2002.

2. Laboratory Capacity to Detect and Respond to Bioterrorism

While the five local health department laboratories, located in Dallas, El Paso, Houston, Lubbock, and San Antonio, in addition to the TDH Lab in Austin, are capable of microbiological laboratory analyses, they do not possess the modern testing equipment and sufficient manpower to run rapid tests vital to the early detection of a bioterrorist event. In addition, TDH staffing levels are not sufficient to respond to a bioterrorist event or multiple disease outbreaks while continuing to perform other routine laboratory testing. Finally, the challenges posed by the geographic size of Texas and the distribution of its population require adding two laboratory sites to the public health laboratory network, one in Fort Worth and the other in Harlingen. This item will fund trained technical laboratory staff and purchase equipment for rapid testing at six local health department laboratories, South Texas Health Care System Lab in Harlingen, and at TDH Central Office Lab in Austin.

Revision:

Component 2, Laboratory Capacity to Detect and Respond to Bioterrorism, remains as submitted with seven (7) months funding for Fiscal Year 2002. TDH will determine the six locations that will receive specialized equipment for rapid testing. Contained within this component are two options for equipment purchasing.

The preferred option provides grants for local health departments to purchase equipment versus acquisition through state capital purchasing. This option is preferred because the equipment would be owned and maintained by the local health departments rather than as state-owned property that TDH would be required to inventory and manage at these non-state locations. This preferred option does not change the total dollar amount nor does it decrease the amount of equipment purchased. Instead it creates a vested interest for local health departments to properly manage and maintain this laboratory property.

3. Enhanced Training for Infectious Disease Systems
(Formerly Infectious Disease Epidemiology and Surveillance)

To be maximally effective, infectious disease surveillance requires rapid epidemiological analysis and interpretation. Currently 50 percent of infectious disease reports are received through regular mail or other non-electronic means. Resources will speed data collection and analysis and provide extensive training in epidemiology, surveillance, and data systems to staff in TDH regional offices, to local health departments, and to other public and private health care providers.

Revision:

Speed data collection and analysis with a Web-based data entry system, specialized staffing and equipment acquisition have been removed from Component 3, Infectious Disease Epidemiology and Surveillance. Training is retained with seven (7) months funding for Fiscal Year 2002.

4. Health Alert Network

TDH currently has electronic communications in place with 65 participating local health departments. Funding will be used to assist local communities in the implementation of technology platforms that will enhance security, reliability, and backup capacity for the communications network and to develop specialized bioterrorism planning and response tools available through distance learning. The Health Alert Network (HAN) will link existing technology systems and provide training to build a comprehensive public health communication infrastructure.

Revision:

Funding for eight (8) HAN systems analysts is the only item retained in Component 4, Health Alert Network, with seven (7) months funding for Fiscal Year 2002. Four of the system analysts will be located in the TDH Public Health Regional Offices and the remaining funds will be contracted to local health departments to enhance the Health Alert Network. Within the given parameters of authorized funds and to the extent possible, geographic considerations will be coordinated with local health agencies to provide statewide coverage.

5. Office of State Epidemiologist

TDH needs a central source of scientific and public health expertise to coordinate all disease surveillance and bioterrorism activities within the department and the state. In addition, while local communities have plans in place to respond to natural disasters and other emergencies, most are not prepared to respond to bioterrorism. This component will create an Office of State Epidemiologist with staff to assist local communities and hospitals with enhancing their current emergency response plans for bioterrorism preparedness.

Revision:

Component 5, Office of State Epidemiologist, was not selected for implementation at the present time.

6. Laboratory Capacity to Detect and Respond to Chemical Terrorism

TDH's laboratory currently does not have the capability to process and test human samples for chemical contaminants or environmental samples from potential chemical terrorism activities. In order to rapidly respond to a chemical terrorism event, resources are required to appropriately staff and properly equip TDH's laboratory.

Revision:

Component 6, Laboratory Capacity to Detect and Respond to Chemical Terrorism, was not selected for implementation at the present time.

Cost to the State by Component

Component	FY 2002	FY 2003	Total	FTEs	Revised FY 2002	Revised FY 2003	Revised Total	Revised FTEs
1. Enhancing Disease Detection and Response Capability	2,065,782	1,791,692	3,857,474	28	**1,158,560**	**1,369,212**	**2,527,772**	**28**
2. Laboratory Capacity to Detect and Respond to Bioterrorism	1,309,153	604,153	1,913,306	10	**1,367,982**	**583,702**	**1,951,684**	**10**
3. Enhanced Training for Infectious Disease Systems	1,080,205	525,857	1,606,062	6	**455,178**	**307,874**	**763,052**	**2**
4. Health Alert Network	1,600,000	1,200,000	2,800,000	8	**487,060**	**370,432**	**857,492**	**4**
5. Office of State Epidemiology	466,360	432,360	898,720	5	**0**	**0**	**0**	**0**
6. Laboratory Capacity to Detect and Respond to Chemical Terrorism	760,357	260,357	1,020,714	2	**0**	**0**	**0**	**0**
Total	**7,281,857**	**4,814,419**	**12,096,276**	**59**	**3,468,780**	**2,631,220**	**6,100,000**	**44**

Cost to the State by Category of Expense

Option 1 (Preferred)

Category of Expense	FY 2002	FY 2003	Total	Revised FY 2002	Revised FY 2003	Revised Total
1001 Salary & Wages	2,211,558	2,211,558	4,423,116	**909,736**	**1,559,548**	**2,469,284**
1002 Other Personnel	379,184	379,184	758,368	**0**	**0**	**0**
2000 Operating Costs	2,313,523	1,508,085	3,821,608	**914,671**	**550,608**	**1,465,279**
4000 Grants	665,592	515,592	1,181,184	**1,327,429**	**521,064**	**1,848,493**
5000 Capital Expenditures	1,712,000	200,000	1,912,000	**316,944**	**0**	**316,944**
Total	**7,281,857**	**4,814,419**	**12,096,276**	**3,468,780**	**2,631,220**	**6,100,000**
Method of Finance						
001 General Revenue Fund	**7,281,857**	**4,814,419**	**12,096,276**	**3,468,780**	**2,631,220**	**6,100,000**
Total	**7,281,857**	**4,814,419**	**12,096,276**	**3,468,780**	**2,631,220**	**6,100,000**

Cost to the State by Category of Expense

Option 2

Category of Expense	FY 2002	FY 2003	Total	Revised FY 2002	Revised FY 2003	Revised Total
1001 Salary & Wages	2,211,558	2,211,558	4,423,116	**909,736**	**1,559,548**	**2,469,284**
1002 Other Personnel	379,184	379,184	758,368	**0**	**0**	**0**
2000 Operating Costs	2,313,523	1,508,085	3,821,608	**914,671**	**550,608**	**1,465,279**
4000 Grants	665,592	515,592	1,181,184	**867,429**	**521,064**	**1,388,493**
5000 Capital Expenditures	1,712,000	200,000	1,912,000	**776,944**	**0**	**776,944**
Total	**7,281,857**	**4,814,419**	**12,096,276**	**3,468,780**	**2,631,220**	**6,100,000**
Method of Finance						
001 General Revenue Fund	**7,281,857**	**4,814,419**	**12,096,276**	**3,468,780**	**2,631,220**	**6,100,000**
Total	**7,281,857**	**4,814,419**	**12,096,276**	**3,468,780**	**2,631,220**	**6,100,000**

Number of Fulltime Employees Under Plan

FTEs	Central	Regional	Contracts with Local Health Depts.	Total
Number of Fulltime Employees	17	36	6	59
Revised Number of Fulltime Employees	**9**	**29**	**6**	**44**

Position Classification Breakdown

Position Classification	Plan Component Number	Central Office	Regional Offices	Revised Central Office	Revised Regional Offices
Administrative Technician I	1, 3	2	0	1	0
Chemist V	6	1	0	0	0
Chemist VI	6	1	0	0	0
Data Base Administrator II	3	1	0	0	0
Data Base Administrator IV	3	1	0	0	0
Epidemiologist IV	1	1	8	1	8
Microbiologist IV	2	0	1	0	1
Microbiologist V	2	2	0	2	0
Microbiologist VI	2	1	0	1	0
Nurse IV	1	0	8	0	8
Physician	3	1	0	1	0
Program Specialist III	5	0	3	0	0
Public Health Technician III	1	2	8	2	8
Public Health Technician IV	3	1	0	1	0
Senior Scientist	5	1	0	0	0
State Epidemiologist	5	1	0	0	0
System Analyst II	3	1	0	0	0
System Analyst III	4	0	8	0	4
Subtotal		**17**	**36**	**9**	**29**
Local health department positions (contracts)			6	0	6
Total		**17**	**42**	**9**	**35**

Instruments/Equipments Requiring Capital Purchasing Authority

Option 1 (Preferred)

Instrument / Equipment	Component Number	FY 2002	FY 2003	Revised FY 2002	Revised FY 2003
Avtek Local HAN Systems ($50,000 x 4)	4	200,000	200,000	**0**	**0**
Capitalized IT Equipment	1	92,500	0	**86,944***	**0**
Gas Chromatograph	6	60,000	0	**0**	**0**
High Performance Liquid Chromatograph	6	60,000	0	**0**	**0**
Light Cyclers ($65,000 x 6 locations)	2	390,000	0	**130,000 (2 locations)**	**0**
Liquid Chromatograph/Gas Chromatograph Computer and Software	6	30,000	0	**0**	**0**
Tandem Mass Spectrometer	6	400,000	0	**0**	**0**
Training Equipment (5 PCs, 2 printers, AV equipment)	5	19,500	0	**0**	**0**
Victor II Instruments ($50,000 x 6 locations)	2	300,000	0	**100,000 (2 locations)**	**0**
Web Browser-Based Data System	3	160,000	0	**0**	**0**
Total		**1,712,000**	**200,000**	**316,944**	**0**

*** TDH can absorb this purchase through existing capital authority.**

Instruments/Equipments Requiring Capital Purchasing Authority

Option 2

Instrument / Equipment	Component Number	FY 2002	FY 2003	Revised FY 2002	Revised FY 2003
Avtek Local HAN Systems ($50,000 x 4)	4	200,000	200,000	**0**	**0**
Capitalized IT Equipment	1	92,500	0	**86,944***	**0**
Gas Chromatograph	6	60,000	0	**0**	**0**
High Performance Liquid Chromatograph	6	60,000	0	**0**	**0**
Light Cyclers ($65,000 x 6 locations)	2	390,000	0	**390,000**	**0**
Liquid Chromatograph/Gas Chromatograph Computer and Software	6	30,000	0	**0**	**0**
Tandem Mass Spectrometer	6	400,000	0	**0**	**0**
Training Equipment (5 PCs, 2 printers, AV equipment)	5	19,500	0	**0**	**0**
Victor II Instruments ($50,000 x 6 locations)	2	300,000	0	**300,000**	**0**
Web Browser-Based Data System	3	160,000	0	**0**	**0**
Total		**1,712,000**	**200,000**	**776,944**	**0**

*** TDH can absorb this purchase through existing capital authority.**

Training Implementation

Trainees	Training Content	Training Providers	Revised Training Providers	Comments
• Regional and Central Office Epidemiology Response Teams (ERT) • Local health department staff • Hospital staff with priority to ERT	○ Epidemiology/ bioterrorism orientation	▪ State Epidemiologist; Infectious Disease Epidemiology and Surveillance (IDEAS)	➢ No change	❑ State Epidemiologist will train at reduced time commitment
• Regional and Central Office ERTs	○ Basic surveillance ○ Basic epidemiology ○ Intermediate data analysis ○ Advanced epidemiology	▪ Infectious Disease Epidemiology and Surveillance (IDEAS) ▪ Regional and central office staff ▪ Schools of public health contracts	➢ No change	❑ Not applicable
• Laboratory staff at local health departments and TDH sites	○ Instruments operation and special bioterrorism testing protocols	▪ Instruments vendors ▪ Central office staff	➢ No change	❑ Not applicable
• End-users on Web-based data entry systems	○ Procedures for Web-based data applications	▪ Infectious Disease Epidemiology and Surveillance (IDEAS)	➢ Not selected for implementation at the present time	❑ Not applicable

Trainees	Training Content	Training Providers	Revised Training Providers	Comments
• Health care providers	○ Bioterrorism response	▪ Contract physicians	➢ No change	❑ Not applicable
• Regional Health Alert Network (HAN) support specialists	○ HAN technical orientation	▪ Office of Public Health Practice	➢ No change	❑ Not applicable
• Regional planners	○ Staff orientation and technical training on epidemiology/ bioterrorism	▪ State Epidemiologist ▪ Infectious Disease Epidemiology and Surveillance (IDEAS)	➢ Not selected for implementation at the present time	❑ Not applicable
• Central office chemists	○ Instruments operations and procedures training	▪ Instruments vendors and central office staff	➢ Not selected for implementation at the present time	❑ Not applicable

1. Enhancing Disease Detection and Response Capability

Revision:

Component 1, Enhancing Disease Detection and Response Capability, remains as submitted with seven (7) months funding for Fiscal Year 2002.

Use of Funds

Local governments and TDH's regional infrastructure have limited capacity to detect, track, analyze, and respond to outbreaks and epidemics of communicable diseases. This component will establish and train Epidemiology Response Teams (ERTs) in the eight TDH public health regions to assist local communities in detecting and tracking diseases and in conducting epidemic investigations. Each ERT will consist of an Epidemiologist III, a Public Health Technician III, and a Nurse IV. These expert teams, supported by TDH Central Office staff, will conduct active disease surveillance, which is critical to rapidly identifying bioterrorist events.

When ERT members are not working on bioterrorism-related activities, they will be improving disease reporting, conducting epidemiologic investigations, and working to improve the quality of health information collected. Their work will increase the capacity to detect and respond to the normally occurring outbreaks that frequently happen. They also will help examine disparities in health status within communities served.

Central office support in infectious disease epidemiology and surveillance is needed to coordinate and support the regional activities and to train regional staff. This staff will consist of an Epidemiologist III, a Public Health Technician III, an Information Specialist II, and an Administrative Technician I. Enhanced active surveillance will result in additional samples submitted for laboratory testing. Some funds will pay for reagents to perform these tests. Laboratory testing will include rapid microbiological testing, routine cultures, and serological tests needed during surveillance and outbreak investigations. While TDH is connected through Health Alert Network (HAN) to 65 local health departments, adequate technical support is not available. Included in this request are funds to establish this support capability under contract.

Implementation Steps and Assumptions

Steps in the implementation plan reflect various tasks including hiring additional specialized staff, developing contracts for Health Alert Network (HAN) support and other specialized needs, and equipping and training ERTs. Some assumptions considered when developing the implementation plan include:

- Hiring may occur in stages, depending on funding sources and priority needs in regions.
- ERT positions will be standardized across regions with one essential function specifying that the team members will spend 100 percent of their time responding to bioterrorism events, should they occur.
- A portion of their day-to-day epidemiology and surveillance activities will include planning for bioterrorism events and assisting local communities with bioterrorism preparedness and response planning together with efforts of the Office of State Epidemiologist and TDH Division of Emergency Preparedness.

1. Enhancing Disease Detection and Response Capability

Implementation Plan and Timeline

	Implementation Steps	Responsible Parties	Due on or before	Revised Dates
A	• Decide allocation of proposed FTEs across regions.	Regional Directors; Julie Rawlings	11/9/01	**Completed**
B	• Write and audit position descriptions for regional and central office positions.	Subject experts with Bureau of Human Resources (BHR)	11/30/01	**Completed**
C	• Identify and fill positions by transferring existing qualified staff.	Regional Directors; Deputy Regional Directors; Dennis Perrotta; Julie Rawlings	12/10/01	**1/10/02**
D	• Identify office space and purchase office equipment for new employees.	Bioterrorism Workgroup (BTWG); Deputy Regional Directors	12/14/02	**1/14/02**
E	• Post positions not filled by transferring existing qualified staff.	BHR in central office and regions	12/14/01	**1/14/02**
F	• Amend contracts to local health departments to provide for Health Alert Network (HAN) support.	Michael Mastrangelo; Grants Management	12/31/01	**Activity moved to Component 4**
G	• Interview, select, and hire new staff.	Supervisor/ Regional Director; Central Office epidemiologists	1/18/02	**2/18/02**
H	• Develop guidelines for team responses, with specific steps identified for responding to bioterrorism events.	BTWG and/or contractor	Ongoing w/priority to highly probable events	**Ongoing**
I	• Hold orientation for all ERTs with focus on bioterrorism.	BTWG	3/15/02	**4/15/02**
J	• Purchase lab/testing supplies.	Central Office lab	Ongoing	**Ongoing**
K	• Train new staff.	BTWG	Ongoing	**Ongoing**

1. Enhancing Disease Detection and Response Capability

Milestones

- HAN contracts amended, 12/31/01.
  Revision: **Moved to Component 4.**
- Regional and central office positions filled, 1/18/02.
  Revision: **Date changed to 2/18/02.**
- Initial training and equipping of ERT positions completed, 3/15/02.
  Revision: **Date changed to 4/15/02.**

Cost to the State

Category of Expense	FY 2002	FY 2003	Revised FY 2002	Revised FY 2003	Comments
1001 Salary & Wages	1,059,816	1,059,816	**644,553**	**1,104,948**	**FY 2002 adjusted for 7 months. FY 2003 uses current classification information**
1002 Other Personnel	53,472	53,472	**0**	**0**	**Benefits appropriated by Employee Retirement System (ERS)**
2000 Operating Costs	542,330	360,740	**427,063**	**264,264**	**Reduction in surveillance lab costs**
4000 Grants	317,664	317,664	**0**	**0**	**Eliminated grants**
5000 Capital Expenditures	92,500	0	**86,944**	**0**	**Not applicable**
Total	**2,065,782**	**1,791,692**	**1,158,560**	**1,369,212**	
Method of Finance					
001 General Revenue Fund	2,065,782	1,791,692	**1,158,560**	**1,369,212**	**Not applicable**
Total	**2,065,782**	**1,791,692**	**1,158,560**	**1,369,212**	
FTEs					
Regional	24	24	**24**	**24**	**Not applicable**
Central Office	4	4	**4**	**4**	**Not applicable**
Total	**28**	**28**	**28**	**28**	

2. Laboratory Capacity to Detect and Respond to Bioterrorism

Revision:

Component 2, Laboratory Capacity to Detect and Respond to Bioterrorism, remains as submitted with seven (7) months funding for Fiscal Year 2002. TDH will determine the six locations that will receive equipment for rapid testing. Contained within this component are two options for equipment purchasing.

The preferred option provides grants for local health departments to purchase equipment versus acquisition through state capital purchasing. This option is preferred because the equipment would be owned and maintained by the local health departments rather than as state-owned property that TDH would be required to inventory and manage at these non-state locations. This preferred option does not change the total dollar amount nor does it decrease the amount of equipment purchased. Instead it creates a vested interest for local health departments to properly manage and maintain this laboratory property.

Use of Funds

While the five local health department laboratories, located in Dallas, El Paso, Houston, Lubbock, and San Antonio, in addition to the TDH Lab in Austin, are capable of microbiological laboratory analyses, they do not possess the modern testing instruments and sufficient manpower to run rapid tests vital to the early detection of a bioterrorist event. In addition, TDH staffing levels are not sufficient to respond to a bioterrorist event or multiple disease outbreaks while continuing to perform other routine laboratory testing. Finally, the challenges posed by the geographic size of Texas and the distribution of its population require adding two laboratory sites to the public health laboratory network, in Fort Worth and in Harlingen.

This item will fund trained technical laboratory staff and purchase specialized instruments for rapid testing at six local health department laboratories, South Texas Health Care System Lab in Harlingen, and at TDH Central Office Lab in Austin.

The Light Cycler instrument tests for the presence of unique bacterial or viral nucleic acid [DNA or RNA] using the science of polymerase chain reaction [PCR]. Results are available as quickly as two hours after the specimen is introduced in the instrument. Protocols are being developed for using the Light Cycler at the federal Centers for Disease Control and Prevention (CDC) and other sites such as the Mayo Clinic and Brooks Air Force Base. The CDC provided state public health laboratories their approved protocol and the necessary components to test for *Bacillus anthracis*. The TDH Laboratory has received these components and has validated the protocol in its laboratory. Further, TDH Laboratory staff is prepared to train local health department staff in this procedure.

2. Laboratory Capability to Detect and Respond to Bioterrorism

The Victor II instrument tests for bacterial cell wall components using the science of time-resolve fluorescence. This technology is especially useful for testing a large number of samples in a short period of time. Its sensitivity is set to err on the side of detecting the agent. Those samples positive with the Victor II would be confirmed using the Light Cycler. Protocols for the Victor II are being developed by scientists at the CDC and are expected to be released to the states in the spring.

As a pair, these instruments and their individual sciences bring to the public health laboratories of Texas powerful tools to detect and identify both threats and other pathogenic agents. The CDC has established a Web site where enrolled public health laboratories can access restricted protocols and order test components for these protocols. Each state approves the enrollment of laboratories within the state and approves the level of enrollment. This process prevents unauthorized laboratories from entering this restricted area and gaining access to the testing methodologies and components.

Implementation Steps and Assumptions

Steps in the implementation plan reflect various tasks, including hiring additional specialized staff; developing contracts for personnel, supplies, and equipment for local public health departments; training of both TDH and local health department laboratorians, and purchase of specialized equipment for the rapid detection and identification of threat agents.
Assumptions considered when developing the implementation plan include the following:

- Hiring at TDH Austin will be by transferring existing qualified staff to key bioterrorism positions with replacements being hired as quickly as possible.
- Hiring at the South Texas Health Care System Laboratory in Harlingen will be done as quickly as the position can be posted and selection can be accomplished.
- Hiring at the six local health departments is dependent on local government. It is anticipated that grant funds will be provided to these health departments by early December, and the positions can be filled before February 2002.
- The Light Cycler instrument is available and ready to ship. Vendor is looking at opportunities for training. All laboratories receiving Light Cyclers should be fully capable by January 2002.
- CDC-developed protocols for the Victor II instrument are forthcoming. When they are ready, the instruments will be ordered. No significant delay in delivery is anticipated.

2. Laboratory Capability to Detect and Respond to Bioterrorism

Implementation Plan and Timeline

	Implementation Steps	Responsible Parties	Due on or before	Revised Dates
A	• Write and audit position descriptions for Microbiologist VI, two Microbiologist V and Microbiologist IV positions.	Bruce Elliott; Bureau of Human Resources (BHR)	11/8/01	**Completed**
B	• Process purchase order for Light Cyclers as a Proprietary 3.09 purchase.	Bruce Elliott	11/12/01	**Completed**
C	• Fill Microbiologist VI, two Microbiologist V positions by transferring existing qualified staff.	Bruce Elliott	11/12/01	**1/11/02**
D	• Amend contracts to local health departments in Dallas, El Paso, Houston, Lubbock, and San Antonio to fund one FTE and provide $25,000 for bioterrorism expendable equipment and supplies (including safety equipment).	Grants Management	12/14/01	**1/14/02**
E	• Coordinate delivery of Light Cycler instruments.	Vendor; Bruce Elliott	12/14/01	**1/14/02**
F	• Interview, select, and hire Microbiologist IV at STHCS Laboratory.	Gracie Garza; STHCS Lab	12/15/01	**1/14/02**
G	• Begin operation of STHCS Laboratory.	Gracie Garza; Bruce Elliott	12/3/01	**2/4/02**
H	• Write, select, and hire staff for local health department laboratories jobs.	Local health departments	2/4/02	**3/1/02**
I	• Operation of Fort Worth Laboratory begins.	Guy Dixon, Bruce Elliott	3/1/02	**3/1/02**
J	• Conduct training with current staff on instruments no later than 30 days after filling position at local health department laboratories.	Vendor	1/15/02	**3/15/02**
K	• Process purchase order for Victor II instruments as a Proprietary 3.09 purchase.	Bruce Elliott; Central Procurement Services	Spring 2002	**Spring 2002**

Continued on next page

2. Laboratory Capability to Detect and Respond to Bioterrorism

Implementation Plan and Timeline Continued:

	Implementation Steps	Responsible Parties	Due on or before	Revised Dates
L	• Coordinate delivery of Victor II instruments.	Vendor; Bruce Elliott	Within 30 days of receipt of order	**Within 30 days of receipt of order**
M	• Conduct training on instruments no later than 30 days after filling position at local health department laboratories.	Vendor; Bruce Elliott	Summer 2002	**Summer 2002**

Milestones

- Enrollment of South Texas Health Care System (STHCS) laboratory in public health laboratory network completed, 11/5/01.
  Revision: **Date changed to 2/4/02.**
- Enrollment of Fort Worth laboratory in the public health laboratory network completed, 11/12/01.
  Revision: **Date changed to 3/1/02.**
- New employees from each local health departments available to attend bioterrorism training, 1/15/02.
  Revision: **Date changed to 3/15/02.**
- Light Cycle training completed, 2/02.
  Revision: **Date changed to 3/15//02.**
- CDC protocols for use of Victor II instruments received, Spring 2002.
- Victor II training completed, Summer 2002.

2. Laboratory Capability to Detect and Respond to Bioterrorism

Option 1 (Preferred)

Cost to the State

Category of Expense	FY 2002	FY 2003	Revised FY 2002	Revised FY 2003	Comments
1001 Salary & Wages	149,868	149,868	**90,930**	**155,880**	**FY 2002 adjusted for 7 months. FY 2003 uses current classification information**
1002 Other Personnel	42,383	42,383	**0**	**0**	**Benefits appropriated by Employee Retirement System (ERS)**
2000 Operating Costs	78,974	213,974	**86,974**	**71,974**	**Operating costs shifted to grants**
4000 Grants	347,928	197,928	**960,078**	**355,848**	**Grants increased from reduction in operating costs**
5000 Capital Expenditures	690,000	0	**230,000**	**0**	**Not applicable**
Total	**1,309,153**	**604,153**	**1,367,982**	**583,702**	
Method of Finance					
001 General Revenue Fund	1,309,153	604,153	**1,367,982**	**583,702**	**Not applicable**
Total	**1,309,153**	**604,153**	**1,367,982**	**583,702**	
FTEs					
Regional	1	1	**1**	**1**	**Not applicable**
Central Office	3	3	**3**	**3**	**Not applicable**
Local health department positions (contract)	6	6	**6**	**6**	**Not applicable**
Total	**10**	**10**	**10**	**10**	

2. Laboratory Capability to Detect and Respond to Bioterrorism

Option 2

Cost to the State

Category of Expense	FY 2002	FY 2003	Revised FY 2002	Revised FY 2003	Comments
1001 Salary & Wages	149,868	149,868	**90,930**	**155,880**	**FY 2002 adjusted for 7 months. FY 2003 uses current classification information**
1002 Other Personnel	42,383	42,383	**0**	**0**	**Benefits appropriated by Employee Retirement System (ERS)**
2000 Operating Costs	78,974	213,974	**86,974**	**71,974**	**Operating costs shifted to grants**
4000 Grants	347,928	197,928	**500,078**	**355,848**	**Grants increased from reduction in operating costs**
5000 Capital Expenditures	690,000	0	**690,000**	**0**	**Not applicable**
Total	**1,309,153**	**604,153**	**1,367,982**	**583,702**	
Method of Finance					
001 General Revenue Fund	1,309,153	604,153	**1,367,982**	**583,702**	**Not applicable**
Total	**1,309,153**	**604,153**	**1,367,982**	**583,702**	
FTEs					
Regional	1	1	**1**	**1**	**Not applicable**
Central Office	3	3	**3**	**3**	**Not applicable**
Local health department positions (contract)	6	6	**6**	**6**	**Not applicable**
Total	**10**	**10**	**10**	**10**	

3. Enhanced Training for Infectious Disease Systems

(Formerly Infectious Disease Epidemiology and Surveillance)

Revision:

Speed data collection and analysis with a Web-based data entry system, specialized staffing and equipment acquisition have been removed from Component 3, Infectious Disease Epidemiology and Surveillance. Training is retained with seven (7) months funding for Fiscal Year 2002.

Use of Funds

Infectious disease surveillance requires rapid epidemiological analysis and interpretation to be maximally effective. Currently 50 percent of infectious disease reports are received through regular mail or other non-electronic means. Resources would be used to:

- Speed data collection and analysis with a Web-based data entry system developed based on stakeholder and end-user input; and
- Provide extensive training in epidemiology, surveillance, and data systems to staff in TDH regional offices, local health departments, and other public and private health care providers.

Implementation Steps and Assumptions

Steps in the implementation plan reflect various tasks, including the hiring of additional specialized staff and developing contracts for training and other specialized needs. Assumptions considered when developing the implementation plan include the following:

- Hiring may occur in stages, depending on funding sources and priority needs.
- Training will need to be developed in the following areas:
  - Basic surveillance;
  - Basic epidemiology;
  - Intermediate data analysis;
  - Advanced epidemiology; and
  - For health care providers.
- Will hire consultants to develop software applications and training materials and Central Office staff to maintain applications prior to making applications and training materials available.
- Where possible, training will be provided using existing infrastructure including public health schools, Central Office, and public health regional staff (including Trauma Regional Advisory councils).

3. Enhanced Training for Infectious Disease Systems

Implementation Plan and Timeline

	Implementation Steps	Responsible Parties	Due on or before	Revised Dates
A	• Write and audit position descriptions for Central Office.	Infectious Disease Epidemiology and Surveillance (IDEAS); Bureau of Human Resources (BHR)	11/30/01	**12/14/01**
B	• Identify and fill positions by transferring existing qualified staff.	Celine Hanson	12/10/01	**12/28/01**
C	• Identify office space and purchase furniture for new employees.	Celine Hanson	12/14/01	**1/15/02**
D	• Post positions not filled by transferring existing qualified staff.	BHR	12/14/01	**1/15/02**
E	• Develop contracts and hire consultants and physicians as trainers.	Bureau of Communicable Disease Control; Grants Management; Kate Hendricks	1/4/02	**2/4/02**
F	• Interview, select, and hire new staff.	IDEAS	1/18/02	**2/15/02**
G	• Purchase equipment and configure, install, and test Epi.X system.	IDEAS	1/18/02	**Not applicable**
H	• Hire consultants to develop Web-based applications.	Julie Rawlings	2/15/02	**Not applicable**
I	• Develop training for: o Basic surveillance; o Basic epidemiology; o Intermediate data analysis; o Advanced epidemiology; o Health care providers.	IDEAS; consultants	3/29/02	**4/26/02**
J	• Develop stakeholder requirements, project plan, scope, and application.	Consultants	10/18/02	**Not applicable**
K	• Design Web forms.	Consultants	10/18/02	**Not applicable**
L	• Configure, install, and test hardware and software and implement application.	Consultants	10/18/02	**Not applicable**

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3. Enhanced Training for Infectious Disease Systems

Implementation Plan and Timeline Continued:

	Implementation Steps	Responsible Parties	Due on or before	Revised Dates
M	• Train staff in agency and local health departments and health care providers on bioterrorism and Web-based applications. Publish remote training on-line guides. • ***Revision:*** **Eliminate Web-based applications and publication of remote training on-line guides.**	IDEAS; regional staff; consultants; schools of public health	Ongoing	**12/31/02**
N	• Plan and conduct bioterrorism conference.	TDH	Fall 2002	**Fall 2002**
O	• Provide information in language(s) other than English.	TDH Translation Services	As needed	**As needed**

Milestones

- Central office positions are filled, 1/18/02.
  Revision: **Date changed to 2/15/02.**
- Consultants contracted, 2/15/02.
- Web-based data entry system implemented, 10/18/02.
  Revision: **Not applicable.**
- Web-based training completed, 10/18/02.
  Revision: **Not applicable.**
- Epidemiology, surveillance, data analysis, and health care provider training delivered, 10/18/02.
  Revision: **Date changed to 12/31/02.**

3. Enhanced Training for Infectious Disease Systems

Cost to the State

Category of Expense	FY 2002	FY 2003	Revised FY 2002	Revised FY 2003	Comments
1001 Salary & Wages	274,000	274,000	77,877	133,504	**Fewer positions. FY 2002 adjusted for 7 months. FY 2003 uses current classification information**
1002 Other Personnel	77,487	77,487	0	0	**Benefits appropriated by Employee Retirement System (ERS)**
2000 Operating Costs	568,718	174,370	377,301	174,370	**Fewer positions**
5000 Capital Expenditures	160,000	0	0	0	**Eliminates NEDSS** equipment**
Total	**1,080,205**	**525,857**	**455,178**	**307,874**	
Method of Finance					
001 General Revenue Fund	**1,080,205**	**525,857**	**455,178**	**307,874**	**Not applicable**
Total	**1,080,205**	**525,857**	**455,178**	**307,874**	
FTEs					
Regional	0	0	0	0	**Eliminates**
Central Office	6	6	2	2	**NEDSS staff**
Total	**6**	**6**	**2**	**2**	

**** National Electronic Disease Surveillance System**

4. Health Alert Network (HAN)

Revision:

Funding for eight (8) HAN systems analysts is the only item retained in Component 4, Health Alert Network, with seven (7) months funding for Fiscal Year 2002. Four of the system analysts will be located in the TDH Public Health Regional Offices and the remaining funds will be contracted to local health departments to enhance the HAN. Within the given parameters of authorized funds and to the extent possible, geographic considerations will be coordinated with local health agencies to provide statewide coverage.

Use of Funds

TDH currently has electronic communications in place with 65 participating local health departments. Funding will be used to assist local communities in the implementation of technology platforms that will enhance security, reliability, and backup capacity for the Health Alert Network (HAN), and to develop a process to solicit and select pilot projects that will advance the coverage and capabilities of the HAN. The HAN will link existing technology systems (including telemedicine assets) and provide training to build a comprehensive public health communication infrastructure.

Implementation Steps and Assumptions

Steps in the implementation plan reflect various tasks, including hiring additional regional staff (network support specialists); developing contracts for equipment, meeting other specialized needs, and funding for HAN advancement pilot projects. Some assumptions considered when developing the implementation plan are:

- Hiring of the regional Network Support Specialists may occur in stages, depending on identified funding sources and priority needs in regions.
- TDH will seek input from TDH public health regions, local health departments, the Texas Association of Local Health Officials (TALHO), and other appropriate federal and state agencies to identify and select HAN advancement pilot projects.
  Revision: **TDH will seek input from TDH public health regions, local health departments, and the Texas Association of Local Health Officials (TALHO) to identify and select possible HAN advancement pilot projects for development and implementation, pursuant to the availability of funds.**
- The budget estimate for the HAN advancement pilot projects is based on existing project models.
  Revision: **This step is eliminated.**

4. Health Alert Network

Implementation Plan

	Implementation Steps	Responsible Parties	Due on or before	Revised Dates
A	• Write and audit position descriptions for regional Systems Analyst III positions.	Michael Mastrangelo; Bureau of Human Resources (BHR)	11/30/01	**Completed**
B	• Develop a process to solicit ideas that will advance the HAN.	BTWG	12/01/01	**Not applicable**
C	• Identify office space for new staff.	Deputy Regional Directors	12/14/01	**1/14/02**
D	• Purchase supplies.	Deputy Regional Directors	12/14/01	**1/14/02**
E	• Convene meeting of key institutions of the Telemedicine Task Force to integrate state telemedicine assets into the state response for bioterrorism.	Michael Mastrangelo	12/14/01	**Not applicable**
F	• Purchase and set up equipment.	Local health departments	1/2/02	**Not applicable**
G	• Amend contracts to local health departments to provide for Health Alert Network (HAN) support.	Michael Mastrangelo; Grants Management	1/31/02	**1/14/02 Activity moved from Component 1**
H	• Implement application and evaluation process for HAN advancement proposals.	BTWG	1/18/02	**Not applicable**
I	• Interview, select, and hire regional Systems Analyst III.	TDH Regional Informational Technology	1/18/02	**2/18/02**
J	• Hold orientation for HAN staff.	BTWG; Michael Mastrangelo	2/1/02	**3/1/02**
K	• Develop and execute HAN advancement contracts.	Michael Mastrangelo; Grants Management	2/28/02	**Not applicable**
L	• Monitor contracts.	Michael Mastrangelo	Ongoing	**Ongoing**

4. Health Alert Network

Milestones

- HAN contracts amended, 12/31/01.
  Revision: **Moved from Component 1. New date is 1/14/02.**
- Project plan for telemedicine task force developed, 12/14/01.
  Revision: **Not applicable.**
- Regional network support specialist positions filled, 1/18/02.
  Revision: **Date changed to 2/18/02.**
- HAN advancement pilot contracts executed, 2/28/02.
  Revision: **Not applicable.**

4. Health Alert Network

Cost to the State

Category of Expense	FY 2002	FY 2003	Revised FY 2002	Revised FY 2003	Comments
1001 Salary & Wages	317,664	317,664	**96,376**	**165,216**	**FY 2002 adjusted for 7 months. FY 2003 uses current classification information. Reduced by four positions**
1002 Other Personnel	89,835	89,835	**0**	**0**	**Benefits appropriated by Employee Retirement System (ERS)**
2000 Operating Costs	992,501	592,501	**23,333**	**40,000**	**Eliminated contract with San Antonio**
4000 Grants	0	0	**367,351**	**165,216**	**Contracts to local health departments to assist with HAN and with local HAN costs**
5000 Capital Expenditures	200,000	200,000	**0**	**0**	**Eliminated**
Total	**1,600,000**	**1,200,000**	**487,060**	**370,432**	
Method of Finance					
001 General Revenue Fund	1,600,000	1,200,000	**487,060**	**370,432**	**Not applicable**
Total	**1,600,000**	**1,200,000**	**487,060**	**370,432**	
FTEs					
Regional Central Office	8 0	8 0	**4** **0**	**4** **0**	**Local health departments may choose to hire staff with grant money.**
Total	**8**	**8**	**4**	**4**	

5. Office of State Epidemiologist

Revision:

Component 5, Office of State Epidemiologist, was not selected for implementation at the present time. There are no revisions to Component 5.

Use of Funds

TDH needs a central source of scientific and public health expertise to coordinate all disease surveillance and bioterrorism activities within the department and the state. In addition, while local communities have plans in place to respond to natural disasters and other emergencies, most are not prepared to respond to bioterrorism. This component will create an Office of State Epidemiologist with staff to assist local communities and hospitals with enhancing their current emergency response plans for bioterrorism preparedness.

Implementation Steps and Assumptions

Steps in the implementation plan reflect various tasks, including the hiring of additional specialized staff and developing contracts for training and other specialized needs. Hiring may occur in stages, depending on identified funding sources and priority needs.

5. Office of State Epidemiologist

Implementation Plan

	Implementation Steps	Responsible Parties	Due on or before
A	• Write and audit position descriptions.	Bureau of Human Resources (BHR), Bioterrorism Workgroup (BTWG), Dennis Perrotta	11/30/01
B	• Identify and fill positions by transferring existing qualified staff.	Sharilyn Stanley	12/10/01
C	• Post positions not filled by transferring existing qualified staff.	BHR	12/14/01
D	• Identify office space for employees.	BTWG Administrator, Facilities Management	1/15/02
E	• Purchase and set up office equipment.	BTWG Administrator, Purchasing, Facilities Management	2/1/02
F	• Interview, select, and hire new staff.	State Epidemiologist; Sharilyn Stanley	1/18/02
G	• Participate in staff orientation for ERTs.	BTWG	3/15/02
H	• Participate in staff training.	BTWG	3/15/02

5. Office of State Epidemiologist

Milestones

- Regional and central office positions filled, 1/18/02.
- Initial training and equipping positions completed, 3/15/02.

Cost to the State

Category of Expense	FY 2002	FY 2003
1001 Salary & Wages	293,000	293,000
1002 Other Personnel	82,860	82,860
2000 Operating Costs	71,000	56,500
5000 Capital Expenditures	19,500	0
Total	**466,360**	**432,360**
Method of Finance		
001 General Revenue Fund	**466,360**	**432,360**
Total	**466,360**	**432,360**
FTEs		
Regional	3	3
Central Office	2	2
Total	**5**	**5**

6. Laboratory Capacity to Detect and Respond to Chemical Terrorism

Revision:

Component 6, Laboratory Capacity to Detect and Respond to Chemical Terrorism, was not selected for implementation at the present time. There are no revisions to Component 6.

Use of Funds

TDH's laboratory currently does not have the capability to process and test human samples for chemical contaminants or environmental samples from potential chemical terrorism activities. In order to rapidly respond to a chemical terrorism event, resources are required to appropriately staff and properly equip TDH's laboratory.

Implementation Steps and Assumptions

Steps in the implementation plan reflect various tasks, including hiring additional specialized staff; purchasing the necessary analytical instruments, developing and testing protocols for detection of chemical agents, and validating methods. Some of the assumptions considered when developing the implementation plan include the following:

- Hiring of specialized staff will focus on the recommended technology.
- Equipment selection and purchase will be done following the International Society of Exposure Analysis Conference held November 4 - 8 to be attended by staff.
- Site preparation will be needed for instrumentation.
- After receipt of equipment, developed protocols will be tested and validated on the instruments.

6. Laboratory Capacity to Detect and Respond to Chemical Terrorism

Implementation Plan and Timeline

	Implementation Steps	Responsible Parties	Due on or before
A	• Obtain analyte list and required analytical procedures.	Dwight Schaeper; Environmental Sciences Division (ESD)	11/30/01
B	• Write and audit position descriptions for Chemist V and Chemist IV.	Dwight Schaeper; Branch Supervisor; Bureau of Human Resources (BHR)	11/30/01
C	• Identify needed capital equipment.	Dwight Schaeper; ESD	12/14/01
D	• Identify site preparation needs for instrumentation.	Dwight Schaeper; ESD	12/14/01
E	• Post Chemist V and Chemist IV positions	Dwight Schaeper; BHR	12/14/01
F	• Submit purchase orders for new equipment and facility upgrades.	Dwight Schaeper; ESD	12/21/01
G	• Interview, select, and hire Chemist V and Chemist IV.	Dwight Schaeper; BHR	1/18/02
H	• Receive and install new instruments.	Vendor; ESD	2/15/02
I	• Receive training on new instruments.	Vendor; ESD	2/22/02
J	• Validate new analytical procedures.	ESD	3/22/02
K	• Prepare Standard Operating Procedures for new procedures.	ESD	3/29/02
L	• Train personnel on new procedures.	ESD	4/5/02
M	• Implement new procedures in the laboratory.	ESD	4/8/02

6. Laboratory Capacity to Detect and Respond to Chemical Terrorism

Milestones

- State-level positions filled, 1/18/02.
- New laboratory procedure implemented, 4/8/02.

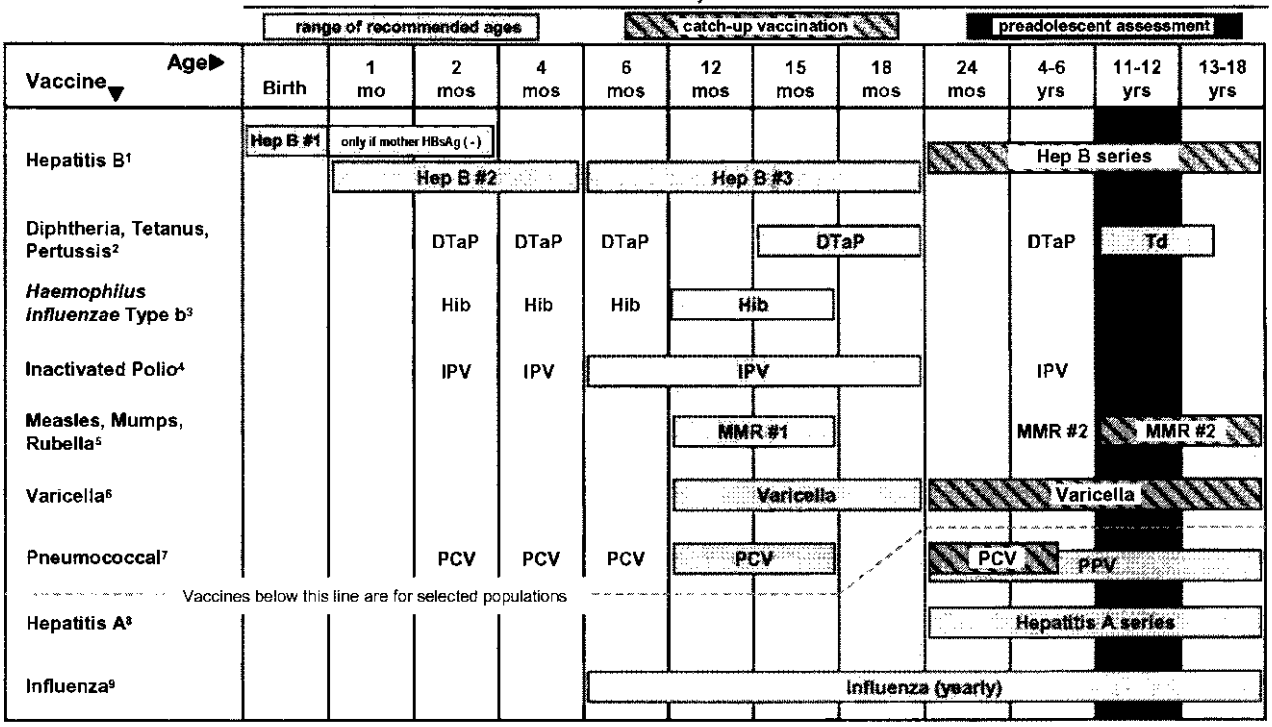
Cost to the State

Category of Expense	FY 2002	FY 2003
1001 Salary & Wages	117,210	117,210
1002 Other Personnel	33,147	33,147
2000 Operating Costs	60,000	110,000
5000 Capital Expenditures	550,000	0
Total	**760,357**	**260,357**
Method of Finance		
001 General Revenue Fund	**760,357**	**260,357**
Total	**760,357**	**260,357**
FTEs		
Regional	0	0
Central Office	2	2
Total	**2**	**2**

APPENDIX E

2002 Immunization Schedule

Recommended Childhood Immunization Schedule
United States, 2002



This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2001, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

1. Hepatitis B vaccine (Hep B). All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is HBsAg-negative. Only monovalent hepatitis B vaccine can be used for the birth dose. Monovalent or combination vaccine containing Hep B may be used to complete the series; four doses of vaccine may be administered if combination vaccine is used. The second dose should be given at least 4 weeks after the first dose, except for Hib-containing vaccine which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 6 months.

Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1-2 months and the vaccination series should be completed (third or fourth dose) at age 6 months.

Infants born to mothers whose HBsAg status is unknown should receive the first dose of the hepatitis B vaccine series within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week).

2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15-18 months. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11-12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. *Haemophilus influenzae* type b (Hib) conjugate vaccine. Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at age 2, 4 or 6 months, but can be used as boosters following any Hib vaccine.

4. Inactivated poliovirus vaccine (IPV). An all-IPV schedule is recommended for routine childhood poliovirus vaccination in the United States. All children should receive four doses of IPV at age 2 months, 4 months, 6-18 months, and 4-6 years.

5. Measles, mumps, and rubella vaccine (MMR). The second dose of MMR is recommended routinely at age 4-6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and that both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the visit at 11-12 years.

6. Varicella vaccine. Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e. those who lack a reliable history of chickenpox). Susceptible persons aged ≥13 years should receive two doses, given at least 4 weeks apart.

7. Pneumococcal vaccine. The heptavalent **pneumococcal conjugate vaccine (PCV)** is recommended for all children aged 2-23 months and for certain children aged 24-59 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9);1-37.

8. Hepatitis A vaccine. Hepatitis A vaccine is recommended for use in selected states and regions, and for certain high-risk groups; consult your local public health authority. See *MMWR* 1999;48(RR-12);1-37.

9. Influenza vaccine. Influenza vaccine is recommended annually for children age ≥ 6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, and diabetes; see *MMWR* 2001;50(RR-4);1-44), and can be administered to all others wishing to obtain immunity. Children aged ≤12 years should receive vaccine in a dosage appropriate for their age (0.25 mL if age 6-35 months or 0.5 mL if aged ≥ 3 years). Children aged ≤ 8 years who are receiving influenza vaccine for the first time should receive two doses separated by at least 4 weeks.

For additional information about vaccines, vaccine supply, and contraindications for immunization, please visit the National Immunization Program Website at www.cdc.gov/nip or call the National Immunization Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org).

APPENDIX F

Mental Health Draft Legislation

DRAFT

Recommendation 1

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to the provision of public mental health and related services for persons needing the services of more than one agency.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. PROVISION OF SERVICES FOR PERSONS WITH MULTIAGENCY NEEDS. Chapter 531, Government Code, is amended by adding Subchapter K to read as follows:

SUBCHAPTER K. PROVISION OF SERVICES FOR PERSONS WITH MULTIAGENCY NEEDS

Sec. 531.401. DEFINITIONS. (a) In this subchapter:

(1) "Systems of care agency" includes each health and human services agency, the Health and Human Services Commission, the Texas Council on Offenders with Mental Impairments, the Texas Department of Housing and Community Affairs, the Texas Education Agency, the Texas Juvenile Probation Commission, the Texas Workforce Commission, and the Texas Youth Commission.

(2) "Systems of care services" means a comprehensive state system of mental health services and other necessary and related services that is organized as a coordinated network to meet the multiple and changing needs of persons who receive those services and of their families.

(b) Persons who receive systems of care services include children at risk of residential placement, incarceration, or reincarceration because of a severe emotional disturbance, including:

(1) students in a special education program under Subchapter A, Chapter 29, Education Code; and

(2) children with a severe emotional disturbance and:

(A) a substance abuse disorder; or

(B) a developmental disability.

Sec. 531.402. EXECUTIVE COUNCIL MEMBERSHIP. (a) The systems of care executive council is composed of 21 members as described by this section.

(b) The commissioner of health and human services and the commissioner of education serve as ex officio members. Service on the systems of care executive council is an additional duty of the positions of those commissioners. The ex officio members have voting authority.

(c) The commissioner of health and human services shall appoint 12 members, each of whom must be the administrative head of a systems of care agency.

(d) The governor shall appoint two members, one of whom must be appointed from a list of nominees submitted to the governor by the speaker of the house of representatives. The governor may reject one or more of the nominees on the list. If the governor rejects all the nominees on the list, the speaker shall submit to the governor a new list of different nominees.

(e) The lieutenant governor shall appoint one member.

(f) The commissioner of health and human services and the commissioner of education, acting jointly, shall appoint the following members:

(1) one member who must be a judge of a state juvenile court;

(2) one member who must be a representative of a group that advocates on behalf of at least one of the population groups served by a systems of care agency;

(3) one member who must be a representative of a group that advocates on behalf of family members of at least one of the population groups served by a systems of care agency; and

(4) one member who must be a representative of a group that advocates on behalf of local communities affected by the decisions of at least one systems of care agency.

(g) The appointed members of the systems of care executive council serve two-year terms expiring February 1 of

each odd-numbered year.

Sec. 531.403. EXECUTIVE COUNCIL OFFICERS; MEETINGS. (a) The systems of care executive council shall elect from its members a presiding officer, an assistant presiding officer, and other officers the council considers necessary to perform the council's duties. The assistant presiding officer shall preside over meetings in the presiding officer's absence.

(b) The systems of care executive council shall meet at least three times each year at the call of the presiding officer.

Sec. 531.404. EXECUTIVE COUNCIL DUTIES. The systems of care executive council shall:

(1) approve and oversee the implementation of program and fiscal policies developed by the systems of care policy team;

(2) review and take appropriate action on recommendations that the policy team presents to the council;

(3) approve and oversee the actions of the policy team, systems of care community teams, and systems of care coordination and assessment teams;

(4) ensure that systems of care agencies have adequate administrative support to provide systems of care services;

(5) oversee the distribution and use of funding for systems of care services; and

(6) issue a biennial report to the governor, the senate, and the house of representatives that includes:

(A) legislative proposals relating to systems of care services; and

(B) an evaluation of the provision of systems of care services.

Sec. 531.405. POLICY TEAM MEMBERSHIP AND OFFICERS; MEETINGS. (a) The systems of care policy team is composed of the following members who are appointed by the systems of care executive council and serve at the will of the executive council:

(1) one or more members of the senior staff of each systems of care agency;

(2) the judge of a juvenile or domestic relations court;

(3) a representative of an organization whose membership is composed primarily of persons representing county governments; and

(4) one or more representatives of:

(A) an organization that supports families of persons with mental illness;

(B) a private organization that provides services to persons with mental illness;

(C) a group that advocates on behalf of:

(i) at least one of the population groups served by a systems of care agency; or

(ii) family members of at least one of the population groups served by a systems of care agency; and

(D) local communities affected by the decisions of at least one systems of care agency.

(b) Each member of the systems of care policy team appointed under Subsection (a)(4)(A) must also be a member of the family of a person with mental illness.

(c) The systems of care policy team shall elect from its members a presiding officer, an assistant presiding officer, and other officers the policy team considers necessary to perform the policy team's duties. The assistant presiding officer shall preside over meetings in the presiding officer's absence.

(d) The systems of care policy team shall meet at least once in each quarter of the calendar year at the call of the presiding officer.

Sec. 531.406. POLICY TEAM DUTIES. The systems of care policy team shall:

(1) develop policies for integrating the services provided to persons who need the services of more than one systems of care agency;

(2) develop procedures for distributing and monitoring the use of funds for systems of care services;

(3) develop methods for collecting, analyzing, and reporting data that can be used by each systems of care agency to evaluate systems of care services;

(4) develop methods that the systems of care executive council and each systems of care agency can use

to evaluate:

(A) the provision of systems of care services; and

(B) the outcome of those services for the persons who receive them;

(5) make recommendations to the systems of care executive council regarding policies, procedures, and methods developed under this section;

(6) provide training for and technical assistance to governmental entities involved in providing systems of care services;

(7) establish work groups to study issues relating to the implementation of this subchapter and the provision of systems of care services and submit the recommendations of those groups to the systems of care executive council;

(8) issue a biennial report to the systems of care executive council that evaluates the provision of systems of care services using the methods developed under this section and includes:

(A) the number of persons who received systems of care services during the reporting period and the outcome of the services provided;

(B) recommendations for improving the coordination of:

(i) funding for systems of care services; and

(ii) the provision of services by systems of care agencies;

(C) a description of any barriers to the ability of a systems of care agency to provide effective systems of care services and recommendations for overcoming those barriers; and

(D) any other information relevant to improving the provision of services to persons with multiagency needs; and

(9) perform other duties that the systems of care executive council may assign.

Sec. 531.407. ADMINISTRATIVE SUPPORT FROM COMMISSION. The commission shall provide administrative support to the systems of care executive council and policy team to assist the executive council and policy

team in performing their duties.

Sec. 531.408. SELECTION OF AREAS SERVED BY COMMUNITY TEAMS. (a) The commission by rule shall establish a request-for-proposal process to select a municipality, a county, or two or more contiguous counties as an area served by a systems of care community team described by Section 531.409. The process must provide that one or more representatives of a governmental entity in a municipality or county may submit a proposal.

(b) The commission and the systems of care policy team shall develop criteria to evaluate proposals for areas to be served by systems of care community teams.

Sec. 531.409. COMMUNITY TEAM MEMBERSHIP. A systems of care community team is composed of the following members who are appointed by the representatives who submit a proposal for the team under Section 531.408(a) and serve at the will of those representatives:

(1) one or more representatives from a systems of care agency office that is located in a municipality or county in an area selected to be served by a community team;

(2) one or more representatives of the governing body of that municipality or county;

(3) the judge of a juvenile or domestic relations court; and

(4) one or more representatives of:

(A) an organization that supports families of persons with mental illness;

(B) a private organization that provides services to persons with mental illness;

(C) a group that advocates on behalf of:

(i) at least one of the population groups served by a systems of care agency; or

(ii) family members of at least one of the population groups served by a systems of care agency; and

(D) local communities affected by the decisions of at least one systems of care agency.

Sec. 531.410. COMMUNITY TEAM POWERS AND DUTIES. (a) A systems of care community team shall:

(1) establish procedures for:

(A) referring persons and their families to the systems of care coordination and assessment team; and

(B) authorizing funding for services that those persons and their families may receive;

(2) monitor the provision of services to persons needing the services of more than one systems of care agency; and

(3) collect, analyze, and monitor data that relates to systems of care services and report that analysis to the systems of care policy team.

(b) The systems of care community team may designate one or more persons to provide support services to a person who is referred to the systems of care coordination and assessment team and the person's family. Those support services are in addition to the services provided in the plan described by Section 531.411(b)(1).

(c) A systems of care community team member described by Section 531.409(1) may use resources from the agency that the member represents to address problems identified by the community team or by the systems of care policy team.

(d) At the request of the systems of care community team, the commission shall designate one or more employees of the commission to assist the team in carrying out the team's duties.

Sec. 531.411. COORDINATION AND ASSESSMENT TEAM MEMBERSHIP; DUTIES. (a) A systems of care coordination and assessment team is composed of a number of members who are appointed by a systems of care community team and serve at the will of the community team.

(b) The systems of care coordination and assessment team shall:

(1) develop and implement a plan for providing services from systems of care agencies to a person who is referred to the team and the person's family;

(2) collect, analyze, and monitor data that relates to systems of care services provided to persons referred to the team and their families and report that analysis to the systems of care community team; and

(3) perform other duties that the systems of care community team may assign.

Sec. 531.412. TEAM ACTIONS SUBJECT TO EXECUTIVE COUNCIL APPROVAL. The actions of the systems of care policy team, a systems of care community team, and a systems of care coordination and assessment team are subject to approval by the systems of care executive council.

Sec. 531.413. REIMBURSEMENT FOR EXPENSES. (a) An appointed member of the systems of care executive council, the systems of care policy team, a systems of care community team, or a systems of care coordination and assessment team may not receive compensation for service on the council or team but is entitled to reimbursement of the travel expenses incurred by the member while conducting the business of the council or team, as provided by the General Appropriations Act.

(b) The reimbursement may be paid from:

(1) available funds of the systems of care agency with which the member is employed or that the member represents, in the case of a person whose membership on the council or team is a result of being an employee or representative of that agency; or

(2) available funds of the commission, in the case of other members of the council or team.

Sec. 531.414. SYSTEMS OF CARE TRUST FUND. The systems of care trust fund is created as a trust fund with the comptroller and shall be administered by the Health and Human Services Commission as a trustee on behalf of the systems of care agencies.

Sec. 531.415. EXPANSION OF SYSTEMS OF CARE SERVICES; MERGER OF LOCAL GROUPS. (a) The systems of care executive council shall develop a plan for the statewide expansion of systems of care services and teams where needed in accordance with this subchapter. The plan must provide for:

(1) merging an area served by a community resource coordination group established under a memorandum of understanding under Section 531.055, as added by Chapter 114, Acts of the 77th Legislature, Regular Session, 2001, into an area served by a systems of care community team; and

(2) completing the expansion on or before September 1, 2011.

(b) A reference in another statute to a systems of care community team includes within its meaning a community

resource coordination group established under a memorandum of understanding under Section 531.055, as added by Chapter 114, Acts of the 77th Legislature, Regular Session, 2001.

(c) A reference in another statute to a community resource coordination group established under a memorandum of understanding under Section 531.055, as added by Chapter 114, Acts of the 77th Legislature, Regular Session, 2001, includes within its meaning a systems of care community team.

(d) This section expires September 1, 2011.

Sec. 531.416. MERGER OF TEXAS INTEGRATED FUNDING INITIATIVE. (a) The systems of care policy team shall develop and implement a plan to merge each site participating in the Texas Integrated Funding Initiative under former Subchapter G, Chapter 531, as added by Chapter 446, Acts of the 76th Legislature, Regular Session, 1999, into an area served by a systems of care community team.

(b) The plan must provide for the merger to be complete not later than September 1, 2011. The plan also must ensure that:

(1) the same population groups served under the Texas Integrated Funding Initiative are served under this subchapter; and

(2) the availability and quality of services provided to those population groups do not decrease.

(c) This section expires September 1, 2011.

SECTION 2. MEMORANDUM OF UNDERSTANDING TO IMPLEMENT PROVISION OF MULTIAGENCY SERVICES. Section 531.055, Government Code, as added by Chapter 114, Acts of the 77th Legislature, Regular Session, 2001, is amended to read as follows:

Sec. 531.055. MEMORANDUM OF UNDERSTANDING ON THE PROVISION OF SERVICES FOR PERSONS NEEDING MULTIAGENCY SERVICES. (a) In this section, "systems of care agency" and "systems of care services" have the meanings assigned by Section 531.401.

(b) Each systems of care [~~health and human services~~] agency[~~, the Texas Council on Offenders with Mental Impairments, the Texas Department of Criminal Justice, the Texas Department of Housing and Community Affairs, the~~

~~Texas Education Agency, the Texas Workforce Commission, and the Texas Youth Commission~~] shall adopt a joint memorandum of understanding to establish [~~promote~~] a system in accordance with Subchapter K that coordinates the provision of [~~local-level interagency staffing groups to coordinate~~] services for persons needing multiagency services.

(c) [~~(b)~~] The memorandum must:

(1) clarify the statutory responsibilities of each agency in relation to persons needing multiagency services, including subcategories for different services such as prevention, family preservation and strengthening, aging in place, emergency shelter, diagnosis and evaluation, residential care, after-care, information and referral, medical care, and investigation services;

(2) include a functional definition of "persons needing multiagency services";

(3) outline the membership and[~~;~~] officers of the systems of care executive council and teams established under Subchapter K[~~; and necessary standing committees of local-level interagency staffing groups~~];

(4) define procedures aimed at eliminating duplication of services relating to assessment and diagnosis, treatment, residential placement and care, and case management of persons needing multiagency services;

(5) define procedures for addressing disputes between systems of care [~~the~~] agencies that relate to the agencies' areas of service responsibilities;

(6) [~~provide that each local-level interagency staffing group includes:~~

[~~(A) a local representative of each agency;~~

[~~(B) representatives of local private sector agencies; and~~

[~~(C) family members or caregivers of persons needing multiagency services or other current or previous consumers of multiagency services acting as general consumer advocates;~~

[~~(7)~~] provide that the local representative of each agency has authority to contribute agency resources to solving problems identified by [~~the~~] local-level systems of care teams established under Subchapter K [~~interagency staffing group~~];

(7) [~~(8)~~] provide that if a person's needs exceed the resources of a systems of care [~~an~~] agency, the

agency may, with the consent of the person's legal guardian, if applicable, submit a referral on behalf of the person to a systems of care coordination and assessment team established under Subchapter K, using referral procedures established by a systems of care community team under that subchapter [~~the local-level interagency staffing group for consideration~~];

(8) [~~(9) provide that a local-level interagency staffing group may be called together by a representative of any member agency;~~

[~~(10)~~] provide that an agency representative may be excused from attending a meeting of a systems of care team established under Subchapter K if the team [~~staffing group~~] determines that the [~~age or~~] needs of a [~~the~~] person to be considered at the meeting are clearly not within the agency's service responsibilities, provided that each agency representative is encouraged to attend all meetings to contribute to the collective ability of the team [~~staffing group~~] to address [~~solve~~] a person's need for multiagency services;

(9) [~~(11) define the relationship between state-level interagency staffing groups and local-level interagency staffing groups in a manner that defines, supports, and maintains local autonomy;~~

[~~(12)~~] provide that records that systems of care agencies use or develop under Subchapter K and [~~are used or developed by a local-level interagency staffing group or its members~~] that relate to a particular person are confidential and may not be released to any other person or agency except as provided by this section or by other law; and

(10) [~~(13)~~] provide a procedure that permits systems of care [~~the~~] agencies to share confidential information while preserving the confidential nature of the information.

(d) Systems of care [~~(c) The~~] agencies [~~that participate in the formulation of the memorandum of understanding~~] shall consult with and solicit input from advocacy and consumer groups in formulating the memorandum of understanding.

(e) Each systems of care agency shall conduct a biennial review of the memorandum of understanding and propose necessary changes to the memorandum. The agencies shall develop other revisions as necessary to reflect major agency reorganizations or other statutory changes affecting the agencies.

(f) [~~(d)~~] Each systems of care agency shall adopt the memorandum of understanding and all revisions to the memorandum. [~~The agencies shall develop revisions as necessary to reflect major agency reorganizations or statutory changes affecting the agencies.~~

[~~(e) The agencies shall ensure that a state-level interagency staffing group provides a biennial report to the executive director of each agency, the legislature, and the governor that includes:~~

[~~(1) the number of persons served through the local-level interagency staffing groups and the outcomes of the services provided;~~

[~~(2) a description of any barriers identified to the state's ability to provide effective services to persons needing multiagency services; and~~

[~~(3) any other information relevant to improving the delivery of services to persons needing multiagency services.~~]

SECTION 3. ADOPTION OF MEMORANDUM OF UNDERSTANDING. (a) Each systems of care agency shall adopt the joint memorandum of understanding, as provided by Section 531.055, Government Code, as amended by this Act, on or before September 1, 2004.

(b) The memorandum of understanding adopted under Section 531.055, Government Code, as added by Chapter 114, Acts of the 77th Legislature, Regular Session, 2001, remains in effect until the memorandum of understanding adopted under Section 531.055, Government Code, as amended by this Act, is adopted and takes effect.

SECTION 4. FUNDING PLAN FOR PROVISION OF MULTIAGENCY SERVICES. (a) The systems of care executive council created by Section 531.402, Government Code, as added by this Act, shall develop a plan for funding systems of care services and teams established under Subchapter K, Chapter 531, Government Code, as added by this Act, using all available state and federal money, including money used to fund a community resource coordination group established under a memorandum of understanding adopted under Section 531.055, Government Code, as added by Chapter 114, Acts of the 77th Legislature, Regular Session, 2001, or a site participating in the Texas Integrated Funding Initiative under Subchapter G, Chapter 531, Government Code, as added by Chapter 446, Acts of the 76th Legislature,

Regular Session, 1999, as that subchapter existed before its repeal by this Act.

(b) The systems of care executive council shall report on the plan to the legislature not later than September 1, 2004.

SECTION 5. REPEALER; CONFORMING AMENDMENTS. (a) Section 242.801(2), Health and Safety Code, is repealed.

(b) Subchapter G, Chapter 531, Government Code, as added by Chapter 446, Acts of the 76th Legislature, Regular Session, 1999, is repealed. This subsection does not affect the funding for or provision of services by a community participating in the Texas Integrated Funding Initiative under that subchapter before the effective date of this Act, and that subchapter is continued in effect for those purposes.

(c) Section 531.151(2), Government Code, is amended to read as follows:

(2) "Coordination and assessment team" ["~~Community resource coordination group~~"] means a systems of care coordination and assessment team established under Subchapter K [~~coordination group established under the memorandum of understanding adopted under Section 264.003, Family Code~~].

(d) Section 531.154(a), Government Code, is amended to read as follows:

(a) Not later than the third day after the date a child is initially placed in an institution, the institution shall notify:

(1) the Texas Department of Human Services, if the child is placed in a nursing home;

(2) the local mental retardation authority, as defined by Section 531.002, Health and Safety Code, where the institution is located, if the child:

(A) is placed in an ICF-MR, as defined by Section 531.002, Health and Safety Code; or

(B) is placed by a state or local child protective services agency in an institution for the mentally retarded licensed by the Department of Protective and Regulatory Services;

(3) the coordination and assessment team [~~community resource coordination group~~] in the county of residence of a parent or guardian of the child;

(4) if the child is at least three years of age, the school district for the area in which the institution is located; and

(5) if the child is less than three years of age, the local early intervention program for the area in which the institution is located.

(e) Section 531.158, Government Code, is amended to read as follows:

Sec. 531.158. LOCAL PERMANENCY PLANNING SITES. The commission shall develop an implementation system that consists initially of four or more local sites and that is designed to coordinate planning for a permanent living arrangement and relationship for a child with a family. In developing the system, the commission shall:

(1) include criteria to identify children who need permanency plans;

(2) require the establishment of a permanency plan for each child who lives outside the child's family or for whom care or protection is sought in an institution;

(3) include a process to determine the agency or entity responsible for developing and overseeing implementation of a child's permanency plan;

(4) identify, blend, and use funds from all available sources to provide customized services and programs to implement a child's permanency plan;

(5) clarify and expand the role of a local coordination and assessment team [~~community resource coordination group~~] in ensuring accountability for a child who resides in an institution or who is at risk of being placed in an institution;

(6) require reporting of each placement or potential placement of a child in an institution or other living arrangement outside of the child's home; and

(7) assign in each local permanency planning site area a single gatekeeper for all children in the area for whom placement in an institution through a program funded by the state is sought with authority to ensure that:

(A) family members of each child are aware of:

(i) intensive services that could prevent placement of the child in an institution; and

(ii) available placement options; and

(B) permanency planning is initiated for each child.

(f) Section 531.284(b), Government Code, is amended to read as follows:

(b) In developing the statewide strategic plan, the office shall:

(1) consider existing programs and models to serve children younger than six years of age, including:

(A) systems of care coordination and assessment teams established under Subchapter K [~~community resource coordination groups~~];

(B) the Texas Integrated Funding Initiative;

(C) the Texas Information and Referral Network; and

(D) efforts to create a 2-1-1 telephone number for access to human services;

(2) attempt to maximize federal funds and local existing infrastructure and funds; and

(3) provide for local participation to the greatest extent possible.

SECTION 6. INITIAL APPOINTEES TO EXECUTIVE COUNCIL. The initial appointees to the systems of care executive council created by Section 531.402, Government Code, as added by this Act, serve terms expiring February 1, 2005.

SECTION 7. EFFECTIVE DATE. This Act takes effect September 1, 2003.

DRAFT

Recommendation 2

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to an evaluation of public funding for children's mental health services.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. (a) The Health and Human Services Commission shall review and evaluate all sources of public funding for programs in this state that provide mental health services to children, including programs provided by the juvenile justice system, the Department of Protective and Regulatory Services, the Texas Council on Offenders with Mental Impairments, and the Texas Education Agency.

(b) The evaluation must describe each program and the services it provides, the sources of funding for the program, and the purposes for which the funds are used. The evaluation also must include:

(1) recommendations regarding future funding for those programs, including sources and amounts, and opportunities for coordinating funding between different agencies; and

(2) a determination of whether more effective methods exist for funding children's mental health services in this state.

(c) The Health and Human Services Commission shall report on the results of the evaluation to the 79th Legislature not later than January 11, 2005.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R636 SMJ-D

DRAFT

Recommendation 3

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to an assessment of school-based mental health and substance abuse programs.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. (a) The Texas Education Agency, in conjunction with the Texas Department of Mental Health and Mental Retardation, the Texas Department of Health, and the Texas Commission on Alcohol and Drug Abuse, shall assess existing school-based mental health and substance abuse programs. The assessment must include recommendations regarding further development of such programs, including the incorporation of information regarding substance abuse prevention, mental health education, and access to related services.

(b) The Texas Education Agency shall report on the results of the assessment to the 79th Legislature not later than January 11, 2005.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R617 SMJ-D

DRAFT

Recommendation 4

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for certain mental disorders in children.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter E, Chapter 21, Insurance Code, is amended by adding Article 21.53R to read as follows:

Art. 21.53R. COVERAGE FOR CERTAIN MENTAL DISORDERS IN CHILDREN

Sec. 1. DEFINITIONS. In this article:

(1) "Child" means a person younger than 19 years of age.

(2) "Mental disorder" means a disorder identified in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, or in a subsequent edition of that manual that the commissioner by rule adopts to take the place of the fourth edition or any subsequent edition for the purposes of this subdivision, other than a primary substance abuse disorder or a developmental disorder, that results in a significant impairment of a child's functioning in the child's community, family, school, or peer group.

Sec. 2. APPLICABILITY OF ARTICLE. (a) This article applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is offered by:

(1) an insurer;

(2) a group hospital service corporation operating under Chapter 842;

(3) a fraternal benefit society operating under Chapter 885;

(4) a stipulated premium insurer operating under Chapter 884;

(5) a reciprocal exchange operating under Chapter 942;

(6) a health maintenance organization operating under Chapter 843;

(7) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846; or

(8) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844.

(b) This article applies to a small employer health benefit plan written under Chapter 26.

(c) This article does not apply to:

(1) a plan that provides coverage:

(A) only for a specified disease or other limited benefit;

(B) only for accidental death or dismemberment;

(C) for wages or payments in lieu of wages for a period during which an employee is absent from work because of sickness or injury;

(D) as a supplement to a liability insurance policy;

(E) only for dental or vision care; or

(F) only for indemnity for hospital confinement;

(2) a Medicare supplemental policy as defined by Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss), as amended;

(3) a workers' compensation insurance policy;

(4) medical payment insurance coverage provided under a motor vehicle insurance policy;

(5) a credit insurance policy; or

(6) a long-term care policy, including a nursing home fixed indemnity policy, unless the commissioner determines that the policy provides benefit coverage so comprehensive that the policy is a health benefit plan as described by Subsection (a).

Sec. 3. COVERAGE REQUIRED. (a) A health benefit plan must provide coverage for an enrollee who is a child

for the diagnosis and treatment of a mental disorder. Except as provided by this article, a health benefit plan must provide coverage required under this subsection under the same terms and conditions as coverage for diagnosis and treatment of physical illness.

(b) Coverage required under this article may be provided or offered through a managed care plan.

Sec. 4. COVERAGE OF INPATIENT STAYS AND OUTPATIENT VISITS. Except as provided by this section, a health benefit plan must cover inpatient stays and outpatient visits under this article under the same terms and conditions as the plan covers inpatient stays and outpatient visits for treatment of a physical illness. Coverage required by this article may not be subject to an annual or lifetime limit on the number of days of inpatient treatment or the number of outpatient visits covered under the plan.

Sec. 5. AMOUNT LIMITS; DEDUCTIBLES; COPAYMENTS; COINSURANCE. Coverage provided under this article must be subject to the same amount limits, deductibles, copayments, and coinsurance factors as coverage for physical illness.

Sec. 6. PAYMENT OF CERTAIN PROVIDERS. A health benefit plan may not deny payment for diagnosis and treatment of a mental disorder required to be covered under this article solely because the diagnosis and treatment are provided by the enrollee's primary care physician.

Sec. 7. RULES. The commissioner shall adopt rules as necessary to implement this article.

SECTION 2. Section 1(1), Article 3.51-14, Insurance Code, is amended to read as follows:

(1) "Serious mental illness" means the following psychiatric illnesses as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual (DSM):

(A) schizophrenia;

(B) paranoid and other psychotic disorders;

(C) bipolar disorders (hypomanic, manic, depressive, and mixed);

(D) major depressive disorders (single episode or recurrent);

(E) schizo-affective disorders (bipolar or depressive);

(F) pervasive developmental disorders; and

(G) obsessive-compulsive disorders[~~; and~~

[~~(H) depression in childhood and adolescence~~].

SECTION 3. Section 3(a), Article 3.51-14, Insurance Code, is amended to read as follows:

(a) Except as provided by Section 4 of this article or Article 21.53R of this code, a group health benefit plan:

(1) must provide coverage, based on medical necessity, for the following treatment of serious mental illness in each calendar year:

(A) 45 days of inpatient treatment; and

(B) 60 visits for outpatient treatment, including group and individual outpatient treatment;

(2) may not include a lifetime limit on the number of days of inpatient treatment or the number of outpatient visits covered under the plan; and

(3) must include the same amount limits, deductibles, copayments, and coinsurance factors for serious mental illness as for physical illness.

SECTION 4. (a) On or before September 1, 2008, the Sunset Advisory Commission shall conduct a study to determine:

(1) to what extent the health benefit plan coverage required by Article 21.53R, Insurance Code, as added by this Act, and by the change in law made by this Act to Sections 1(1) and 3(a), Article 3.51-14, Insurance Code, is being used by enrollees in health benefit plans to which those articles apply; and

(2) the impact of the required coverage on the cost of those health benefit plans.

(b) The Sunset Advisory Commission shall report its findings under this section to the legislature on or before January 1, 2009.

(c) The Texas Department of Insurance and any other state agency shall cooperate with the Sunset Advisory Commission as necessary to implement this section.

SECTION 5. This Act takes effect September 1, 2003, and applies only to a health benefit plan delivered, issued for

delivery, or renewed on or after January 1, 2004. A health benefit plan delivered, issued for delivery, or renewed before January 1, 2004, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

78R639 AJA-D

DRAFT

Recommendation 5

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to mental health and substance abuse services provided through certain state health benefit programs.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0224 to read as follows:

Sec. 531.0224. MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES. (a) To ensure appropriate delivery of mental health and substance abuse services, the commission shall regularly evaluate program contractors and subcontractors that provide or arrange for the services for persons enrolled in:

(1) the Medicaid program, including the managed care Medicaid program;

(2) the state child health plan program; and

(3) the Texas Health Steps program, including the comprehensive care program.

(b) The commission shall monitor:

(1) payment arrangements between a contractor providing or arranging for mental health or substance abuse services under a program described by Subsection (a) and any health maintenance organization or other subcontractor that is providing or arranging for mental health or substance abuse services;

(2) penetration rates, as they relate to mental health and substance abuse services provided by or through contractors and subcontractors;

(3) utilization rates, as they relate to mental health and substance abuse services provided by or through contractors and subcontractors;

(4) provider networks used by contractors and subcontractors to provide mental health or substance abuse

services; and

(5) reimbursement rates paid for mental health and substance abuse services.

SECTION 2. The Health and Human Services Commission shall prepare a report concerning alternatives, including appropriate federal waivers, that may be used to fund expansion of the range of mental health and substance abuse services provided to persons enrolled in the Medicaid program. Not later than December 1, 2005, the commission shall submit the report for the consideration of the committees of the senate and house of representatives with jurisdiction over the Medicaid program.

SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R637 DLF-D

DRAFT

Recommendation 6

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to developing and coordinating certain agency services and activities involving mental health care for young children.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 533.040, Health and Safety Code, is amended by adding Subsection (d) to read as follows:

(d) The department and the Interagency Council on Early Childhood Intervention shall:

(1) jointly develop:

(A) a continuum of care for children younger than seven years of age who have mental illness; and

(B) a plan to increase the expertise of the department's service providers in mental health issues involving children younger than seven years of age; and

(2) coordinate, if practicable, department and council activities and services involving children with mental illness and their families.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R616 SMJ-D

DRAFT

Recommendation 7

By _____ C.R. No. ____

CONCURRENT RESOLUTION

WHEREAS, Coordinated development and timely dissemination of state-of-the-science clinical treatment algorithms for adult populations have been useful in effectively addressing the needs of mentally ill adults; in light of that success, it is expected that the development and dissemination of appropriate treatment algorithms for children and adolescents with mental health concerns would similarly benefit those younger populations; and

WHEREAS, The Children's Medication Algorithm Project (CMAP) is a collaborative venture involving the Texas Department of Mental Health and Mental Retardation, The University of Texas at Austin College of Pharmacy, The University of Texas Southwestern Medical Center at Dallas, The University of Texas Health Science Center at San Antonio, parent and family representatives, and representatives of various mental health advocacy groups; and

WHEREAS, The project involves developing and testing specific medication treatment guidelines, or "algorithms," for attention deficit/hyperactivity disorder and major depressive disorder in children and adolescents; and

WHEREAS, The goal of the project is to develop children's medication algorithms that will reduce the immediate and long-term emotional, physical, and financial burdens of mental disorders for children, their families, and their health care systems; and

WHEREAS, Bringing together the most current knowledge of academicians, clinicians, parents, and policy makers to develop recommendations for reasonable and feasible clinical practice not only will improve the quality of care and treatment provided to children afflicted by mental illness, but also could result in cost savings, as the development of treatment algorithms would lead to better clinical outcomes and eventually to containment of long-term costs; and

WHEREAS, To achieve these results, however, the scientific knowledge gained through the project must be made readily available to practitioners who can apply the algorithms; preparing primary care physicians to correctly identify mental illness in children and provide referrals and information to a child's family is very important, as a child's primary care physician is likely to have the most frequent contact of any medical professional with the child; and

WHEREAS, State agencies that offer continuing medical education courses can play a vital role in the propagation of knowledge from state-of-the-science studies to actual practice by providing important information to primary care physicians on methods of identifying and treating mental illness, as well as the latest information about medicines; now, therefore, be it

RESOLVED, That the 78th Legislature of the State of Texas hereby direct the Texas Department of Mental Health and Mental Retardation to continuously develop, implement, and disseminate treatment algorithms for children's mental health, including the Children's Medication Algorithm Project, and to

facilitate continuing education for primary care physicians regarding children's mental health through state agencies; and, be it further

RESOLVED, That the secretary of state forward an official copy of this resolution to the commissioner of the Texas Department of Mental Health and Mental Retardation.

78R620 MKS-D

DRAFT

Recommendation 8

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to providing temporary community-based therapeutic foster care for certain children.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 534.053, Health and Safety Code, is amended to read as follows:

Sec. 534.053. REQUIRED COMMUNITY-BASED SERVICES. (a) In this section, "therapeutic foster care" means 24-hour living arrangements with trained foster parents for a child who is temporarily unable to live with the child's parent or other primary caregiver, and specialized treatment and services that may include training for the parent or other primary caregiver, training and support for foster parents, crisis management services, and individual, group, and family counseling.

(b) The department shall ensure that, at a minimum, the following services are available in each service area:

(1) 24-hour emergency screening and rapid crisis stabilization services;

(2) community-based crisis residential services or hospitalization;

(3) community-based assessments, including the development of interdisciplinary treatment plans and diagnosis and evaluation services;

(4) family support services, including respite care;

(5) case management services;

(6) medication-related services, including medication clinics, laboratory monitoring, medication education, mental health maintenance education, and the provision of medication; [~~and~~]

(7) psychosocial rehabilitation programs, including social support activities, independent living skills, and

vocational training; and

(8) therapeutic foster care for a child for whom the parent-child relationship has not been terminated.

(c) [~~(b)~~] The department shall arrange for appropriate community-based services, including the assignment of a case manager, to be available in each service area for each person discharged from a department facility who is in need of care.

(d) [~~(c)~~] To the extent that resources are available, the department shall:

(1) ensure that the services listed in this section are available for children, including adolescents, and [~~as well as~~] adults[~~;~~] in each service area;

(2) emphasize early intervention services for children, including adolescents, who meet the department's definition of being at high risk of developing severe emotional disturbances or severe mental illnesses; and

(3) ensure that services listed in this section are available for defendants required to submit to mental health treatment under Article 17.032 or Section 5(a) or 11(d), Article 42.12, Code of Criminal Procedure.

SECTION 2. This Act takes effect September 1, 2003.

78R614 SMJ-D

DRAFT

Recommendation 9

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to information provided by certain health benefit plans through the Internet.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter E, Chapter 21, Insurance Code, is amended by adding Article 21.71A to read as follows:

Art. 21.71A. HEALTH BENEFIT PLAN INTERNET SITE. (a) This article applies to:

(1) a health maintenance organization; and

(2) an insurer, a group hospital service corporation, a fraternal benefit society, a stipulated premium insurer, a reciprocal or interinsurance exchange, a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846, and an approved nonprofit health corporation, that offers or administers:

(A) a preferred provider plan, as defined by Article 3.70-3C of this code, as added by Chapter 1024, Acts of the 75th Legislature, Regular Session, 1997;

(B) a point-of-service plan, as described by Article 26.09 of this code; or

(C) any other health benefit plan in which enrollees are required to obtain health care services from specified physicians or providers or receive a financial incentive to obtain health care services from specified physicians or providers.

(b) An entity subject to this article shall maintain an Internet site on which the entity lists physicians and providers, including mental health providers and substance abuse treatment providers, if appropriate, that may be used by enrollees in accordance with the terms of the plan in which the enrollee is enrolled. The listing must identify those physicians and providers who continue to be available to provide services to new patients or clients.

(c) An entity subject to this article shall update at least quarterly the Internet site required by this article.

(d) The commissioner may adopt rules as necessary to implement this article. The rules may govern the form and content of the Internet site required by this article.

SECTION 2. This Act takes effect September 1, 2003.

SECTION 3. An entity subject to Article 21.71A, Insurance Code, as added by this Act, is not required to initially provide the Internet site required by this Act before January 1, 2004.

78R638 DLF-D

DRAFT

Recommendation 10

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to the use of psychological assessments by certain state agencies.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.0551 to read as follows:

Sec. 531.0551. USE OF PSYCHOLOGICAL ASSESSMENT BY DIFFERENT AGENCIES. (a) In this section:

(1) "Assessing agency" means a health and human services agency, the Texas Juvenile Probation Commission, the Texas Youth Commission, or the Texas Council on Offenders with Mental Impairments.

(2) "Assessment" means a psychological or psychiatric assessment, evaluation, or examination.

(b) The commissioner by rule shall establish guidelines under which an assessing agency may use an assessment conducted by a different assessing agency.

(c) The guidelines must specify the period of time during which the assessment may be used by a different assessing agency. The guidelines also must include standards for:

(1) determining whether the assessing agency's proposed use of the assessment is appropriate; and

(2) ensuring the confidentiality of information contained in the assessment.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R615 SMJ-D

DRAFT

Recommendation 11

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to implementing the recommendations of a Texas Department of Mental Health and Mental Retardation task force on mental health services.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. (a) The Texas Department of Mental Health and Mental Retardation shall implement the recommendations of the department's Mental Health Service System Task Force, including the task force's recommendations for:

(1) improving the department's system for providing mental health services through local authorities and local provider networks;

(2) improving collaboration between the state hospital system and local authorities;

(3) defining and implementing a cultural competency policy;

(4) improving coordination with other state agencies that offer mental health services; and

(5) appointing a team to advise the commissioner of mental health and mental retardation on issues related to implementing the recommendations.

(b) The Texas Department of Mental Health and Mental Retardation shall report to the 79th Legislature on its progress in implementing the recommendations not later than January 11, 2005.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R398 SMJ-D

DRAFT

Recommendation 12

BY _____ __C.R. No. ____

CONCURRENT RESOLUTION

WHEREAS, Since 1995, when the Texas Legislature included Medicaid reimbursement provisions in the Texas Department of Mental Health and Mental Retardation's (TDMHMR) method of finance, community mental health and mental retardation centers (CMHMRC) have significantly increased delivery of rehabilitative services to Medicaid-eligible populations, which has achieved the state's goal of bringing more federal dollars into the Texas mental health system; and

WHEREAS, As more Medicaid clients are served, however, a greater percentage of general revenue funds must be designated as Medicaid matching funds; although general revenue funding has grown, the increased share going to matching funds has reduced the amount of general revenue available to serve the medically indigent population, whose services must be funded entirely through general revenue, and it has created a significant disparity in services received by these two populations even though, from a clinical perspective, they have the same need for services; and

WHEREAS, Such funding pressures have caused many CMHMRCs to eliminate programs not funded by Medicaid, which has directly affected the scope of services available to the medically indigent; further, analysis by TDMHMR indicates that, as the medically indigent receive fewer mental health services, they are more likely to be involved with substance abuse and the criminal justice system, which, in the long term, results in higher overall costs to the state than does adequate early intervention and treatment; and

WHEREAS, To address this disparity, TDMHMR has become involved in a benefit design project to reexamine and redesign the way that resources are distributed in the state's mental health service delivery system, including defining appropriate types and amounts of services, as well as payment methods that encourage evidence-based practices and accountability measures that track services provided and outcomes achieved in order to reduce the inequality of services received between those who have insurance and those who don't; now, therefore, be it

RESOLVED, That the 78th Legislature of the State of Texas hereby direct the Texas Department of Mental Health and Mental Retardation to implement the findings of the benefit design project and to expand efforts to reduce the disparity in funding between those with Medicaid and the medically indigent; and, be it further

RESOLVED, That the secretary of state forward an official copy of this resolution to the commissioner of the Texas Department of Mental Health and Mental Retardation.

DRAFT

Recommendation 13

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to a study of the need for publicly funded inpatient mental health services.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. EVALUATION OF INPATIENT MENTAL HEALTH NEEDS; REPORT. (a) The Health and Human Services Commission shall assess the need for publicly funded inpatient mental health services in this state. The assessment must expand upon, rather than replicate, previous studies of that need.

(b) Following the assessment in Subsection (a) of this section, the Health and Human Services Commission shall make recommendations regarding how the state may meet the need for publicly funded inpatient mental health services. In making its recommendations, the commission must consider options that:

(1) include preventive, community-based services; and

(2) do not include hospitalization in state mental health facilities.

(c) The Health and Human Services Commission shall report to the 79th Legislature on the assessment and its recommendations not later than January 11, 2005.

SECTION 2. EFFECTIVE DATE. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R613 SMJ-D

DRAFT

Recommendation 14

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to an evaluation of public funding for mental health services.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. (a) The Health and Human Services Commission shall review and evaluate all sources of public funding for programs in this state that provide mental health services, including programs provided by the Texas Department of Mental Health and Mental Retardation, the Texas Rehabilitation Commission, the Texas Department of Criminal Justice, and the Texas Department of Housing and Community Affairs.

(b) The evaluation must describe each program and the services it provides, the sources of funding for the program, and the purposes for which the funds are used. The evaluation also must include recommendations regarding:

(1) future funding for those programs, including sources and amounts; and

(2) opportunities for coordinating services, funding, and planning among different agencies, particularly planning to meet the mental health needs of persons who have been arrested or charged with a criminal offense or who have a history of multiple hospitalizations or homelessness.

(c) The Health and Human Services Commission shall report on the results of the evaluation to the 79th Legislature not later than January 11, 2005.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R635 SMJ-D

DRAFT

Recommendation 15

By: _____ __.C.R. No. ____

CONCURRENT RESOLUTION

WHEREAS, NorthSTAR is an integrated managed care program that combines federal, state, and local funding to operate a single system of behavioral health, chemical dependency, and mental health services for Medicaid recipients and medically indigent individuals of Dallas and the surrounding counties of Collin, Ellis, Hunt, Kaufman, Navarro, and Rockwall; and

WHEREAS, This pilot initiative, implemented in July 1999, is a result of collaboration among the Texas Department of Mental Health and Mental Retardation, the Texas Commission on Alcohol and Drug Abuse, the Texas Department of Health, the Texas Health and Human Services Commission, and local governments; these entities contract with a licensed behavioral health organization, which is responsible for managing and ensuring appropriate care through a network of behavioral health providers; and

WHEREAS, Since it became operational, approximately 200,000 individuals have been enrolled in the NorthSTAR program, and preliminary data and reports suggest several positive results; for example, certain barriers to access and waiting lists for health care services have been reduced or eliminated, and more low-income individuals are receiving services and reporting positively about their experiences; and

WHEREAS, These improvements in the delivery of services are partly attributable to an increase in the number of enrolled providers that have become available through the program, with the expanded provider base affording more choices and greater convenience; given the overall benefit to the community, the NorthSTAR pilot program has demonstrated considerable potential for continued success and therefore merits continuation and further evaluation; now, therefore, be it

RESOLVED, That the 78th Legislature of the State of Texas hereby urge the Texas Department of Mental Health and Mental Retardation and the Texas Commission on Alcohol and Drug Abuse to continue the NorthSTAR initiative in Dallas and surrounding counties, with expansion of the program contingent on legislative approval and a thorough evaluation of the program's treatment and cost-effectiveness; and, be it further

RESOLVED, That the secretary of state forward an official copy of this resolution to the commissioner of the Texas Department of Mental Health and Mental Retardation and to the chair of the Texas Commission on Alcohol and Drug Abuse.

Directing the Texas Department of Mental Health and Mental Retardation and the Texas Commission on Alcohol and Drug Abuse to continue the NorthSTAR initiative in Dallas and surrounding counties.

78R1007 SMC-D

DRAFT

Recommendation 16

By: _____ C.R. No. _____

CONCURRENT RESOLUTION

WHEREAS, The Texas Department of Mental Health and Mental Retardation (TDMHMR) is responsible for ensuring treatment of Texans who suffer from the impact of serious mental illnesses and emotional disorders; the department sets standards of care and relies on local MHMR authorities to provide or purchase needed services and resources that are distributed in the state's mental health service delivery system; and

WHEREAS, Under its statutory authority, TDMHMR is currently developing measures for maximizing service capacity, to more effectively and efficiently manage the providers of mental health services throughout the agency's community mental health delivery system; and

WHEREAS, With the development and use of these measures, TDMHMR will improve its ability to assure productive provider services and efficient management of community mental health services by evaluating the amount, type, cost, and outcomes of these services throughout the agency's community delivery system; and

WHEREAS, The identification and implementation of these measures will not only enable TDMHMR to substantially increase the fiscal accountability with which services are provided but also ensure that more effective clinically appropriate services are provided to consumers; now, therefore, be it

RESOLVED, That the 78th Legislature of the State of Texas hereby direct the Texas Department of Mental Health and Mental Retardation to implement strategies to ensure effective management of services and resources in the state's mental health delivery system; and, be it further

RESOLVED, That the secretary of state forward an official copy of this resolution to the commissioner of the Texas Department of Mental Health and Mental Retardation.

78R1039 SMC-D

DRAFT

Recommendation 17

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to a plan for equitable distribution and funding of mental health services in this state.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 533, Health and Safety Code, is amended by adding Section 533.049 to read as follows:

Sec. 533.049. PLAN FOR EQUITY IN SERVICE DISTRIBUTION AND FUNDING. The department shall develop and implement a plan that achieves equity in the distribution and funding of mental health services among communities in this state not later than September 1, 2009. The plan must address local and statewide changes in population and in the need for department services.

SECTION 2. (a) This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

(b) This Act expires September 1, 2009.

78R395 SMJ-D

APPENDIX G

Welfare Draft Legislation

DRAFT

Recommendation 1

By _____ __B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to the provision of medical assistance to certain legal immigrants.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.0248 to read as follows:

Sec. 32.0248. ELIGIBILITY OF CERTAIN LEGAL IMMIGRANTS. The department shall provide medical assistance in accordance with 8 U.S.C. Section 1612(b), as amended, to a person who:

(1) is a qualified alien, as defined by 8 U.S.C. Sections 1641(b) and (c), as amended;

(2) meets the eligibility requirements of the medical assistance program;

(3) entered the United States on or after August 22, 1996; and

(4) has resided in the United States for a period of five years after the date the person entered as a qualified alien.

SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 3. This Act takes effect September 1, 2003.

78R573(1) KLA-D

DRAFT

Recommendation 1

By _____ __B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to the provision of financial assistance to certain legal immigrants.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 31, Human Resources Code, is amended by adding Section 31.0015 to read as follows:

Sec. 31.0015. ELIGIBILITY OF CERTAIN LEGAL IMMIGRANTS. The department shall provide financial assistance in accordance with 8 U.S.C. Section 1612(b), as amended, to a person who:

(1) is a qualified alien, as defined by 8 U.S.C. Sections 1641(b) and (c), as amended;

(2) meets the eligibility requirements of the financial assistance program;

(3) entered the United States on or after August 22, 1996; and

(4) has resided in the United States for a period of five years after the date the person entered as a qualified alien.

SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 3. This Act takes effect September 1, 2003.

78R397(1) KLA-D

DRAFT

Recommendation 2

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to the provision of financial assistance and related support services to certain legal immigrants.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 31, Human Resources Code, is amended by adding Section 31.0015 to read as follows:

Sec. 31.0015. ELIGIBILITY OF CERTAIN LEGAL IMMIGRANTS. To the maximum extent authorized by federal law, the department shall provide financial assistance and related support services under the financial assistance program to a person who:

(1) is a qualified alien, as defined by 8 U.S.C. Sections 1641(b) and (c), as amended; and

(2) meets the eligibility requirements of the financial assistance program.

SECTION 2. Subtitle C, Title 2, Human Resources Code, is amended by adding Chapter 37 to read as follows:

CHAPTER 37. STATE SUPPORT SERVICES PROGRAM FOR LEGAL IMMIGRANTS

Sec. 37.001. DEFINITION. In this chapter, "support services" means services defined by federal law that are provided to recipients as a component of the financial assistance program authorized by Chapter 31.

Sec. 37.002. DEVELOPMENT AND IMPLEMENTATION OF STATE PROGRAM; FUNDING. (a) The Health and Human Services Commission, the department, and the Texas Workforce Commission, with the participation of local workforce development boards, shall jointly develop and implement a state program of support services that is distinct from the financial assistance program authorized by Chapter 31.

(b) Support services may be provided under the state program only to a person who:

(1) is a qualified alien, as defined by 8 U.S.C. Sections 1641(b) and (c), as amended;

(2) entered the United States on or after August 22, 1996; and

(3) is not eligible for financial assistance under Chapter 31 solely because the person has resided in the United States for a period of less than five years after the date the person entered as a qualified alien.

(c) Support services provided under the state program may not be funded with federal money provided to the state for the financial assistance program authorized by Chapter 31.

Sec. 37.003. RULES. (a) The Health and Human Services Commission, the department, and the Texas Workforce Commission, in consultation with the standing committees of the senate and house of representatives having jurisdiction over health and human services issues, shall adopt all rules necessary for implementation of the state program, including rules regarding eligibility, work requirements, work exemptions, and time limits.

(b) The rules must be designed to result in a state program that is substantively identical to the support services component of the financial assistance program authorized by Chapter 31, except to the extent that programmatic differences are appropriate because of the populations served by those programs and the sources of funding for those programs.

(c) The Health and Human Services Commission, the department, and the Texas Workforce Commission shall form an interagency work group to develop the rules required under this section. The interagency work group shall provide for participation in development of the rules by:

(1) representatives of local workforce development boards; and

(2) members of the standing committees of the senate and house of representatives having jurisdiction over health and human services issues.

Sec. 37.004. EXPIRATION. This chapter expires on the date federal law no longer prohibits the department from providing support services under the financial assistance program authorized by Chapter 31 to a person described by Sections 37.002(b)(1) and (2) because of the length of the period the person has resided in the United States after the date the person entered as a qualified alien.

SECTION 3. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision

shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 4. This Act takes effect September 1, 2003.

DRAFT

Recommendation 3

By _____ __B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to a state-funded financial assistance program for certain persons.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subtitle C, Title 2, Human Resources Code, is amended by adding Chapter 37 to read as follows:

CHAPTER 37. STATE TEMPORARY ASSISTANCE AND SUPPORT SERVICES FOR CERTAIN RECIPIENTS

Sec. 37.001. DEFINITIONS. In this chapter:

(1) "Related support services" means services considered under federal law to be a component of money payments for purposes of the financial assistance program authorized by Chapter 31.

(2) "Temporary assistance" means money payments for needy persons authorized by this chapter.

Sec. 37.002. DEVELOPMENT AND IMPLEMENTATION OF STATE PROGRAM; FUNDING. (a) The Health and Human Services Commission, the department, and the Texas Workforce Commission, with the participation of local workforce development boards, shall jointly develop and implement a state program of temporary assistance and related support services that is distinct from the financial assistance program authorized by Chapter 31.

(b) Temporary assistance and related support services may be provided under the state program only

to a person who has been receiving financial assistance under Chapter 31, but has difficulty complying with the requirements of the responsibility agreement under Section 31.0031(d)(4) because the person is:

(1) an elderly person caring for a dependent child;

(2) disabled;

(3) the primary caretaker of a disabled spouse or dependent child;

(4) a resident of a rural area of this state; or

(5) experiencing other personal circumstances that require a customized program, as determined by rule.

(c) Temporary assistance and related support services provided under the state program must be funded with maintenance of effort funds and may not be funded with federal money provided to the state for the financial assistance program authorized by Chapter 31.

Sec. 37.003. RULES. (a) The Health and Human Services Commission, the department, and the Texas Workforce Commission shall adopt all rules necessary for implementation of the state program, including rules regarding eligibility, work requirements, work exemptions, time limits, and related support services.

(b) In adopting rules for the state program regarding eligibility, the Health and Human Services Commission, the department, and the Texas Workforce Commission shall prescribe factors that determine when a recipient should be transferred from the financial assistance under Chapter 31 to the state program.

(c) Rules adopted under the state program regarding work requirements, work exemptions, and time limits must allow for flexibility in designing customized requirements to accommodate each recipient's personal circumstances.

(d) Except as provided by Subsection (c), the rules must be designed to result in a state program that is substantively identical to the financial assistance program authorized by Chapter 31, except to the extent

that programmatic differences are appropriate because of the populations served by those programs and the sources of funding for those programs.

(e) The Health and Human Services Commission, the department, and the Texas Workforce Commission shall form an interagency work group to develop the rules required under this section. The interagency work group shall provide for participation in development of the rules by representatives of local workforce development boards.

Sec. 37.004. ELIGIBILITY FOR MEDICAL ASSISTANCE. A recipient of temporary assistance and related support services under the state program is eligible for medical assistance under Chapter 32 in the same manner as a person receiving financial assistance under Chapter 31.

SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 3. This Act takes effect September 1, 2003.

78R569(1) KLA-D

DRAFT

Recommendation 4

By _____ __B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to child support distributions to certain recipients of financial assistance.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 31, Human Resources Code, is amended by adding Section 31.0038 to read as follows:

Sec. 31.0038. CHILD SUPPORT DISTRIBUTION. (a) In this section, "Title IV-D agency" has the meaning assigned by Section 101.033, Family Code.

(b) The department shall distribute to a recipient of financial assistance for whom the Title IV-D agency collects child support payments that are retained by the department or Title IV-D agency a portion of those payments equal to the lesser of:

(1) $100; or

(2) the maximum amount allowed by federal law.

(c) The department may not consider the amount of child support payments distributed to a recipient under Subsection (b) for purposes of determining whether the recipient meets household income and resource requirements for financial assistance under this chapter.

SECTION 2. If before implementing any provision of this Act a state agency determines that a

waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 3. This Act takes effect September 1, 2003.

78R568(1) KLA-D

DRAFT

Recommendation 5

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to the role of the Texas Workforce Commission in addressing housing needs of certain recipients of financial assistance.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 302, Labor Code, is amended by adding Section 302.0036 to read as follows:

Sec. 302.0036. HOUSING RESOURCES FOR CERTAIN RECIPIENTS OF FINANCIAL ASSISTANCE. (a) The commission, in cooperation with local workforce development boards, shall, for a recipient of financial assistance participating in an employment program under Chapter 31, Human Resources Code:

(1) identify unmet housing needs and assess whether those needs are barriers to the recipient's full participation in the workforce and attainment of financial stability and self-sufficiency; and

(2) develop a service plan that takes into consideration the recipient's unmet housing needs.

(b) The commission by rule shall develop and implement a program through which a recipient identified under Subsection (a) as having unmet housing needs is referred by the commission or local workforce development board to agencies and organizations providing housing programs and services and connected to other housing resources. To provide those referrals and connections, the commission shall establish collaborative partnerships between:

(1) the commission;

(2) local workforce development boards;

(3) municipal, county, and regional housing authorities; and

(4) sponsors of local housing programs and services.

(c) The commission shall ensure that commission and local workforce development board staff members receive

training regarding the programs and services offered by agencies and organizations with which the commission establishes partnerships under Subsection (b) and other available housing resources.

SECTION 2. Not later than December 1, 2003, the Texas Workforce Commission shall develop and implement the program required by Section 302.0036(b), Labor Code, as added by this Act.

SECTION 3. This Act takes effect September 1, 2003.

78R1111 KLA-D

DRAFT

Recommendation 6

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to the computation of time limits for receipt of financial assistance for certain recipients.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 31.0065, Human Resources Code, is amended by adding Subsection (g) to read as follows:

(g) In computing time limits for financial assistance under Subsection (b), the department shall exclude the period during which an employed recipient receives the earned income disregard.

SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 3. This Act takes effect September 1, 2003.

78R1108 KLA-D

DRAFT

Recommendation 7

By _____ __B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to the exclusion of certain resources in determining eligibility for financial assistance.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Sections 31.032(d) and (e), Human Resources Code, are amended to read as follows:

(d) In determining whether an applicant is eligible for assistance, the department shall exclude from the applicant's available resources:

(1) $2,000 for the applicant's household or $3,000 if there is a person with a disability or a person who is at least 60 years of age in the applicant's household; and

(2) the fair market value of the applicant's ownership interest in a motor vehicle, not to exceed $15,000 [~~but not more than the amount determined according to the following schedule:~~

[~~(A) $4,550 on or after September 1, 1995, but before October 1, 1995;~~

[~~(B) $4,600 on or after October 1, 1995, but before October 1, 1996;~~

[~~(C) $5,000 on or after October 1, 1996, but before October 1, 1997; and~~

[~~(D) $5,000 plus or minus an amount to be determined annually beginning on October 1, 1997, to reflect changes in the new car component of the Consumer Price Index for All Urban Consumers published by the Bureau of Labor Statistics~~].

(e) If federal regulations governing the maximum allowable resources under the food stamp

program, 7 CFR Part 273, are revised, the department shall adjust the standards that determine available resources under Subsection (d)(1) [~~(d)~~] to reflect those revisions.

SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 3. The change in law made by this Act applies only to a person who receives financial assistance under Chapter 31, Human Resources Code, on or after the effective date of this Act, regardless of the date on which eligibility for the financial assistance was determined.

SECTION 4. This Act takes effect September 1, 2003.

78R576(1) KLA-D

DRAFT

Recommendation 8

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to addressing the transportation needs of certain recipients of financial assistance.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 302, Labor Code, is amended by adding Sections 302.0036 and 302.0037 to read as follows:

Sec. 302.0036. TRANSPORTATION ASSISTANCE. (a) To the extent funds are available, the commission and local workforce development boards shall provide transportation assistance to recipients of financial assistance participating in employment programs under Chapter 31, Human Resources Code, that enables the recipients to maintain a stable work history and attain financial stability and self-sufficiency.

(b) The commission and local workforce development boards may provide the assistance described by Subsection (a) by implementing new initiatives or expanding existing initiatives that provide transportation assistance to recipients of financial assistance for whom transportation is a barrier to employment.

Sec. 302.0037. MAXIMIZING FEDERAL FUNDS FOR TRANSPORTATION ASSISTANCE. (a) The commission and local workforce development boards shall maximize the state's receipt of federal funds available to provide transportation assistance to recipients of financial assistance participating in employment programs under Chapter 31, Human Resources Code.

(b) The commission and local workforce development boards may, within any applicable appropriation limits, take any action required by federal law to receive federal funds to provide transportation assistance.

SECTION 2. This Act takes effect September 1, 2003.

DRAFT

Recommendation 9

By _____ B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to identifying and addressing the needs of certain recipients of financial assistance and applying graduated penalties and sanctions.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 31, Human Resources Code, is amended by adding Section 31.00331 to read as follows:

Sec. 31.00331. CASE REVIEW AND GRADUATED PENALTIES AND SANCTIONS. (a) If federal law requires the department to terminate the total amount of financial assistance provided to or for a person and the person's family on the person's failure or refusal to comply with a requirement of the responsibility agreement under Section 31.0031(d), the department shall develop by rule and implement a case review process to be conducted before that termination.

(b) The case review process required by Subsection (a) must be designed to ensure that, before terminating the total amount of financial assistance provided to or for a person and the person's family, the department:

(1) determines the reasons for the person's noncompliance with a requirement of the responsibility agreement and whether providing support services will enable the person to comply with that requirement and prevent future noncompliance; and

(2) refers the person to support services the department determines are necessary.

(c) Unless prohibited by the federal law described by Subsection (a), the department shall explore the feasibility of applying penalties and sanctions according to a graduated schedule before terminating the total amount of financial assistance.

SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 3. This Act takes effect September 1, 2003.

78R572(1) KLA-D

DRAFT

Recommendation 10

By _____ __B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to employment assistance services and other support services for low-income child support obligors.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 231, Family Code, is amended by adding Section 231.1175 to read as follows:

Sec. 231.1175. LOW-INCOME OBLIGORS. The Title IV-D agency shall refer low-income obligors with whom the agency has contact in child support matters to the Texas Workforce Commission for employment assistance services and other support services.

SECTION 2. Section 302.0035, Labor Code, is amended to read as follows:

Sec. 302.0035. EMPLOYMENT ASSISTANCE PROGRAM FOR CERTAIN PARENTS. The commission and local workforce development boards shall provide employment assistance services, including skills training, job placement, and employment-related services, to a person referred to the commission by:

(1) the Title IV-D agency under Chapter 231, Family Code; or

(2) a court under Section 157.211, Family Code.

SECTION 3. Subchapter A, Chapter 302, Labor Code, is amended by adding Section 302.0036 to read as follows:

Sec. 302.0036. CERTAIN PARENTS AS IDENTIFIED TARGET GROUP. The commission shall include as an identified target group for employment assistance services persons referred to the commission for those services under Section 302.0035 whose children are dependents of persons who are receiving or have received financial assistance under Chapter 31, Human Resources Code.

SECTION 4. This Act takes effect September 1, 2003.

78R575(1) KLA-D

DRAFT

Recommendation 11

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to training programs for certain employees that emphasize the importance of noncustodial parents to their children.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 402, Government Code, is amended by adding Section 402.031 to read as follows:

Sec. 402.031. PERSONNEL TRAINING REGARDING NONCUSTODIAL PARENTS. The attorney general shall ensure that training programs for employees who perform functions of the attorney general relating to children emphasize the importance of providing services to noncustodial parents and initiating outreach activities to keep those parents involved with their children. The training must use strategies designed to increase noncustodial parents' support of the emotional, physical, and financial needs of their children. The strategies must include:

(1) providing information to employees to improve their attitudes toward and customer service in working with those parents;

(2) teaching employees the necessary skills to assess those parents' needs and to appropriately address and remove barriers to child support payment; and

(3) increasing employees' knowledge of:

(A) available referral services and community resources to assist those parents; and

(B) necessary procedures to refer parents to those services and resources.

SECTION 2. Subchapter A, Chapter 531, Government Code, is amended by adding Section 531.0091 to read as follows:

Sec. 531.0091. PERSONNEL TRAINING REGARDING FATHERS. The commission shall ensure that each health

and human services agency that provides services to low-income individuals emphasizes in the agency's training programs for caseworkers the importance of noncustodial fathers' involvement in the lives of their children.

SECTION 3. Section 302.002, Labor Code, is amended by adding Subsection (g) to read as follows:

(g) The training required by Subsection (a)(10) shall emphasize the importance of providing workforce training and services to low-income, noncustodial fathers and initiating outreach activities to keep those fathers involved with their children. The training must use strategies designed to increase low-income, noncustodial fathers' support of the emotional, physical, and financial needs of their children. The strategies must include:

(1) providing information to division and local workforce development board staff members to improve their attitudes toward and customer service in working with those fathers;

(2) teaching staff members the necessary skills to assess those fathers' needs and to appropriately address and remove barriers to child support payment; and

(3) increasing staff members' knowledge of:

(A) available referral services and community resources to assist those fathers; and

(B) necessary procedures to refer fathers to those services and resources.

SECTION 4. This Act takes effect September 1, 2003.

DRAFT

Recommendation 12

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to providing postemployment strategies for certain recipients of financial assistance to achieve self-sufficiency.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 302, Labor Code, is amended by adding Section 302.0025 to read as follows:

Sec. 302.0025. EMPLOYMENT PLAN AND POSTEMPLOYMENT STRATEGIES. (a) The commission shall ensure that an individual employment plan developed for a recipient of financial assistance participating in an employment program under Chapter 31, Human Resources Code, includes specific postemployment strategies to assist the recipient in making a transition to stable employment at a wage that enables the recipient and the recipient's family to maintain self-sufficiency.

(b) The individual employment plan must:

(1) consider a recipient's individual circumstances and needs in determining the recipient's initial job placement and direct the recipient to a job that, as appropriate, offers:

(A) on-the-job training and opportunities for advancement; and

(B) a work schedule that provides adequate time for the recipient to pursue educational and training opportunities outside of the recipient's employment;

(2) identify a target wage that enables the recipient and the recipient's family to maintain self-sufficiency;

(3) provide specific postemployment goals and include methods and time frames by which the recipient is to achieve those goals; and

(4) refer the recipient to additional educational and training opportunities.

SECTION 2. Section 302.010(a), Labor Code, is amended to read as follows:

(a) The commission by rule shall develop guidelines under which local workforce development boards provide postemployment services to a recipient of financial assistance participating in an employment program under Chapter 31, Human Resources Code. The guidelines must require local workforce development boards to develop strategies for improving a recipient's potential for job retention and wage advancement as a component of the postemployment services.

SECTION 3. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 4. This Act takes effect September 1, 2003.

78R570 KLA-D

DRAFT

Recommendation 13

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to providing employment services to certain recipients of financial assistance.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 302, Labor Code, is amended by adding Section 302.0025 to read as follows:

Sec. 302.0025. EMPLOYMENT SERVICES REFERRAL PROGRAM. (a) The commission and local workforce development boards shall develop an employment services referral program for recipients of financial assistance who participate in employment programs under Chapter 31, Human Resources Code, and have, in comparison to other recipients, higher levels of barriers to employment. The referral program must be designed to provide to a recipient referrals to preemployment and postemployment services offered by community-based organizations.

(b) In developing the referral program, the commission and local workforce development boards shall, to the maximum extent possible, use federal funds to coordinate partnerships and contract with community-based organizations that provide employment services specifically for persons with high levels of barriers to employment.

SECTION 2. Section 302.011, Labor Code, is amended to read as follows:

Sec. 302.011. POSTEMPLOYMENT CASE MANAGEMENT AND MENTORING. The commission shall encourage local workforce development boards to provide postemployment case management services for and use mentoring techniques to assist recipients of financial assistance who participate in employment programs under Chapter 31, Human Resources Code, and have, in comparison to other recipients, higher levels of barriers to employment. The case management services and mentoring techniques must be designed to increase the recipient's potential for wage growth and development of a stable employment history.

SECTION 3. Not later than December 1, 2003, the Texas Workforce Commission and local workforce development boards shall develop the employment services referral program required by Section 302.0025, Labor Code, as added by this Act.

SECTION 4. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 5. This Act takes effect September 1, 2003.

78R567 KLA-D

DRAFT

Recommendation 14

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to an evaluation of the system of child care subsidy programs under the Child Care and Development Block Grant.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 302, Labor Code, is amended by adding Section 302.0063 to read as follows:

Sec. 302.0063. STUDY AND REPORT ON CHILD CARE SUBSIDY PROGRAMS. (a) The commission shall measure and evaluate the effectiveness of the child care subsidy programs in this state that are funded partly or wholly by the Child Care and Development Block Grant (42 U.S.C. Section 9858 et seq.), as amended, or a successor federal program.

(b) The commission shall develop a protocol for measuring and evaluating the effectiveness of child care subsidy programs. The protocol must provide for measuring and evaluating that effectiveness based on participant and program outcomes, including the program's ability to:

(1) evaluate improvements in parent income earning;

(2) improve the training of child care professionals; and

(3) facilitate collaboration with Head Start, the Texas Education Agency, the Department of Protective and Regulatory Services, and the Health and Human Services Commission.

(c) The protocol may also include other appropriate criteria determined by the commission.

(d) In preparing the protocol and collecting the data, the commission may use resources and information available from other organizations and agencies, including the child care resource and referral network, the Health and Human Services Commission, the Department of Protective and Regulatory Services, the Texas Education Agency, and Head Start.

(e) Every two years, the commission shall prepare a report based on the results of the preceding two years' study that summarizes the findings and makes recommendations to improve the ability of the child care subsidy programs to meet the

effectiveness measures. Each report must include comparisons to any previous study results.

(f) The commission shall submit the report to the governor, the lieutenant governor, the speaker of the house of representatives, and appropriate legislative committees during the first week of December before each regular session of the legislature.

(g) This section expires September 1, 2009.

SECTION 2. If the Child Care and Development Block Grant (42 U.S.C. Section 9858 et seq.), as amended, expires at the end of fiscal year 2002 and a successor federal program does not continue to fund child care programs in this state, this Act has no effect.

SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R396 SGA-D

DRAFT

Recommendation 15

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to a pilot program for early childhood teacher education and retention.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. The heading to Section 302.0055, Labor Code, is amended to read as follows:

Sec. 302.0055. [~~T.E.A.C.H.~~] PILOT PROGRAM.

SECTION 2. Sections 302.0055(a) and (e), Labor Code, are amended to read as follows:

(a) The commission shall establish a pilot program [~~, to be known as the Teacher Education and Compensation Helps (T.E.A.C.H.) pilot program,~~] to assist teachers in retaining employment in the field of child care. In establishing and administering the program, the commission may consult with nationally recognized [~~any other~~] early childhood teacher pilot programs [~~program~~].

(e) Not later than December 1 of each year, the commission shall submit a report to the governor and the legislature regarding the status and results of the [~~T.E.A.C.H.~~] pilot program.

SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R532 SGA-D

DRAFT

Recommendation 16

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to a study regarding certain child-care initiatives.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. STUDY AND REPORT ON CHILD-CARE INITIATIVES. (a) The Health and Human Services Commission shall study and produce a comprehensive report on state and local initiatives and collaborative initiatives targeted at enhancing the quality of child care, including initiatives funded from public or private sources.

(b) The commission shall work in conjunction with the Texas Workforce Commission and the Department of Protective and Regulatory Services in studying the initiatives and producing the report.

(c) The commission shall coordinate the efforts under this section with the activities of the Office of Early Childhood Coordination, particularly as those efforts relate to the development of the statewide strategic plan required under Section 531.284, Government Code.

(d) The report must:

(1) include a description of each initiative's activity, including:

(A) factors relevant to the initiative's success; and

(B) the amount and sources of the initiative's funding;

(2) describe programmatic best practices as models for replication statewide; and

(3) establish statewide benchmarks for quality child care.

(e) The commission shall submit the report to the governor, the lieutenant governor, the speaker of the house of representatives, and the presiding officers of appropriate legislative committees not later than September 1, 2004.

SECTION 2. EXPIRATION DATE. This Act expires September 1, 2005.

SECTION 3. EFFECTIVE DATE. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R537 SGA-D

DRAFT

Recommendation 17

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to child-care services for certain low-wage employees.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 302, Labor Code, is amended by adding Sections 302.0042 and 302.0043 to read as follows:

Sec. 302.0042. TECHNICAL ASSISTANCE FOR CERTAIN CHILD-CARE PROGRAMS. (a) The commission shall provide technical assistance in each local workforce development area established under Section 2308.252, Government Code, regarding the implementation of child-care programs that are financed by employers for low-wage employees. As part of the assistance provided under this section, the commission shall:

(1) provide appropriate information and assistance to employers as necessary to aid working poor subsidy recipients to establish pretax payroll deductions for child-care costs, as authorized under employee benefit cafeteria plans under 26 U.S.C. Section 125; and

(2) encourage employers to increase employer financed child-care benefits to low-wage employees.

(b) In providing assistance to employers under Subsection (a)(2), the commission shall develop and provide to affected employers information regarding any tax incentives available to employers for the provision of child-care services.

Sec. 302.0043. NOTICE REGARDING TERMINATION OF CERTAIN CHILD-CARE SERVICES. (a) The commission shall direct each local workforce development board to notify a working poor subsidy recipient who resides in that board's local workforce development area and who receives child-care services from a child-care services program financed through state or federal funds of any termination of the program.

(b) The local workforce development board shall provide the notice in writing to the recipient not later than the 45th

day before the scheduled date of termination of the affected child-care services program.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R540 PB-D

DRAFT

Recommendation 20

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to disbursements and expenditures for certain child-care activities funded under the federal Child Care and Development Block Grant.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 2308.317(a), Government Code, as added by Chapter 1517, Acts of the 77th Legislature, Regular Session, 2001, is amended to read as follows:

(a) Notwithstanding any other law and subject to Section 2308.319, the Texas Workforce Commission shall ensure that, to the extent federal child care development funds dedicated to quality improvement activities are used to improve quality and availability of child care, those funds are used only for quality child care programs.

SECTION 2. Subchapter G, Chapter 2308, Government Code, is amended by adding Section 2308.319 to read as follows:

Sec. 2308.319. RESTRICTIONS ON USE OF CERTAIN DEDICATED CHILD CARE FUNDS. To the extent the state is required to dedicate more than four percent of the amount of federal child care development funds for the purposes provided by 42 U.S.C. Section 9858e, the commission, unless otherwise required by federal law, shall ensure that any amount of the dedicated funds in excess of four percent:

(1) is disbursed to boards for activities and initiatives that improve the quality of child care; and

(2) is not used for the direct provision of child care.

SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for

immediate effect, this Act takes effect September 1, 2003.

78R547(1) CLG

DRAFT

Recommendation 18

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to the provision of subsidized child-care services.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. The heading of Chapter 72, Human Resources Code, is amended to read as follows:

CHAPTER 72. HEAD START, PREKINDERGARTEN, AND OTHER SIMILAR PROGRAMS

SECTION 2. Section 72.003, Human Resources Code, is amended to read as follows:

Sec. 72.003. COORDINATION OF SERVICES. (a) In a manner consistent with federal law and regulations, each Head Start and Early Head Start program provider, prekindergarten program provider, and provider of an after-school child-care program provided at a school shall coordinate with the Texas Workforce Commission, Texas Education Agency, and local workforce development boards regarding subsidized child-care services.

(b) The coordination required by this section must include coordinating to ensure, to the extent practicable, that full-day, full-year child-care services are available to meet the needs of low-income parents who are working or participating in workforce training or workforce education. The coordination may also include:

(1) cooperating with the Texas Workforce Commission regarding studies conducted by the commission;

(2) collecting data necessary to determine a child's eligibility for subsidized child-care services or a Head Start or Early Head Start, prekindergarten, or after-school child-care program, when permissible;

(3) cooperating to provide for staff training and professional development activities;

(4) identifying and developing methods for the collaborative provision of subsidized child-care services and Head Start or Early Head Start, prekindergarten, or after-school child-care program services, including:

(A) sharing facilities or staff; and

(B) increasing the enrollment capacity of those programs;

(5) identifying child-care facilities located in close proximity to Head Start or Early Head Start, prekindergarten, or after-school child-care programs; and

(6) coordinating transportation between child-care facilities identified under Subdivision (5) and a Head Start or Early Head Start, prekindergarten, or after-school child-care program.

SECTION 3. (a) Not later than January 1, 2004, the Texas Education Agency shall develop a plan to establish prekindergarten programs within the subsidized child-care service industry. In developing the plan, the agency shall seek input from:

(1) parents eligible to receive subsidized child-care services;

(2) parents of children eligible for enrollment in a prekindergarten program;

(3) school districts;

(4) the Texas Workforce Commission;

(5) local workforce development boards;

(6) the child-care resource and referral network; and

(7) the Texas Head Start Collaboration Project.

(b) The plan must provide that programs to be established under the plan be funded using money used for prekindergarten programs under Subchapter E, Chapter 29, Education Code, and federal child-care development funds to the extent permitted by federal law.

(c) Not later than January 1, 2005, the Texas Education Agency shall prepare and deliver the plan to the governor, lieutenant governor, speaker of the house of representatives, and clerks of the standing committees of the senate and house of representatives with primary jurisdiction over prekindergarten programs and state-subsidized child-care services for low-income families.

SECTION 4. This Act takes effect September 1, 2003.

DRAFT

Recommendation 19

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to the development of child care quality improvement strategies by the Texas Workforce Commission.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter D, Chapter 301, Labor Code, is amended by adding Section 301.069 to read as follows:

Sec. 301.069. CHILD CARE QUALITY IMPROVEMENT. The commission shall develop and implement child care quality improvement strategies to increase the percentage of child care providers that:

(1) meet the Texas Rising Star Provider criteria described by Section 809.15(b), Title 40, Texas Administrative Code;

(2) receive accreditation from the National Association for the Education of Young Children; or

(3) achieve any other measurable target the commission considers appropriate to improve the quality of child care in this state.

SECTION 2. (a) This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

(b) As soon as possible after the effective date of this Act, the Texas Workforce Commission shall develop and implement child care quality improvement strategies as required by Section 301.069, Labor Code, as added by this Act.

78R545 KSD-D

APPENDIX H

Social Security Disability Draft Legislation

DRAFT

Recommendation 1

By _____ __C.R. No. ____

CONCURRENT RESOLUTION

WHEREAS, The Social Security Administration (SSA) provides income assistance to severely disabled individuals through Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI); and

WHEREAS, Based on prior employment under Social Security, SSDI provides cash assistance to disabled workers and eligible dependents, while SSI, which is based on financial need, covers disabled persons whose income and resources fall below certain established levels; given the physical, medical, and financial circumstances that accompany each claim, these recipients are in need of prompt and reliable assistance; and

WHEREAS, Individuals applying for both SSDI and SSI benefits must complete five separate forms totaling 40 pages, even though much of the information is the same for both programs; the need for separate applications also means that an applicant eligible for assistance under both programs may not know to request both applications, or that, if an applicant is denied under one program, the applicant may not be aware of his or her eligibility for assistance under the other program; and

WHEREAS, The application process is often disjointed as disability examiners often do not see or hear the applicant at the initial application and must rely on observations by field office staff; furthermore, the documentation provided by the field office staff, which may be inconsistent, incomplete, or inaccurate, may result in delayed case development or denial; and

WHEREAS, Applicants struggle with the confusing and difficult application and often have additional difficulties locating assistance and even reaching SSA staff because of busy phone lines; and

WHEREAS, It is also difficult for disability examiners to reach the field office by telephone because

of busy signals and other communication challenges that unnecessarily delay the application process; and

WHEREAS, In the event of a subsequent application by a person whose initial case was denied, transferring the initial case folder with vital claims information may take months as the folder may be stored in any one of three locations nationwide and must be physically retrieved and mailed to the appropriate office, a process that is unnecessarily slow and could be updated through technology allowing for electronic transfer of information; and

WHEREAS, Reconsidering applicants with physical or mental disabilities through face-to-face interviews would expedite the reconsideration process for applicants who have been previously turned down and would not only save time but could potentially save money as the current system often requires an applicant to hire an attorney to work through the process; and

WHEREAS, Rising medical costs and inefficiencies of the system create the need for more funding to maintain or increase necessary staff levels for increased workloads, and federal report findings indicate that at least one-third of delays could be reduced by new technology and process improvements; and

WHEREAS, The SSA is currently testing a case-processing model in 10 states using a single decision maker, a claimant conference at the initial level, use of an expanded case decision rationale, and the elimination of the reconsideration step; and

WHEREAS, Human error, misinformation, and inaccurate and incomplete documentation are the most common causes of delays and denials in the determination procedures, all of which could be averted through better communication between offices, with doctors, and with the applicants or their representatives; and

WHEREAS, Improving the effectiveness of the determination procedures through increased funding, better technology, and a concerted effort to improve communication and cooperation between agencies and offices would better meet the needs of SSDI and SSI populations; now, therefore, be it

RESOLVED, That the 78th Legislature of the State of Texas hereby respectfully urge the Congress of the United States to direct the Social Security Administration to improve the effectiveness of disability determination procedures by:

* Simplifying the initial application forms for SSDI and SSI and investigating the possibility of combining the two forms;
* Requiring field office staff to record claimant observations at the initial application, ensure that all forms are accurately and thoroughly completed, resolve inconsistencies in the application, and inform claimants at the initial application of the possible need for someone to act on their behalf through representation;
* Establishing and publicizing a "Help Desk" for common questions and a referral list for local assistance, improving telephone accessibility for the public, and making field office staff more accessible to disability examiners to facilitate case development and determination through additional and dedicated priority telephone lines;
* Expediting plans for technology-enhanced service delivery that incorporates an electronic disability folder to facilitate the transfer of files and requiring field office staff to secure prior disability case folders before transmitting the current folder to the state disability determination services (DDS);
* Incorporating a face-to-face meeting with the claimant at the state DDS reconsideration stage;
* Providing DDS with requested funding to support the program in Texas that includes the impact of newly expanded guidelines for children, mental health, and musculoskeletal claims;
* Contracting with former employees;
* Concluding and reporting on SSA's evaluation of the prototype case adjudication process and implementing design features that will increase effectiveness of the program;
* Working with the Texas Rehabilitation Commission Disability Determination Services (TRC DDS) to improve common problems of process: accuracy, consistency, and communication;

* Working with TRC DDS and state agencies to improve communication and publicity concerning existing work options to remove the stigma and misunderstanding about program participation and work opportunities; and

* Working with TRC DDS to develop an education training tool for health care professionals on functional descriptions necessary for claimants with special needs such as mental illness and to explore ways of ensuring that health care workers and state agencies are familiar with factors necessary to document a disability according to SSA standards; and, be it further

RESOLVED, That the Texas secretary of state forward official copies of this resolution to the president of the United States, to the speaker of the house of representatives and the president of the senate of the United States Congress, and to all the members of the Texas delegation to the congress with the request that this resolution be officially entered in the Congressional Record as a memorial to the Congress of the United States.

DRAFT

Recommendation 2

By _____ __C.R. No. ____

CONCURRENT RESOLUTION

WHEREAS, Social Security Disability Insurance and Supplemental Security Income provide direct assistance to persons with severe disabilities, and while there are many Texans who rely on these benefits to fulfill basic needs, the procedural hurdles that must be overcome can cause serious delays in the receiving of benefits for some or cause others to forgo the benefits altogether; and

WHEREAS, The lengthy application process can be a confusing and slow process for the applicant with frequent delays in assistance originating at the state level, and many potential beneficiaries do not participate and miss out on badly needed assistance because of misunderstandings about the program; and

WHEREAS, The most common causes for delays in the application process are basic human errors, such as the misplacement of files and information and the failure to place documentation in case folders; and

WHEREAS, In some cases, notices of guardians or representatives, although mandatory, are not forwarded in the file or entered into the computer; for claimants with mental disabilities, these failures result in important notices going unheeded because the claimant is notified instead of the representative; and

WHEREAS, Many eligible persons decline assistance believing it will impact their ability to seek employment, when they should be encouraged to apply for assistance without fear of its impact on future employment; and

WHEREAS, Coordination between state agencies could address these common problems and simplify the process for claimants, as well as better publicize the program and encourage more eligible persons to apply for assistance; now, therefore, be it

DRAFT

RESOLVED, That the 78th Legislature of the State of Texas hereby direct the Texas Rehabilitation Commission Disability Determination Services and state agencies to work together with the Social Security Administration to improve the disability determination process for Social Security Disability Income and Supplemental Security Income by:

* jointly addressing common problems of process such as accuracy, consistency, and communication; and
* improving communication and publicity concerning existing work options to remove the stigma and misunderstandings about program participation and work opportunities; and, be it further

RESOLVED, That the secretary of state forward an official copy of this resolution to the commissioner of the Texas Rehabilitation Commission, to the deputy commissioner for Disability Determination Services, and to the commissioner of the Health and Human Services Commission.

78R464 MKS-D

DRAFT

Recommendation 4

By _____ __C.R. No. ____

CONCURRENT RESOLUTION

WHEREAS, The Social Security Administration (SSA) administers the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program, both of which provide direct income assistance to persons with severe disabilities; and

WHEREAS, A person eligible for assistance based on a disability often will also require care that entails medical confinement, either as a result of or independent of that disability; however, there are limits on the length of time SSDI or SSI recipients may spend in a state facility, Medicaid-contracted facility, or private hospital before they become ineligible for benefits and are required to notify the SSA; and

WHEREAS, SSDI and SSI recipients and their family members or representatives may not be aware of the requirement to contact SSA when being treated at a facility; often the recipients unknowingly become ineligible for benefits and at the point of discharge find themselves responsible for reimbursing overpayments as a result of their unintentional failure to notify SSA; and

WHEREAS, Providing SSI and SSDI recipients and their family members or representatives appropriate and timely information on the requirement to notify SSA would help avoid confusion regarding a recipient's eligibility for benefits; and

WHEREAS, A facility's admissions process provides an opportunity to address these issues before any time limits take effect that would result in loss of benefits; and

WHEREAS, Given its statewide jurisdiction, the Health and Human Services Commission is positioned to take a leadership role in interagency efforts to improve communication between the appropriate

agencies and facility staff; in this role, the commission can encourage policies to inform individuals of the time limits on their SSI and SSDI benefits and of the SSA's notification requirements, as well as to explore other options to automatically contact SSA on behalf of the recipients to make the process as easy as possible; now, therefore, be it

RESOLVED, That the 78th Legislature of the State of Texas hereby direct the Health and Human Services Commission to improve communication between agencies and facility staff and provide recipients of Social Security Disability Insurance or Supplemental Security Income with information on Social Security Administration requirements regarding notification of admission to a facility, and to explore options for automatically contacting the Social Security Administration on behalf of the recipient at the appropriate time; and, be it further

RESOLVED, That the secretary of state forward an official copy of this resolution to the commissioner of health and human services.

78R465 MKS-D

DRAFT

Recommendation 5

By _____ C.R. No. ____

CONCURRENT RESOLUTION

WHEREAS, At least half the individuals with a mental disability are not in the public mental health system, and many potential beneficiaries access the healthcare system only intermittently; and

WHEREAS, When individuals or their families do apply for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) at local field offices, there is little assistance given to those applicants regarding the complex application process; and

WHEREAS, Potential beneficiaries are often incapable of maintaining the necessary contact with the Social Security Administration, which administers the SSDI and SSI programs, the Texas Rehabilitation Commission, or with other people assigned to complete the application for benefits or negotiate an appeal; and

WHEREAS, An outreach program coupled with publications providing information about available services and the applications process could encourage the enrollment of persons not currently served by the system; and

WHEREAS, Advocacy groups, the Texas Rehabilitation Commission Disability Determination Services, and the Texas Council on Offenders with Mental Impairments could assist applicants for SSDI and SSI by disseminating information on available assistance programs at the initial application stage, as well as by assisting the claimant through the application process both to facilitate the process and to ensure compliance with applicable Social Security Administration standards and requirements; now, therefore, be it

RESOLVED, That the 78th Legislature of the State of Texas hereby encourage the Health and Human Services Commission, the Texas Rehabilitation Commission Disability Determination Services, and the Texas Council on Offenders with Mental Impairments to explore outreach initiatives to inform persons with mental disabilities who are not currently receiving Social Security benefits to which they are entitled and to assist them with the SSI and SSDI applications process; and, be it further

RESOLVED, That the secretary of state forward an official copy of this resolution to the commissioner of the Health and Human Services Commission, to the commissioner of the Texas Rehabilitation Commission, to the deputy commissioner for Disability Determination Services, and to the presiding officer of the Texas Council on Offenders with Mental Impairments.

78R466 MKS-D

APPENDIX I

Prescription Painkillers Draft Legislation

DRAFT

Recommendation 1

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to an analysis of the need for the required use of forgery-resistant prescription forms.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. (a) The Texas State Board of Pharmacy shall establish an advisory committee to analyze the need for the legislature to require the use of prescription forms on paper that minimizes the potential for forgery.

(b) The advisory committee must include a representative of the Texas State Board of Pharmacy, a representative of the Texas State Board of Medical Examiners, a representative of the State Board of Dental Examiners, a representative of the Texas Department of Public Safety, and a representative of each appropriate medical and pharmacy professional association.

(c) The advisory committee's analysis must take into consideration the potential costs and benefits of requiring the use of forgery-resistant prescription forms, any barriers to requiring the use of the forms, and the compatibility of the forms with the requirements of the official prescription program under Section 481.075, Health and Safety Code.

(d) If the advisory committee concludes that the use of forgery-resistant prescription forms should be required by law, the committee shall prepare a description of any legislation the committee considers necessary or a draft of the legislation and a draft of rules the committee considers necessary to implement the legislation. Rules drafted by the committee may not include a requirement that sequential numbers, a bar code, or a symbol be printed, placed, or written on a forgery-resistant prescription or that the forgery-resistant prescription forms be produced by the State of Texas.

(e) Before January 1, 2005, the Texas State Board of Pharmacy shall report the findings and recommendations of the advisory committee to the speaker of the house of representatives, the lieutenant governor, and the presiding officer of

each house and senate standing committee having jurisdiction over health policy issues.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R401 JD-D

DRAFT

Recommendations 2 and 4

By _____ B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to the requirement that certain information be provided to health care practitioners regarding the use and abuse of certain drugs.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 153, Occupations Code, is amended by adding Sections 153.014 and 153.015 to read as follows:

Sec. 153.014. INFORMATION PROVIDED TO LICENSE HOLDERS. At least once each biennium, the board shall provide to each license holder information on:

(1) prescribing and dispensing pain medications, with particular emphasis on Schedule II and Schedule III controlled substances;

(2) abusive and addictive behavior of certain persons who use prescription pain medications; and

(3) common diversion strategies employed by certain persons who use prescription pain

medications, including fraudulent prescription patterns.

Sec. 153.015. POISON CONTROL CENTER INFORMATION. The board shall provide to each license holder information regarding the services provided by poison control centers.

SECTION 2. Subchapter D, Chapter 202, Occupations Code, is amended by adding Sections 202.160 and 202.161 to read as follows:

Sec. 202.160. INFORMATION PROVIDED TO LICENSE HOLDERS. At least once each biennium, the board shall provide to each license holder information on:

(1) prescribing and dispensing pain medications, with particular emphasis on Schedule II and Schedule III controlled substances;

(2) abusive and addictive behavior of certain persons who use prescription pain medications; and

(3) common diversion strategies employed by certain persons who use prescription pain medications, including fraudulent prescription patterns.

Sec. 202.161. POISON CONTROL CENTER INFORMATION. The board shall provide to each license holder information regarding the services provided by poison control centers.

SECTION 3. Chapter 254, Occupations Code, is amended by adding Sections 254.013 and 254.014 to read as follows:

Sec. 254.013. INFORMATION PROVIDED TO LICENSE HOLDERS. At least once each

biennium, the board shall provide to each license holder information on:

(1) prescribing and dispensing pain medications, with particular emphasis on Schedule II and Schedule III controlled substances;

(2) abusive and addictive behavior of certain persons who use prescription pain medications; and

(3) common diversion strategies employed by certain persons who use prescription pain medications, including fraudulent prescription patterns.

Sec. 254.014. POISON CONTROL CENTER INFORMATION. The board shall provide to each license holder information regarding the services provided by poison control centers.

SECTION 4. Subchapter D, Chapter 301, Occupations Code, is amended by adding Sections 301.1581 and 301.1582 to read as follows:

Sec. 301.1581. INFORMATION PROVIDED TO LICENSE HOLDERS. At least once each biennium, the board shall provide to each license holder information on:

(1) prescribing and dispensing pain medications, with particular emphasis on Schedule II and Schedule III controlled substances;

(2) abusive and addictive behavior of certain persons who use prescription pain medications; and

(3) common diversion strategies employed by certain persons who use prescription pain

medications, including fraudulent prescription patterns.

Sec. 301.1582. POISON CONTROL CENTER INFORMATION. The board shall provide to each license holder information regarding the services provided by poison control centers.

SECTION 5. Subchapter D, Chapter 302, Occupations Code, is amended by adding Sections 302.1551 and 302.1552 to read as follows:

Sec. 302.1551. INFORMATION PROVIDED TO LICENSE HOLDERS. At least once each biennium, the board shall provide to each license holder information on:

(1) prescribing and dispensing pain medications, with particular emphasis on Schedule II and Schedule III controlled substances;

(2) abusive and addictive behavior of certain persons who use prescription pain medications; and

(3) common diversion strategies employed by certain persons who use prescription pain medications, including fraudulent prescription patterns.

Sec. 302.1552. POISON CONTROL CENTER INFORMATION. The board shall provide to each license holder information regarding the services provided by poison control centers.

SECTION 6. Subchapter A, Chapter 554, Occupations Code, is amended by adding Sections 554.014 and 554.015 to read as follows:

Sec. 554.014. INFORMATION PROVIDED TO LICENSE HOLDERS. At least once each

biennium, the board shall provide to each license holder information on:

(1) prescribing and dispensing pain medications, with particular emphasis on Schedule II and Schedule III controlled substances;

(2) abusive and addictive behavior of certain persons who use prescription pain medications; and

(3) common diversion strategies employed by certain persons who use prescription pain medications, including fraudulent prescription patterns.

Sec. 554.015. POISON CONTROL CENTER INFORMATION. The board shall provide to each license holder information regarding the services provided by poison control centers.

SECTION 7. (a) This Act takes effect September 1, 2003.

(b) A state agency that is subject to this Act shall develop written and other materials that contain the information required by this Act not later than January 1, 2004. The state agencies that are subject to this Act shall:

(1) cooperate in developing the materials; and

(2) ensure, to the extent possible, that the same information is contained in the materials used by each agency.

DRAFT

Recommendation 6

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to the requirement that a registered manufacturer or distributor of certain controlled substances report to the Department of Public Safety each delivery or distribution of those controlled substances to a practitioner.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter C, Chapter 481, Health and Safety Code, is amended by adding Section 481.0675 to read as follows:

Sec. 481.0675. REPORT OF DELIVERY OR DISTRIBUTION OF CONTROLLED SUBSTANCES TO PRACTITIONER. (a) A registered manufacturer or distributor who delivers or distributes a controlled substance listed in Schedules I-IV to a practitioner as defined by Section 481.002(39)(A) in this state shall report the transaction to the department.

(b) The report must be filed before the 15th day after the date of the delivery or distribution and show:

(1) the quantity of the substance delivered or distributed;

(2) the date of delivery or distribution;

(3) the name and strength of the controlled substance delivered or distributed;

(4) the name, address, Federal Drug Enforcement Administration registration number, and telephone number of the practitioner at the practitioner's usual place of business; and

(5) any other information reasonably required by the director.

(c) The director shall adopt rules and forms to implement and administer this section. The rules may provide an appropriate format for the electronic reporting of information to the department under this section.

SECTION 2. This Act takes effect September 1, 2003.

78R226 JD-D

APPENDIX J

Public Health Preparedness Draft Legislation

DRAFT

Recommendations 1-16

By _____ B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to public health preparedness.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 418.004, Government Code, is amended by adding Subdivision (8) to read as follows:

(8) "Public health emergency" means an immediate threat from a communicable disease as defined by Section 81.003, Health and Safety Code, that:

(A) poses a high risk of death or serious long-term disability to a large number of people; and

(B) creates a substantial risk of public exposure because of the disease's high level of contagion or the method by which the disease is transmitted.

SECTION 2. Section 418.014, Government Code, is amended by adding Subsections (f) and (g) to read as follows:

(f) The governor, in consultation with the commissioner of public health, may declare that a state of disaster constitutes a public health emergency to which the public health emergency provisions of Chapter 81, Health and Safety Code, and other law apply.

(g) A state of disaster that constitutes a public health emergency may be renewed one time by the governor, in consultation with the commissioner of public health, for an additional 30 days. An additional renewal requires the approval of designated legislative leadership.

SECTION 3. Sections 81.003(2) and (7), Health and Safety Code, are amended to read as follows:

(2) "Health authority" means:

(A) a physician appointed as a health authority [~~such~~] under Chapter 121 (Local Public Health Reorganization Act) or the health authority's designee; or

(B) a physician appointed as a regional director under Chapter 121 (Local Public Health Reorganization Act) who performs the duties of a health authority or the regional director's designee.

(7) "Public health emergency" means a declaration by the governor of a state of disaster that constitutes a public health emergency under Chapter 418, Government Code [~~"Regional director" means a physician appointed as such under Chapter 121 (Local Public Health Reorganization Act)~~].

SECTION 4. Section 81.004, Health and Safety Code, is amended by adding Subsection (d) to read as follows:

(d) A designee of the commissioner may exercise a power granted to or perform a duty imposed on the commissioner under this chapter except as otherwise required by law.

SECTION 5. Sections 81.023(a), (b), and (c), Health and Safety Code, are amended to read as follows:

(a) The department [~~board~~] shall develop immunization requirements for children.

(b) The department [~~board~~] shall cooperate with the Department of Protective and Regulatory Services in formulating and implementing the immunization requirements for children admitted to child-care facilities.

(c) The department [~~board~~] shall cooperate with the State Board of Education in formulating and

implementing immunization requirements for students admitted to public or private primary or secondary schools.

SECTION 6. Section 81.023(d), Health and Safety Code, is transferred to Subchapter A, Chapter 81, Health and Safety Code, redesignated as Section 81.011, Health and Safety Code, and amended to read as follows:

Sec. 81.011. REQUEST FOR INFORMATION. [~~(d)~~] In times of emergency or epidemic declared by the commissioner, the department [~~board~~] is authorized to request information pertaining to names, dates of birth, and most recent addresses of individuals from the driver's license records of the Department of Public Safety for the purpose of notification to individuals of the need to receive certain immunizations or diagnostic, evaluation, or treatment services for suspected communicable diseases.

SECTION 7. Section 81.041, Health and Safety Code, is amended by adding Subsection (f) to read as follows:

(f) In a public health emergency, the commissioner may require reports of communicable diseases or other health conditions from providers without board rule or action.

SECTION 8. Section 81.042(a), Health and Safety Code, is amended to read as follows:

(a) A report under Subsection (b), (c), or (d) shall be made to the local health authority [~~or, if there is no local health authority, the regional director~~].

SECTION 9. Section 81.043, Health and Safety Code, is amended to read as follows:

Sec. 81.043. RECORDS AND REPORTS OF HEALTH AUTHORITY [~~AND REGIONAL DIRECTOR~~]. (a) Each health authority [~~or regional director~~] shall keep a record of each case of a reportable disease that is reported to the authority [~~or director~~].

(b) A health authority [~~or regional director~~] shall report reportable diseases to the department's central office at least as frequently as the interval set by board rule.

SECTION 10. Section 81.046, Health and Safety Code, is amended by amending Subsection (b) and adding Subsection (f) to read as follows:

(b) Reports, records, and information relating to cases or suspected cases of diseases or health conditions are not public information under Chapter 552, Government Code, and may not be released or made public on subpoena or otherwise except as provided by Subsections (c), [~~and~~] (d), and (f).

(f) Reports, records, and information relating to cases or suspected cases of diseases or health conditions may be released to the extent necessary during a public health emergency to law enforcement personnel solely for the purpose of protecting the health or life of the person identified in the report, record, or information.

SECTION 11. Section 81.061, Health and Safety Code, is amended by adding Subsection (d) to read as follows:

(d) A health authority may investigate the existence of communicable disease within the boundaries of the health authority's jurisdiction to determine the nature and extent of the disease and to formulate and evaluate the control measures used to protect the public health. A person shall provide records and other information to the health authority on request according to the health authority's written instructions. Confidential or privileged records or other information remain confidential or privileged in the hands of the health authority.

SECTION 12. Section 81.062(a), Health and Safety Code, is amended to read as follows:

(a) For the purpose of an investigation under Section 81.061(c) or (d), the department or a health authority may administer oaths, summon witnesses, and compel the attendance of a witness or the production of a document. The department or a health authority may request the assistance of a county or district court to compel the attendance of a summoned witness or the production of a requested document at a hearing.

SECTION 13. Section 81.064, Health and Safety Code, is amended by amending Subsection (a)

and adding Subsection (c) to read as follows:

(a) The department or [~~commissioner, the commissioner's designee,~~] a health authority[~~, or a health authority's designee~~] may enter at reasonable times and inspect within reasonable limits a public place in the performance of that person's duty to prevent or control the entry into or spread in this state of communicable disease by enforcing this chapter or the rules of the board adopted under this chapter.

(c) Evidence gathered during an inspection by the department or health authority under this section may not be used in a criminal proceeding other than a proceeding to assess a criminal penalty under this chapter.

SECTION 14. Section 81.065, Health and Safety Code, is amended to read as follows:

Sec. 81.065. RIGHT OF ENTRY. (a) For an investigation or inspection, the commissioner, an employee of the department, or a health authority has the right of entry on land or in a building, vehicle, watercraft, or aircraft and the right of access to an individual, animal, or object that is in isolation, detention, restriction, or quarantine instituted by the commissioner, an employee of the department, or a health authority or instituted voluntarily on instructions of a private physician.

(b) Evidence gathered during an entry by the commissioner, department, or health authority under this section may not be used in a criminal proceeding other than a proceeding to assess a criminal penalty under this chapter.

SECTION 15. Section 81.066(a), Health and Safety Code, is amended to read as follows:

(a) A person commits an offense if the person knowingly conceals or attempts to conceal from the department [~~board~~], a health authority, or a peace officer, during the course of an investigation under this chapter, the fact that:

(1) the person has, has been exposed to, or is the carrier of a communicable disease that is a threat to the public health; or

(2) a minor child or incompetent adult of whom the person is a parent, managing conservator, or guardian has, has been exposed to, or is the carrier of a communicable disease that is a threat to the public health.

SECTION 16. Section 81.067(a), Health and Safety Code, is amended to read as follows:

(a) A person commits an offense if the person knowingly conceals, removes, or disposes of an infected or contaminated animal, object, vehicle, watercraft, or aircraft that is the subject of an investigation under this chapter by the department [~~board~~], a health authority, or a peace officer.

SECTION 17. Section 81.068, Health and Safety Code, is amended to read as follows:

Sec. 81.068. REFUSING ENTRY OR INSPECTION; CRIMINAL PENALTY. (a) A person commits an offense if the person knowingly refuses or attempts to refuse entry to the department [~~board~~], a health authority, or a peace officer on presentation of a valid search warrant to investigate, inspect, or take samples on premises controlled by the person or by an agent of the person acting on the person's instruction.

(b) A person commits an offense if the person knowingly refuses or attempts to refuse inspection under Section 81.064 or entry or access under Section 81.065.

(c) An offense under this section is a Class A misdemeanor.

SECTION 18. Sections 81.082(a) and (b), Health and Safety Code, are amended to read as follows:

(a) A health authority has supervisory authority and control over the administration of communicable disease control measures in the health authority's jurisdiction unless specifically preempted by the department [~~board~~]. Control measures imposed by a health authority must be consistent with, and at least as stringent as, the control measure standards in rules adopted by the board.

(b) A communicable disease control measure imposed by a health authority in the health authority's jurisdiction may be amended, revised, or revoked by the department [~~board~~] if the department [~~board~~] finds

that the modification is necessary or desirable in the administration of a regional or statewide public health program or policy. A control measure imposed by the department may not be modified or discontinued until the department authorizes the action.

SECTION 19. Section 81.083(e), Health and Safety Code, is amended to read as follows:

(e) An individual may be subject to court orders under Subchapter G if the individual is infected or is reasonably suspected of being infected with a communicable disease that presents an immediate threat to the public health and either:

(1) the individual, or the individual's parent, legal guardian, or managing conservator if the individual is a minor, does not comply with the written orders of the department or a health authority under this section; or [~~and~~]

(2) a public health emergency exists, regardless of whether the department or health authority has issued a written order [~~the individual is infected or is reasonably suspected of being infected with a communicable disease that presents an immediate threat to the public health~~].

SECTION 20. Section 81.084, Health and Safety Code, is amended by amending Subsection (b) and adding Subsections (d-1) and (k) to read as follows:

(b) The department or health authority shall send notice of its action by registered or certified mail or by personal delivery to the person who owns or controls the property. If the property is land or a structure or an animal or other property on the land, the department or health authority shall also post the notice on the land and at a place convenient to the public in [~~on~~] the county courthouse [~~door~~]. If the property is infected or contaminated as a result of a public health emergency, the department or health authority is not required to provide notice under this subsection.

(d-1) In a public health emergency, the department or health authority by written order may require a person who owns or controls property to impose control measures that are technically feasible to disinfect

or decontaminate the property or, if technically feasible control measures are not available, may order the person who owns or controls the property:

(1) to destroy the property, other than land, in a manner that disinfects or decontaminates the property to prevent the spread of infection or contamination;

(2) if the property is land, to securely fence the perimeter of the land or any part of the land that is infected or contaminated; or

(3) to securely seal off an infected or contaminated structure or other property on land to prevent entry into the infected or contaminated area until the department or health authority authorizes entry into the structure or property.

(k) In a public health emergency, the department or a health authority may impose additional control measures the department or health authority considers necessary and most appropriate to arrest, control, and eradicate the threat to the public health.

SECTION 21. Section 81.085, Health and Safety Code, is amended by amending Subsections (a), (b), (c), (e), (f), and (h) and adding Subsection (i) to read as follows:

(a) If an outbreak of communicable disease occurs in this state, the commissioner or one or more health authorities may impose an area quarantine coextensive with the area affected. The commissioner may impose an area quarantine, if the commissioner has reasonable cause to believe that individuals or property in the area may be infected or contaminated with a communicable disease, for the period necessary to determine whether an outbreak of communicable disease has occurred. A health authority may impose the quarantine only within the boundaries of the health authority's jurisdiction.

(b) A health authority may not impose an area quarantine until the authority consults with [~~and obtains the approval of~~] the department [~~commissioner and of the governing body of each county and municipality in the health authority's jurisdiction that has territory in the affected area~~].

(c) The department may impose additional disease control measures in a quarantine area that the department considers necessary and most appropriate to arrest, control, and eradicate the threat to the public health. Absent preemptive action by the department [~~board~~] under this chapter or by the governor under Chapter 418, Government Code (Texas Disaster Act of 1975), a health authority may impose in a quarantine area under the authority's jurisdiction additional disease control measures that the health authority considers necessary and most appropriate to arrest, control, and eradicate the threat to the public health.

(e) The department or health authority may use all reasonable means of communication to inform persons in the quarantine area of the department's [~~board's~~] or health authority's orders and instructions during the period of area quarantine. The department or health authority shall publish at least once each week during the area quarantine period, in a newspaper of general circulation in the area, a notice of the orders or instructions in force with a brief explanation of their meaning and effect. Notice by publication is sufficient to inform persons in the area of their rights, duties, and obligations under the orders or instructions.

(f) The department [~~commissioner~~] or, with the department's [~~commissioner's~~] consent, a health authority may terminate an area quarantine.

(h) A person commits an offense if the person knowingly fails or refuses to obey a rule, order, or instruction of the department [~~board~~] or an order or instruction of a health authority issued under a department [~~board~~] rule and published during an area quarantine under this section. An offense under this subsection is a felony of the third degree.

(i) An area quarantine must be accomplished by the least restrictive means necessary to protect the public health considering the availability of resources.

SECTION 22. Sections 81.086(b) and (i), Health and Safety Code, are amended to read as follows:

(b) If the department or health authority has reasonable cause to believe that a carrier or conveyance

has departed from or traveled through an area infected or contaminated with a communicable disease, the department or health authority may order the owner, operator, or authorized agent in control of the carrier or conveyance to:

(1) stop the carrier or conveyance at a port of entry or place of first landing or first arrival in this state; and

(2) provide [~~a statement in a form approved by the board that includes information required by board rules, including~~] information on passengers and cargo manifests[~~, and~~] that includes the details of:

(A) any illness suspected of being communicable that occurred during the journey;

(B) any condition on board the carrier or conveyance during the journey that may lead to the spread of disease; and

(C) any control measures imposed on the carrier or conveyance, its passengers or crew, or its cargo or any other object on board during the journey.

(i) The department or health authority may require an individual transported by carrier or conveyance who the department or health authority has reasonable cause to believe has been exposed to or is the carrier of a communicable disease to be isolated from other travelers and to disembark with the individual's personal effects and baggage at the first location equipped with adequate investigative and disease control facilities, whether the person is in transit through this state or to an intermediate or ultimate destination in this state. The department or health authority may investigate and, if necessary, isolate or involuntarily hospitalize the individual until the department or health authority approves the discharge as authorized by Section 81.083 [~~81.084~~].

SECTION 23. Section 81.088(a), Health and Safety Code, is amended to read as follows:

(a) A person commits an offense if the person knowingly or intentionally:

(1) removes, alters, or attempts to remove or alter an object the person knows is a quarantine

device, notice, or security item in a manner that diminishes the [~~device's~~] effectiveness of the device, notice, or item; or

(2) destroys an object the person knows is a quarantine device, notice, or security item.

SECTION 24. Section 81.089(a), Health and Safety Code, is amended to read as follows:

(a) A person commits an offense if, before notifying the department [~~board~~] or health authority at a port of entry or a place of first landing or first arrival in this state, the person knowingly or intentionally:

(1) transports or causes to be transported into this state an object the person knows or suspects may be infected or contaminated with a communicable disease that is a threat to the public health;

(2) transports or causes to be transported into this state an individual who the person knows has or is the carrier of a communicable disease that is a threat to the public health; or

(3) transports or causes to be transported into this state a person, animal, or object in a private or common carrier or a private conveyance that the person knows is or suspects may be infected or contaminated with a communicable disease that is a threat to the public health.

SECTION 25. Section 81.151(d), Health and Safety Code, is amended to read as follows:

(d) A copy of written orders made under Section 81.083, if applicable, and a medical evaluation must be filed with the application, except that a copy of the written orders need not be filed with an application for outpatient treatment.

SECTION 26. Section 81.152(c), Health and Safety Code, is amended to read as follows:

(c) Any application must contain the following information according to the applicant's information and belief:

(1) the person's name and address;

(2) the person's county of residence in this state;

(3) a statement that the person is infected with or is reasonably suspected of being infected

with a communicable disease that presents a threat to public health and that the person meets the criteria of this chapter for court orders for the management of a person with a communicable disease; and

(4) a statement, to be included only in an application for inpatient treatment, that the person fails or refuses to comply with written orders of the department or health authority under Section 81.083, if applicable.

SECTION 27. Section 81.162(a), Health and Safety Code, is amended to read as follows:

(a) The judge or designated magistrate may issue a protective custody order if the judge or magistrate determines:

(1) that the health authority or department has stated its opinion and the detailed basis for its opinion that the person is infected with or is reasonably suspected of being infected with a communicable disease that presents an immediate threat to the public health; and

(2) that the person fails or refuses to comply with the written orders of the health authority or the department under Section 81.083, if applicable.

SECTION 28. Section 161.011, Health and Safety Code, is amended to read as follows:

Sec. 161.011. PERMISSION REQUIRED. A person, including an officer or agent of this state or of an instrumentality or political subdivision of this state, may not enter a private residence to conduct a health inspection without first receiving:

(1) permission obtained from a lawful adult occupant of the residence; or

(2) an authorization to inspect the residence for a specific public health purpose by a magistrate or by an order of a court of competent jurisdiction on a showing of a probable violation of a state health law, a control measure under Chapter 81, or a health ordinance of a political subdivision.

SECTION 29. Article 49.10(d), Code of Criminal Procedure, is amended to read as follows:

(d) A justice of the peace may not order a person to perform an autopsy on the body of a deceased

person whose death was caused by Asiatic cholera, bubonic plague, typhus fever, or smallpox. A justice of the peace may not order a person to perform an autopsy on the body of a deceased person whose death was caused by a communicable disease designated by order of the commissioner of public health during a public health emergency or disaster under Chapter 418, Government Code.

SECTION 30. Sections 10 and 10a, Article 49.25, Code of Criminal Procedure, are amended to read as follows:

Sec. 10. When a body upon which an inquest ought to have been held has been interred, the medical examiner may cause it to be disinterred for the purpose of holding such inquest.

Before any body, upon which an inquest is authorized by the provisions of this Article, can be lawfully cremated, an autopsy shall be performed thereon as provided in this Article, or a certificate that no autopsy was necessary shall be furnished by the medical examiner. Before any dead body can be lawfully cremated, the owner or operator of the crematory shall demand and be furnished with a certificate, signed by the medical examiner of the county in which the death occurred showing that an autopsy was performed on said body or that no autopsy thereon was necessary. It shall be the duty of the medical examiner to determine whether or not, from all the circumstances surrounding the death, an autopsy is necessary prior to issuing a certificate under the provisions of this section. No autopsy shall be required by the medical examiner as a prerequisite to cremation in case death is caused by the pestilential diseases of Asiatic cholera, bubonic plague, typhus fever, or smallpox. All certificates furnished to the owner or operator of a crematory by any medical examiner, under the terms of this Article, shall be preserved by such owner or operator of such crematory for a period of two years from the date of the cremation of said body. A medical examiner is not required to perform an autopsy on the body of a deceased person whose death was caused by a communicable disease designated by order of the commissioner of public health during a public health emergency or disaster under Chapter 418, Government Code.

Sec. 10a. The body of a deceased person shall not be cremated within 48 [~~forty-eight~~] hours after the time of death as indicated on the regular death certificate, unless the death certificate indicates death was caused by the pestilential diseases of Asiatic cholera, bubonic plague, typhus fever, or smallpox, or unless the time requirement is waived in writing by the county medical examiner or, in counties not having a county medical examiner, a justice of the peace. In a disaster or public health emergency under Chapter 418, Government Code, the commissioner of public health by order may designate other communicable diseases for which cremation within 48 hours of the time of death is authorized.

SECTION 31. This Act takes effect September 1, 2003.

SECTION 32. (a) The change in law made by this Act to Sections 81.085(h) and 81.089(a), Health and Safety Code, apply only to an offense committed on or after the effective date of this Act. For purposes of this section, an offense is committed before the effective date of this Act if any element of the offense occurs before that date.

(b) An offense committed before the effective date of this Act is covered by the law in effect when the offense was committed, and the former law is continued in effect for that purpose.

78R440(1) YDB-D

DRAFT

Recommendation 16

By _____ B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to an inquest when a body part is found.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subsection (a), Article 49.04, Code of Criminal Procedure, is amended to read as follows:

(a) A justice of the peace shall conduct an inquest into the death of a person who dies in the county served by the justice if:

(1) the person dies in prison under circumstances other than those described by Section 501.055(b), Government Code, or in jail;

(2) the person dies an unnatural death from a cause other than a legal execution;

(3) the body or a body part of a person is found, the cause or circumstances of death are unknown, and:

(A) the person [~~body~~] is identified; or

(B) the person [~~body~~] is unidentified;

(4) the circumstances of the death indicate that the death may have been caused by unlawful means;

(5) the person commits suicide or the circumstances of the death indicate that the death may

have been caused by suicide;

(6) the person dies without having been attended by a physician;

(7) the person dies while attended by a physician who is unable to certify the cause of death and who requests the justice of the peace to conduct an inquest; or

(8) the person is a child younger than six years of age and an inquest is required by Chapter 264, Family Code.

SECTION 2. Subsections (a), (b), and (c), Article 49.07, Code of Criminal Procedure, are amended to read as follows:

(a) A physician or other person who has possession of a body or body part of a person whose death requires an inquest under Article 49.04 of this code shall immediately notify the justice of the peace who serves the precinct in which the body or body part was found.

(b) A peace officer who has been notified of the death of a person whose death requires an inquest under Article 49.04 of this code shall immediately notify the justice of the peace who serves the precinct in which the body or body part was found.

(c)(1) If the justice of the peace who serves the precinct in which the body or body part was found is not available to conduct an inquest, a person required to give notice under this article shall notify the nearest available justice of the peace serving the county in which the body or body part was found, and that justice of the peace shall conduct the inquest.

(2) If no justice of the peace serving the county in which the body or body part was found is available to conduct an inquest, a person required to give notice under this article shall notify the county judge, and the county judge shall initiate the inquest. The county judge may exercise any power and perform any duty otherwise granted to or imposed under this subchapter on the justice of the peace serving the county in which the body or body part was found, except that not later than the fifth day after the day on which the

inquest is initiated, the county judge shall transfer all information obtained by the judge to the justice of the peace in whose precinct the body or body part was found for final disposition of the matter.

SECTION 3. Subsection (a), Article 49.09, Code of Criminal Procedure, is amended to read as follows:

(a) If a body or body part subject to investigation under Article 49.04 of this code is interred and an authorized person has not conducted an inquest required under this subchapter, a justice of the peace may direct the disinterment of the body or body part in order to conduct an inquest.

SECTION 4. Subsection (n), Article 49.10, Code of Criminal Procedure, is amended to read as follows:

(n) On discovering the body or body part of a deceased person in the circumstances described by Article 49.04(a)(3)(B), the medical examiner may request the aid of a forensic anthropologist in the examination of the body or body part. The forensic anthropologist must be eligible for board certification by a nationally recognized association that accredits practitioners in the forensic sciences. The forensic anthropologist shall attempt to establish whether the body or body part is of a human or animal, whether evidence of childbirth, injury, or disease exists, and the sex, race, age, stature, and physical anomalies of the body or body part. The forensic anthropologist may also attempt to establish the cause, manner, and time of death.

SECTION 5. Subsection (a), Article 49.22, Code of Criminal Procedure, is amended to read as follows:

(a) If a body or body part that is subject to an inquest under Article 49.04 of this code is found on premises that were under the sole control of the deceased, a justice of the peace or other person authorized under this subchapter to conduct an inquest may direct that the premises be locked and sealed to prohibit entrance by any person other than a peace officer conducting an investigation of the death.

SECTION 6. Sections 6(a) and 13, Article 49.25, Code of Criminal Procedure, are amended to read as follows:

Sec. 6. (a) Any medical examiner, or his duly authorized deputy, shall be authorized, and it shall be his duty, to hold inquests with or without a jury within his county, in the following cases:

1. When a person shall die within twenty-four hours after admission to a hospital or institution or in prison or in jail;

2. When any person is killed; or from any cause dies an unnatural death, except under sentence of the law; or dies in the absence of one or more good witnesses;

3. When the body or a body part of a person is found, the cause or circumstances of death are unknown, and:

(A) the person [~~body~~] is identified; or

(B) the person [~~body~~] is unidentified;

4. When the circumstances of the death of any person are such as to lead to suspicion that he came to his death by unlawful means;

5. When any person commits suicide, or the circumstances of his death are such as to lead to suspicion that he committed suicide;

6. When a person dies without having been attended by a duly licensed and practicing physician, and the local health officer or registrar required to report the cause of death under Section 193.005, Health and Safety Code, does not know the cause of death. When the local health officer or registrar of vital statistics whose duty it is to certify the cause of death does not know the cause of death, he shall so notify the medical examiner of the county in which the death occurred and request an inquest;

7. When the person is a child who is younger than six years of age and the death is reported under Chapter 264, Family Code; and

8. When a person dies who has been attended immediately preceding his death by a duly licensed and practicing physician or physicians, and such physician or physicians are not certain as to the cause of death and are unable to certify with certainty the cause of death as required by Section 193.004, Health and Safety Code. In case of such uncertainty the attending physician or physicians, or the superintendent or general manager of the hospital or institution in which the deceased shall have died, shall so report to the medical examiner of the county in which the death occurred, and request an inquest.

Sec. 13. On discovering the body or body part of a deceased person in the circumstances described by Subdivision 3(B) of Section 6(a), the medical examiner may request the aid of a forensic anthropologist in the examination of the body or body part. The forensic anthropologist must be board-certified by a nationally recognized association that accredits practitioners in the forensic sciences. The forensic anthropologist shall attempt to establish whether the body or body part is of a human or animal, whether evidence of childbirth, injury, or disease exists, and the sex, race, age, stature, and physical anomalies of the body. The forensic anthropologist may also attempt to establish the cause, manner, and time of death.

SECTION 7. This Act takes effect September 1, 2003.

SECTION 8. The change in law made by this Act applies only to the discovery of a body part of a person that is made on or after the effective date of this Act. A discovery made before the effective date of this Act is covered by the law in effect when the discovery was made, and the former law is continued in effect for that purpose.

78R528(1) YDB-D

APPENDIX K

Organ Donation and Allocation Draft Legislation

DRAFT

Recommendations 1 and 4

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to organ donation.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter Z, Chapter 661, Government Code, is amended by adding Section 661.916 to read as follows:

Sec. 661.916. LEAVE FOR ORGAN OR BONE MARROW DONORS. (a) A state employee is entitled to a leave of absence without a deduction in salary for the time necessary to permit the employee to serve as a bone marrow or organ donor.

(b) The leave of absence provided by this section may not exceed:

(1) seven working days in a fiscal year to serve as a bone marrow donor; or

(2) 30 working days in a fiscal year to serve as an organ donor.

SECTION 2. Section 49.001, Health and Safety Code, is amended to read as follows:

Sec. 49.001. DEVELOPMENT AND IMPLEMENTATION OF PROGRAM. (a) The department shall develop a program to educate residents about anatomical gifts. The program shall include information about:

(1) the laws governing anatomical gifts, including Subchapter Q, Chapter 521, Transportation Code, and Chapter 692;

(2) the procedures for becoming an organ, eye, or tissue donor or donee; and

(3) the benefits of organ, eye, or tissue donation.

(b) In developing the program, the department shall solicit broad-based input reflecting recommendations of all interested groups, including representatives of patients, providers, ethnic groups, and geographic regions.

(c) The department shall make the information developed under the program available to physicians, hospitals, persons considering end-of-life decisions such as making a living will or an advanced directive and attorneys who assist persons in making or implementing these decisions, and appropriate media, advocacy groups, and civic or religious organizations.

(d) The department shall implement the program only to the extent that:

(1) funds are available from Section 521.421(g) or 521.422(c), Transportation Code;

(2) money or in-kind donations are donated to the department for the purpose of implementing the program; or

(3) the legislature specifically appropriates money from another source for the purpose of implementing the program.

SECTION 3. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R504 JRD-D

DRAFT

Recommendation 2

By _____ __C.R. No. ____

CONCURRENT RESOLUTION

WHEREAS, Federal regulations enacted in 1998 prohibit hospital staff, such as doctors and nurses, from approaching families of patients who have died or whose death is imminent about organ donation if such personnel are not specifically trained to do so; under these regulations, only a representative of an organ procurement organization (OPO) or a trained, designated requestor is allowed to talk to a patient's family about donation; and

WHEREAS, The regulations were introduced as a result of a study, cited in the regulations' preamble, that indicated organ donation consent rates were markedly higher when an OPO representative approached the family about a potential donation than when the family was approached by hospital staff; and

WHEREAS, In addition to requiring that the individual who approaches a potential donor's family be an OPO representative or a designated requestor, federal regulations also stipulate that the designation requires completion of a course approved by an OPO on how to approach potential donor families to request tissue or organ donation; and

WHEREAS, Regulations do not exclude doctors and nurses from becoming designated requestors; in fact, there is specific recognition that such individuals may choose to receive training to fulfill this role, rightly acknowledging the benefits of the long-term relationship established between certain patients and families and either their primary care physicians or their nursing staff; and

WHEREAS, Organ donation decisions do not have to be made only in crisis situations but can be considered during office visits in discussions about long-term health care or end-of-life decisions; however, even then, doctors and nurses lacking specific training may be unable to provide patients and their families with enough information for them to give informed consent for organ donation; and

WHEREAS, Some doctors and nurses also may be uncomfortable acting as organ requestors even in long-term relationships with patients and their families and may struggle with ethical questions relating to real or perceived conflicts of interest; and

WHEREAS, However, with proper training, doctors and nurses can serve as a bridge between patients' families and designated requestors, emotionally preparing affected family members for a discussion about organ donation while clearly defining their roles as advocates for both patients and families; and

WHEREAS, Donor education programs for doctors and nurses would help delineate the distinct roles they play, ensuring that notification of a patient's death or imminent death would be separated from any donation request; by facilitating the process for potential donors, such education programs not only would benefit doctors, nurses, patients, and their families, but also would increase the likelihood of donation, thereby benefiting the countless individuals depending on the availability of tissue and organs for transplantation; now, therefore, be it

RESOLVED, That the 78th Legislature of the State of Texas hereby encourage medical and nursing schools in the state to consider including donor education courses in their respective curriculum requirements and to further consider offering advanced courses in donor education for individuals completing a neurology or neurosurgery residency; and, be it further

RESOLVED, That the secretary of state forward official copies of this resolution to the president of each medical and nursing school in the state, the chair of the Texas Higher Education Coordinating Board, and the presiding officer or chief executive officer of the Texas State Board of Medical Examiners, the Board of Nurse Examiners, the Texas Medical Association, the Texas Nurses Association, and the Statewide Health Coordinating Council.

DRAFT

Recommendations 6 and 7

By _____ __B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to the removal of a body part or tissue from decedent who died under circumstances requiring an inquest.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Sections 693.002, 693.003, and 693.005, Health and Safety Code, are amended to read as follows:

Sec. 693.002. REMOVAL OF BODY PART OR TISSUE FROM DECEDENT WHO DIED UNDER CIRCUMSTANCES REQUIRING AN INQUEST. (a)(1) On a request from a qualified organ procurement organization, as defined in Section 692.002, the medical examiner or justice of the peace may permit the removal of organs from a decedent who died under circumstances requiring an inquest by the medical examiner or justice of the peace if consent is obtained pursuant to Section 693.003.

(2) If no autopsy is required, the organs to be transplanted shall be released in a timely manner to the qualified organ procurement organization, as defined in Section 692.002, for removal and transplantation.

(3) If an autopsy is required and the medical examiner or justice of the peace determines that the removal of the organs will not interfere with the subsequent course of an investigation or autopsy, the organs shall be released in a timely manner for removal and transplantation. The autopsy will be

performed in a timely manner following the removal of the organs.

(4) If the medical examiner or justice of the peace is considering withholding one or more organs of a potential donor for any reason, the medical examiner or justice of the peace shall be present during the removal of the organs. In such case, the medical examiner or justice of the peace may request a biopsy of those organs or deny removal of the anatomical gift. If the medical examiner or justice of the peace denies removal of the anatomical gift, the medical examiner or justice of the peace shall explain in writing the reasons for the denial. The medical examiner or justice of the peace [~~and~~] shall provide the explanation to:

(A) the qualified organ procurement organization; and

(B) any person listed in Section 693.004 who is actually known to the medical examiner or justice of the peace.

(5) If, in performing the duties required by this subsection, the medical examiner or justice of the peace is required to be present at the hospital to examine the decedent prior to removal of the organs or during the procedure to remove the organs, the qualified organ procurement organization shall on request reimburse the county or the entity designated by the county for the actual costs incurred in performing such duties, not to exceed $1,000. Such reimbursements shall be deposited in the general fund of the county. The payment shall be applied to the additional costs incurred by the medical examiner's or justice of the peace's office in performing such duties, including the cost of providing coverage beyond the regular business hours of the [~~medical examiner's~~] office. The payment shall be used to facilitate the timely procurement of organs in a manner consistent with the preservation of the organs for the purposes of transplantation.

(6) At the medical examiner's or justice of the peace's request, the health care professional removing organs from a decedent who died under circumstances requiring an inquest shall file with the medical examiner or justice of the peace a report detailing the condition of the organs removed and their

relationship, if any, to the cause of death.

(b) On a request from a qualified tissue procurement organization, as defined in Section 692.002, the medical examiner or justice of the peace may permit the removal of tissue believed to be clinically usable for transplants or other therapy or treatment from a decedent who died under circumstances requiring an inquest by the medical examiner or justice of the peace if consent is obtained pursuant to Section 693.003 or, if consent is not required by that section, no objection by a person listed in Section 693.004 is known by the medical examiner or justice of the peace. If the medical examiner or justice of the peace denies removal of the tissue, the medical examiner or justice of the peace shall explain in writing the reasons for the denial. The medical examiner or justice of the peace shall provide the explanation to:

(1) the qualified organ procurement organization; and

(2) any person listed in Section 693.004 who is actually known to the medical examiner or justice of the peace.

Sec. 693.003. CONSENT REQUIRED IN CERTAIN CIRCUMSTANCES. (a) A medical examiner or a person acting on the authority of a medical examiner or a justice of the peace may not remove a visceral organ unless the medical examiner, justice of the peace, or person obtains the consent of a person listed in Section 693.004.

(b) If a person listed in Section 693.004 is known and available within four hours after death is pronounced, a medical examiner or a person acting on the authority of a medical examiner or a justice of the peace may not remove a nonvisceral organ or tissue unless the medical examiner, justice of the peace, or person obtains that person's consent.

(c) If a person listed in Section 693.004 cannot be identified and contacted within four hours after death is pronounced and the medical examiner or justice of the peace determines that no reasonable likelihood exists that a person can be identified and contacted during the four-hour period, the medical

examiner or justice of the peace may permit the removal of a nonvisceral organ or tissue.

Sec. 693.005. IMMUNITY FROM DAMAGES IN CIVIL ACTION. In a civil action brought by a person listed in Section 693.004 who did not object before the removal of tissue or a body part specified by Section 693.002, a medical examiner, justice of the peace, medical facility, physician acting on permission of a medical examiner or justice of the peace, or person assisting a physician is not liable for damages on a theory of civil recovery based on a contention that the plaintiff's consent was required before the body part or tissue could be removed.

SECTION 2. This Act applies to an inquest conducted on or after the effective date of this Act. An inquest conducted before the effective date of this Act is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for this purpose.

SECTION 3. This Act takes effect July 1, 2003, if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for effect on that date, this Act takes effect September 1, 2003.

78R508(1) DLF-D

DRAFT

Recommendation 5

By _____ __B. No. ___

A BILL TO BE ENTITLED

AN ACT

relating to the protocols used by hospitals and organ procurement organizations in relation to the recovery of organs.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Sections 692.013(a), (b), and (d), Health and Safety Code, are amended to read as follows:

(a) Each hospital shall develop a protocol for identifying potential organ and tissue donors from among those persons who die in the hospital, including those persons who die in any trauma facility operated in connection with the hospital. The hospital shall make its protocol available to the public during the hospital's normal business hours.

(b) The protocol must:

(1) provide that the hospital use appropriately trained persons from an organ or tissue procurement organization to make inquiries relating to donations and establish guidelines for the manner in which those persons contact family at the hospital;

(2) encourage sensitivity to families' beliefs and circumstances in all discussions relating to the donations;

(3) establish guidelines based on accepted medical standards for determining if a person is

medically suitable to donate organs or tissues; [~~and~~]

(4) provide for documentation of the inquiry and of its disposition in the decedent's medical records;

(5) establish guidelines on the manner in which hospital staff is educated on the implementation of the protocol; and

(6) establish guidelines for the appropriate collaboration between the hospital and organ or tissue procurement organizations.

(d) An organ or tissue procurement organization that makes inquiries relating to donations shall develop a protocol for making those inquiries. The protocol must establish guidelines for the appropriate collaboration between the organization and a hospital.

SECTION 2. Not later than January 1, 2004, each hospital and each organ or tissue procurement organization shall amend the applicable protocol as necessary to conform to Section 692.013, Health and Safety Code, as amended by this Act.

SECTION 3. This Act takes effect September 1, 2003.

78R509(1) DLF-D

DRAFT

Recommendation 8

By _____ B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to anatomical gifts made by certain persons.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 692.003(e), Health and Safety Code, is amended to read as follows:

(e) A gift made under this section by a person 18 years of age or older, including a gift made under Section 521.401, Transportation Code, becomes irrevocable on the death of the person and shall be honored without obtaining the approval or consent of any other person.

SECTION 2. Section 692.008, Health and Safety Code, is amended by adding Subsection (d) to read as follows:

(d) A gift made by a person 18 years of age or older may not be revoked by any person after the death of the donor.

SECTION 3. Section 692.010(b), Health and Safety Code, is amended to read as follows:

(b) The donee may not accept the gift if [~~If~~] the donee or the donee's physician has:

(1) actual notice of contrary indications by the decedent and the decedent has not made a gift under Section 692.003 that was in effect at the time of death;

(2) actual notice that a gift made under Section 692.003 was revoked before death; or

(3) [~~has~~] actual notice that a gift made under Section 692.004 is opposed by a member of

the same or a higher priority class[~~, the donee may not accept the gift~~].

SECTION 4. This Act applies to a gift of all or a part of a person's body made under Section 692.003, Health and Safety Code, including a gift made under Section 521.401, Transportation Code, that was made before, on, or after the effective date of this Act.

SECTION 5. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R510(1) DLF-D

DRAFT

Recommendations 9, 10, 11

By: _____ __.B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to the allocation of kidneys and certain other organs available for transplant in Texas.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. DEFINITIONS. In this Act:

(1) "Department" means the Texas Department of Health.

(2) "Organ procurement organization" means an organization that:

(A) is a qualified organ procurement organization under 42 U.S.C. Section 273 that is currently certified or recertified in accordance with that federal law; and

(B) has a defined service area that includes all or part of this state.

SECTION 2. KIDNEY ALLOCATION SYSTEM; WAIVERS AND VARIANCES TO ALTER CURRENT SYSTEM. The department shall offer its services as a mediator and facilitator to the organ procurement organizations for the purpose of developing the waivers or variances that will, on approval by the appropriate authorities, allow the current system of allocating kidneys available for transplant in this state to be changed as described by this Act.

SECTION 3. FORMATION OF PATIENT POOLS AND ORGAN SHARING POOL. (a) Under the changed allocation system, two statewide pools of patients who need kidney transplants will be formed. One pool will consist of patients in this state with low panel reactive antibodies, and the other pool will consist of patients in this state with high panel reactive antibodies.

(b) Patients in the low panel reactive antibodies pool will be eligible to participate in an organ sharing pool that will be created under the changed allocation system. The procedures of the organ sharing pool will provide that 20 percent of the kidneys available for transplant to patients in this state who are served by any one of the organ procurement organizations

will also be made available to patients in the low panel reactive antibodies pool who are served by any of the other organ procurement organizations.

SECTION 4. ORGAN ALLOCATION AREAS. Under the changed allocation system, contiguous organ allocation areas or a suitable alternative geographic configuration of areas for kidney allocation will be established to address organ availability and to equalize waiting times for a transplant.

SECTION 5. KIDNEY AND PANCREAS ALLOCATION SYSTEM. Under the changed allocation system, there shall be changes specifically designed to improve the system of allocating organs in this state for patients who need both a kidney and a pancreas transplant.

SECTION 6. HEART AND LUNG TRANSPLANT TASK FORCE. The department shall form a heart and lung transplant task force to study ways to improve the system of allocating organs among patients in this state who need a heart and lung transplant. The department shall appoint representatives of organ procurement organizations, transplant centers, and other appropriate interested persons to serve on the task force. Chapter 2110, Government Code, does not apply to the composition of the task force.

SECTION 7. REPORT TO LEGISLATURE. (a) The department shall report to the legislature on:

(1) the progress it has made as a facilitator and mediator under this Act, including whether any requests for a waiver or variance have been submitted;

(2) the department's assessment of whether and the extent to which the changed organ allocation system is working appropriately, if a request for a waiver or variance to change the system has been submitted and granted; and

(3) the conclusions and recommendations of the heart and lung transplant task force.

(b) The department shall submit its report to the presiding officer of each house of the legislature and to the standing committees of each house with primary oversight responsibility for the department not later than October 1, 2004.

SECTION 8. EXPIRATION. This Act expires September 1, 2005.

SECTION 9. EFFECTIVE DATE. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the

vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R505 JRD-D

DRAFT

Recommendation 12

By _____ B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to kidney disease reporting requirements and to creation of a kidney disease registry.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subtitle D, Title 2, Health and Safety Code, is amended by adding Chapter 97 to read as follows:

CHAPTER 97. KIDNEY DISEASE REGISTRY

Sec. 97.001. DEFINITIONS. In this chapter:

(1) "Clinical laboratory" means an accredited facility in which:

(A) tests are performed identifying findings of anatomical changes; and

(B) specimens are interpreted and pathological diagnoses are made.

(2) "End stage renal disease" has the meaning assigned under Section 251.001.

(3) "Health care facility" means:

(A) a general or special hospital as defined by Chapter 241;

(B) an ambulatory surgical center licensed under Chapter 243;

(C) an institution licensed under Chapter 242; or

(D) any other facility, including an outpatient clinic, that provides diagnosis or treatment services to patients with end stage renal disease.

(4) "Health care practitioner" means:

(A) a physician as defined by Section 151.002, Occupations Code; or

(B) a person who practices dentistry as described by Section 251.003, Occupations Code.

Sec. 97.002. KIDNEY DISEASE REGISTRY. (a) The department shall maintain a kidney disease registry to track the incidence, prevalence, and mortality of end stage renal disease in the state.

(b) The registry must be a central data bank of accurate, precise, and current information that medical authorities agree serves as an invaluable tool in tracking the incidence, prevalence, and mortality of end stage renal disease.

(c) The registry must include:

(1) a record of the cases of end stage renal disease in the state; and

(2) other information about end stage renal disease that the department considers necessary to track the incidence, prevalence, and mortality of end stage renal disease.

Sec. 97.003. REQUEST FOR DATA BY DEPARTMENT. (a) To implement this chapter, the department shall collect, record, and analyze data about cases of end stage renal disease in medical records that are in the custody or under the control of clinical laboratories, health care facilities, and health care practitioners.

(b) A health care facility, clinical laboratory, or health care practitioner shall furnish to the department, on request, data the department considers necessary and appropriate that is derived from a medical record pertaining to a case of end stage renal disease that is in the custody or under the control of the health care facility, clinical laboratory, or health care practitioner.

(c) A health care facility, clinical laboratory, or health care practitioner shall furnish the data requested under Subsection (b):

(1) in a reasonable format prescribed by the department; and

(2) within six months of the patient's admission, diagnosis, or treatment for end stage renal disease.

(d) The data required to be furnished under this section must include patient identification and diagnosis.

(e) The department may not request data that is more than three years old.

Sec. 97.004. REPORTS. (a) The department shall publish an annual report to the legislature of the information obtained under this chapter.

(b) The department, in cooperation with other end stage renal disease reporting organizations and research institutions, may publish reports the department determines are necessary or desirable to carry out the purpose of this chapter.

(c) The department may compile and publish statistical and other studies derived from the patient data obtained under this chapter to provide, in an accessible form, information that is useful to physicians, other medical personnel, and the general public.

Sec. 97.005. ACCESS OF RECORDS BY DEPARTMENT. (a) The department may access medical records that would:

(1) identify cases of end stage renal disease;

(2) establish characteristics or treatment of end stage renal disease; or

(3) determine the medical status of any identified patient.

(b) The department may access medical records under Subsection (a) from:

(1) a health care facility or clinical laboratory providing screening, diagnostic, or therapeutic services to a patient with respect to end stage renal disease; or

(2) a health care practitioner diagnosing or providing treatment to a patient with end stage

renal disease, except as described by Section 97.006.

(c) The department shall adopt procedures that ensure adequate notice is given to the health care facility, clinical laboratory, or health care practitioner before the department accesses data under Subsection (a).

Sec. 97.006. DUPLICATE REQUESTS. The department may not require a health care practitioner to furnish data or provide access to records if:

(1) the data or records pertain to cases reported by a health care facility providing screening, diagnostic, or therapeutic services to end stage renal disease patients that involve patients referred directly to or previously admitted to the facility; and

(2) the facility reported the same data the practitioner would be required to report.

Sec. 97.007. FAILURE TO FURNISH DATA; PENALTY. (a) A health care facility, clinical laboratory, or health care practitioner that knowingly or in bad faith fails to furnish data as required by this chapter shall reimburse the department for the costs of accessing and reporting the data.

(b) The costs reimbursed under this section must be based on the actual costs incurred by the department in the collection of data under Section 97.005, and may include salary and travel expenses.

(c) The department may assess a late fee on an account that is 60 days or more overdue. The late fee may not exceed one and one-half percent of the total amount due on the late account for each month or portion of a month the account is not paid in full.

(d) A health care facility, clinical laboratory, or health care practitioner may request that the department conduct a hearing to determine whether reimbursement to the department under this section is appropriate.

Sec. 97.008. CONFIDENTIALITY. (a) Reports, records, and information obtained under this chapter:

(1) are confidential;

(2) are not subject to disclosure under Chapter 552, Government Code;

(3) are not subject to subpoena; and

(4) may not otherwise be released or made public except as provided by Subsection (c).

(b) The reports, records, and information obtained under this chapter are for the confidential use of the department and the persons or public or private entities that the department determines are necessary to carry out the intent of this chapter.

(c) Medical or epidemiological information may be released:

(1) for statistical purposes in a manner that prevents identification of individuals, health care facilities, clinical laboratories, or health care practitioners;

(2) with the consent of each person identified in the information; or

(3) to promote end stage renal disease research, including release of information to other end stage renal disease registries and appropriate state and federal agencies, under rules adopted by the board to ensure confidentiality as required by state and federal laws.

(d) A state employee may not testify in a civil, criminal, special, or other proceeding as to the existence or contents of records, reports, or information concerning an individual whose medical records have been used in submitting data required under this chapter unless the individual consents in advance.

(e) Data furnished to an end stage renal disease registry or end stage renal disease researcher under Subsection (c) is for the confidential use of the end stage renal disease registry or the end stage renal disease researcher, as applicable, and is subject to Subsection (a).

Sec. 97.009. IMMUNITY FROM LIABILITY. The following persons subject to this chapter that act in compliance with this chapter are not civilly or criminally liable for furnishing the information required under this chapter:

(1) a health care facility or clinical laboratory;

(2) an administrator, officer, or employee of a health care facility or clinical laboratory;

(3) a health care practitioner or employee of a health care practitioner; and

(4) an employee of the department.

Sec. 97.010. GRANTS AND FEDERAL FUNDS. (a) The department shall work to obtain the maximum federal funds available for the registry.

(b) The department may accept gifts and grants made for the purposes of this chapter.

(c) The department may limit end stage renal disease reporting activities under this chapter to specified geographic areas of the state to ensure optimal use of funds available for obtaining the data.

Sec. 97.011. EXAMINATION AND SUPERVISION NOT REQUIRED. This chapter does not require an individual to submit to any medical examination or supervision or to examination or supervision by the department.

SECTION 2. This Act takes effect September 1, 2003.

DRAFT

Recommendation 12

By _____ __B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to the study of barriers to organ transplantation for minority populations.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. (a) The Texas Department of Health shall conduct a study to identify barriers faced by minorities in accessing organ transplants. The department shall consider:

(1) procurement procedures and policies;

(2) listing criteria; and

(3) patient perceptions about transplantation.

(b) Not later than January 15, 2005, the Texas Department of Health shall issue a report of the study's findings to the lieutenant governor and the speaker of the house of representatives.

(c) This section expires September 1, 2005.

SECTION 2. This Act takes effect September 1, 2003.

78R507(1) JTS-D

DRAFT

Recommendation 12

By _____ __B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to obtaining organ procurement data.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 692, Health and Safety Code, is amended by adding Section 692.017 to read as follows:

Sec. 692.017. ORGAN PROCUREMENT DATA. The department shall work with organ procurement organizations and the contractor that operates the program under the federal organ procurement law, 42 U.S.C. Section 273 et seq., to obtain data on organ procurement.

SECTION 2. This Act takes effect September 1, 2003.

78R732(1) JTS-D

APPENDIX L

Immunization Draft Legislation

DRAFT

Recommendation 1

By _____ __B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to an immunization education program established by the Texas Department of Health.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 161, Health and Safety Code, is amended by adding Section 161.010 to read as follows:

Sec. 161.010. IMMUNIZATION EDUCATION; STATEWIDE COALITION. (a) The department shall establish a continuous statewide education program to educate the public about the importance of fully immunizing children.

(b) The department shall increase coordination among public and private local, regional, and statewide entities that have an interest in immunizations.

SECTION 2. This Act takes effect September 1, 2003.

78R557 MCK-D

DRAFT

Recommendation 2

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to the immunization registry.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 161.007, Health and Safety Code, is amended to read as follows:

Sec. 161.007. IMMUNIZATION REGISTRY; REPORTS TO DEPARTMENT. (a) The department, for purposes of establishing and maintaining a single repository of accurate, complete, and current immunization records to be used in aiding, coordinating, and promoting efficient and cost-effective childhood communicable disease prevention and control efforts, shall establish and maintain a childhood immunization registry. The department by rule shall develop guidelines to:

(1) protect the confidentiality of registrants in accordance with state and federal law [~~patients in accordance with Section 159.002, Occupations Code~~];

(2) inform a parent, managing conservator, or guardian of each registrant [~~patient~~] about the registry; and

(3) permit [~~require~~] the written consent of a parent, managing conservator, or guardian of a registrant to choose in writing to have the registrant excluded from [~~patient before any information relating to the patient is included in~~] the registry[~~; and~~

[~~(4) permit a parent, managing conservator, or guardian to withdraw consent for the patient to be included in the registry~~].

(b) Except as provided by Section 161.0071, the [~~The~~] childhood immunization registry must contain information on the immunization history that is obtained by the department under this section of each person who is younger than 18 years of age [~~and for whom consent has been obtained in accordance with guidelines adopted under Subsection (a). The department~~

[shall remove from the registry information for any person for whom consent has been withdrawn].

(c) An insurance company, a health maintenance organization, or another organization that pays or reimburses a claim for an immunization of a person younger than 18 years of age shall provide an immunization history to the department. The report shall contain the elements prescribed by the department. The report may be submitted in writing or by electronic means [An insurance company, health maintenance organization, or other organization is not required to provide an immunization history to the department under this subsection for a person for whom consent has not been obtained in accordance with guidelines adopted under Subsection (a) or for whom consent has been withdrawn].

(d) A health care provider who administers an immunization to a person younger than 18 years of age shall provide an immunization history to the department unless the immunization history is submitted to an insurance company, a health maintenance organization, or another organization that pays or reimburses a claim for an immunization to a person younger than 18 years of age. The report shall contain the elements [be in a format] prescribed by the department. The report may be submitted[, which may include submission] in writing or[;] by electronic means[, or by voice]. [A health care provider is not required to provide an immunization history to the department under this subsection for a person for whom consent has not been obtained in accordance with guidelines adopted under Subsection (a) or for whom consent has been withdrawn.]

(e) The department may use the registry to provide notices by mail, telephone, personal contact, or other means to a parent, managing conservator, or guardian regarding his or her child or ward who is due or overdue for a particular type of immunization according to the department's immunization schedule. The notice must contain instructions for the parent, managing conservator, or guardian to request that future notices not be sent and to remove the child's immunization record from the registry and any other registry-related record that individually identifies the child. The notice must describe the procedure to report a violation if a child is included in the registry after the submission of a written request for exclusion. The department shall consult with health care providers to determine the most efficient and cost-effective manner of using the registry to provide those notices.

(f) Nothing in this subchapter [section] diminishes a parent's, managing conservator's, or guardian's responsibility for having a child immunized properly, subject to Section 161.004(d).

(g) A person, including a health care provider or an insurance company, a health maintenance organization, or another organization that pays or reimburses a claim for immunization, who submits or obtains in good faith an immunization history or data to or from the department in compliance with the provisions of this subchapter [~~section~~] and any rules adopted under this subchapter [~~section~~] is not liable for any civil damages.

(h) [~~Information obtained by the department for the immunization registry is confidential and may be disclosed only with the written consent of the child's parent, managing conservator, or guardian.~~

[~~(i)~~] The board shall adopt rules to implement this subchapter [~~section~~].

SECTION 2. Subchapter A, Chapter 161, Health and Safety Code, is amended by adding Sections 161.0071, 161.0072, 161.0073, and 161.0074 to read as follows:

Sec. 161.0071. NOTICE OF RECEIPT OF REGISTRY DATA; EXCLUSION FROM REGISTRY. (a) The first time the department receives registry data for a child, the department shall send a written notification to the child's parent, managing conservator, or guardian disclosing:

(1) that providers and insurers may be sending the child's immunization information to the department, but the department may not keep the information if the parent, managing conservator, or guardian chooses to exclude the child from the registry;

(2) the information that is included in the registry;

(3) the persons to whom the information may be released under Section 161.008(d);

(4) the purpose and use of the registry;

(5) the procedure to exclude a child from the registry; and

(6) the procedure to report a violation if a parent, managing conservator, or guardian discovers a child is included in the registry after exclusion has been requested.

(b) The department shall delete the child's immunization records from the registry and any other registry-related department record that individually identifies the child not later than the 30th day after the date the department receives from the parent, managing conservator, or guardian of the child a written request that the child be excluded from the registry. The

department shall maintain only those records related to the child necessary to ensure that the child continues to be excluded from the registry and may not release the identity of a child excluded from the registry.

(c) The department shall send to a parent, managing conservator, or guardian who makes a written request under Subsection (b) a written confirmation of receipt of the request for exclusion and the exclusion of the child's records from the registry.

(d) The department commits a violation if the department fails to exclude a child from the registry within the period required by Subsection (b).

(e) The department shall accept a written statement from a parent, managing conservator, or guardian communicating to the department that a child should be excluded from the registry, including a statement on the child's birth certificate, as a request for exclusion under Subsection (b).

Sec. 161.0072. REGISTRY CONFIDENTIALITY. (a) The information that individually identifies a child received by the department for the immunization registry is confidential and may be used by the department for registry purposes only.

(b) Unless specifically authorized under this subchapter, the department may not release registry information to any individual or entity without the consent of the person, or if a minor, the parent, managing conservator, or guardian of the child.

(c) A person required to report information to the department for registry purposes or authorized to receive information from the registry may not disclose the individually identifiable information to any other person without written consent of the parent, managing conservator, or guardian of the child, except as provided by Chapter 159, Occupations Code.

(d) Registry information is not:

(1) subject to discovery, subpoena, or other means of legal compulsion for release to any person or entity except as provided by this subchapter; or

(2) admissible in any civil, administrative, or criminal proceeding.

Sec. 161.0073. REPORT TO LEGISLATURE. (a) The department shall report to the Legislative Budget Board, the governor, the lieutenant governor, the speaker of the house of representatives, and appropriate committees of the legislature not later than September 30 of each even-numbered year.

(b) The department shall use the report required under Subsection (a) to develop ways to increase immunization rates using state and federal resources.

(c) The report must:

(1) include the current immunization rates by geographic region of the state, where available;

(2) focus on the geographic regions of the state with immunization rates below the state average for preschool children;

(3) describe the approaches identified to increase immunization rates in underserved areas and the estimated cost for each;

(4) identify changes to department procedures needed to increase immunization rates;

(5) identify the services provided under and provisions of contracts entered into by the department to increase immunization rates in underserved areas;

(6) identify performance measures used in contracts described by Subdivision (5);

(7) include the number and type of exemptions used in the past year;

(8) include the number of complaints received by the department related to the department's failure to comply with requests for exclusion of individuals from the registry; and

(9) identify all reported incidents of discrimination for requesting exclusion from the registry or for using an exemption for a required immunization.

Sec. 161.0074. IMMUNITY FROM LIABILITY. Except as provided by Section 161.009, the following persons subject to this subchapter that act in compliance with Sections 161.007, 161.0071, 161.0072, 161.0073, and 161.008 are not civilly or criminally liable for furnishing the information required under this subchapter:

(1) an insurance company, a health maintenance organization, or another organization that pays or reimburses a claim for immunization;

(2) a health care provider who administers immunizations; and

(3) an employee of the department.

SECTION 3. Section 161.008, Health and Safety Code, is amended by amending Subsections (c) and (d) and adding Subsections (e)-(g) to read as follows:

(c) The department[~~, only with the consent of a child's parent, managing conservator, or guardian,~~] may[~~:~~

[~~(1)~~] obtain the data constituting an immunization record for the child from a public health district, a local health department, an insurance company, a health maintenance organization, or any other organization that pays or reimburses a claim for immunization, or any health care provider licensed or otherwise authorized to administer vaccines.

(d) After the 30th day after the date notice was sent by the department to the child's parent, managing conservator, or guardian under Section 161.0071, the department, if the department has not received a written request to exclude the child from the registry, shall:

(1) enter the child into the registry; and [~~or a physician to the child, or~~]

(2) release the data constituting an immunization record for the child to any entity in this state that is described by Subsection (c) and is providing immunization services to the child or is paying or reimbursing a claim for an immunization for the child, to [~~a public health district, a local health department, a physician to the child, or~~] a school or child care facility in which the child is enrolled, or to a state agency responsible for the health care of the child.

(e) [~~(d)~~] A parent, managing conservator, or legal guardian may obtain and on request to the department shall be provided with all individually identifiable immunization registry information concerning his or her child or ward.

(f) The department may release nonidentifying summary statistics related to the registry that do not individually identify a child.

(g) The department may not release individually identifiable information under Subsection (d)(2) to an entity outside of this state.

SECTION 4. Section 161.009(a), Health and Safety Code, is amended to read as follows:

(a) A person commits an offense if the person:

(1) negligently releases or discloses immunization registry information in violation of Section 161.007, 161.0071, 161.0072, or 161.008; or

(2) negligently uses the information in the immunization registry to solicit new patients or clients or for other purposes that are not associated with immunization purposes, unless authorized under this section.

SECTION 5. (a) As soon as practicable, but not later than August 1, 2004, the Texas Board of Health shall:

(1) adopt rules necessary to implement the procedure for excluding children from the immunization registry required by this Act; and

(2) make available for use a form for requesting exclusion from the immunization registry required under Section 161.0071, Health and Safety Code, as added by this Act.

(b) The report required under Section 161.007(c), Health and Safety Code, as amended by this Act, and the data obtained or released under Section 161.008, Health and Safety Code, as amended by this Act, may not be accepted or released by the Texas Department of Health until the department has adopted rules and prescribed the forms required by this Act.

SECTION 6. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2003.

78R1037 MCK-D

DRAFT

Recommendation 3

By _____ __B. No. ____

A BILL TO BE ENTITLED

AN ACT

relating to the study of the feasibility of a universal vaccine purchase program.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. (a) The comptroller of public accounts shall study the feasibility of implementing a universal vaccine purchase program in this state. The comptroller shall determine:

(1) the fiscal impact of a universal vaccine purchase program;

(2) the administrative feasibility of a universal vaccine purchase program;

(3) whether a universal vaccine purchase program would simplify the administration of vaccines in this state;

(4) the best practices for universal vaccine programs in states that are similar to this state in size, population, and immunization requirements; and

(5) the impact of a universal vaccine purchase program on the vaccine industry.

(b) As part of the study, the comptroller shall consult with the Texas Department of Health, the Centers for Disease Control and Prevention, local health departments, the Legislative Budget Board, and private entities involved in the administration of vaccines in this state.

(c) Not later than January 15, 2005, the comptroller of public accounts shall submit a report detailing the study's findings to the lieutenant governor and the speaker of the house of representatives.

(d) This section expires September 1, 2005.

SECTION 2. This Act takes effect September 1, 2003.

DRAFT

Recommendations 4,5,7

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to certain immunization programs.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 161, Health and Safety Code, is amended by adding Sections 161.0095 and 161.0096 to read as follows:

Sec. 161.0095. PHYSICIAN EDUCATION PROGRAMS. (a) The department shall develop continuing education programs for physicians relating to immunizations and the vaccines for children program operated by the department under authority of 42 U.S.C. Section 1396s, as amended. In developing the continuing education programs and materials, the department shall consult with health care providers.

(b) The department shall:

(1) offer education programs at health care provider annual meetings; and

(2) use Texas Health Steps workers to assist the department in providing the education programs.

Sec. 161.0096. PHYSICIAN EVALUATION. The department shall administer an Assessment, Feedback, Incentives, and Exchange evaluation program (AFIX) to assess immunization practices of physicians, including physicians who provide immunizations to children but who are not enrolled as participating providers in the vaccines for children program operated by the department under the authority of 42 U.S.C. Section 1396s, as amended.

SECTION 2. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.063 to read as follows:

Sec. 531.063. VACCINES FOR CHILDREN PROGRAM PROVIDER ENROLLMENT AND REIMBURSEMENT.

(a) In this section, "vaccines for children program" means the program operated by the Texas Department of Health under authority of 42 U.S.C. Section 1396s, as amended.

(b) The commission shall ensure that a provider can enroll in the vaccines for children program on the same form the provider completes to apply as:

(1) a Medicaid health care provider; and

(2) a children's health insurance program health care provider.

(c) The commission shall reimburse providers under Medicaid and the children's health insurance program for vaccines administered under the vaccines for children program at a rate that covers the cost of administering the vaccines under the program.

SECTION 3. Not later than October 1, 2005, the Texas Department of Health shall report to the legislature the results of the educating physicians in your community pilot study operated by the Texas Pediatric Society. The report shall include:

(1) an analysis of the program's effect on immunization rates;

(2) a statement regarding the cost-effectiveness of the program;

(3) recommendations for expanding the program; and

(4) a list of possible sources to fund the program.

SECTION 4. This Act takes effect September 1, 2003.

78R1019 MCK-D

DRAFT

Recommendation 6

By: _____ __.B. No. _____

A BILL TO BE ENTITLED

AN ACT

relating to requiring certain vaccines to be covered by state regulated health benefit plans.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 3, Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, is amended to read as follows:

Sec. 3. REQUIRED BENEFIT FOR CHILDHOOD IMMUNIZATIONS. (a) A health benefit plan that provides benefits for a family member of the insured shall provide coverage for each covered child described by Section 5 of this article, from birth through the date the child is 18 [~~six~~] years of age, for:

(1) immunization against:

(A) diphtheria;

(B) haemophilus influenzae type b;

(C) hepatitis B;

(D) measles;

(E) mumps;

(F) pertussis;

(G) polio;

(H) rubella;

(I) tetanus; and

(J) varicella; [~~and~~]

(2) any other immunization recommended as of January 1, 2003, by the federal Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention; and

(3) any other immunization that is required by law for the child.

(b) The commissioner of public health, in consultation with the commissioner, by rule may:

(1) require coverage under this section for an immunization recommended after January 1, 2003, by the federal Advisory Committee on Immunization Practices or its successor committee; or

(2) remove the requirement of coverage under this section for an immunization that is no longer recommended after January 1, 2003, by the federal Advisory Committee on Immunization Practices or its successor committee.

SECTION 2. (a) This Act takes effect September 1, 2003.

(b) The changes made by this Act to Section 3, Article 21.53F, Insurance Code, as added by Chapter 683, Acts of the 75th Legislature, Regular Session, 1997, apply only to a health benefit plan that is delivered or issued for delivery on or after that date. A plan that is delivered or issued for delivery before September 1, 2003, is governed by the law as it existed immediately before that date, and that law is continued in effect for that purpose.

DRAFT

Recommendation 8

By _____ C.R. No. ____

CONCURRENT RESOLUTION

WHEREAS, Immunization against vaccine-preventable diseases has been one of the major public health achievements of the last century, but vigilance against medical contagion remains a necessity and requires the nation to address problems that recently have constricted rates of childhood inoculation; and

WHEREAS, During the first half of 2001, national shortages were evident among vaccines for diphtheria, tetanus, pertussis, rubella, mumps, and varicella, from among the diseases for which immunization is required of Texas schoolchildren by Section 38.001, Education Code, or by rules of the Texas Department of Health; and

WHEREAS, Supply problems likewise existed for vaccines for measles and pneumococcal infection, and the national situation, while it has since improved, continues to be subject to the threats of localized shortages or delays in vaccine delivery to health providers; and

WHEREAS, Legal obstacles also have hindered childhood vaccination efforts; the federal Vaccines for Children program covers young people up to 18 years old who are eligible for Medicaid or meet other specified criteria, but in Texas the plan does not cover enrollees in the state's Children's Health Insurance Program because of the choice of a separate state health plan rather than a Medicaid expansion; and

WHEREAS, Another inconsistency concerns the federal Employee Retirement Income Security Act because the benefit provisions of that act fail to give coverage to the entire list of vaccines as recommended by the Advisory Committee on Immunization Practices that counsels the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention; and

WHEREAS, Vaccination deficiencies have impacts at the state and local levels, yet much of the

requisite solution to the problem resides within the purview of our elected officials in Washington; now, therefore, be it

RESOLVED, That the 78th Legislature of the State of Texas hereby respectfully urge the Congress of the United States to take steps to address the vaccine supply shortage with respect to childhood immunization schedules; and, be it further

RESOLVED, That the congress pass legislation to require health plans under the Employee Retirement Income Security Act to cover all recommended vaccines of the Advisory Committee on Immunization Practices; and, be it further

RESOLVED, That the congress eliminate the inconsistency that allows Medicaid children to be eligible for the Vaccines for Children program but denies eligibility in some cases to enrollees in the state's Children's Health Insurance Program; and, be it further

RESOLVED, That the Texas secretary of state forward official copies of this resolution to the president of the United States, to the president of the senate and the speaker of the house of representatives of the United States Congress, and to all the members of the Texas delegation to the congress with the request that this resolution be officially entered in the Congressional Record as a memorial to the Congress of the United States of America.

APPENDIX M

Restraints and Seclusion Draft Legislation

DRAFT

Recommendation 3

By _____ __B. No. ___

A BILL TO BE ENTITLED

AN ACT

relating to the management of behavior of residents of certain facilities.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subtitle G, Title 4, Health and Safety Code, is amended by adding Chapter 322 to read as follows:

CHAPTER 322. USE OF RESTRAINT AND SECLUSION IN CERTAIN HEALTH CARE FACILITIES

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 322.001. DEFINITIONS. In this chapter:

(1) "Facility" means:

(A) a child-care institution, as defined by Section 42.002, Human Resources Code, including a state-operated facility, that is a residential treatment center or a child-care institution serving children with mental retardation;

(B) an intermediate care facility licensed by the Texas Department of Human

Services under Chapter 252 or operated by the Texas Department of Mental Health and Mental Retardation and exempt under Section 252.003 from the licensing requirements of that chapter;

(C) a mental hospital or mental health facility, as defined by Section 571.003;

(D) an institution, as defined by Section 242.002;

(E) an assisted living facility, as defined by Section 247.002; or

(F) a treatment facility, as defined by Section 464.001.

(2) "Health and human services agency" means an agency listed in Section 531.001, Government Code.

SUBCHAPTER B. RESTRAINTS AND SECLUSION

Sec. 322.051. CERTAIN RESTRAINTS PROHIBITED. (a) A person may not administer a restraint to a resident of a facility that:

(1) obstructs the resident's airway, including a procedure that places anything in, on, or over the resident's mouth or nose;

(2) impairs the resident's breathing by putting pressure on the diaphragm or chest; or

(3) interferes with the resident's ability to communicate.

(b) A person may use a prone or supine hold on the resident of a facility only if the person:

(1) quickly restores the resident to a standing, sitting, or side position;

(2) limits the hold to no longer than the time period specified by rules adopted under Section 322.052;

(3) uses the hold only as a last resort when other less restrictive interventions are ineffective; and

(4) uses the hold only when an observer, who is trained to identify the risks associated with positional, compression, or restraint asphyxiation and with prone and supine holds and who is not involved in the restraint, is present to ensure the resident is not at risk of serious injury or death.

Sec. 322.052. ADOPTION OF RESTRAINT AND SECLUSION PROCEDURES. (a) Each health and human services agency that regulates the care or treatment of a resident at a facility shall adopt rules to:

(1) define acceptable restraint holds that minimize the risk of harm to a facility resident in accordance with this subchapter; and

(2) govern the use of seclusion of facility residents.

(b) The rules must permit prone and supine holds for use on a resident of a facility only as transitional holds.

Sec. 322.053. NOTIFICATION. A health and human services agency shall adopt rules to ensure that each facility resident, or the resident's legally authorized representative, is notified of the agency's rules and policies related to restraints and seclusion.

SECTION 2. Subchapter B, Chapter 242, Health and Safety Code, is amended by adding Section 242.0373 to read as follows:

Sec. 242.0373. RESTRAINT AND SECLUSION. A person providing services to a resident of an institution shall comply with Chapter 322 and the rules adopted under that chapter.

SECTION 3. Subchapter B, Chapter 247, Health and Safety Code, is amended by adding Section 247.0255 to read as follows:

Sec. 247.0255. RESTRAINT AND SECLUSION. A person providing services to a resident of an assisted living facility shall comply with Chapter 322 and the rules adopted under that chapter.

SECTION 4. Subchapter A, Chapter 252, Health and Safety Code, is amended by adding Section 252.0085 to read as follows:

Sec. 252.0085. RESTRAINT AND SECLUSION. A person providing services to a resident of a facility licensed by the department under this chapter or operated by the Texas Department of Mental Health and Mental Retardation and exempt under Section 252.003 from the licensing requirements of this chapter shall comply with Chapter 322 and the rules adopted under that chapter.

SECTION 5. Subchapter A, Chapter 464, Health and Safety Code, is amended by adding Section 464.0095 to read as follows:

Sec. 464.0095. RESTRAINT AND SECLUSION. A person providing services to a program client at a treatment facility shall comply with Chapter 322 and the rules adopted under that chapter.

SECTION 6. Chapter 571, Health and Safety Code, is amended by adding Section 571.0067 to read as follows:

Sec. 571.0067. RESTRAINT AND SECLUSION. A person providing services to a patient of a mental hospital or mental health facility shall comply with Chapter 322 and the rules adopted under that chapter.

SECTION 7. Subchapter C, Chapter 42, Human Resources Code, is amended by adding Section 42.0422 to read as follows:

Sec. 42.0422. RESTRAINT AND SECLUSION. A person providing services to a resident of a child-care institution, including a state-operated facility that is a residential treatment center or a child-care institution serving children with mental retardation shall comply with Chapter 322, Health and Safety Code, and the rules adopted under that chapter.

SECTION 8. (a) In this section:

(1) "Commissioner" means the commissioner of health and human services.

(2) "Facility" has the meaning assigned by Section 322.001, Health and Safety Code, as added by this Act.

(3) "Health and human services agency" means a health and human services agency listed in Section 531.001, Government Code, that regulates the care or treatment of a resident of a facility.

(b) The commissioner shall, not later than November 1, 2003, establish an interagency work group to develop and recommend best practices in policy, training, safety, and risk management for a health and human services agency to use in managing the behavior of the residents of a facility.

(c) The commissioner shall determine the number of members to serve on the work group. The commissioner shall appoint as members of the work group:

(1) a representative of the Texas Department of Health;

(2) a representative of the Texas Department of Human Services;

(3) a representative of the Texas Department of Mental Health and Mental Retardation;

(4) a representative of the Department of Protective and Regulatory Services;

(5) a representative of the Texas Commission on Alcohol and Drug Abuse; and

(6) additional members who are recognized experts or who represent the interest of residents.

(d) The work group shall study and make recommendations on:

(1) developing a comprehensive reporting system that:

(A) collects and analyzes data related to the use of verbal, behavioral, and physical interventions by employees of a health and human services agency to manage the behavior of the residents of a facility;

(B) complies with federal reporting requirements; and

(C) documents the death or serious injury of a facility resident related to physical intervention or restraint by an employee;

(2) preventing the death of or serious injury to residents of a facility related to physical intervention or restraint;

(3) developing de-escalation techniques and minimum standards to manage the behavior of the residents of a facility;

(4) identifying best practices for verbal, behavioral, and physical interventions by employees that include specific holds and techniques for the physical restraint of facility residents;

(5) developing best practices related to specific populations, including any consideration that should be given to a facility's community or institutional setting; and

(6) developing best practices related to seclusion of residents.

(e) In developing the best practices, the work group shall:

(1) focus on the verbal, behavioral, and physical interventions used by facility employees to manage the behavior of the residents of a facility; and

(2) support uniformity in definitions, reporting, and training used by health and human services agencies.

(f) Not later than March 1, 2004, each health and human services agency shall adopt rules necessary to implement Chapter 322, Health and Safety Code, as added by this Act.

(g) Not later than July 1, 2004, the commissioner shall file a report with the appropriate committees of the senate and the house of representatives. The report must describe the work group's recommended best practices.

(h) Not later than November 1, 2004, each health and human services agency shall adopt rules necessary to implement the best practices recommended by the work group.

(i) Not later than January 1, 2005, the commissioner shall file a report with the appropriate committees of the senate and the house of representatives for consideration by the 79th Legislature. The report must describe the actions taken by health and human services agencies to implement the best practices identified by the work group.

SECTION 9. This Act takes effect September 1, 2003.

78R374 YDB-D

APPENDIX N

Legislative Budget Board Preliminary Cost Estimates Relating To Recommendations

LEGISLATIVE BUDGET BOARD

Robert E. Johnson Bldg.
1501 N. Congress Ave. - 5th Floor
Austin, TX 78701

512/463-1200
Fax: 512/475-2902
http://www.lbb.state.tx.us

August 7, 2002

Senator Mike Moncrief, Chair
Senate Committee on Health and Human Services
State Capitol, Room 4E.2
Austin, Texas 78701

Dear Senator Moncrief:

Your staff requested that our office prepare preliminary cost estimates relating to the Senate Committee on Health and Human Services recommendations of interim committee charges.

The cost estimates are attached for your review.

Please do not hesitate to contact me at 463-1200 if you need additional assistance.

Sincerely,

Kelly Furgeson, Manager
Health and Human Service Team

Attachments

cc: Lt. Governor William (Bill) Ratliff
Senator Rodney Ellis
Senator Chris Harris
Senator Florence Shapiro
Senator John Whitmire
John Keel

Estimated Fiscal Impact of Report Recommendations from the Senate Committee on Health and Human Services

Estimated Fiscal Impact to STATE (if recommendations were written into law)

NOTE: All cost estimates contained in this document are preliminary and subject to change. In many instances, additional specificity that would be supplied by completed draft bill language could substantially modify the cost estimates provided in this document. LBB and agency staff have attempted to provide cost estimates by making assumptions that might need to be modified based on further clarification in draft bill language.

Only direct impacts to the state are reflected. Potential impacts to local governments or the private sector are not included in the estimates.

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
1	***Mental Health Related Issues***						
	Children's Mental Health						
1	1. The Legislature shall require the statewide expansion of the Systems of Care model and integrated funding efforts at the Health and Human Services Commission (HHSC) through a graduated process by 2009.			No significant fiscal impact	HHSC		
1	2. The Legislature shall direct the Health and Human Services Commission (HHSC) to review and evaluate all funding streams and spending at local, state and federal levels for children's mental health and make recommendations about future funding needs and opportunities for interagency coordination. HHSC shall report their findings to the 79th Legislature.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
1	3. The Legislature should require the Texas Education Agency (TEA) in conjunction with the Texas Department of Mental Health and Mental Retardation (TDMHMR), the Texas Department of Health (TDH) and the Texas Commission on Alcohol and Drug Abuse (TCADA), to assess current programs relating to school based mental health and substance abuse programs, and make recommendations about further development of this type of program.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	
1	4. The Legislature shall mandate that all state regulated health insurance policies provide coverage for mental, emotional and behavioral disorders in children equal to coverage provided for other medical conditions, without discrimination against the category of illness (Children's Mental Health Parity).			No significant fiscal impact	HHSC	It is assumed that coverage is currently sufficient as provided by CHIP/Medicaid. It is assumed that the actual cost to provide these services would not result in significant increases to state expense. It is assumed that state retirement program benefit packages could absorb the additional costs without impacting the actuarial soundness of the program.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
1	5. The Legislature shall direct the Health and Human Services Commission to: a. Assure that Medicaid/CHIP are appropriately meeting the mental health and substance abuse needs of enrollees by examining the sub-capitation arrangements between Health Maintenance Organizations and Behavioral Health Organizations, studying penetration and utilization rates, provider networks and reimbursement rates. b. Explore options to expand the range of mental health and substance abuse services and supports to Medicaid enrollees through various waivers.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	
1	6. The Legislature shall direct the Texas Department of Mental Health and Mental Retardation and the Interagency Council on Early Childhood Intervention (ECI) to develop a continuum of care for young children under the age of seven with mental health disorders and a plan to develop expertise with this age group among service providers, if funding is available.	GR- ($8,511,599) AF-($11,193,346)	GR-($12,684,730) AF-($16,707,351)	GR-($21,196,329) AF-($27,900,697) FTE: 1	TDMHMR	TDMHMR would serve children age 3-6. TDMHMR would serve 5,000 children in FY 04 and an additional 2,500 in FY 05. Includes 1 FTE. No phase-in of services is assumed.	ECI states the agency would serve children 0-3 with existing resources.
1	7. The Legislature should direct the Texas Department of Mental Health and Mental Retardation to continuously develop, implement and disseminate treatment algorithms for children's mental health, including the Children's Medication Algorithm Project and to facilitate continuing education for primary care physicians regarding children's mental health through state agencies.			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	**FY 2005**	**Biennium**			
1	8. The Legislature shall direct and fund TDMHMR to develop the statewide capacity for therapeutic foster care and intensive community treatment and supports for children and families to avoid parental relinquishment of custody to the Texas Department of Protective and Regulatory Services.	GR- ($2,778,088) FF-$700,004 AF- ($2,078,084) SAVED PRS FTEs: 8.7	GR-($4,861,560) FF-$1,224,630 AF-($3,636,930) SAVED PRS FTEs: 15.2	GR-($7,639,648) FF-$1,924,634 AF- ($5,715,014)	TDMHMR/ LBB Staff	It is assumed that therapeutic foster care, service coordination, and rehabilitation services would be provided for 112 children in FY 04 and 196 in FY 05, for total 308 served. Average length of stay is assumed to be 9 months. Also includes intensive treatment services for natural parents/family.	Savings at PRS due to avoided foster care for RAPR children (parents Refusal to Accept Parental Responsibility)
1	9. The Legislature shall require insurance plans, including but not limited to, Health Maintenance Organization's Preferred Provider Organization's and Point of Service, to update their web based behavioral health provider lists on a quarterly basis.			No significant fiscal impact	LBB Staff		
1	10. The Legislature should allow state agencies to honor the psychological assessments done by other state agencies to lessen the amount of time it takes for a child or youth to be served.			No significant fiscal impact	LBB Staff		
	Mental Health Delivery Structure and Allocations Formula						
1	11. The Legislature should direct the Texas Department of Mental Health and Mental Retardation to implement the plan and recommendations of the Mental Health Service System Task Force.			No significant fiscal impact	TDMHMR	Can accomplish within existing resources	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
1	12. The Legislature shall direct TDMHMR to expand efforts to reduce the growing disparity in funding between the medically indigent and those with Medicaid, through a benefit design process that defines appropriate types and amounts of services, payment methods that encourage evidenced-based practices and accountability measures which track services provided and outcomes achieved.			No significant fiscal impact	TDMHMR	Can accomplish within existing resources	
1	13. The Legislature shall direct the Texas Health and Human Services Commission to conduct an evaluation of the inpatient mental health needs of the state, and an analysis of how the state can most effectively meet those needs and report to the 79th Legislature.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	
1	14. The Legislature shall direct the Health and Human Services Commission to review and evaluate all funding streams and spending at local, state and federal levels which are used to provide public mental health services and make recommendations about future funding needs and opportunities for coordination. HHSC shall report their findings to the 79th Legislature.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	
1	15. The Legislature should direct the Texas Department of Mental Health and Mental Retardation to continue the NorthStar initiative in Dallas and the surrounding counties. However, expansion of the program should be contingent upon Legislative approval and a thorough evaluation of the programs treatment and cost effectiveness.			No significant fiscal impact	LBB Staff	It is assumed that the evaluation can be accomplished within available agency resources. Further action would require legislative approval and cost impact can not be determined at this time.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
1	16. The Legislature shall direct the Texas Department of Mental Health and Mental Retardation to develop and implement a series of productivity measures to increase system wide efficiency.			No significant fiscal impact	TDMHMR	Can accomplish within existing resources	
1	17. The Legislature shall direct the Texas Department of Mental Health and Mental Retardation to develop and implement a plan to achieve equity among Texas communities by 2009 using existing resources and new funds and for mental health and mental retardation.			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
2	***Welfare Related Issues***						
2	1. The Legislature should take advantage of the federal option to provide Temporary Assistance for Needy Families (TANF) and Medicaid assistance to legal immigrants after the five year bar.	GR - ($5,219,367) FF - ($3,101,371) **AF-($8,332,743)** FTE: 4.0	GR - ($15,739,974) FF - ($9,000,594) **AF-($24,740,568)** FTE: 15.3	GR - ($20,971,346) FF - ($12,101,965) **AF-($33,073,311)**	DHS/ HHSC/ TWC	**Cash Assistance:** The increase in the average number of TANF recipients per month is estimated at 663 in FY 2004 and 1,887 in FY 2005. TANF grants are estimated based on an average grant per recipient of $57.87 for FY 2004 and $58.87 for FY 2005. This includes an estimate to retain the grant at 17% of poverty. **Choices:** The cost of serving an adult in Choices was based on current costs of $2.146 per month. Costs were determined on a ratio of one adult to one family (case). **Child Care:** The number of children in child care is based on DHS' estimates of the additional number of children eligible for assistance. The estimated number of children is less than the number of adults because children who are US citizens born to legal immigrants currently receive assistance. The cost of child care is based on each family receiving 4 months of Choices child care and 8 months of transitional child care in the first year of service and an additional 4 months of transitional child car in the following year. Child care rates are assumed to be $18.03 for Choices and $13.95 for transitional in FY 2004, and $18.46 for Choices and $14.50 for transitional in FY 2005.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
						Method of Finance: Given the limited availability of Temporary Assistance for Needy Families (TANF) federal funds, for the purposes of this estimate, General Revenue is assumed as the method of finance. Should additional federal funds be available, $3,113,376 in FY 2004 and $9,580,908 in FY 2005 General Revenue costs assumed above could be financed with TANF. **Medicaid:** An increase in the Medicaid average monthly recipient months is estimated at 1,419 in FY 2004 and 4,038 in FY 2005. Costs may be somewhat overstated because Medicaid currently covers emergency services for legal immigrants that are not otherwise Medicaid-eligible. It is anticipated that there would be a partially offsetting savings in the GR-funded legal immigrant program. However, there is insufficient data for an estimate to be made.	
2	2. The Legislature should take advantage of current or future state options to offer TANF benefits to legal immigrants or consider, at minimum, extending services separate from cash assistance.			Cannot be determined at this time.	DHS	More specific information about services and programs would be required in order to provide cost estimates related to this charge (e.g., What types of services? What level of services? Who is allowed to receive the services? etc.).	HHSC concurs
2	3. The Legislature should explore the option of using a separate state program, to the extent federal rules allow, for selected groups that may require more intensive or customized services than is easily accomplished under the restrictions on federal TANF funds.			No significant fiscal impact	TWC	A separate state program for selected groups could be established without fiscal impact through method of finance changes between TANF federal funds and state maintenance of effort funds.	The federal government monitors programs for circumvention of work requirements.

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
2	4. The Legislature should explore federal options regarding child support pass-through and matching funds. Build upon current changes within the child support system that recognize the difference between unwilling fathers and fathers with low income and explore modifying the child support guidelines for determining support orders for low-income fathers.			No significant fiscal impact	LBB Staff		Cost impact would depend on options pursued by the Legislature.
2	5. The Legislature shall direct the Texas Workforce Commission (TWC) and the Local Workforce Development Boards (LWDBs) to identify housing barriers to employment and to work in partnership with local housing authorities to address these barriers.			No significant fiscal impact	LBB Staff/ TWC	TWC: Choices rules allow and support the use of funds allocated to Local Workforce Development Boards (LWDB) for one-time work related expenses. Short term, one-time expenditures of Choices (TANF) funds can be used in situations where there is a housing emergency. LWDBs are encouraged to exhaust other sources of funding before using their Choices allocation for housing related purposes.	
2	6. The Legislature should stop the state time clock when clients are working a defined number of hours. If federal Reauthorization allows states the option of stopping the federal clock, Texas should consider this option.			Cannot be determined at this time.	DHS/ HHSC/ TWC	More specific information about the intended clients and related time frame would be required in order to provide cost estimates related to this charge. (Applied to only clients receiving earned income disregards? Applied to all Choices clients in any type of work activity, or with what minimum number of hours? For how long?)	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	**FY 2005**	**Biennium**			
2	7. The Legislature should extend the vehicle limit currently allowed for two-parent families to include all families.	GR-($38,663,785) FF - ($721,626) **AF-($39,385,411)** FTE: 34.4	GR-($66,377,662) FF - ($960,802) **AF-($67,338,464)** FTE: 47.6	GR-($105,041,447) FF - ($1,682,428) **AF-($106,723,875)**	DHS/ TWC	**Cash Assistance:** The increase in the average number of TANF recipients per month is estimated at 15,418 in FY 2004 and 23,941 in FY 2005. TANF grants are estimated based on an average grant per recipient of $57.87 for FY 2004 and $58.87 for FY 2005. This includes an estimate to retain the grant at 17% of poverty. **Choices:** Costs are based on DHS estimates of the average number of additional adults who would be eligible for assistance each month. Costs were determined on a ratio of one adult to one family (case). Having an automobile increases the likelihood of these adults finding employment within the first month of service. **Child Care:** The number of children in child care is based on ratio of 1.2 children per family (the current ratio of TANF children in care). The cost of child care is based on each family receiving 4 months of Choices child care and 8 months of transitional child care in the first year of service and an additional 4 months of transitional child care in the following year. Child care rates are assumed to be $18.03 for Choices and $13.95 for transitional in FY 2004, and $18.46 for Choices and $14.50 for transitional in FY 2005. **Method of Finance:** Given the limited availability of Temporary Assistance for Needy Families (TANF) federal funds, for the purposes of this estimate, General Revenue is assumed as the method of finance. Should additional federal	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
						funds be available, $ 37,942,159 in FY 2004 and $66,377,662 in FY 2005 General Revenue costs assumed above could be financed with TANF. **Medicaid:** No Medicaid costs are expected because these clients would be eligible and likely to have applied for Medicaid without this recommendation.	
2	8. Recommend the Legislature explore options to draw down federal transportation funds and direct TWC to address transportation barriers and expand other transportation initiatives.			No significant fiscal impact	TWC		
2	9. The Legislature should review sanction policies to ensure safeguards are in place to assist families in addressing barriers to compliance. Additionally, explore the option of graduated incremental steps prior to consideration or implementation of full family sanctions.			No significant fiscal impact	LBB Staff/ TWC		Cost impact would depend on options pursued by the Legislature.
2	10. The Legislature should direct the Office of the Attorney General (OAG) and TWC to improve child support linkages to workforce development services and other critical support services for non-custodial fathers to encourage family involvement and support. TWC should set fathers with children who receive or have received public assistance as a statewide targeted group for workforce services.			No significant fiscal impact	LBB Staff		
2	11. The Legislature shall direct HHSC, TWC and the OAG to integrate the importance of working with fathers into existing staff training programs for agency case workers.			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
2	12. The Legislature shall direct the TWC to develop guidelines for job retention and wage advancement strategies and require that employment plans for all TANF recipients include specific post employment strategies to ensure a transition to stable employment at a family supporting wage.			No significant fiscal impact	LBB Staff		
2	13. Implement a strong employability plan for TANF clients at TWC and the local workforce boards. a. Direct TWC and the local workforce boards to develop a referral plan using community based organizations that provide specific services for the hardest-to-serve clients. b. Encourage local workforce boards to provide post-employment case management and mentoring for the hardest-to-serve clients.			No significant fiscal impact	TWC		TWC states that their rules require comprehensive employability plans, including post-employment services.
	Child Care Recommendations						
2	14. The Legislature shall direct the Texas Workforce Commission to develop a protocol to evaluate the success of the child care subsidy system through examination of participant and programmatic outcomes and report to the Legislature.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
2	15. The Legislature shall develop a program based on the Teacher Education and Compensation Help (TEACH) model and require that a portion of any additional Federal Child Care Development Fund (CCDF) quality earmarks set-a-sides be allocated for the education and compensation support of child care providers as outlined by this model.			No significant fiscal impact	LBB Staff		Texas receives a minimum allocation for quality child care activities. This provision would designate funds from that allocation for a specific purpose.
2	16. The Legislature shall direct HHSC in conjunction with TWC and Protective and Regulatory Services (PRS), to develop a comprehensive report of statewide and local initiatives, publicly and privately funded, targeted at enhancing the quality of child care. The report will establish statewide benchmarks and will include a description of the program's activity, its success factors, the amount and source of funding and programmatic best practices for statewide use.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
2	17. The Legislature shall direct TWC to provide technical assistance to board areas on employer driven child care resources by September 1, 2003: a. Assist working-poor subsidy recipients in establishing "dependent care accounts," pre-tax payroll deductions for child care costs; b. Encourage employers to provide increased child care benefits to low-wage employees - market tax incentives, as well as research-demonstrated productivity increases; c. Direct the LWDBs to give a 30 day notice to families prior to termination of child care services.			No significant fiscal impact	LBB Staff		Plan Development
2	18. The Legislature shall direct TWC to assist LWDBs in collaborating with other child care resources - Head Start, Pre-Kindergarten, and locally funded after school programs: a. Identify children in state funded child care who may qualify for the above programs, and assist board areas in developing collaboration agreements with these programs in order to facilitate program transfers when appropriate and desired by parent; b. Direct the Texas Education Agency (TEA) to develop a plan for a joint-funded program (Pre-K and CCDF dollars) that will allow pre-kindergarten programs to be established within the child care industry.			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
2	19. The Legislature shall direct TWC to assist LWDB's in developing measurable targets in quality improvement. One measure should be a focus on sustained improvements at the provider level by assisting them to achieve Rising Star status, or accreditation through the National Association for the Education of Young Children.			No significant fiscal impact	LBB Staff		
2	20. The Legislature should set aside any CCDF earmarked funds above the current 4 percent requirement to be restricted to quality activities and initiatives, and not be allowed for direct care slots. These funds should be under the direction of local workforce development boards.			No significant fiscal impact	LBB Staff		
	Food Stamp Recommendations						
2	21. The Legislature shall direct DHS to implement the option allowed under Section 4101, Title V of the Farm Bill, that permits states to use child support information from the Attorney General's office to determine the amount of child support paid by the applicant.			No significant fiscal impact	LBB Staff	It is possible that the implementation of this recommendation would result in some savings, but those savings cannot be estimated at this time.	Food Stamp benefits are 100% federally funded and not included in the state budget.
2	22. The Legislature shall direct DHS to implement the option allowed under Section 4106, Title IV of the Farm Bill, that permits states to freeze the income deductions claimed by Food Stamp recipients between scheduled certifications of a household's eligibility for benefits.			No significant fiscal impact	LBB Staff		Food Stamp benefits are 100% federally funded and not included in the state budget.

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
2	23. The Legislature shall direct DHS to implement the option allowed under Section 4115, Title IV of the Farm Bill, that permits states to provide a frozen Food Stamp benefit for five months to families leaving TANF without additional paperwork or certification requirements. States can elect to adjust a household's benefits during this five-month period based on information received from another program about the household, and households may reapply to have their benefits adjusted if their income goes down or their family situation changes.			No significant fiscal impact	LBB Staff		Food Stamp benefits are 100% federally funded and not included in the state budget.

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
3	***SSI Disability Determination Procedures***						
3	1. The Legislature shall pass a Resolution to the United States Congress requesting the Social Security Administration (SSA) consider the following recommendations from the Senate Committee on Health and Human Services Interim Study: a. Simplify initial application forms for SSI and SSDI, and. 1.) Investigate the possibility of combining the SSI/SSDI application forms into one so that, if SSDI benefits are sought and fail due to claimant earnings falling under the financial limit, the process will automatically revert to an SSI benefit application and continue. b. Field Office (FO) staff should record claimant observations at the initial application whether in person or if contacted by telephone. c. FO staff, at the time of initial application, should ensure that all forms are accurately and thoroughly completed including allegations of disability, medical sources addresses, treatment dates and details and/or work history. d. FO staff should resolve inconsistencies between work activity and alleged onset of disability. e. Ensure that FO staff inform claimants at the initial application phase of the possible need for someone to act on their behalf through representation. f. Establish and publicize a Help Desk for common questions and a referral list for local assistance.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	Cost impact would depend on options pursued by the Legislature.

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
3	g. FO staff should secure prior disability case folders, if available, before transmitting current folder to Disability Determination Services (DDS). h. Expedite plans for a technology-enhanced service delivery model that incorporates an electronic disability folder, allowing transfer of claim data, medical records and final case clearance files. i. Improve telephone accessibility for the public. j. Make FO staff more accessible to Disability Examiners (DEs), to facilitate case development and determination through additional and dedicated, priority telephone lines. k. Incorporate a 'face to face' meeting with the claimant at the State DDS reconsideration stage. l. Provide DDS with requested funding to support the program in Texas that includes the impact of new expanded guidelines for children, mental health and musculoskeletal claims. m. Contract with former employees. n. Conclude and report on SSA's evaluation of the 'prototype' case adjudication process and implement design features that will increase effectiveness of the program.						

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
3	o. Recommend the Legislature request SSA and the Texas Rehabilitation Commission (TRC) DDS to work together to improve common problems of process: accuracy, consistency and communication. p. Recommend the Legislature request SSA/TRC DDS and state agencies to improve communication and publicity concerning existing work options to remove the stigma and misunderstandings about program participation and work opportunities. q. Recommend the Legislature request SSA/TRC DDS to develop an educational training tool for healthcare professionals, including physicians, on functional description necessary for claimants with special needs such as mental illness. Explore ways of ensuring that healthcare workers and state agencies are familiar with factors necessary to document a disability according to SSA standards.						
3	2. Recommend the Legislature request TRC DDS and SSA to work together to improve common problems of process: accuracy, consistency and communication.			No significant fiscal impact	LBB Staff		
3	3. Recommend the Legislature request SSA/TRC DDS and state agencies to improve communication and publicity concerning existing work options to remove the stigma and misunderstandings about program participation and work opportunities.			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
3	4. Recommend the Legislature instruct health and human services agencies to improve communication with agency/facility staff and to provide recipient/family members with information (and telephone number) on SSA requirements regarding notification of admission to a facility. Explore options to automatically contact SSA on behalf of the recipient at the appropriate time.			No significant fiscal impact	LBB Staff		
3	5. Recommend the Legislature instruct health and human services agencies, as well as the Texas Council on Mental Impairments (TCOMI), to explore outreach initiatives to inform and assist persons with mental disabilities regarding SSI/SSDI programs and application process who are not currently served by the system. 1.) Encourage TRC DDS to collaborate with advocacy groups to disseminate information on available assistance programs at the initial application stage and make reference to these services. TRC DDS should assist in training identified groups to assure compliance with SSA standards and emphasize the importance of assisting the claimant through application completion. Report initiatives to Senate Committee on Health and Human Services, 78th Legislature, January, 2003.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
Add. 4	***Prescription painkillers containing hydrocodone***						
4	1. Requires the Board of Pharmacy, the Board of Medical Examiners, the Board of Dental Examiners, the Department of Public Safety and appropriate medical professional associations (hereinafter the "Advisory Committee") to examine the need for the production of a prescription form on paper that minimizes the potential for forgery. Should the Advisory Committee recommend a prescription form on paper that minimizes forgery, the Advisory Committee shall draft proposed rules. The draft proposed rules may not include any requirement that sequential numbers, bar codes, or symbols be affixed, printed, or written on a prescription form or that the prescription form be a state produced prescription form. In examining the need for a prescription form on paper that minimizes the potential for forgery, the Advisory Committee shall consider and identify the following: 1. Cost, benefits, and barriers. 2. Overall cost-benefit analysis. 3. Compatibility with the electronic monitoring system. The Board of Pharmacy shall report the findings and conclusions of the Advisory Committee to the 79th Legislature.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
4	2. Regulating boards of prescribing, dispensing, and administering practitioners shall, through appropriate communications and guidelines, provide to its licensees: a. prescribing and dispensing information on prescription pain medications, primarily those in Class II and III; b. information on abusive and addictive consumer behavior; and, c. information on common diversion strategies, including fraudulent prescription patterns. This should be done once during each biennium.			No significant fiscal impact	LBB Staff		
4	3. Encourage professional organizations to provide aggressive physician and health care professional education independently and through collaboration with the appropriate regulatory agency.			No significant fiscal impact	LBB Staff		
4	4. Increase education of health care professionals regarding poison center services.			No significant fiscal impact	LBB Staff	It is unknown which entities would accomplish this activity, but it is assumed that it would not be a state agency activity.	
4	5. Encourage, through the respective State regulating boards, the medical, dental, nursing, podiatry and pharmacy schools to require courses in pain management and drug abuse.			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
4	6. Require a registered manufacturer or distributer to report each delivery or distribution of all materials in Schedules I and II, Schedule III narcotic materials and selected Schedule III and IV psychotropic drugs made to a physician, veterinarian, podiatrist, dentist or scientific researcher to the Department of Public Safety (DPS). DPS shall share this information with the appropriate state regulatory agency.			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
Add. 5	***Public Health Preparedness***						
5	1. TEXAS DISASTER ACT OF 1975. Impose public health emergency provisions following disaster declaration by governor as follows: Government (Gov't) Code § 418.004: Add the definition "Public health emergency means an immediate threat from an occurrence of a communicable disease as defined the Health and Safety Code, Chapter 81: (A) that poses a high risk of fatalities or serious long-term disability to large numbers of people; and, (B) where there is substantial risk of public exposure because of a high level of contagion or the particular means of transmission of the communicable disease." Gov't Code § 418.014: Revise to say that in the original executive order or proclamation to declare a state of disaster or in a subsequent executive order or proclamation, the governor may find that a disaster constitutes a public health emergency. A finding shall be made in consultation with the commissioner of health and shall trigger the "public health emergency" provisions in HSC Chap. 81 and other state laws where the term is used. Gov't Code § 418.014(c): Revise to allow governor to renew a disaster constituting a public health emergency once for an additional 30 days in consultation with the commissioner of health and with approval of designated legislative leadership after the first renewal.			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
5	2. COMMUNICABLE DISEASE PREVENTION AND CONTROL ACT Define "public health emergency" for purposes of the communicable disease law as follows: HSC § 81.003: Add the definition "Public health emergency means a public health emergency declared by the governor under the Texas Disaster Act of 1975, Gov't Code, Chap. 418."			No significant fiscal impact	LBB Staff		
5	3. Impose area quarantine or control measures upon suspicion of communicable disease. HSC § 81.085(a): Add a sentence at the end to state, "An area quarantine may also be imposed if the commissioner has reasonable cause to believe that individuals or property within an area are or may be infected or contaminated with a communicable disease. In such a case the area quarantine would be imposed by the commissioner for the period necessary to determine if an outbreak of communicable disease has occurred in this state and may be continued if an outbreak is identified." HSC § 81.085: Add "Quarantine must be accomplished by the least restrictive means necessary to protect the public health while considering the availability of resources to accomplish those means."			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
5	4. Make local health authority and the department communicable disease powers consistent. HSC § 81.003(2): At the end of the definition of "health authority," add "a regional director performing duties of a health authority, or a designee". HSC § 81.061: Add new subsection (d) to state that "A health authority may investigate the existence of communicable disease within the boundaries of the health authority's jurisdiction to determine the nature and extent of the disease and to formulate and evaluate the control measures used to protect the public health. A person shall provide records and other information to the health authority on request according to the health authority's written instructions. Confidential or privileged records or other information shall remain confidential or privileged in the hands of the health authority". HSC § 81.062: Add new subsection (c) to state that "A health authority has the same powers as the department under this section." HSC § 81.085(b): Delete "and of the governing body of each county and municipality in the health authority's jurisdiction that has territory in the affected area". HSC § 81.085(b): Delete "and obtains the approval of". HSC § 81.085(c): Add a sentence at the end to say, "The department may impose in a quarantine area additional disease control measures that the department considers necessary and most appropriate to arrest, control, and eradicate the threat to the public health."			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
5	5. Be consistent in delegating grants of authority regarding communicable disease to the commissioner and the department. HSC § 81.023: Substitute "department" for "board". HSC § 81.064: Delete "the commissioner's designee" and "a health authority's designee." Substitute "department" for "commissioner". HSC § 81.066(a): Substitute "department" for "board". HSC § 81.067: Substitute "department" for "board." HSC § 81.068: Substitute "department" for "board". HSC § 81.082(a): Substitute "preempted by the department" for "preempted by the board." HSC § 81.082(b): Substitute "department" for "board." HSC § 81.085(b): Substitute "department" for "commissioner." HSC § 81.085(c): Substitute "department" for "board." HSC § 81.085(e): Substitute "department's" for "board's." HSC § 81.085(f): Substitute "department" for "commissioner." HSC § 81.085(h): Substitute "department" for "board." HSC § 81.089: Substitute "department" for "board".			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
5	6. Revise provisions on court orders for persons with communicable disease. HSC § 81.083: Add a new subsection after subsection (e) that says "If there is an immediate threat to the public health due to a public health emergency and without regard to whether a written order of the department or health authority has been issued, an individual may be subject to court orders under Subchapter G if the individual is infected or is reasonably suspected of being infected with a communicable disease." HSC § 81.151(d): After "orders made under Section 81.083", add ", if applicable." HSC § 81.152 (c)(4): After "orders of the department or health authority under Section 81.083", add ", if applicable". 81.162(a)(2): After "orders of the health authority or the department under Section 81.083", add ", if applicable".			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
5	7. Apply communicable disease control measures to property to better address a public health emergency. HSC § 81.084(b): For posting notice, substitute "at a place convenient to the public in the county courthouse" for "on the courthouse door." HSC § 81.084(b): Revise the first sentence to say "...send notice of its action by registered or certified mail or personal delivery to the person who owns or controls the property." HSC § 81.084(a) or (b): Add a sentence to say "If it has already been determined that the property is infected or contaminated as a result of a public health emergency, the department or health authority is not required to provide the notice under this subsection." HSC § 81.084: Add a subsection that reads as follows: "In a public health emergency, the department or health authority may require the person who owns or controls the property to impose control measures that are technically feasible to disinfect or decontaminate the property or if there is not a technically feasible control measure available for use, the department or health authority may order the person who owns or controls the property: (insert the same (1), (2), and (3) as found in subsection (d)). The department or health authority may impose additional disease control measures that the department or health authority, as appropriate, considers necessary and most appropriate to arrest, control, and eradicate the threat to public health".			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
5	8. Revise criminal penalty provisions on communicable disease for consistency and enforceability. HSC § 81.068: Add "A person commits an offense if the person knowingly refuses or attempts to refuse inspection under § 81.064 or entry or access under § 81.065." HSC §§ 81.064 and 81.065: Add that any evidence gathered during an inspection or entry by the commissioner or health authority under either section can be used in a criminal proceeding only if the proceeding relates to a criminal penalty under Chap. 81. HSC § 81.088(a): Revise to say "a quarantine device, notice, or security item".			No significant fiscal impact	LBB Staff		
5	9. Allow commissioner to delegate authority under communicable disease law. HSC § 81.003: Add the definition "Commissioner means the commissioner of health or the commissioner's designee".			No significant fiscal impact	LBB Staff		
5	10. Improve reporting of infectious diseases. HSC § 81.041: Add "In a public health emergency, the commissioner may require reports of disease from providers without board rules."			No significant fiscal impact	LBB Staff		
5	11. Authorize law enforcement to receive communicable disease information under additional circumstances. HSC § 81.046: Revise to allow release in a public health emergency to law enforcement personnel to the extent necessary solely for the purpose of protecting the health or life of the person identified in the information.			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
5	12. Authorize Department of Public Safety (DPS) to share additional information on communicable disease with TDH. HSC § 81.023(d): Add at end of subsection "of the need to receive diagnostic, evaluation, or treatment services for suspected communicable disease".			No significant fiscal impact	LBB Staff		
5	13. Correct typographical error in statute on communicable disease. HSC § 81.086(i): Change "81.084" to "81.083."			No significant fiscal impact	LBB Staff		
5	14. Delete Board of Health form requirement for carriers with communicable disease. HSC § 81.086(b)(2): Revise to say "... provide information on passengers and cargo manifests that includes details of ..."			No significant fiscal impact	LBB Staff		
5	15. HEALTH INSPECTION OF PRIVATE RESIDENCE Clarify local health authority's right to seek a warrant to enter private residence. HSC § 161.011(2): Revise to read "a probable violation of a state health law, control measure under Chap. 81, or a health ordinance of a political subdivision."			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
5	16. CRIMINAL PROCEDURE Recognize additional diseases as exceptions to autopsy or cremation requirements and address discovery of a body part instead of a body. Crim. Proc. Art. 49.04(a) and Art. 49.25, § 6(a): Under (3)(A) and (B) require inquest when "the body or a body part of a person" is found and cause or circumstances of death are unknown. Crim. Proc. Art. 49.10(d) and Art. 49.25, § 10: Add "In the case of a public health emergency or disaster as defined in the Texas Disaster Act, Gov't Code, Chap. 418, the commissioner of health by order may designate other communicable diseases where a justice of the peace may not order or a medical examiner need not perform an autopsy." Crim. Proc. Art. 49.10(n) and Art. 49.25, § 13: Amend to include "the body or a body part" as a basis for requesting a forensic anthropologist. Crim. Proc. Art. 49.25, § 10a: Add "In the case of a disaster or public health emergency as defined in the Texas Disaster Act, Govt Code, Chap. 418, the Commissioner of Health by order may designate other communicable diseases which allow cremation within 48 hours after the time of death."			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
Add. 6	***Organ Donations/Allocations***						
6	1. The Legislature should provide 30 days paid leave of absence for state employees who become living organ donors.			No significant fiscal impact	Comptroller of Public Accounts, LBB Staff		
6	2. The Legislature should encourage through regulatory agencies that medical and nursing schools require a course on donor education. Also, encourage an advance course in donor education for completion of a neurology or neurosurgery residency.			No significant fiscal impact	LBB Staff		
6	3. The Legislature should provide a mechanism to appropriate funds already collected to Texas Department of Health (TDH) by the Department of Public Safety (DPS) for the Anatomical Gift Education Program.	GR-($456,912) FF-($0) AF-($456,912)	GR-($456,912) FF-($0) AF-($456,912)	GR-($913,824) FF-($0) AF-($913,824)	TDH Staff		
6	4. The Legislature should direct the Texas Department of Health (TDH) to adopt by rule, education information regarding organ donation to individuals considering living wills and advanced directives and other end-of-life decision making.			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
6	5. The Legislature should direct TDH with assistance from Organ Procurement Organizations (OPOs), hospitals and medical communities to: 1.) develop Best Practices relating to organ donation in hospital settings; 2.) determine donor potential in all acute care hospitals; 3.) review OPOs roles in education hospital staff on informing OPOs when a potential donor is available; and, 4.) ways to enhance collaboration between OPOs and hospitals in the family-approach process.			No significant fiscal impact	LBB Staff		
6	6. The Legislature should modify existing statute by adding language that includes the term Justice(s) of the Peace with every mention of the terms Medical Examiner (MEs) and Coroner in the statute, such that all stipulations pertaining to organ recovery will also apply to Justice (s) of the Peace.			No significant fiscal impact	LBB Staff		
6	7. The Legislature should create statute to require Medical Examiners, Coroners, and Justices of the Peace to allow for the recovery of tissue and other transplantable lifesaving items, except in specified circumstances. If the recovery is denied the Medical Examiner , Coroner or Justice of the Peace shall write a letter to both the family and the Texas Department of Health stating the reasons for denial.			No significant fiscal impact	LBB Staff		
6	8. The Legislature shall explore first person consent as legally binding and revise procedures by which terms of a anatomical gift may be amended or revoked.			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
	Organ Allocation Issues						
6	9. The Legislature shall direct TDH to work with the three Texas Organ Procurement Organizations (OPOs) and submit on their behalf the proposal for the statewide variance to the current allocation system in Texas for: 1. The creation of Low Panel Reactive Antibodies (PRA) and High PRA patient pools; 2. The creation of the 20% organ sharing pool for Low PRA patients.			No significant fiscal impact	LBB Staff		
6	10. The Legislature shall direct TDH to assist in facilitating discussion among the three Texas Organ Procurement Organization's on the establishment of contiguous Organ Allocation Areas or a suitable alterative geographic configuration for kidney allocation that addresses organ availability and equalization in patient waiting times for a transplant. Additionally, the Legislature shall direct TDH to work with the above mentioned OPOs to address the current kidney/pancreas and liver allocation system. TDH shall submit a proposal to United Network for Organ Sharing (UNOs) for a statewide variance.			No significant fiscal impact	LBB Staff		
6	11. The Legislature shall provide TDH with monitoring authority over the allocation activities provided by the variance to ensure that the system is working appropriately and is evaluated to assess the need for changes in the system.	GR-($0) FF-($0) AF-($0)	GR-($38,530) FF-($0) AF-($38,530) FTE: 1	GR-($38,530) FF-($0) AF-($38,530) FTE: 1	TDH	Recommendation 11 would not be implemented until the third quarter of FY 2005.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
6	12. The Legislature shall direct TDH to conduct a study to identify barriers to transplantation in Texas for minority populations (procurement procedures/policies, listing criteria, patient perceptions on transplantation). This should also include the development of a kidney disease registry to collect data on the incidence, prevalence, and mortality of end-state renal disease patients in Texas and an organ and tissue registry to collect data on organ procurement, allocation and transplantation in Texas.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	
6	13. The Legislature shall direct TDH to form a Heart and Lung Task Force and make recommendations to the Legislature.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	**FY 2005**	**Biennium**			
Add. 7	***Immunizations***						
7	1. The Legislature shall direct the Texas Department of Health to institute a continuous statewide immunization education campaign and increase coordination between local, regional and state stakeholders on immunization issues through a statewide coalition.	GR-($4,836,877) FF-($0) AF-($4,836,877) FTE: 5	GR-($4,836,877) FF-($0) AF-($4,836,877) FTE: 5	GR-($9,673,754) FF-($0) AF-($9,673,754) FTE: 5	TDH	1: Continuous statewide immunization education campaign would include increase in target population, increased media campaign, increased development and distribution of immunization educational materials, increased participation at conferences, corporate and community events, development and increase in number of immunizations educational events and evaluation of the impact of the education effort. 2: Statewide immunization coalition would be created and organized.	
7	2. The Legislature shall modify the state's current immunization tracking system, ImmTrac, to increase participation and data collection.			Cannot be determined at this time.	LBB Staff		Cost impact would depend on options pursued by the Legislature.
7	3. The Legislature shall direct the Comptroller to conduct a study on the feasibility of utilizing a Universal Vaccine Purchase (UVP) program in Texas to determine: 1- the fiscal impact of such a program; 2- the administrative feasibility of such a program; 3- any potential simplification a program like this would create; 4- best practices in those states with UVP which are similar to Texas in size/population and immunization requirements; and, 5- the potential impact on the vaccine industry.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
7	4. The Legislature shall direct the Texas Department of Health to report on the Texas Pediatric Society's EPIC pilot program (Educating Physicians in your Community). TDH shall make recommendations for expansion, if the pilot proves successful and cost effective, and in making these recommendations, TDH shall identify possible funding sources.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	
7	5. The Legislature should direct the Texas Department of Health to expand the AFIX/CASA Program to include providers outside the Vaccines for Children (VFC) Program if funding is located.			No significant fiscal impact	LBB Staff		Costs would depend on specifics of implementation.
7	6. The Legislature shall require all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to be covered by state regulated health plans.			No significant fiscal impact	LBB Staff		
7	7. The Legislature shall direct the Texas Department of Health to explore methods to increase physician education and participation in the Vaccine for Children (VFC) Program including provider education, administrative simplification, and increased vaccine administration reimbursement.			No significant fiscal impact	LBB Staff	It is assumed that reviews/analyses/evaluations can be accomplished within existing agency resources.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
7	8. The Legislature shall pass a Resolution to the United States Congress asking that they: 1. Eliminate the inconsistent policy that does not allow CHIP children to be eligible for the Vaccines for Children (VFC) Program, although Medicaid Children are eligible for VFC; 2. Pass Federal legislation which requires coverage for ACIP recommended vaccines for ERISA health plans; and, 3. Take steps to address the vaccine supply shortage.			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
Add. 8	***Restraints and Seclusion***						
8	1. Texas Department of Human Services (TDHS), Nursing Homes/Assisted Living Facilities: Agency-wide initiative to reduce unnecessary and inappropriate restraints in nursing facilities (NFs) and assisted living facilities (ALFs), coordinating activities in Enforcement, Educational Services, Policy and Quality Monitoring to provide comprehensive training, policy clarifications and targeted enforcement actions directed toward reducing the use of restraints. (Report due to the Senate Committee on Health and Human Services, 78th Legislature, January, 2003). Initiatives include: a. Meet with provider associations to further plans to make restraint reduction a major objective during the remainder of calendar year. b. Better train agency/facility surveyors to recognize and understand appropriate and inappropriate intervention /restraint techniques. c. Analyze and report on efforts needed to educate and train nursing home professionals on the use of restraints and appropriate alternatives to the use of restraints. d. Close collaboration with federal officials is needed: meet with the Texas Medical Foundation and the Texas Nurses Foundation to determine how NFs can work together on this initiative e. If feasible, analyze and report on innovative approaches to reduce use of restraints.	$0	$0	$0	DHS	Under the auspices of HB 1839, joint-training sessions dealing with restraints has already been developed and planned for August 2002 with session information disseminated to appropriate parties. Planning sessions included staff from the following organizations: HHSC, THCA, TAHSA, LTC Services, Texas Medical Foundation, Asista Corp., and our Federal partners at CMS. With three sessions planned across the state in Austin, Houston, and Dallas this August, DHS will also provide 3-hour presentations in 20 locations across the state starting in September. These existing efforts regarding restraints appear to be consistent with the Senate Committee on Health and Human Services Recommendations, so no further effort will be required and no further costs are anticipated beyond currently funded levels.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
8	2. Develop legislation to establish an evidenced-based "Best Practices" Workgroup under the auspices of HHSC comprised of TDHS, TDH, TDMHMR, TDPRS, TCADA, recognized experts and consumers, to develop and recommend best practices in policy, training, safety and risk management to manage behavior, focusing on verbal, behavioral and physical interventions including specific holds and techniques. • The workgroup should support uniformity in definitions, reporting and training. The recommendations should address specific populations and community vs. institutional settings including hospital/nursing home restraining. • Final recommendations should include a discussion on prevention via de-escalation techniques and minimum standards and be submitted to the Senate Committee on Health and Human Services. • Reporting and Data Analysis. The Best Practices Workgroup should address and make recommendations on a reporting system (including data collection and analysis) with consideration of federal reporting requirements where they exist. • Include documentation of deaths and serious injuries. • HHS agencies should subsequently develop and adopt rules supporting Best Practices per population served. • HHSC shall report implementation to the Senate Committee on Health and Human Services and the 79th Legislature.	$0	$0	$0	DHS	Under the auspices of HB 1839, joint-training sessions dealing with restraints has already been developed and planned for August 2002 with session information disseminated to appropriate parties. Planning sessions included staff from the following organizations: HHSC, THCA, TAHSA, LTC Services, Texas Medical Foundation, Asista Corp., and our Federal partners at CMS. With three sessions planned across the state in Austin, Houston, and Dallas this August, DHS will also provide 3-hour presentations in 20 locations across the state starting in September. These existing efforts regarding restraints appear to be consistent with the Senate Committee on Health and Human Services Recommendations, so no further effort will be required and no further costs are anticipated beyond currently funded levels.	

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
8	3. A. Develop legislation to prohibit holds that: 1) obstruct the person's airway, including procedures which place anything in, on or over the individual's mouth or nose; 2) impair breathing by putting pressure on the diaphragm or chest; or, 3) interfere with their ability to communicate. B. HHS agencies shall adopt rules that identify and define acceptable holds that minimize the risk of harm to the client, patient or consumer. C. The legislation should also require that consumers, legally-authorized representatives and families be made aware of agency rules and policies related to restraints and seclusion.			No significant fiscal impact	LBB Staff		
8	4. Direct the Advisory Committee on Inpatient Mental Health Services (ACIMHS), in collaboration with TDH, to develop a means to move toward consistent training in private psychiatric hospitals in support of TDMHMR current rules and report to the Senate Committee on Health and Human Services, January, 2003.			No significant fiscal impact	LBB Staff		

Charge	Recommendation	Savings/(Costs)			Estimate Source	Assumptions	Comments
		FY 2004	FY 2005	Biennium			
8	5. Increase Direct Care Staff Wages. The Legislature should take into consideration, when reviewing TDMHMR budget, identifying state funds to increase wages and benefits to MHMR Aides.	GR-($28,404,954) FF-($0) AF-($51,573,109)	GR-($28,459,095) FF-($0) AF-($51,573,109)	GR-($56,864,049) FF-($0) AF-($103,146,218)	TDMHMR	Assumes 10 percent increase for community direct care workers and supervisor; one-group reallocation plus benefits for state direct care staff. (9,242 FTEs)	Note that $12.8 million for state workers is included. However, the agency is not considering this as a Legislative Appropriations Request exceptional item. An estimate of cost for employee of El Paso Psychiatric Center who will move to state employment was not available.

LBB Staff: Emily Brownlow, Melitta Bustamante, Jimmy Charney, Anita D'Souza, Kathy Eckstein, Kelly Furgeson, Amanda Jones, Mike Leo, Regina Martin, Nancy Millard, Paul Priest, Laura Wolford

APPENDIX O

Members' Correspondence

KIP AVERITT

Texas State Senator
District 22

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October 7, 2002

The Honorable Mike Moncrief
Chairman, Senate Committee on Health and Human Services
P.O. Box 12068
Austin, Texas 78711

Dear Senator Moncrief:

This letter is to provide notice to you and the membership of the Senate Committee on Health and Human Services that I have reached the difficult decision not to sign the Committee's 2002 interim report due to the fiscal implications of certain recommendations contained in the report. I believe that I clearly expressed concerns with a number of the recommendations at our last committee meeting by voting "no" due to fiscal implications. But I also voted "yes" for many other recommendations and I remain supportive of those recommendations.

As you know, this upcoming session we have the daunting task of balancing the state budget at a time when we are facing a significant shortfall in revenue as well as a need to continue to fund and/or increase funding for existing programs. With the state's financial situation being so uncertain, I do not believe it would be responsible for me to offer numerous recommendations that carry fiscal notes. While many of those recommendations are worthy of consideration, it is going to be a tough enough job just re-prioritizing and locating funding for our current programs with available resources being scarce already.

I do want you and your staff to know that I greatly appreciate the tremendous amount of work you have put into the interim report. Your efforts are most commendable.

Mike, it has been a pleasure serving with you and I wish you the best in the future.

Sincerely,

Kip Averitt

Kip Averitt

TEXAS SENATE

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MARIO GALLEGOS, JR.

June 18, 2002

The Honorable Mike Moncrief
Chairman
Senate Committee on Health and Human Services
P.O. Box 12068
Austin, Texas 78711

Dear Chairman Moncrief:

This letter is to inform you and the other members of the Health and Human Services Committee of my wishes with regard to the interim proposals laid out at the last hearing. I have reviewed the interim proposals and for the record, would like to be shown voting aye on all items laid out and voted on. It is my belief that these proposals represent a strong foundation for implementing policies that will address the health and human service needs of this state.

I would specifically like to thank you for your leadership and service to this committee and more importantly to this state. It has been a privilege serving with you in the Senate, and I look forward to working on implementation of these proposals next session.

Sincerely,

Mario Gallegos Jr.

Mario Gallegos, Jr.
State Senator

CHRIS HARRIS
District 10

The Senate of The State of Texas Austin 78711

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October 7, 2002

The Honorable Mike Moncrief
Chairman, Senate Committee on Health and Human Services
P.O. Box 12068
Capitol Station
Austin, Texas 78711

Dear Mike:

The purpose of this letter is to provide formal notice to you and my fellow members of the Senate Committee on Health and Human Services that I do not intend to sign the interim report presented to me September 30th. My staff has informed your staff of the details of my position; this letter summarizes the reasons for my objections.

As you know, I am principally concerned with the status of the state budget for the upcoming legislative session. The Senate will face no greater challenge than finding available resources, as required by the Texas Constitution, to balance the biennial budget. While the hard work and analysis you and your staff have put into the report are appreciated, I do not believe it is fiscally responsible to capriciously increase spending in this environment of budget uncertainty.

Although the report does not include fiscal estimates, information from the last Committee hearing shows that many of the recommendations in this report will result in a cost to the state. Other recommendations may have fiscal implications as well. A more responsible approach would have been to consider the current budget shortfall and prioritize the recommendations with fiscal notes. Only those deemed necessary should have been included as recommendations to the full Senate; the others should have been mentioned in the report as issues identified during the course of the interim study.

Similarly, many of the recommendations require various state agencies or other entities to either study, review, develop a report, or assemble a work group to further investigate the subject at hand. This will lead to increased costs to the state, and requires more resources to be utilized for administration.

Many of these recommendations do not require legislative action to be implemented. Therefore, I strongly encourage the appropriate agencies to begin work on the relevant initiatives the committee has identified.

Mike, you have done a good job with a most difficult issue. Thank you for your hard work and dedication.

Sincerely,

Chris Harris

Frank Madla

Texas State Senate
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October 7, 2002

The Honorable Mike Moncrief
Chairman, Senate Committee on Health and Human Services
P.O. Box 12068
Capitol Station
Austin, Texas 78711

Dear Chairman Moncrief:

The hard work and dedication that you and your staff contributed to the Senate Committee on Health and Human Services Interim report is greatly appreciated. Clearly, much time and effort went into the production of the report.

Although I support the worthwhile recommendations in the report and do offer my signature to forward the process of the committee, I have two major concerns that I must relate for the record. The first is the lack of regard for the many fiscal implications inherent in these recommendations. As you know, the State is facing a serious shortfall for the next biennium. The report should have included some information regarding the potential impact of these recommendations on the state's budget.

My second concern is that there seems to be a lack of prioritization. With over ninety recommendations, some in multiple parts, it is unclear as to which recommendations are most urgently needed. Recommendations that relate to initiatives already in place, those with costs expected to exceed what the state can afford over the next biennium, or those that will strain the other resources of our state agencies would have been better left to the discussion section of the report.

Again, I appreciate your efforts to address many of the difficult subjects discussed in the report. Please do not hesitate to contact me if you ever feel that I can be of assistance.

Yours Truly,

Frank Madla

Frank Madla

cc: Lieutenant Governor Bill Ratliff
Members, Senate Health and Human Services Committee

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SENATOR JANE NELSON

Committees:

NOMINATIONS, CHAIR
EDUCATION
HEALTH AND HUMAN SERVICES

October 7, 2002

The Honorable Mike Moncrief
Chairman, Senate Committee on Health and Human Services
PO Box 12068
Austin, Texas 78711

Dear Chairman Moncrief:

I have had an opportunity to review the Senate Committee on Health and Human Services Interim Report and I have decided not to add my signature to the report.

I voted against several of the recommendations at our last committee meeting due to the costs they carried, and I cannot in good conscience sign the report when so many of the recommendations, many with excellent goals, will commit the state to spend money it may not have available.

Very truly yours,

Senator Jane Nelson

Senator Jane Nelson