

BILL ANALYSIS

S.B. 200
By: Nelson
Human Services
Committee Report (Unamended)

BACKGROUND AND PURPOSE

The Health and Human Services Commission (HHSC) provides oversight and support for agencies in the health and human services system, administers the state's Medicaid and other public benefit programs, sets policies, defines covered benefits, and determines client eligibility for major programs. HHSC is subject to the Sunset Act and will be abolished on September 1, 2015, unless continued by the Legislature.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTIONS 1.03, 2.13, 2.19, 3.02, and 3.08 of this bill.

ANALYSIS

S.B. 219, Acts of the 84th Legislature, Regular Session, 2015, relating to the provision of health and human services in Texas, including the powers and duties of the Health and Human Services Commission (HHSC) and other state agencies, and the licensing of certain health professionals; clarifying certain statutory provisions; and authorizing the imposition of fees, was signed by the Governor on April 2, 2015, giving effect to the bill on that date. S.B. 200 makes technical and conforming changes to align with the changes in law enacted by S.B. 219.

Consolidates and Reorganizes the Health and Human Services System

S.B. 200 adds Subchapter A-1, Government Code, related to the consolidation of the health and human services system. The bill consolidates functions of the health and human services system in HHSC in phases, with "function" defined to include a power, duty, program, or activity of a state agency or entity. Initial transfers, termed Phase One, occur on or after the executive commissioner submits the transition plan required in the bill by March 1, 2016, and not later than September 1, 2016. Final transfers, termed Phase Two, occur on or after September 1, 2016 and not later than September 1, 2017. Transfer and consolidation of administrative support services occur as soon as practicable after the executive commissioner submits the transition plan and not later than September 1, 2017 in accordance with dates specified in the transition plan.

S.B. 200 identifies Phase One transfers, which occur on the dates specified in the required transition plan. The bill specifies that all functions, including any remaining administrative support services functions, of the following state agencies and entities transfer to HHSC in this phase: the Department of Assistive and Rehabilitative Services (DARS), the Health and Human

Services Council, the Aging and Disability Services Council, the Assistive and Rehabilitative Services Council, the Family and Protective Services Council, the State Health Services Council, the Office for the Prevention of Developmental Disabilities, and the Texas Council on Autism and Pervasive Developmental Disorders. The bill indicates that these state agencies and entities are abolished in this phase after all their functions have been transferred. Effective September 1, 2016, the bill repeals sections of law related to each of the health and human service agency councils. On that date, the bill repeals provisions related to establishing DARS as an agency of the state; and related to DARS' policymaking and management, offices, commissioner, personnel, information for employees on qualifications and standards of conduct, merit pay, career ladder, EEO policy, and information regarding complaints.

In addition, with the exception of certain client services specified below, S.B. 200 establishes that all client services of the health and human services system are transferred to HHSC, specifically those of the Department of Aging and Disability Services (DADS), the Department of Family and Protective Services (DFPS), and the Department of State Health Services (DSHS). The bill also requires that, in Phase One and on dates specified in the required transition plan, all functions of the health and human services system related to prevention and early intervention services, including the Nurse-Family Partnership Competitive Grant Program, transfer to DFPS.

S.B. 200 sets out Phase Two transfers, which occur on the dates specified in the required transition plan. The bill transfers in this phase all functions of DADS that remained with the agency after the Phase One transfer of its client services functions to HHSC or a transfer of its administrative support services functions. DADS is abolished in Phase Two on the date specified in the required transition plan and that occurs after all its functions have been transferred to HHSC in accordance with provisions of the bill. Effective September 1, 2017, the bill repeals provisions related to establishing DADS as an agency of the state; and related to DADS' commissioner, personnel, information for employees on qualifications and standards of conduct, merit pay, career ladder, EEO policy, and information regarding complaints. In Phase Two, the bill also transfers to HHSC the regulatory functions of DSHS and functions related to its state-operated institutions, as well as the regulatory functions of DFPS.

S.B. 200 provides that implementation of a provision repealed by the repealers referenced above ceases on the date the responsible state agency or entity listed in the section of the bill dealing with abolition of state agencies and entities is abolished.

S.B. 200 sets out requirements for the transfer and consolidation of administrative support services functions, as defined later in the bill. The bill requires that, within the period described in the bill, on the dates specified in the transition plan, and after consultation with affected state agencies and divisions, the executive commissioner shall transfer and consolidate those support services functions within HHSC to the extent such consolidation is feasible and contributes to the system's effective performance. Consolidation of an administrative support services function must occur in accordance with the principles and requirements for their organization as set out later in the bill. Consultation with affected state agencies and divisions must ensure client services are only minimally affected and must result in a memorandum of understanding or other agreement between HHSC and each affected agency or division that details measurable performance goals; identifies how an agency or division may seek permission from the executive commissioner to find an alternative way to address needs; sets out steps to ensure that programs of any size receive adequate administrative support services; and, if appropriate, specifies that staff providing administrative support services are located with persons requiring those services to ensure an understanding of the program and timely response to needs.

S.B. 200 maintains DFPS and DSHS as separate agencies to perform stated functions. The bill directs that functions remaining with DFPS, including the statewide intake of reports and other information, relate to the following: child protective services, including services federal law requires the state's child welfare agency to provide; adult protective services, other than investigations of alleged abuse, neglect, or exploitation of an elderly person or person with a

disability in specified facilities or by a provider contracted to provide home and community-based services; and prevention and early intervention services. S.B. 200 also specifically excepts from transfer the public health functions of DSHS, including health care data collection and maintenance of the Texas Health Care Information Collection program.

S.B. 200 provides that all of the following that relate to a function transferred under Phase One, Phase Two, or the transfer and consolidation of administrative support services functions are transferred to HHSC or DFPS without a change in status, as applicable, on the date the related function is transferred in the transition plan: all obligations and contracts; all property and records and all appropriated funds and other money; and all pending complaints, investigations, or contested cases. The bill gives effect to any rule, policy or form related to transferred functions and provides for them to remain in effect until altered by HHSC or other receiving agency, or unless they conflict with a rule, policy, or form of the receiving agency. Any license, permit, or certification in effect issued by a state agency or entity from which functions are transferred in Phase One or Phase Two are also continued in effect by HHSC until the license, permit, or certification expires, is suspended or revoked, or otherwise becomes invalid.

S.B. 200 provides that the abolition of a state agency or entity and transfer of its functions and related obligations, rights, contracts, records, property, and funds, and the transfer of functions and related matters to or from DFPS and from DSHS do not affect or impair specified responsibilities and other matters existing or under former law, and that law remains in effect for any action on those matters. The bill also requires HHSC to take action as soon as appropriate to be designated as the responsible state agency for any state or federal program that is transferred to HHSC for which federal law requires such a designation.

S.B. 200 provides that a power, duty, program, function, or activity of DARS may not be transferred to HHSC if another bill of the 84th Legislature, Regular Session, becomes law and provides for the transfer of these responsibilities to the Texas Workforce Commission, subject to any necessary federal approval or authorization and the agencies receive such federal approval to enable the transfer to occur by September 1, 2016. If DARS and the Texas Workforce Commission do not receive such approval or authorization by that date, these responsibilities of DARS transfer to HHSC as provided in the bill and the transition plan the bill requires.

Health and Human Services Transition Legislative Oversight Committee

S.B. 200 defines "committee" as the Health and Human Services Transition Legislative Oversight Committee and establishes the committee. The bill establishes the composition of the committee with 11 voting members, comprising four members of the senate appointed by the lieutenant governor; four members of the house of representatives appointed by the speaker; and three public members appointed by the governor, with each serving at the pleasure of the appointing official. The executive commissioner serves as an ex officio, nonvoting member. The lieutenant governor and speaker each designate a presiding co-chair from among their respective appointments. The bill requires these appointments and the designation of co-chairs be done by October 1, 2015. The bill provides that committee members are not paid to serve on the committee, but may be reimbursed for travel expenses in conducting committee business. The bill requires the committee to facilitate the transfer of functions described in the bill under Phase One, Phase Two, and the transfer and consolidation of administrative support services functions with minimal negative effect on the delivery of services. With assistance from HHSC and the agencies and entities from which functions are transferred, the committee is also directed to advise the executive commissioner on specified functions to be transferred and the related funds and obligations; the transfer of functions and specified matters by the state agencies and entities under the law; and the reorganization of HHSC's administrative structure under the law. The bill also requires the committee to meet at least quarterly from the time it is established to September 1, 2017, in addition to other meeting times as determined by either chair; at least semiannually between September 2, 2017 and December 31, 2019, in addition to other meeting times as determined by either chair; and at least annually between January 1, 2020 and August

31, 2023, in addition to other meeting times as determined by either chair. The bill specifies that the Open Meetings statute applies to the committee. The committee must submit a report to the governor, lieutenant governor, speaker, and legislature by December 1 of each even-numbered year. The report must include an update on the progress of and issues related to the transfer of functions to HHSC and DFPS under specified sections of the bill, including the need for any additional statutory changes to complete the transfer of prevention and early intervention services functions to DFPS; and the reorganization of the commission's administrative structure under the law. The committee is abolished September 1, 2023.

Study on Continuing Need for DFPS and DSHS

S.B. 200 requires the executive commissioner, not later than September 1, 2018, to conduct a study and separately submit a report and recommendation to the transition legislative oversight committee regarding the need to continue DFPS and DSHS as agencies. The committee must review these materials and submit a report and recommendation to the legislature separate from HHSC by December 1, 2018 regarding the need to continue the two agencies. The committee's report must include an evaluation of the transfer of prevention and early intervention services functions to DFPS, including an evaluation of any increased coordination and efficiency resulting from the transfer, DFPS's coordination with other agency programs of a similar nature, and DFPS's interaction with stakeholders and interested parties in performing the functions. The committee's report must also include any recommendations concerning the transfer of prevention and early intervention services functions of DFPS to another state agency.

Transition Plan

S.B. 200 requires the transfers to HHSC to be accomplished according to a transition plan developed by the executive commissioner that ensures the transfers and provision of health and human services are accomplished in a careful and deliberative manner. The transition plan must include an outline of HHSC's reorganized structure, including its divisions, under the law. The plan must include details regarding movement of functions and a timeline within the periods prescribed by the bill, specifying the date for making the required transfers, the date each state agency or entity is abolished, and the date each division of HHSC is created and the division's director appointed. The plan must contain an evaluation and determination of the feasibility and potential effectiveness of consolidating administrative support services into HHSC, including the specific support services to be consolidated; a timeline for their consolidation that describes the support services to be transferred by the last day of each transfer period established in the bill; and measures HHSC will take to ensure information resources and contracting support services continue to operate properly across the health and human services system. The plan must define client services functions, regulatory functions, public health functions, and functions related to state-operated institutions, child protective services, adult protective services, and prevention and early intervention services. In defining these transferred functions, the executive commissioner must ensure that all functions of an agency or entity subject to abolition in Phase One are transferred to HHSC or DFPS by the last day of that period; and that the prevention and early intervention services transferred to DFPS include services defined in the Family Code provisions for such services related to protection of the child and programs that provide parent education, promote healthier parent-child relationships, or prevent family violence. In addition, the executive commissioner must ensure that all functions of DADS are transferred to HHSC by the last day of Phase Two.

S.B. 200 requires the executive commissioner to hold public hearings throughout the state and solicit and consider input from stakeholders in developing the transition plan and before its submission to entities named in the bill. S.B. 200 specifies that, within the periods described in the bill, HHSC and DFPS must begin administering the functions assigned to them under the law, and that the assumption of the administration of transferred functions to these agencies must be accomplished according to the transition plan. The bill requires the executive commissioner to submit the transition plan to the transition legislative oversight committee, governor, and

legislative budget board by March 1, 2016 and requires the committee to comment on and make recommendations to the executive commissioner regarding concerns or adjustments the committee deems appropriate. The executive commissioner may not finalize the transition plan until the executive commissioner has reviewed and considered the comments and recommendations of the committee. The bill requires the executive commissioner to publish in the Texas Register the transition plan and any adjustments to it recommended by the committee as well as a statement regarding the executive commissioner's disposition of recommended adjustments and justification for not adopting an adjustment. If the executive commissioner proposes a substantial organizational change to the health and human services system not included in the transition plan, the executive commissioner must report the proposed change to the committee before implementing the change. The bill also specifies that an action or proceeding begun before the date of a transfer prescribed by law in accordance with the transition plan is governed by the laws and rules applicable before the transfer.

Limited-Scope Sunset review

S.B. 200 requires the Sunset Advisory Commission to conduct a limited-scope review of HHSC during the fiscal biennium ending August 31, 2023 in the manner provided by the Sunset Act, provided that HHSC is not abolished solely because it is not explicitly continued following the review. The review must provide an update on HHSC's progress in consolidating the health and human services system and its compliance with the transition plan; an evaluation and recommendations regarding the need to continue DFPS and DSHS as state agencies separate from the commission; and any additional information, including additional organizational changes, the Sunset Commission determines appropriate.

Expiration of Government Code Provisions

S.B. 200 expires added Subchapter A-1, Government Code, described above, on September 1, 2023.

References in Law

S.B. 200 specifies that a reference in law to health and human services agency, the Department of State Health Services, the Department of Aging and Disability Services, the Department of Family and Protective Services, or the Department of Assistive and Rehabilitative Services in relation to a function transferred to HHSC means HHSC or the division of HHSC performing the function previously performed by the state agency or entity before the transfer. The bill provides that a reference in law to any of the agencies or entities described below relating to a function the bill transfers to HHSC from the state agencies that assumed these functions in accordance with H.B. 2292 of the 78th Legislature (2003) means HHSC or the division of HHSC performing the function previously performed by agencies that assumed the functions before the transfer. The agencies referenced above are: the Texas Department on Aging, the Texas Commission on Alcohol and Drug Abuse, the Texas Commission for the Blind, the Texas Commission for the Deaf and Hard of Hearing, the Texas Department of Health, the Texas Department of Human Services, the Texas Department of Mental Health and Mental Retardation, the Texas Rehabilitation Commission, the Texas Health Care Information Council, and the Interagency Council on Early Childhood Intervention. The bill specifies that a reference in law to the Department of Protective and Regulatory Services relating to a function transferred from DFPS means HHSC or the division of HHSC performing the function previously performed by DFPS before the transfer. The bill provides that these changes in references to these agencies or entities in law apply notwithstanding the definition of health and human services agencies found elsewhere in law.

S.B. 200 specifies that any reference in law to the commissioner of aging and disability services, commissioner of assistive and rehabilitative services, the commissioner of state health services, or the commissioner of DFPS in relation to a function transferred to HHSC means the executive

commissioner, the executive commissioner's designee, or the director of the HHSC division performing the function previously performed by the state agency from which it was transferred. The bill also provides that a reference in law to the executive directors or chief administrative officers or governing bodies of an agency or the Department of Protective and Regulatory Services, in relation to a function transferred to HHSC from the state agency that assumed the function in accordance with H.B. 2292 of the 78th Legislature (2003) means the executive commissioner or director of an HHSC division performing the function previously carried out by the agency abolished or renamed by H.B. 2292. The bill specifies that a reference to any of the councils for health and human services, aging and disability services, family and protective services, assistive and rehabilitative services, or state health services means the executive commissioner or the executive commissioner's designee and that a function of these councils is a function of that appropriate person.

Health and Human Services Commission Executive Council

S.B. 200 establishes the council composed of the executive commissioner, the director of each division established by the executive commissioner, the commissioner of a health and human services agency, and other individuals appointed by the executive commissioner. The bill directs the executive commissioner to make every effort to ensure the appointment of other individuals result in balanced representation of a broad range of related industry and consumer interests and broad geographic representation. Executive commissioner appointments to the council are subject to specified restrictions and serve at the pleasure of the executive commissioner.

S.B. 200 provides for the executive commissioner to chair the council and adopt rules for its operation. The bill also establishes the frequency of council meetings; notice requirements, including the requirement for video transmission of council meetings through the Internet; quorum requirements; prohibition against executive commissioner appointees receiving compensation for serving on the council other than reimbursement for council-related travel; and a requirement for policies for the public to appear before the council to speak on issues under the commission's jurisdiction. The council is to receive public input and advise the executive commissioner on the operation of HHSC, and the bill lays out the specific matters on which the council must seek and receive public comment. The council does not have authority to make administrative or policy decisions. A meeting of individual council members occurring in the course of ordinary commission operation is not a council meeting, and notice requirements do not apply. The establishment of the council does not limit the executive commissioner's authority to establish additional advisory committees or councils. The bill also provides that statutes concerning open meetings and agency advisory committees do not apply to the council. The council is to begin operations as soon as possible after the executive commissioner appoints division directors under the provisions of the bill.

General Responsibilities for the Health and Human Services System

S.B. 200 includes conforming changes to reflect the consolidation of health and human services entities. The bill adds a definition of health and human services system as the system for providing or administering health and human services by HHSC, including an office or division of HHSC or another entity under the control of the executive commissioner. The bill makes several conforming changes to reflect the shift from health and human services "agencies" to a "system," and to reflect various responsibilities and other matters relating to a "division" of HHSC, as applicable. The bill specifically redesignates HHSC's purchasing division as a unit for managing purchasing within the system. In addition, the bill requires that the memorandum of understanding now required in law between the executive commissioner and each agency director must ensure that HHSC and each health and human services agency has access to databases or other information maintained in the agencies necessary for operation of their functions, to the extent not prohibited by law. The bill requires that the description of delegated powers and duties the memorandum is to contain are delegations to an agency director, repealing a provision for the executive commissioner to delegate certain operational authority, effective

September 1, 2017.

Administrative Support Services

S.B. 200 strikes language providing for administrative support services to be HHSC's responsibility and defining these services and adds a new section dealing with administrative support services and defining these services to include strategic planning and evaluation, audit, legal, human resources, information resources, purchasing, contracting, financial, management, and accounting services. SB 200 requires the executive commissioner to implement an efficient and effective centralized system of administrative support services for the health and human services system, and provides for these services to be HHSC's responsibility. The bill requires the executive commissioner to implement the centralized system according to principles and requirements set forth in the bill. These principles and requirements relate to consultation between the executive commissioner and agency commissioners and division directors; consolidation of staff in such a way that an agency or division losing staff has adequate resources to carry out its functions; adoption of a memorandum of understanding or other written agreement that details responsibilities of each agency or division, points of contact, transfer of personnel, budgetary effect of the agreement, and any other item determined to be critical for maintaining accountability. The memorandum of understanding may be combined with another memorandum of understanding between the executive commissioner and each agency director required under current law.

Division Directors

S.B. 200 requires the executive commissioner to appoint a director for each division established within HHSC, except that the director of the office of inspector general is appointed in accordance with law currently providing for appointment by the governor. The bill requires the executive director to develop and make publicly available qualifications for each director to ensure demonstrated experience in relevant fields and executive-level administrative and leadership experience. The bill requires the executive commissioner to define duties and responsibilities of a division director and develop clear policies for delegating to them specific decision-making authority, including budget authority, that is significant enough to ensure efficient administration of HHSC programs and services. The bill requires the executive commissioner to implement provisions for appointing division directors and defining their duties and developing policies for delegating decision-making authority on the date specified in the transition plan. Provisions in law regarding the executive commissioner's appointment of an agency director for each health and human services agency to a health and human services agency abolished in the bill only until its abolishment.

HHSC Divisions

S.B. 200 requires rather than authorizes the executive commissioner to establish divisions within HHSC and specifies that those divisions be established along functional lines. In addition to the current Office of Inspector General, the bill amends the law to require the executive commissioner to establish within HHSC a medical and social services division, a regulatory division, an administrative division, and a facilities division for administering state facilities, including state hospitals and state supported living centers. The bill deletes language currently in law related to divisions and offices. Establishment of these required divisions does not prohibit the executive commissioner from establishing additional divisions within HHSC as appropriate. S.B. 200 specifies that the provisions establishing the required divisions and permitting the creation of additional divisions expire September 1, 2023. The executive commissioner must establish divisions within HHSC on the date specified in the transition plan.

Office of Policy and Performance

S.B. 200 defines "office" in this section of law as the office of policy and performance (OPP)

and requires the executive commissioner to establish it as an executive-level office to coordinate policy and performance efforts across the health and human services system. To coordinate those efforts, the bill requires OPP to develop a performance management system; lead in supporting and overseeing the implementation of major policy changes and managing organizational changes; and acting as a centralized body of experts for program evaluation and process improvement expertise. The bill also details the activities OPP must perform in carrying out each of these responsibilities. The bill allows the executive commissioner to otherwise develop the OPP's structure and duties as appropriate. The bill instructs the executive commissioner to establish OPP as soon as practicable after the effective date, but no later than October 1, 2015, and requires OPP to assist the transition legislative oversight committee in supporting and overseeing the implementation of major policy changes and managing organizational changes with respect to the consolidation of the health and human services system.

Provisions Related to DFPS and DSHS as Independent Agencies

S.B. 200 directs that the prevention and early intervention services division of DFPS must be organizationally separate from DFPS divisions performing child protective services and adult protective services. The bill prohibits DFPS from using the agency's name or logo or insignia on materials related to the agency's prevention and early intervention services provided by the agency's contractors or distributed by them to the agency's clients. The bill also transfers the nurse-family partnership competitive grant program from HHSC to DFPS, redesignating its law as a subchapter in the Family Code, and making conforming changes to the law to reflect that change. The bill provides for HHSC to continue to administer this program under the redesignated law until the program transfers to DFPS under provisions in the bill and transition plan. The bill amends provisions related to certain performance reviews for adult protective services personnel to be governed by both DFPS' and HHSC's statutes, as applicable.

Effective September 1, 2017, S.B. 200 adds a new section to the Human Resources Code that defines "function" as it applies to DFPS to include a power, duty, program, or activity and an administrative support services function associated with the power, duty, program, or activity, unless consolidated under other provisions in the bill. The section specifies that DFPS performs only functions, including the statewide intake of reports and other information, that relate to the following services: child protective services, including services federal law requires the state's child welfare agency to provide; adult protective services, other than investigations of alleged abuse, neglect, or exploitation of an elderly person or person with a disability in specified facilities or by a provider contracted to provide home and community-based services; and prevention and early intervention services, including those services as defined in the chapter of the Family Code related to prevention and early intervention services; and programs that provide parent education, promote healthier parent-child relationship, or prevent family violence. Regarding DFPS, the bill further amends the Human Resources Code specifying the meaning of references in law to the "department" or "commissioner" in relation to these and any other function.

Effective September 1, 2017, S.B. 200 amends the Health and Safety Code to define "function" as it applies to DSHS to include a power, duty, program, or activity and an administrative support services function associated with the power, duty, program, or activity, unless consolidated under other provisions in the bill. The bill specifies that in accordance with the consolidation, DSHS performs only functions related to public health, including health care data collection and maintenance of the Texas Health Care Information Collection Program. Regarding DSHS, the bill further amends the Health and Safety Code specifying the meaning of "department" or "commissioner" in relation to these and any other function.

Office for the Prevention of Developmental Disabilities

S.B. 200 changes statute for the Office for the Prevention of Developmental Disabilities to

reflect elimination of the office and the transfer of its duties and functions to HHSC. The bill adds definitions to reflect HHSC and the executive commissioner of HHSC. The bill lays out the provisions in law related to the independent status of the office, the office's executive committee, the board of advisors, and the executive director that apply only until the executive commissioner begins to administer the law and HHSC assumes the duties and functions of the office, and then cease to apply and the executive committee and board of advisors are abolished. The specified provisions in law expire on September 1, 2016, which is the last day for accomplishing the Phase One transfers under the bill. The bill provides for the executive commissioner to administer the law for the prevention of developmental disabilities on the date specified in the transition plan and for HHSC to perform the duties and functions of the office in the organizational form the executive commissioner determines appropriate and that thereafter, references to the office, the Office for the Prevention of Developmental Disabilities, or executive committee of the office in this law or other law mean HHSC, the division or other organizational unit with HHSC, or the executive commissioner, as appropriate. The bill makes several conforming changes to reflect the office's integration within HHSC. The bill deletes references to task forces made up of members of the board of advisors in relation to prevention programs for targeted developmental disabilities. The bill provides for the office to accept and solicit gifts, donations, and grants of money from public and private sources to assist in financing the duties and functions of the office, and provides for HHSC is to support such fund-raising efforts. Any such funds raised may only be spent to further a duty or function of the office. The bill instructs that the office or administrative entity of the office shall continue to operate under the law as it existed before the effective date of these changes until the executive commissioner begins administering the law, as amended, and HHSC begins performing the duties and functions of the office on September 1, 2017. The bill also instructs that the executive commissioner begin administering the law, as amended, and HHSC begin performing the duties and functions of the office on September 1, 2017.

Texas Council on Autism and Pervasive Developmental Disorders

S.B. 200 changes statute for the Texas Council on Autism and Pervasive Developmental Disorders to reflect the elimination of the council and the transfer of its powers and duties to HHSC. The bill adds definitions to reflect HHSC and the executive commissioner of HHSC. The bill specifies certain provisions in law related to the council, its staff support, the advisory task force, and the council's role in making funding recommendations that apply only until the executive commissioner begins to administer the law and HHSC assumes the duties and functions of the council, and then cease to apply and the council is abolished. The specified provisions in law expire on September 1, 2016, which is the last day for accomplishing the Phase One transfers under the bill. The bill provides for the executive commissioner to administer the law regarding autism and pervasive developmental disorders on the date specified in the transition plan and for HHSC to perform the duties and functions of the council in the organizational form the executive commissioner determines appropriate and that thereafter, references to the council, the Texas Council on Autism and Pervasive Developmental Disorders, or an agency represented on the council in this law or other law mean HHSC, the division or other organizational unit with HHSC, or the executive commissioner, as appropriate. The bill makes several conforming changes to reflect in this chapter of law eliminating the council as a body and the advisory task force. The bill also eliminates references in law to the autism spectrum disorders resource center and instead provides for HHSC to assume the center's responsibility to coordinate resources for individuals with autism and other pervasive developmental disorders and their families. The bill instructs that the council or administrative entity of the council shall continue to operate under the law as it existed before the effective date of these changes until the executive commissioner begins administering the law, as amended, and HHSC begins performing the duties and functions of the council on the date specified in the transition plan. The bill also instructs the executive commissioner to begin administering the law, as amended, and HHSC to begin performing the duties and functions of the council on the date specified in the transition plan.

Continues the Health and Human Services Commission for 12 years and the Department of State Health Services and Department of Family and Protective Services for eight years

S.B. 200 continues the Health and Human Services Commission for 12 years, providing that the agency and its chapter expire on September 1, 2027. The bill removes the separate Sunset dates for the Department of Assistive and Rehabilitative Services and the Department of Aging and Disability Services and provides that their chapters expire on the date HHSC is abolished. The bill removes the separate Sunset date for the Texas Health Care Information Council and provides that its chapter expires on the date DSHS is abolished. The bill continues the Department of State Health Services and the Department of Family and Protective Services for eight years, providing that the agencies and their chapters expire September 1, 2023.

Administrative Provisions

S.B. 200 requires HHSC to operate a consolidated internal audit program as required by law for HHSC and each health and human services agency. The bill specifies that a reference in the Internal Auditing Act to the administrator of a state agency means the executive commissioner. The bill requires that information resource managers of each health and human services agency report directly to the executive commissioner or a deputy executive commissioner designated by the executive commissioner.

Standard Sunset Commission Across-the-Board Language

S.B. 200 changes standard language developed by the Sunset Commission regarding eligibility for appointment as executive commissioner. The bill defines "Texas trade association" and prohibits a person from being appointed as the executive commissioner, serving on the executive council, or being employed in a high-level capacity if the person is an officer, employee, or paid consultant, or if the person's spouse is an officer, manager, or paid consultant of a Texas trade association in the field of health and human services. The bill also changes current law to specify that a person may not be appointed as executive commissioner or act as HHSC general counsel because of compensation on behalf of a profession related to the operation of HHSC. S.B. 200 adds specific duties to the requirement for HHSC to develop a policy to encourage the use of negotiated rulemaking and alternative dispute resolution.

Coordination of System Websites

S.B. 200 requires HHSC to establish a process to ensure system websites are developed and maintained according to standard criteria for uniformity, efficiency, and technical capabilities. HHSC must develop and maintain an inventory of all system websites and evaluate the inventory on an ongoing basis to ensure the websites meet standard criteria and consolidate websites, if appropriate, to improve public access to the websites' content. The bill requires HHSC to implement this section as soon as possible after the effective date and to update websites for any abolished state agency or entity as soon as possible after the transfer or consolidation of functions.

Ombudsman's Office

S.B. 200 moves provisions related to the office of ombudsman to a new section in the government code and requires the executive commissioner to establish the office of the ombudsman with authority and responsibility for the HHS system. The bill sets out the office's functions for providing dispute resolution services, performing consumer protection and advocacy functions, including raising a matter within the system that a person feels is being ignored and obtaining information on a filed complaint, and collecting inquiry and complaint data. The bill provides that the office does not have authority to provide a separate process for resolving complaints or appeals. S.B. 200 requires the executive commissioner to develop a standard, centralized process for tracking and reporting received inquiries and complaints within

the system, including from field, regional, or other local system offices. The bill requires the office to collect inquiry and complaint data across the system and authorizes the office to access any system or process for recording inquiries and complaints used or maintained within the system.

The bill requires the executive commissioner to implement this section as soon as possible after the effective date. The bill abolishes any other office performing ombudsman duties for a state agency or entity abolished by the consolidation elsewhere in the bill, on the date the agency or entity is abolished in the transition plan, or for DFPS and DSHS, on the date specified in the transition plan. The bill specifies that ombudsman offices not abolished are the office of independent ombudsman for state supporting living centers, office of the state long-term care ombudsman, and any other ombudsman office that is required by federal law. The bill provides that each office that performs ombudsman duties for DFPS and DSHS is abolished on the date specified in the transition plan. The bill requires the executive commissioner to certify which offices of ombudsman are abolished or exempt from abolition and publish that list in the Texas Register no later than September 1, 2016.

Coordination of System Hotlines and Call Centers

S.B. 200 requires HHSC to establish a process to ensure all system hotlines and call centers are necessary and appropriate. The bill requires HHSC to develop criteria for use in assessing whether a hotline or call center serves an ongoing purpose, develop and maintain an inventory of all hotlines and call centers, use the inventory and assessment criteria to periodically consolidate hotlines and call centers along appropriate functional lines, and develop an approval process designed to ensure that newly established hotlines or call centers, including telephone system and contract terms for the hotline or call center, meet policies and standards established by HHSC. The bill requires HHSC to develop policies and standards for hotlines and call centers that include both quality and quantity performance measures and benchmarks and lists options for those benchmarks. The bill provides that the commission may allow varied measures and benchmarks for a hotline or call center based on factors affecting the capacity of the hotline or call center. In consolidating hotlines and call centers, the bill requires the commission to seek to maximize use and effectiveness of HHSC's 211 telephone number. The bill requires HHSC to implement this section as soon as possible after the effective date and to complete an initial assessment and consolidation of hotlines and call centers by March 1, 2016. The bill requires HHSC to transfer or consolidate hotlines and call centers for any abolished state agency or entity as soon as possible after the transfer or consolidation of functions.

Unnecessary Reporting Requirements

S.B. 200 repeals five unnecessary reporting requirements from statute, as listed below, and makes conforming changes:

- 2-1-1 Electronic Access to Child Care and Education Services Summary Referrals
- Medicaid Expenditures Report
- Report on Overpayment Claims
- Report on Procurement and Contracting Practices
- Biennial Disability Reports

Medicaid Data Evaluation

S.B. 200 requires HHSC to regularly evaluate whether data submitted by managed care organizations continues to serve a useful purpose and whether additional data is needed to oversee the contracts or evaluate the effectiveness of Medicaid. The bill requires HHSC to collect Medicaid data that captures the quality of services received by recipients. S.B. 200 requires HHSC to develop a dashboard to assist agency leadership with overseeing Medicaid and

comparing performance of managed care organizations and requires the dashboard to identify a concise number of important Medicaid indicators. The bill requires HHSC to develop the dashboard by March 1, 2016.

Audit Coordination

S.B. 200 requires the Office of Inspector General (OIG) to consult with the executive commissioner before defining OIG's role, jurisdiction, and frequency of audits of managed care organizations in rule. The bill requires OIG to coordinate all audit and oversight activities with HHSC to minimize duplication. The bill requires OIG to annually seek input from HHSC and consider previous audits and onsite visits made by HHSC to determine whether to audit a managed care organization, and to request the results of any informal audit or onsite visit performed by HHSC that could inform OIG's risk assessment when determining whether to conduct, or the scope of, an audit of a managed care organization. The bill also requires HHSC to consult with OIG before defining, by rule, HHSC and OIG's role, jurisdiction, and frequency of managed care audits. The bill requires HHSC to share with the OIG at its request, results of any informal audit or onsite visit that could inform OIG's risk assessment when determining whether to conduct, or the scope of, an audit of a managed care organization. The bill requires the executive commissioner to adopt required rules by September 1, 2016.

Streamline Provider Enrollment

S.B. 200 requires HHSC to streamline the Medicaid provider enrollment and credentialing processes and to establish a centralized Internet portal through which providers can enroll in the program. The bill authorizes HHSC to create a single, consolidated Medicaid provider enrollment and credentialing process. In streamlining the credentialing process, HHSC may designate a centralized credentialing entity and may share information in the provider enrollment database with the entity. The bill authorizes HHSC to require managed care organizations to use the centralized credentialing entity, and if cost effective, allows HHSC to contract with a third party to develop the single consolidated enrollment and credentialing process. The bill requires HHSC to streamline the provider enrollment and credentialing processes by September 1, 2016.

S.B. 200 requires managed care organizations to formally recredential Medicaid providers with the frequency required by the single, consolidated Medicaid provider enrollment and credentialing process. The bill provides that the frequency of recredentialing may be less frequent than once in any three-year period.

Provider Enrollment Background Checks

S.B. 200 adds definitions of "license," "licensing authority," "office," and "provider" and amends the definition of "participating agency." S.B. 200 requires OIG and each licensing authority that requires the submission of fingerprints for a criminal history record information check of a health care professional enter into a memorandum of understanding. The bill allows the memorandum of understanding to be combined with another memorandum of understanding. The bill requires the memorandum of understanding to include a process by which OIG may confirm with a licensing authority that a health care professional is licensed and in good standing for purposes of determining eligibility to participate in Medicaid and that the licensing authority immediately notify OIG if a provider's license has been revoked or suspended or the licensing authority has taken disciplinary action against a health care professional. The bill prohibits OIG from conducting a criminal history record information check for the purpose of determining Medicaid eligibility for a health care professional who the office has confirmed is licensed and in good standing. The bill does not prohibit OIG from conducting a criminal history check that is required or appropriate for other reasons.

S.B. 200 requires OIG, after seeking public input, to establish and the executive commissioner to adopt by rule criminal history guidelines for the evaluation of criminal history information for

providers or potential providers. The bill requires the guidelines to outline conduct, by provider type, that will result in exclusion of a person from Medicaid, taking into consideration the extent to which the underlying conduct relates to the services provided under the program, the degree to which the person would interact with Medicaid recipients as a provider, and any previous evidence that the person engaged in fraud, waste, or abuse under Medicaid. The bill provides that OIG may not impose stricter standards for eligibility to participate in Medicaid than a licensing authority that conducts fingerprint-based criminal history checks requires for a person to engage in their healthcare profession without restriction. The bill requires OIG and HHSC to use the guidelines to determine whether a provider may continue participating in Medicaid.

S.B. 200 requires the provider enrollment contractor, if applicable, and a managed care organization to defer to OIG regarding whether a person's criminal history record information precludes the person from participating as a Medicaid provider. The bill also requires OIG to routinely check appropriate federal databases to ensure a person excluded from participating in Medicaid or Medicare is not participating as a provider in Medicaid.

S.B. 200 requires OIG to inform HHSC or the health care professional within 10 days after receiving a complete application whether a person seeking to participate as a Medicaid provider should be denied participation in the program based on a list of factors. The bill provides that completion of an on-site visit of a healthcare professional is not required within the 10-day timeframe. The bill requires OIG to develop metrics to measure the length of time for conducting a determination of a person's eligibility to participate in the Medicaid program for applications that are complete when submitted and all other applications. The bill requires HHSC to adopt guidelines by September 1, 2016.

Coordination of Quality Initiatives

S.B. 200 requires HHSC to develop and implement a comprehensive, coordinated operational plan to ensure a consistent approach across major initiatives of the system for improving the quality of health care. The bill requires the plan to include broad goals for improving the quality of health care in the state. The bill requires HHSC to revise major quality initiatives in accordance with the plan and the goals. To the extent possible, the bill requires HHSC to ensure that outcome measure data is collected and reported consistently across all major quality initiatives to improve evaluation of the initiatives' statewide impact. The bill requires HHSC to consider, and if appropriate, develop incentives that promote coordination among the various quality initiatives.

S.B. 200 provides that when HHSC seeks to renew the Texas Health Care Transformation and Quality Improvement Program waiver, HHSC must seek to reduce the number of approved project options that may be funded under the waiver using delivery system reform incentive payments to include only those projects most critical to improving the quality of health care and are consistent with the operational plan and goals. HHSC must also allow a delivery system reform incentive payment project that would no longer be an option under the waiver to continue operating as long as the project meets funding requirements and outcome objectives. The bill requires HHSC, in reducing the number of approved project options, to take into consideration the diversity of local and regional health care needs. The bill provides for this section to expire September 1, 2017 and requires HHSC to develop the plan and perform the other actions corresponding with the plan as soon as possible after the effective date of the article.

Behavioral Health

S.B. 200 defines "behavioral health services" and requires HHSC, in monitoring managed care organizations, to ensure managed care organizations fully integrate recipients' behavioral health services into recipients' primary care coordination. The bill also requires HHSC to use performance audits or other oversight tools to improve monitoring of the provision and coordination of behavioral health services and to establish performance measures that may be

used to determine the effectiveness of the integration of behavioral health services. S.B. 200 requires HHSC to give particular attention to managed care organizations that contract with a third party to provide behavioral health services in monitoring managed care organization's compliance with integration requirements.

S.B. 200 removes references currently in statute to the NorthSTAR demonstration project.

Maintenance of Medicaid Eligibility

S.B. 200 requires HHSC to develop and implement a statewide effort to assist Medicaid recipients who receive Medicaid services through managed care with maintaining Medicaid eligibility and avoiding lapses in coverage. The bill requires HHSC to require managed care organizations to assist recipients with maintaining eligibility and, if cost effective, HHSC must develop specific strategies for recipients receiving Supplemental Security Income benefits with maintaining eligibility. HHSC must ensure information relevant to a recipient's eligibility status is provided to the managed care organization through which the recipient receives services.

Incentive-Based Payment Pilot Program

S.B. 200 requires HHSC to develop a pilot project to increase the use and effectiveness of incentive-based provider payments by managed care organizations providing services under the Medicaid managed care program. The bill requires HHSC and the managed care organizations in at least one managed care service delivery area to work with health care providers and professional associations composed of health care providers to develop common payment incentive methodologies for the pilot program that meet specified criteria.

S.B. 200 requires HHSC, not later than September 1, 2018, to identify which types of goals and outcome measures are most appropriate for statewide implementation, based on results of the pilot program, and the services that can be provided using those goals and outcome measures. The bill also requires HHSC to require managed care organizations to implement those payment goals and outcome measures. The bill provides that the pilot program sections expire September 1, 2018 and requires HHSC to develop the pilot program as soon as possible after the effective date of the article. The bill provides that managed care contracts entered into on or after September 1, 2018 require the goals and outcome measures identified for statewide implementation and that HHSC shall seek to amend managed care contracts entered into before September 1, 2018 to require those managed care organizations to implement incentive-based provider payment goals and outcome measures. The bill provides that to the extent of a conflict between that payment goals and outcome measures and a provision of a contract with a managed care organization before September 1, 2018, the contract provision prevails.

Advisory Committees

S.B. 200 repeals and deletes statutory provisions and abolishes the following advisory committees and makes conforming changes:

- (1) the advisory committee on Medicaid and child health plan program rate and expenditure disparities;
- (2) the Advisory Committee on Qualifications for Health Care Translators and Interpreters;
- (3) the Behavioral Health Integration Advisory Committee;
- (4) the Consumer Direction Work Group;
- (5) the Council on Children and Families;
- (6) the Electronic Health Information Exchange System Advisory Committee;
- (7) the Guardianship Advisory Board;
- (8) the hospital payment advisory committee;
- (9) the Interagency Coordinating Council for HIV and Hepatitis;
- (10) the Medicaid and CHIP Quality-Based Payment Advisory Committee;

- (11) each Medicaid managed care advisory committee appointed for a health care service region under Subchapter B, Chapter 533, Government Code;
- (12) the Public Assistance Health Benefit Review and Design Committee;
- (13) the renewing our communities account advisory committee;
- (14) the STAR + PLUS Nursing Facility Advisory Committee;
- (15) the STAR + PLUS Quality Council;
- (16) the state Medicaid managed care advisory committee;
- (17) the task force on domestic violence;
- (18) the Interagency Task Force for Children With Special Needs;
- (19) the telemedicine and telehealth advisory committee;
- (20) the board of directors of the Texas Institute of Health Care Quality and Efficiency;
- (21) the Texas System of Care Consortium;
- (22) the Texas Traumatic Brain Injury Advisory Council; and
- (23) the volunteer advocate program advisory committee.

S.B. 200 provides that the Children’s Policy Council and the Interagency Task Force on Ensuring Appropriate Care Settings for Persons with Disabilities expires September 1, 2017 and makes conforming changes. The bill provides that the Intellectual and Developmental Disability System Redesign Committee and the STAR Kids managed care advisory committee expire on the first anniversary after HHSC completes implementation of the STAR Kids Medicaid managed care program and makes conforming changes. The bill also removes requirements for HHSC to provide administrative support to the Interagency Coordinating Group for Faith- and Community-Based Initiatives, instead providing that the state agencies that make up the Interagency Coordinating Group provide administrative support as coordinated by the Group’s presiding officer. The bill provides that service on the Interagency Coordinating Group is an additional duty of the office or position by each person designated as a liaison. The bill specifies that the state agencies on the Interagency Coordinating Group must provide administrative support for the Texas Nonprofit Council, as coordinated by the presiding officer of the Group, and that the governor, instead of the executive commissioner, shall appoint the members of the Council, which represent each group or entity’s appropriate sector. The bill provides that one of the representatives of faith-based groups must be a statewide interfaith group. The bill specifies that the Medical Care Advisory Committee include one member who is a representative of a managed care organization.

S.B. 200 requires the executive commissioner to establish and maintain advisory committees across all major areas of the health and human services system and sets out the issue areas to be covered. The bill applies general law requirements governing advisory committee to the committees and requires the executive commissioner to adopt rules in compliance with these requirements and addressing size and quorum requirements, membership provisions, including qualifications, geographic representation, appointment procedures, terms, and the duty to comply with the Open Meetings Act. The bill requires advisory committees to report recommendations to the executive commissioner at an executive council meeting as well as a written report with any policy recommendations to the Legislature. The bill requires HHSC to adopt rules by March 1, 2016 under these provisions.

S.B. 200 requires HHSC to create a master advisory committee calendar for all advisory committee meetings across the health and human services system, to post the master calendar and all meeting materials, as well as to stream advisory committee meetings on its website, and to ensure Internet access in committee meeting rooms.

S.B. 200 requires that HHSC publish in the Texas Register, not later than November 1, 2015, a list of new advisory committees, including advisory committees on areas required by the bill and a list of committees that will not be continued in any form or whose functions will be assumed by a new advisory committee. The bill requires the executive commissioner to ensure that new advisory committees begin operations immediately upon establishment. The bill provides that this section takes effect September 1, 2015.

S.B. 200 provides that Article III, relating to advisory entities, takes effect January 1, 2016.

Combines the Pharmaceutical and Therapeutics Committee and Drug Utilization Review Board

S.B. 200 abolishes the Pharmaceutical and Therapeutics Committee and transfers its functions to the Drug Utilization Review Board and makes conforming changes. The bill redesignates existing law regarding the Medicaid drug utilization review program to adjoin the new statute for the board. The bill details the board's duties; composition; appointment, including requirements for the presiding officer to be a physician elected by voting members of the board and an application process for board membership; terms; and meetings and public comment requirements. The bill provides that managed care representatives may attend quarterly and regular meetings but may not attend executive sessions or access confidential drug pricing information. The bill moves and applies existing provisions for the Pharmaceutical and Therapeutics Committee into the new statute for the Drug Utilization Review Board and makes conforming changes. The bill requires the executive commissioner to consider the clinical efficacy, safety and cost-effectiveness of and any program benefit associated with a product. The bill requires the executive commissioner to adopt rules governing the board's operations, procedures, prohibiting discussion of confidential information and requirements for a board member to present of a summary of clinical efficacy and safety or analysis for drugs under consideration for the preferred drug list provided to the board by a private entity that has contracted with HHSC to provide the information. S.B. 200 requires the summary to be provided in electronic form before consideration of the drug, provides that confidential information be excluded from the summary, and requires the summary to be posted on HHSC's website.

S.B. 200 requires the board, to the extent feasible, to review all drug classes included in the preferred drug lists at least once every 12 months and may recommend inclusions to and exclusions from the lists to ensure the lists provide for a range of clinically effective, safe, cost-effective and medically appropriate drug therapies for diverse segments of the Medicaid and children's health plan program recipients and other affected individuals. The bill requires HHSC to provide administrative support and resources to the board and specifies that advisory committee requirements in general law do not apply to the board. The bill requires that HHSC publicly disclose, immediately after the board's deliberations conclude, each specific drug recommended for or against preferred drug list status for each drug class and post the disclosure on its website not later than 10 business days after board deliberations conclude. The bill sets out requirements for the disclosure. The bill specifies conflict of interest provisions to voting members, instead of all members, and adds language to specify that involvement with an entity to assist in the development of the preferred drug list would constitute a conflict of interest. The bill also provides that terms of members serving on September 1, 2015 expire October 31, 2015. The bill requires the executive commissioner to appoint initial members of the drug utilization board by November 1, 2015, designating as close to one-half of members as possible for terms expiring November 1, 2017 and the remaining members serving terms expiring November 1, 2019. The bill requires the executive commissioner to implement the application process not later than October 1, 2015 before making initial appointments to the board. The bill requires the executive commissioner to adopt or amend rules not later than January 1, 2016.

Repealers

ARTICLE 1. CONSOLIDATION OF HEALTH AND HUMAN SERVICES SYSTEM

Effective September 1, 2016, S.B. 200 repeals the following provisions of the Government Code, including provisions amended by S.B. 219, 84th Legislature, Regular Session, 2015:

- Sec. 531.0235
- Subchapter K, Chapter 531

Effective September 1, 2016, S.B. 200 repeals the following provisions of the Health and Safety Code:

- Sec. 1001.021
- Sec. 1001.022
- Sec. 1001.023
- Sec. 1001.024
- Sec. 1001.025
- Sec. 1001.026
- Sec. 1001.027

Effective September 1, 2016, S.B. 200 repeals the following provisions of the Human Resources Code, including provisions amended by S.B. 219, 84th Legislature, Regular Session, 2015:

- Sec. 40.021
- Sec. 40.022
- Sec. 40.0226
- Sec. 40.024
- Sec. 40.025
- Sec. 40.026
- Sec. 117.002
- Sec. 117.021
- Sec. 117.022
- Sec. 117.023
- Sec. 117.024
- Sec. 117.025
- Sec. 117.026
- Sec. 117.027
- Sec. 117.028
- Sec. 117.029
- Sec. 117.030
- Sec. 117.032
- Sec. 117.051
- Sec. 117.052
- Sec. 117.053
- Sec. 117.054
- Sec. 117.055
- Sec. 117.056
- Sec. 117.072
- Subchapter B, Chapter 161

Effective September 1, 2017, S.B. 200 repeals Section 531.0055(i), Government Code.

Effective September 1, 2017, S.B. 200 repeals the following provisions of the Human Resources Code, including provisions amended by S.B. 219, 84th Legislature, Regular Session, 2015:

- Sec. 161.002
- Sec. 161.051
- Sec. 161.052
- Sec. 161.053
- Sec. 161.054
- Sec. 161.055
- Sec. 161.056

- Sec. 161.072

ARTICLE 2. HEALTH AND HUMAN SERVICES SYSTEM OPERATIONS

S.B. 200 repeals the following provisions of the Government Code, including provisions amended by S.B. 219, 84th Legislature, Regular Session, 2015:

- Sec. 531.02112
- Sec. 531.03131(f) and (g)
- Sec. 2155.144(o)

S.B. 200 repeals Sec. 22.0251(b) of the Human Resources Code, as amended by S.B. 219, 84th Legislature, Regular Session, 2015.

ARTICLE 3. HEALTH AND HUMAN SERVICES SYSTEM ADVISORY ENTITIES

Effective January 1, 2016, S.B. 200 repeals the following provisions of the Government Code, including provisions amended by S.B. 219, 84th Legislature, Regular Session, 2015:

- Sec. 531.074
- Sec. 531.0217(j)
- Sec. 531.02172
- Sec. 531.02173(c)
- Sec. 531.052
- Sec. 531.0571
- Sec. 531.068
- Sec. 531.121(1), (5), and (6)
- Sec. 531.122
- Sec. 531.123
- Sec. 531.1235
- Sec. 531.251
- Subchapter R, Chapter 531
- Subchapter T, Chapter 531
- Sec. 531.904
- Sec. 533.00251(a)(1)
- Sec. 533.00252
- Sec. 533.00255(e) and (f)
- Sec. 533.00285
- Subchapter B, Chapter 533
- Subchapter C, Chapter 533
- Sec. 535.055(f)
- Sec. 535.108
- Sec. 536.001(1)
- Sec. 536.002
- Sec. 536.007(b)

Effective January 1, 2016, S.B. 200 repeals the following provisions of the Health and Safety Code, including provisions amended by S.B. 219, 84th Legislature, Regular Session, 2015:

- Subchapter C, Chapter 32
- Sec. 62.151(e)
- Sec. 62.1571(c)
- Sec. 81.010

- Sec. 92.011
- Subchapter B, Chapter 92
- Chapter 115
- Sec. 1002.001(1)
- Sec. 1002.051
- Sec. 1002.052
- Sec. 1002.053
- Sec. 1002.055
- Sec. 1002.056
- Sec. 1002.057
- Sec. 1002.058
- Sec. 1002.059

Effective January 1, 2016, S.B. 200 repeals Sec. 32.022(e), Human Resources Code, as amended by S.B. 219, 84th Legislature, Regular Session, 2015.

EFFECTIVE DATE

Except as otherwise provided, September 1, 2015.