

BILL ANALYSIS

C.S.H.B. 1915
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Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

There have been calls for an updated state plan on Alzheimer's disease. C.S.H.B. 1915 seeks to address this issue by requiring the Department of State Health Services to develop and implement a state plan for education on and treatment of Alzheimer's disease and related disorders.

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 this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 1915 amends the Health and Safety Code to require the Department of State Health Services (DSHS), using existing resources and programs to the extent possible, to develop and implement a state plan for education on and treatment of Alzheimer's disease and related disorders. The bill requires the plan to include strategies for:

- improving early detection of, reducing disease onset risks for, and improving treatment of Alzheimer's disease and related disorders for specific demographic groups;
- educating health care professionals, caregivers, and the public to increase awareness of Alzheimer's disease and related disorders;
- providing caregiver support;
- advancing basic science and applied research related to Alzheimer's disease and related disorders; and
- collecting and evaluating information on efforts to prevent and treat Alzheimer's disease and related disorders.

The bill requires DSHS to develop the strategies for improving early detection, reducing disease onset risks, and improving treatment in consultation with physicians and other health care providers licensed in Texas who have clinical training and experience in caring for persons with Alzheimer's disease or related disorders. These provisions, including the use of or failure to use any information or materials developed or disseminated under these provisions, do not create a civil, criminal, or administrative cause of action or liability or create a standard of care, obligation, or duty that provides a basis for a cause of action.

C.S.H.B. 1915 requires DSHS, in developing the plan, to seek comments from interested parties and requires DSHS to meet with interested parties at least two times each year to facilitate

comments on and discuss the progress of developing and implementing the plan and to gather information for the report required under the bill's provisions. The bill requires the Health and Human Services Commission, on the request of DSHS, to provide information and comments related to services provided to persons with Alzheimer's disease or related disorders. The bill requires DSHS to conduct a review and modify as necessary the plan at least once every five years and, not later than September 1 of each even-numbered year, to submit to the legislature a report on the development and implementation or the review or modification of the plan. The bill authorizes DSHS to accept gifts and grants from any source to fund the duties of DSHS under the bill's provisions.

EFFECTIVE DATE

September 1, 2019.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 1915 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute does not include a requirement for the state plan to include best practices.

The substitute includes a requirement for DSHS to develop certain strategies in consultation with licensed physicians and health care providers who have clinical training and experience in caring for persons with Alzheimer's disease or related disorders.

The substitute includes a provision establishing that certain provisions of the bill do not create a civil, criminal, or administrative cause of action or liability or create a standard of care, obligation, or duty that provides a basis for a cause of action.

The substitute changes certain details regarding the health care providers from whom DSHS is required to seek comments.