

## **BILL ANALYSIS**

C.S.S.B. 984  
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Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Among the many shortfalls that became evident in the state's response to the COVID-19 pandemic, two of the most notable were the lack of guidance and participation from the Task Force on Infectious Disease Preparedness and Response, which was designed to help plan for such a disaster, and the absence of demographic data being reported when needed most. Prior to the onset of the pandemic, the task force had not met since 2018, and during the pandemic trauma service areas could not appropriately plan for surges as they had little to no real-time insight as to what groups of patients were taking up hospital beds in their regions. C.S.S.B. 984 seeks to address these issues and help ensure Texas is better prepared to respond to a future public health disaster by including an epidemiologist in the task force's membership, requiring the task force to meet at least annually, and providing for the collection and reporting of certain data by a trauma service area regional advisory council.

### **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 SECTION 1 of this bill.

### **ANALYSIS**

C.S.S.B. 984 amends the Health and Safety Code to require each trauma service area regional advisory council to collect from each hospital located in the council's trauma service area the de-identified health care data, including demographic data, necessary for the state and the area to effectively plan for and respond to public health disasters and communicable or infectious disease emergencies in Texas. The bill requires the executive commissioner of the Health and Human Services Commission by rule to prescribe the data each council must collect. The bill requires a council to do the following:

- provide the collected data to the Department of State Health Services (DSHS); and
- make the data publicly available by posting the data on the council's website or, if the council does not maintain a website, by providing the data in writing on request.

Information collected or maintained under these provisions that identifies a patient is confidential and exempt from disclosure under state public information law. Implementation by DSHS or a council of these provisions of the bill is mandatory only if a specific appropriation is made for that purpose.

C.S.S.B. 984 requires the governor, not later than January 1, 2022, to appoint to the Task Force on Infectious Disease Preparedness and Response at least one member who is an epidemiologist.

The bill requires the task force to meet at least once each year at a location determined by the task force director.

**EFFECTIVE DATE**

September 1, 2021.

**COMPARISON OF SENATE ENGROSSED AND SUBSTITUTE**

While C.S.S.B. 984 may differ from the engrossed in minor or nonsubstantive ways, the following summarizes the substantial differences between the engrossed and committee substitute versions of the bill.

The substitute omits a requirement included in the engrossed for DSHS to establish a reserve, or regional reserves, of personal protective equipment to support a response to public health disasters and communicable or infectious disease emergencies in Texas if money is appropriated to DSHS for these purposes.

The substitute includes a provision that did not appear in the engrossed establishing that implementation by DSHS or a council of the bill's data collection and reporting provisions is mandatory only if a specific appropriation is made for that purpose.