

SUBJECT: Maintaining tuberculosis services and Texas Center for Infectious Disease

COMMITTEE: Public Health — committee substitute recommended

VOTE: 8 ayes — Gray, Capelo, Delisi, Glaze, Hilderbran, Maxey, McClendon,  
Uresti

0 nays

1 absent — Coleman

WITNESSES: For — Ted Melina Raab, Texas State Employees Union

Against — None

BACKGROUND: The Texas Department of Health (TDH) operates two hospitals that provide tuberculosis services: the Texas Center for Infectious Diseases (TCID) in San Antonio and the South Texas Hospital in Harlingen. Each facility employs about 300 staff. Built in the 1950s, both facilities are at risk of losing accreditation due to aging and deteriorating buildings. The University of Texas System also operates a hospital for tuberculosis and infectious disease at the University of Texas Health Science Center at Tyler.

Tuberculosis (TB) is a highly contagious, crippling, sometimes fatal disease that is transmitted by airborne-infected droplets. The top six risk factors for TB today include: foreign birth, substance abuse, HIV/AIDS, diabetes, incarceration, and homelessness. Most TB is treatable through a comprehensive drug regimen. However, a large number of infected individuals are undiagnosed, may not seek treatment, or may refuse to follow treatment guidelines. Furthermore, health authorities are increasingly concerned about the dangers of new, drug-resistant strains of the disease.

TCID contains 109 beds for TB and other infectious diseases. It is the state's only facility for court-ordered TB quarantines. It also is the nation's largest facility, in terms of beds, for treatment of persons with TB and other infectious diseases. TCID provides laboratory services for research into TB and other infectious diseases, plus women's health care.

Some TCID buildings have been turned over to the Texas Department of

Mental Health and Mental Retardation (MHMR) for a state school for the mentally retarded.

DIGEST:

CSHB 1748 would provide a long-range plan for the Texas Center for Infectious Disease as well as for health care and lab services for tuberculosis and other infectious diseases. It would require the Texas Department of Health either to renovate buildings at TCID or to build new ones, and to build a tuberculosis research lab at the University of Texas Health Science Center at San Antonio to be operated by the University of Texas System.

The bill would require TDH:

- ! to contract for the renovation or construction of new TCID facilities that would meet accreditation and other requirements;
- ! to contract with the UT System for the coordination of medical management of tuberculosis throughout the state by the UT Health Science Center at Tyler;
- ! to collaborate with the U.S. Immigration and Naturalization Service (INS) to develop a formal agreement regarding the transportation of communicable disease patients through INS checkpoints to TCID; and
- ! to the extent possible within available appropriations, to reassign TCID employees displaced by the bill to open positions within TDH.

TDH could contract to provide tuberculosis and communicable infectious diseases health care services with the UT System or any other public or private health care entity.

The UT System would be required build a mycobacterial-mycology research laboratory at the UT Health Science Center at San Antonio to replace the TCID lab, for the study of TB and other related diseases. It would coordinate in the transfer of lab services and employees from TCID. TDH and the General Services Commission would collaborate on leasing and other options for use of old buildings in the event new TCID facilities are built. CSHB 1748 also would provide retirement and annuity options for certain displaced TCID employees.

By September 1, 2000, TDH would have to enter into the contracts required by the bill. CSHB 1748 would take immediate effect if finally passed by a two-thirds record vote of the membership of each house.

SUPPORTERS  
SAY:

CSHB 1748 would help ensure that the vital research and health care currently provided by the Texas Center for Infectious Diseases is continued and that TCID operations are modernized. TCID would serve as the state's hub for clinical expertise in TB. Researchers at the lab are tracking the DNA of drug-resistant TB strains that pose new threats to human health. Funding for this bill is provide in Article 12 of both the House and Senate-engrossed versions of the budget bill.

Tuberculosis has killed and crippled millions throughout its history. The highly contagious nature of tuberculosis demands a coordinated, comprehensive approach to containment and treatment. The emergence of drug-resistant strains of TB, the threat of TB in the prison population, the problems of treating TB when patients are homeless or addicted, all are matters of grave concern.

Texas has about 13,000 individuals with TB. Texas' proximity to the Mexican border states where the TB rate is high, and its economic attractiveness for immigrants from throughout the world, mean that new TB cases will continue to appear at higher rates in Texas than many other areas of the United States. Areas along the Texas border in 1996 reported a rate of 18 TB cases per 100,000 population compared to the statewide average of 10.3 cases. Risk of contagion also is higher in urban areas, where population density is greater.

State policy should address the TB problem, even though the disease, in general, is on a decline. It has only been because of the concerted efforts of health care officials and facilities such as TCID that a turn-around in the new TB epidemic has begun.

The relative inexperience of most physicians and hospitals in recognizing and treating the disease is an additional reason for the state to fund special facilities dedicated to TB research and care. Drug-resistant TB strains can run the costs of treatment as high as \$250,000 per person. Without a coordinated system, costs of treating TB could run even higher. Coordinating existing resources through a single state agency (TDH), would be the most cost-effective way of managing the new TB epidemic, and the best way to safeguard the public.

Due to its central location in San Antonio, TCID is in an ideal spot to receive difficult cases from around the state requiring long-term inpatient care. It also is more convenient for patients from the Rio Grande Valley, where the incidence of TB is higher. Transportation of infectious patients has to be done rapidly in vehicles with special ventilation. Sending these patients further than San Antonio would be impractical.

Outsourcing the responsibilities of TCID to other public or private providers would be difficult. The population requiring inpatient care may be small, but certain individuals are very difficult to treat. They may be unwilling to follow medical orders, or simply not responsible enough to do so. TB is so contagious that many hospitals and providers are hesitant to accept such cases. They may lack the special facilities required to treat these patients. It could be a major challenge to find providers willing to take long-term, difficult-to-treat patients.

Creating a program specifically to reimburse other public or private providers for TB services would essentially involve setting up another indigent care program and could further complicate and fragment state health services funding for the indigent.

**OPPONENTS  
SAY:**

The state should not be making major capital investments for the care and treatment of tuberculosis. Except for a brief spike in the late 1980s and early 1990s, the long-term overall incidence of TB has been declining. Modern treatment methods enable most patients to be treated on an outpatient basis, thus reducing the demand for inpatient beds. TDH estimates that only 5 percent of all Texas TB cases require an eventual inpatient hospital stay.

Texas has some of the best private hospitals and medical-school hospitals in the nation. There is no reason to depend on the Texas Department of Health to coordinate the operations of a hospital in order to maintain TB expertise in this state.

Cases where inpatient treatment was once recommended due to the requirements of the drug regimen may now be treated through Directly Observed Therapy (DOT). In DOT, a health care professional or social worker directly observes each patient taking each prescribed dosage of medication.

Other alternatives to handling TB should be pursued, such as shutting down TCID or leasing its operations to a private or public entity, offering statewide physician TB education and training, and offering TB services reimbursement incentives to existing public and private providers.

OTHER  
OPPONENTS  
SAY:

A major TB inpatient hospital should be located in the border area, where the incidence of TB is the highest in the state.

NOTES:

The committee substitute made the following major changes to the original version of the bill:

- ! authorized the TDH to contract for new construction in addition to renovation;
- ! made permissive TDH contracts with UT System for the provision of health care services;
- ! changed the research lab from a TB research lab to a mycobacterial-mycology lab to deal with all related diseases;
- ! added reference to the role of the General Services Commission; and
- ! allowed UT System to adopt its own rules regarding the laboratory.

HB 3504 by Jim Solis, which would affect the use of the South Texas Hospital, is also on the calendar for today.

HB 3505 by Jim Solis, which would authorize the creation of health services districts and is related to the South Texas Hospital operations, is set for the calendar for Tuesday, April 27.