

**SUBJECT:** Collecting certain data for public health disasters, emergencies

**COMMITTEE:** Public Health — committee substitute recommended

**VOTE:** 8 ayes — Klick, Guerra, Allison, Jetton, Oliverson, Price, Smith, Zwiener  
0 nays  
3 absent — Campos, Coleman, Collier

**SENATE VOTE:** On final passage, April 29 — 31-0, on Local and Uncontested Calendar

**WITNESSES:** For — (*Registered, but did not testify:* Amanda Fredriksen, AARP; Jamaal Smith, City of Houston, Office of the Mayor; Dan Finch, Texas Medical Association; Julie Wheeler, Travis County Commissioners Court)  
  
Against — None  
  
On — (*Registered, but did not testify:* David Gruber, Texas Department of State Health Services)

**BACKGROUND:** Health and Safety Code ch. 81 specifies that it is the duty of the state to protect the public health, including through the prevention and control of communicable disease. Subch. J creates the Task Force on Infectious Disease Preparedness and Response and outlines its purpose, duties, membership, and reporting requirements.  
  
Concerns have been raised that the state lacked guidance and participation from the Task Force on Infectious Disease Preparedness during the COVID-19 pandemic and response and that certain needed demographic data was not being reported, leaving trauma service areas unprepared for surges in patients. Interested parties have called for changes to the task force to ensure Texas is better prepared to respond to future public health disasters and for improvements to be made in the collection and reporting of certain demographic data.

**DIGEST:** CSSB 984 would require a trauma service area regional advisory council to collect certain de-identified health care data from hospitals in its service area and provide that data to the Department for State Health Services (DSHS). The bill also would make certain changes to the composition of the Task Force on Infectious Disease Preparedness and Response.

**Data collection and reporting.** The bill would 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. The executive commissioner of the Health and Human Services Commission would have to prescribe the data each council would be required to collect.

A trauma service regional advisory council would have to provide the data collected to DSHS and make the data publicly available by posting the data on the council's website or, if the council did not maintain a website, providing the data in writing on request. Information collected or maintained under the bill's provisions that identified a patient would be confidential and exempt from disclosure.

**Task force.** The bill would expand the membership of the Task Force on Infectious Disease Preparedness and Response to include at least one member who was an epidemiologist. The governor would have to appoint such a member by January 1, 2022.

CSSB 984 also would require the task force to meet at least once each year at a location determined by the task force director and would continue a requirement for it to meet at other times as the director determined.

**Other provisions.** DSHS or a trauma service area regional advisory council would be required to implement the bill's provisions only if the Legislature appropriated funds specifically for that purpose. If the Legislature did not appropriate such funds, the department or council

could, but would not be required to, implement the bill using other available appropriations.

The bill would take effect September 1, 2021.