

## **BILL ANALYSIS**

Senate Research Center  
82R7786 YDB-F

S.B. 969  
By: Nelson  
Health & Human Services  
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### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Local health officials often learn about funding for public health priorities only weeks or days before funding is allocated, and funding allocation decisions are frequently made without regard to the specific public health needs of the communities.

Local health officials are our boots on the ground in dealing with public health issues such as the spread of infectious diseases, STDs and HIV, and food borne illnesses. They should be involved in setting policy priorities and should have an established means by which to communicate their concerns and suggestions to the Department of State Health Services (DSHS).

S.B. 969 creates a Public Health Funding and Policy Committee (committee) made up of regional health directors, local health departments, public health authorities, and individuals from schools of public health.

The committee will meet at least quarterly (meetings may be via video or teleconference) to define core public health functions all local health departments should provide, evaluate public health in the state and areas that need improvement, identify funding available to perform these functions, and recommend policy priorities for DSHS to use in allocating money available for core public health services.

The committee's policy priorities must be in accordance with prevailing epidemiological evidence, variations in geographic and population needs, best practices, evidenced-based interventions, state and federal law, and federal funding requirements.

The committee must make formal semiannual recommendations to DSHS on the use of funds available exclusively to local health departments to perform core public health functions and on the allocation of the available funds throughout the state.

S.B. 969 requires that the committee provide opportunities for public testimony at least twice a year; requires DSHS to create a plan to transition from a contractual relationship to a cooperative agreement relationship with local health departments; and requires DSHS to file an annual report with the governor, lieutenant governor, and speaker of the house of representatives on the implementation of the committee's funding and policy recommendations and explanations on why they did not implement any of the recommendations.

As proposed, S.B. 969 amends current law relating to the establishment of the Public Health Funding and Policy Advisory Committee within the Department of State Health Services.

### **RULEMAKING AUTHORITY**

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

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Subtitle E, Title 2, Health and Safety Code, by adding Chapter 117, as follows:

## CHAPTER 117. PUBLIC HEALTH FUNDING AND POLICY ADVISORY COMMITTEE

### SUBCHAPTER A. GENERAL PROVISIONS

Sec. 117.001. **DEFINITIONS.** Defines, in this chapter, "commissioner," "committee," "department," "local health department," "local health entity," "local health unit," and "public health district."

Sec. 117.002. **APPLICATION OF SUNSET ACT.** Provides that the Public Health Funding and Policy Advisory Committee (committee) is subject to Chapter 325 (Texas Sunset Act), Government Code. Provides that unless continued in existence as provided by that chapter, the committee is abolished and this chapter expires September 1, 2023.

Sec. 117.003. **APPLICABILITY OF OTHER LAW.** Provides that Chapter 2110 (State Agency Advisory Committees), Government Code, does not apply to the committee.

Sec. 117.004. **ADMINISTRATIVE COSTS.** Authorizes the Department of State Health Services (DSHS) or a local health entity, to the extent that a term or condition of a federal grant or federal law does not limit the use of federal grant money, to use federal grant money to pay the administrative costs incurred by DSHS or the local health entity in implementing and administering this chapter.

[Reserves Sections 117.005-117.050 for expansion.]

### SUBCHAPTER B. ESTABLISHMENT OF COMMITTEE

Sec. 117.051. **ESTABLISHMENT OF COMMITTEE.** Requires the commissioner of state health services (commissioner) to establish the committee within DSHS.

Sec. 117.052. **APPOINTMENT OF MEMBERS.** (a) Requires the commissioner to appoint seven members to the committee. Sets forth the requirements for the members to be appointed to the committee.

(b) Requires the commissioner, in making appointments, to select the members from nominations by associations representing local health departments, county governments, and municipal governments.

Sec. 117.053. **TERMS; VACANCY.** (a) Provides that committee members serve staggered six-year terms, with the terms of two or three members, as applicable, expiring on February 1 of each odd-numbered year.

(b) Requires that, if a vacancy occurs on the committee, a person be appointed to fill the vacancy for the unexpired term in the same manner as the original appointment.

Sec. 117.054. **COMPENSATION AND REIMBURSEMENT.** Provides that a committee member is not entitled to compensation for service on the committee and is not entitled to reimbursement for travel expenses.

Sec. 117.055. **PRESIDING OFFICER.** Provides that the presiding officer is elected by a majority vote of all the committee members.

Sec. 117.056. **MEETINGS.** (a) Requires the committee to meet at least monthly or more frequently at the call of the presiding officer.

(b) Authorizes the committee, to ensure appropriate representation from all areas of this state, to meet by videoconference or telephone conference call. Requires that a meeting held by videoconference or telephone conference call under this subsection comply with the requirements applicable to a telephone conference call

under Sections 551.125(c)-(f) (relating to the requirements governing a telephone conference call), Government Code.

[Reserves Sections 117.057-117.100 for expansion.]

#### SUBCHAPTER C. DUTIES OF COMMITTEE

Sec. 117.101. GENERAL DUTIES OF COMMITTEE. Requires the committee to:

- (1) define and make recommendations to DSHS on the core public health services a local health department should provide in a county or municipality;
- (2) evaluate public health in this state and identify initiatives for areas that need improvement;
- (3) identify all funding sources available for use by local health departments to perform core public health functions;
- (4) recommend policy priorities for DSHS to use in allocating money available for core public health services, in accordance with prevailing epidemiological evidence, variations in geographic and population needs, best practices, and evidence-based interventions related to the populations to be served; state and federal law; and federal funding requirements;
- (5) at least semiannually, make formal recommendations to DSHS on the use of funds available exclusively to local health departments to perform core public health functions and on the allocation of the available funds throughout this state;
- (6) make recommendations to DSHS on transitioning from a contractual relationship with the local health departments to a cooperative agreement relationship with the local health departments; and
- (7) make recommendations to DSHS on methods for fostering a continuous collaborative relationship with local health departments.

Sec. 117.102. PUBLIC TESTIMONY. (a) Requires the committee, at least semiannually, to invite public health stakeholders, including federal public health officials, county and municipal governments, schools of public health at institutions of higher education, and federally qualified health centers, to give oral or written testimony to the committee; and provide opportunities for the general public to give oral or written testimony to the committee.

(b) Requires the committee to consult with key stakeholders to carry out the general duties of the committee.

Sec. 117.103. ANNUAL REPORT. Requires the committee, not later than November 30 of each year, to file a report on the implementation of this chapter with the governor, lieutenant governor, and speaker of the house of representatives.

Sec. 117.104. SUPPORT STAFF. Authorizes local health departments or their designees, using existing administrative, professional, clerical, and other personnel, to assist the committee in the performance of its duties under this chapter.

Sec. 117.105. OPEN MEETINGS ACT. Provides that the committee is subject to Chapter 551 (Open Meetings), Government Code.

[Reserves Sections 117.106-117.150 for expansion.]

#### SUBCHAPTER D. POWERS AND DUTIES OF DEPARTMENT

Sec. 117.151. FUNDING AND POLICY DECISIONS. Requires DSHS to consider the committee's recommendations in making funding and policy decisions related to core public health services, provided the recommendations comply with prevailing epidemiological evidence, variations in geographic and population needs, best practices, and evidence-based interventions related to the populations to be served.

Sec. 117.152. ANNUAL REPORT. Requires DSHS to file an annual report with the governor, lieutenant governor, and speaker of the house of representatives on the implementation of the committee's funding and policy recommendations and an explanation of DSHS's reasons for not implementing any recommendation.

Sec. 117.153. COOPERATIVE AGREEMENT PLAN. Requires DSHS, not later than June 30, 2012, to develop a plan to transition from contractual agreements with the local health departments to cooperative agreements with the local health departments. Requires that the plan include a mechanism to ensure the local health departments are accountable to DSHS for the funds allocated. Provides that this section expires June 30, 2013.

Sec. 117.154. COLLABORATIVE RELATIONSHIP WITH LOCAL HEALTH DEPARTMENTS. Requires DSHS to establish a continuous, collaborative relationship with local health departments.

SECTION 2. Amends Subchapter B, Chapter 1001, Health and Safety Code, by adding Section 1001.0305, as follows:

Sec. 1001.0305. LOCAL HEALTH DEPARTMENT POLICY. Requires DSHS, in developing policy related to funding local health departments as defined by Section 117.001, to consult with the committee established under Chapter 117.

SECTION 3. (a) Requires the commissioner, as soon as practicable after the effective date of this Act but not later than October 1, 2011, to appoint the members of the committee established by Section 117.051, Health and Safety Code, as added by this Act.

(b) Requires the commissioner, not later than the 30th day after the date all members are appointed to the committee as required by Subsection (a) of this section, to call the first meeting of the committee.

(c) Requires the members, at the first meeting of the committee, to draw lots to determine which two members will serve initial two-year terms expiring February 1, 2013, which two members will serve initial four-year terms expiring February 1, 2015, and which three members will serve initial six-year terms expiring February 1, 2017.

SECTION 4. Effective date: September 1, 2011.