

BILL ANALYSIS

Senate Research Center
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S.B. 127
By: Nelson
Health & Human Services
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As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

The majority of public health funding for local and regional health departments is distributed based on historical funding levels rather than factors that reflect local needs such as population density or disease rates. Additionally, there are instances in which staff at local health departments cannot effectively be used to respond to disasters or public health emergencies because of grant contract restrictions. For example, an epidemiologist funded by an immunization grant may not be deployed to respond to a food-borne illness outbreak.

S.B. 127 requires the Department of State Health Services (DSHS), in collaboration with the Public Health Funding and Policy Committee, to develop funding formulas for allocating public health funds to local and regional health departments, evaluate the feasibility of placing a cap on the percentage of administrative costs at local and regional health departments, and determine whether public health functions can be provided more effectively by another entity.

S.B. 127 also requires DSHS to create a policy to give local health departments flexibility in the use of personnel to respond to disasters.

As proposed, S.B. 127 amends current law relating to the creation of certain funding formulas and policies and to certain public health evaluations by 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 Subchapter D, Chapter 1001, Health and Safety Code, by adding Sections 1001.078 and 1001.079, as follows:

Sec. 1001.078. FUNDING FORMULA; PUBLIC HEALTH EVALUATION. (a) Defines "health service region" and "local health department" in this section.

(b) Requires the Department of State Health Services (DSHS), in collaboration with the Public Health Funding and Policy Committee (committee) established under Section 117.051 (Annual Report), to:

(1) develop funding formulas for federal and state funds appropriated to DSHS to be allocated to local health departments and health service regions' regional headquarters, based on population, population density, disease burden, social determinants of health, local efforts to prevent disease, and other relevant factors as determined by DSHS and the committee;

(2) evaluate the feasibility and benefits of placing a cap on the percentage of public health funds that can be used on administrative costs at local health departments and health service regions' regional headquarters; and

(3) evaluate public health functions provided by DSHS, health service regions' regional headquarters, and local health departments and determine if another entity, including a private entity, can provide those functions more effectively.

Sec. 1001.079. PUBLIC HEALTH THREAT POLICY. (a) Defines "local health department" in this section.

(b) Requires DSHS to create a policy to allow a local health department flexibility, to the extent allowed under federal law in the use of personnel and other resources during disaster response activities, outbreaks, and other appropriate public health threats.

SECTION 2. Requires DSHS, not later than October 1, 2014, to:

(1) develop the funding formulas required by Section 1001.078(b)(1), Health and Safety Code, as added by this Act;

(2) submit to the governor, the lieutenant governor, the speaker of the house of representatives, and appropriate standing committees of the legislature a report on the findings required by Sections 1001.078 (b)(2) and (3), Health and Safety Code, as added by this Act; and

(3) create the policy required by Section 1001.079, Health and Safety Code, as added by this Act.

SECTION 3. Effective date: September 1, 2013.