

BILL ANALYSIS

Senate Research Center
87R9288 MCF-F

S.B. 1353
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Health & Human Services
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As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Texas needs better data to improve the equity of the distribution of vaccines. Because Texans do not have equal access to lifesaving immunizations, including the COVID-19 vaccine, some Texans are more likely to suffer and die from preventable diseases. Black, brown, and rural Texans all experience inequities in access to vaccines.

The Department of State Health Services is currently required to submit an immunization report to the legislature every two years. S.B. 1353 adds reporting of immunization administration by race and geography to understand access challenges experienced by communities of color and rural Texas. It adds reporting of immunizations by age to ensure that vulnerable seniors and other medically fragile populations can be appropriately and efficiently vaccinated. S.B. 1353 adds reporting of immunizations by county to ensure that rural communities in Texas are not left out of the distribution of critical vaccines. No personal information will be released to the public. No data may be sold.

As proposed, S.B. 1353 amends current law relating to the biennial legislative report on immunizations issued 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 Section 161.0074(c), Health and Safety Code, as follows:

(c) Requires that the report issued by the Department of State Health Services to the legislature regarding immunizations:

(1)-(9) makes no changes to these subdivisions;

(10) and (11) makes nonsubstantive changes to these subdivisions;

(12) include information by county on the immunization accessibility of residents by age, race, and geographic location, provided the information does not personally identify any individual;

(13) identify and assess disparities in access to immunizations by age, race, and geographic location, including an assessment of immunization accessibility in each county;

(14) include the estimated economic benefit to this state of reducing disparities in immunization accessibility;

(15) include recommendations for reducing disparities in immunization accessibility; and

(16) include recommendations for legislative action to increase immunization rates.

SECTION 2. Effective date: upon passage or September 1, 2021.