

**Department of State Health Services
Council Agenda Memo for State Health Services Council
February 24-25, 2016**

Agenda Item Title: New rules concerning the Maternal Mortality and Morbidity Task Force, the State Child Fatality Review Team Committee, and the Sickle Cell Advisory Committee

Agenda Number: 4.d.

Recommended Council Action:

For Discussion Only

For Discussion and Action by the Council

Background:

The Executive Unit of the Family and Community Health Services (FCHS) Division provides strategic direction and leadership to all units in FCHS, manages division operations, coordinates division-wide major initiatives, responds to legislative inquiries, manages division budgeting, and provides contract and financial oversight.

The FCHS Division is funded by federal funds, general revenue, grants, and interagency agreements.

Summary:

Senate Bill 200 and Senate Bill 277, 84th Legislature, Regular Session, 2015, directed the Executive Commissioner of the Health and Human Services Commission (HHSC) to establish and maintain advisory committees to address major health and human services issues and to adopt rules to govern the advisory committee's purpose, tasks, reporting requirements, and date of abolition. In response to this legislation, HHSC conducted a comprehensive analysis and sought stakeholder input on the continuation of advisory committees. The list of recommendations was posted on the HHSC and DSHS websites for three weeks in September 2015. As part of the health and human services (HHS) system-wide inventory and analysis, the Maternal Mortality and Morbidity Task Force, the State Child Fatality Review Team Committee and the Sickle Cell Advisory Committee have been identified as needing rules.

Maternal Mortality and Morbidity Task Force was created by Senate Bill 495, 83rd Legislature, Regular Session, 2013, which added Health and Safety Code, Chapter 34. This multidisciplinary task force studies and reviews cases of pregnancy-related deaths and trends in severe maternal morbidity and makes recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in the state.

State Child Fatality Review Committee, created by legislation passed in 1995, is a multidisciplinary group comprised of members throughout Texas, whose mission is to reduce the number of preventable child deaths.

Sickle Cell Advisory Committee was abolished by Senate Bill 277, 84th Legislature, Regular Session, 2015; however, as a part of the HHS system-wide analysis, the HHSC Executive Commissioner recommended continuation of the Sickle Cell Advisory Committee in rule. The purpose of this advisory committee is to raise public awareness of sickle cell disease and sickle cell trait.

Key Health Measures:

The proposed new rules are necessary to comply with legislative directives and outline the purpose, tasks, reporting requirements, membership composition, and meeting schedules of the advisory committees.

It is anticipated that the Maternal Mortality and Morbidity Task Force will result in a reduction in the incidence of pregnancy-related deaths and severe maternal morbidity in Texas. The Task Force is required to submit findings and recommendations to DSHS and the legislature by September 1, 2016, and every two years

thereafter. Staff monitor mortality and morbidity rates and will continue to analyze trends. It is anticipated that the State Child Fatality Review Team Committee will result in better strategies to improve child death data collection and analysis, to develop position statements on specific child safety issues, and to research and develop recommendations that will make Texas safer for children. A biennial report based upon data collected by and recommendations made by local Child Fatality Review Teams, as well as the research and recommendations of the State Child Fatality Review Team is submitted to the legislature and made available to the public.

The Sickle Cell Advisory Committee will identify efforts will result in greater public awareness of sickle cell disease and sickle cell trait. The rules require the committee to file an annual written report with the HHSC Executive Commissioner outlining committee actions to accomplish its assigned tasks.

Summary of Input from Stakeholder Groups:

The Family and Community Health Services Division solicited stakeholder input of the rules in person at a meeting of the Maternal Mortality and Morbidity Task Force. A notification about the draft rules for all three committees was sent to stakeholders on Family and Community Health Services email distribution lists.

The Division received input on one section of the State Child Fatality Review Team Committee from 16 stakeholders. The 16 stakeholders provided support that the portion of the rule text, 1(2) *“The committee and its members may participate in legislative activity in the name of the committee. Committee members are not prohibited from representing themselves or other entities in the legislative process,”* should remain in the text.

Proposed Motion:

Motion to recommend HHSC approval for publication of rules contained in agenda item # 4.d.

Approved by Assistant Commissioner/Director: Evelyn Delgado **Date:** 2/3/2016

Presenter: Evelyn Delgado **Program:** Family & Community Health **Phone No.:** 512-776-7321
Services Division

Approved by CPEA: Carolyn Bivens **Date:** 2/4/2016

Title 25. Health Services
Part 1. Department of State Health Services
Chapter 37. Maternal and Infant Health Services
Subchapter R. Advisory Committees
New §§37.401, §37.410, §37.420

Proposed Preamble

The Executive Commissioner of the Health and Human Services Commission (HHSC), on behalf of the Department of State Health Services (department), proposes new §37.401 concerning the Maternal Mortality and Morbidity Task Force, new §37.410 concerning the State Child Fatality Review Committee, and §37.420 concerning the Sickle Cell Advisory Committee.

BACKGROUND AND PURPOSE

Senate Bill (SB) 200 and SB 277, 84th Legislature, Regular Session, 2015, directed the Executive Commissioner of HHSC to establish and maintain advisory committees to address major health and human services issues and to adopt rules to govern the advisory committee's purpose, tasks, reporting requirements, and date of abolition. As part of health and human services (HHS) system-wide inventory and analysis, the Maternal Mortality and Morbidity Task Force, the State Child Fatality Review Team Committee and the Sickle Cell Advisory Committee have been identified for rulemaking.

The Maternal Mortality and Morbidity Task Force is a statutorily-defined multidisciplinary task force within the department. Texas Health and Safety Code, §§34.001 - 34.018, directs this task force to study and review cases of pregnancy-related deaths and trends in severe maternal morbidity, determine the feasibility of the task force studying cases of severe maternal morbidity, and make recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas. New §37.401 describes the operations of the task force including the purpose, tasks, reporting requirements, membership composition, and meeting schedules.

The State Child Fatality Review Team Committee is a statutorily-defined multidisciplinary committee within the department, whose mission is to reduce the number of preventable child deaths. Texas Family Code, §§264.501 - 264.515, directs the State Child Fatality Review Team Committee to meet quarterly to discuss issues related to child risks and safety, to develop strategies to improve child death data collection and analysis, to develop position statements on specific child safety issues, and to research and develop recommendations that will make Texas safer for children. New §37.410 describes the operations of the committee including the purpose, tasks, reporting requirements, membership composition, and meeting schedules. This team has been in existence with regular meetings since 1995.

Senate Bill 277, 84th Legislature, Regular Session, 2015, repealed Texas Health and Safety Code, §33.053, abolishing the Sickle Cell Advisory Committee. As a part of the HHS system-wide analysis, the HHSC Executive Commissioner recommended continuation of the Sickle Cell Advisory Committee in rule. Texas Health and Safety Code, §33.052, directs the department to identify efforts related to the expansion and coordination of education, treatment, and continuity of care programs for individuals with sickle cell trait and sickle cell disease. The purpose of this advisory committee is to raise public awareness of sickle cell disease and sickle cell trait. New §37.420 establishes the committee's purpose, tasks, reporting requirements, membership requirements, membership qualifications and meetings schedules.

SECTION-BY-SECTION SUMMARY

An amendment to the title of Subchapter R, "School Health Advisory Committee," revises the title to "Advisory Committees" to allow for additional advisory committees rules within this subchapter.

New §37.401 establishes the Maternal Mortality and Morbidity Task Force. The new rule (1) identifies the statutory authority for the task force; (2) outlines the task force's purpose; (3) describes tasks; (4) outlines the reporting requirements; (5) gives the date of abolition; (6) establishes membership composition and qualifications; and (7) establishes meeting schedules.

New §37.410 establishes the State Child Fatality Review Team Committee. The new rule (1) identifies the statutory authority for the committee; (2) outlines the committee's purpose; (3) describes tasks; (4) outlines the reporting requirements; (5) establishes membership composition and qualifications; and (6) establishes meeting schedules.

New §37.420 establishes the Sickle Cell Advisory Committee. The new rule (1) identifies the statutory authority for the committee; (2) outlines the committee's purpose; (3) describes tasks; (4) describes reporting requirements; (5) gives the date of abolition; (6) establishes membership composition and qualifications; and (7) establishes meeting schedules.

FISCAL NOTE

Evelyn Delgado, Assistant Commissioner of the Family and Community Health Services Division, has determined that for each year of the first five years that the sections will be in effect, there will be no fiscal implications to state or local governments as a result of enforcing and administering the sections as proposed.

SMALL AND MICRO-BUSINESS IMPACT ANALYSIS

Evelyn Delgado has also determined that there will not be an adverse economic impact on small businesses or micro-businesses required to comply with the sections as proposed. This was determined by interpretation of the rules that small businesses and micro-businesses will not be required to alter their business practices, beyond what is already required by statute, in order to comply with the sections.

ECONOMIC COSTS TO PERSONS AND IMPACT ON LOCAL GOVERNMENT

There are no anticipated costs to persons who are required to comply with the sections as proposed. There is no fiscal impact to local employment.

PUBLIC BENEFIT

Mrs. Delgado has also determined that for each year of the first five years the sections are in effect, the public will benefit from adoption of the sections. The public benefits anticipated as a result of enforcing or administering the sections are (1) a better understanding of the causes and incidences of child deaths in Texas; (2) strategies for reducing the number of preventable child deaths; (3) policy, law and/or practice recommendations for reducing the incidence of pregnancy-related deaths and severe maternal morbidity in Texas; and (4) improved strategies and methods for raising of public awareness related to preventable child deaths, pregnancy related deaths and severe maternal morbidity in Texas, and sickle cell disease and sickle cell trait.

REGULATORY ANALYSIS

The department has determined that this proposal is not a "major environmental rule" as defined by Government Code, §2001.0225. "Major environmental rule" is defined to mean a rule the specific intent of which is to protect the environment or reduce risk to human health from environmental exposure and that may adversely affect, in a material way, the economy, a sector of the economy, productivity, competition, jobs, the environment or the public health and safety of a state or a sector of the state. This proposal is not specifically intended to protect the environment or reduce risks to human health from environmental exposure.

TAKINGS IMPACT ASSESSMENT

The department has determined that the proposal does not restrict or limit an owner's right to his or her property that would otherwise exist in the absence of government action and, therefore, does not constitute a taking under Government Code, §2007.043.

PUBLIC COMMENT

Comments on the proposal may be submitted to Callie Bresette, Family and Community Health Services Division, Department of State Health Services, Mail Code 1920, P. O. Box 149347, Austin, Texas, 78714-9347, or by email at callie.bresette@dshs.state.tx.us. Comments will be accepted for 30 days following publication of the proposal in the *Texas Register*.

LEGAL CERTIFICATION

The Department of State Health Services General Counsel, Lisa Hernandez, certifies that the proposed rules have been reviewed by legal counsel and found to be within the state agencies' authority to adopt.

STATUTORY AUTHORITY

The new rules are authorized by Texas Government Code, §531.012, which requires the department to adopt rules necessary to establish an Advisory Committee, and by Chapter 2110 in general; and Texas Government Code, §531.0055(e), and the Texas Health and Safety Code, §1001.075, which authorize the Executive Commissioner of the Health and Human Services Commission to adopt rules and policies necessary for the operation and provision of health and human services by the department and for the administration of Texas Health and Safety Code, Chapter 1001.

The new rules affect Texas Government Code, Chapters 531 and 2110; and Texas Health and Safety Code, 1001.

Title 25. Health Services.
Part 1. Department of State Health Services.
Chapter 37. Maternal and Infant Health Services.
Subchapter R. Advisory Committees.

Legend: (Proposed New Rules)
Regular Print = Proposed new language

§37.401. Maternal Mortality and Morbidity Task Force.

(a) The committee. The Maternal Mortality and Morbidity Task Force (committee) is appointed under and governed by this section. The committee is established under Texas Health and Safety Code, §§34.001 - 34.018.

(b) Purpose. The purpose of the committee is to study cases of pregnancy-related deaths and trends in severe maternal morbidity and to make recommendations to reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas.

(c) Tasks. The committee:

(1) studies and reviews:

(A) cases of pregnancy-related deaths; and

(B) trends in severe maternal morbidity.

(2) determines the feasibility of the committee studying cases of severe maternal morbidity; and

(3) makes recommendations to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity in Texas.

(d) Reports. No later than September 1 of each even-numbered year, the committee must submit a biennial written report to the Governor, Lieutenant Governor, Speaker of the House of Representatives, and appropriate committees of the Texas Legislature.

(1) The report must include:

(A) the findings of the committee related to their study and review of cases and trends in pregnancy-related deaths and severe maternal morbidity in this state; and

(B) any policy recommendations made to the HHSC Executive Commissioner to help reduce the incidence of pregnancy-related deaths and severe maternal morbidity.

(2) DSHS must disseminate the report to the state professional associations and organizations listed in Texas Health and Safety Code, §34.006(b).

(e) Sunset Provision. The committee is subject to Texas Government Code, Chapter 325, (Texas Sunset Act). Unless continued in existence as provided by that chapter, the committee is abolished and this section expires September 1, 2019.

(f) Composition.

(1) The committee is composed of 15 members:

(A) thirteen members appointed by the DSHS Commissioner:

(i) four physicians specializing in obstetrics, at least one of whom is a maternal fetal medicine specialist;

(ii) one certified nurse-midwife;

(iii) one registered nurse;

(iv) one physician specializing in family practice;

(v) one physician specializing in psychiatry;

(vi) one physician specializing in pathology;

(vii) one epidemiologist, biostatistician, or researcher of pregnancy-related deaths;

(viii) one social worker or social service provider;

(ix) one community advocate in a relevant field; and

(x) one medical examiner or coroner responsible for recording deaths;

(B) a representative of DSHS's family and community health programs; and

(C) the state epidemiologist for DSHS or the epidemiologist's designee.

(2) In appointing members to the committee, the DSHS Commissioner:

(A) includes members working in and representing communities that are diverse with regard to race, ethnicity, immigration status, and English proficiency;

(B) includes members from differing geographic regions in the state, including both rural and urban areas;

(C) endeavors to include members who are working in and representing communities that are affected by pregnancy-related deaths and severe maternal morbidity and by a lack of access to relevant perinatal and intrapartum care services; and

(D) ensures that the composition of the committee reflects the racial, ethnic, and linguistic diversity of Texas.

(g) Terms of office.

(1) Members are appointed for staggered six-year terms, with the terms of four or five members, as appropriate, expiring February 1st of each odd-numbered year.

(2) A committee member may serve more than one term.

(3) If a vacancy occurs, a person is appointed to serve the unexpired portion of that term.

(h) Officers. The DSHS Commissioner appoints from among the committee members a presiding officer.

(1) The presiding officer presides at all committee meetings at which he or she is in attendance, calls meetings in accordance with this section, appoints subcommittees of the committee as necessary, and causes proper reports to be made to the HHSC Executive Commissioner. The presiding officer may serve as an ex officio member of any subcommittee of the committee.

(2) The committee may reference its presiding officer by another term, such as chairperson.

(i) Meetings. The committee meets at least quarterly to conduct business, or at the call of the DSHS Commissioner.

(1) The committee meets at the call of the presiding officer.

(2) Meeting arrangements are made by DSHS staff.

(3) The committee is not a “governmental body” as defined in the Open Meetings Act, Texas Government Code, Chapter 551. Meetings may be conducted in person, through teleconference call, or by means of other technology.

(4) A simple majority of the appointed committee members constitutes a quorum for the purpose of transacting official business.

(5) The committee is authorized to transact official business only when in a legally constituted meeting with a quorum present.

(6) The agenda for each committee meeting must include an opportunity for new business or for any member to address the committee on matters relating to committee business.

(j) Attendance. Members must attend committee meetings as scheduled.

(1) A member must notify the presiding officer or appropriate DSHS staff if he or she is unable to attend a scheduled meeting.

(2) It is grounds for removal from the committee if a member cannot discharge the member’s duties for a substantial part of the term for which the member is appointed because of illness or disability, is absent from more than half of the committee meetings during a calendar year, or is absent from at least three consecutive committee meetings.

(3) The validity of an action of the committee is not affected by the fact that it is taken when grounds for removal of a member exists.

(k) Staff. Staff support for the committee is provided by DSHS staff

(l) Procedures.

(1) Any action taken by the committee must be approved by a majority vote of the members present once quorum is established.

(2) Each member has one vote.

(3) A member may not authorize another individual to represent the member by proxy.

(4) The committee must make decisions in the discharge of its duties without discrimination based on any person's race, creed, gender, religion, national origin, age, physical condition, or economic status.

(5) Minutes of each committee meeting are taken by DSHS staff and approved by the committee at the next scheduled meeting.

(m) Confidentiality.

(1) Any information pertaining to a pregnancy-related death or severe maternal morbidity is confidential.

(2) Confidential information that is acquired by DSHS and that includes identifying information of an individual or health care provider is confidential and may not be disclosed to any person.

(3) Information is not confidential under this section if the information is general information that cannot be connected with any specific individual, case, or health care provider.

(4) The committee may publish statistical studies and research reports based on information that is confidential under this section, provided that the information:

(A) is published in the aggregate;

(B) does not identify a patient or the patient's family;

(C) does not include any information that could be used to identify a patient or the patient's family; and

(D) does not identify a health care provider.

(5) The department will adopt and implement practices and procedures to ensure that information that is confidential under this section is not disclosed in violation of this section.

(6) In accordance with Texas Health and Safety Code §34.009, information in the committee's possession is confidential and excepted from disclosure under the Public Information Act, Texas Government Code Chapter 552.

(7) The committee and DSHS must comply with all state and federal laws and rules relating to the transmission of health information, including the Health Insurance Portability and Accountability Act of 1996 (Pub. L. No. 104-191) and rules adopted under that Act.

(n) Statements by members.

(1) HHSC, DSHS, and the committee are not bound in any way by any statement, recommendation, or action on the part of any committee member, except when a statement or action is in pursuit of specific instructions from HHSC, DSHS, or the committee.

(2) The committee and its members may not participate in legislative activity in the name of HHSC, DSHS, or the committee except with approval through HHSC's legislative process. Committee members are not prohibited from representing themselves or other entities in the legislative process.

(3) A committee member must not accept or solicit any benefit that might reasonably tend to influence the member in the discharge of the member's official duties.

(4) A committee member must not disclose confidential information acquired through his or her committee membership.

(5) A committee member must not knowingly solicit, accept, or agree to accept any benefit for having exercised the member's official powers or duties in favor of another person.

(6) A committee member who has a personal or private interest in a matter pending before the committee must publicly disclose the fact in a committee meeting and may not vote or otherwise participate in the matter. The phrase "personal or private interest" means the committee member has a direct pecuniary interest in the matter but does not include the committee member's engagement in a profession, trade, or occupation when the member's interest is the same as all others similarly engaged in the profession, trade, or occupation.

(o) Reimbursement for expenses.

(1) Members appointed to the committee are not entitled to compensation for service on the committee or reimbursement for travel or other expenses incurred by the member while conducting the business of the committee.

(2) In carrying out its duties, the committee may use technology, including teleconferencing or videoconferencing, to eliminate travel expenses.

§37.410. State Child Fatality Review Team Committee.

(a) The committee. The State Child Fatality Review Team Committee (committee) is appointed under and governed by this section. The committee is established under Texas Family Code, §§264.501 - 264.515.

(b) Purpose. The purpose of the committee is to reduce the number of preventable deaths to children in the State of Texas.

(c) Tasks.

(1) The committee develops an understanding of the causes and incidences of child death in Texas.

(2) The committee identifies procedures within agencies represented on the committee to reduce the number of preventable child deaths.

(3) The committee promotes public awareness and makes recommendations to the Governor and Texas Legislature for changes in law, policy, and practice to reduce the number of preventable child deaths.

(d) Reports.

(1) The committee files a biennial written report with the Governor, Lieutenant Governor, Speaker of the House of Representatives, Texas Department of State Health Services (DSHS), and Texas Department of Family and Protective Services (DFPS) and makes the report available to the public.

(2) The report contains aggregate child fatality data collected by local child fatality review teams, recommendations to prevent child fatalities and injuries, and recommendations to DFPS based on input from the child safety review subcommittee.

(3) The committee shall submit data reports to the Vital Statistics Unit not later than the 30th day after the day on which the review of child fatalities took place.

(e) Composition. The committee is composed of 22 members appointed by the Texas Health and Human Services Commission (HHSC) Executive Commissioner. The committee includes:

- (1) a person appointed by and representing the State Registrar of Vital Statistics;
- (2) a person appointed by and representing the DSHS Commissioner;
- (3) a person appointed by and representing the DSHS Title V Director; and
- (4) the following individuals:
 - (A) a criminal prosecutor involved in prosecuting crimes against children;
 - (B) a sheriff;
 - (C) a justice of the peace;
 - (D) a medical examiner;
 - (E) a police chief;
 - (F) a pediatrician experienced in diagnosing and treating child abuse and neglect;
 - (G) a child educator;
 - (H) a child mental health provider;
 - (I) a public health professional;
 - (J) a child protective services specialist;
 - (K) a sudden infant death syndrome family service provider;
 - (L) a neonatologist;

- (M) a child advocate;
- (N) a chief juvenile probation officer;
- (O) a child abuse prevention specialist;
- (P) a representative of the Texas Department of Public Safety;
- (Q) a representative of the Texas Department of Transportation;
- (R) an emergency medical services provider; and
- (S) a provider of services to, or an advocate for, victims of family violence.

(f) Terms of office. Except as necessary to stagger terms, the term of office for each member is three years.

(1) At the expiration of their terms, members may renew their terms.

(2) The person appointed by and representing the State Registrar of Vital Statistics, the person appointed by and representing the DSHS Commissioner, and the person appointed by and representing the DSHS Title V Director are permanent members of the committee.

(3) An appointment to a vacancy on the committee is made in the same manner as the original appointment.

(g) Officers. The committee selects from its members a presiding officer and an assistant presiding officer.

(1) The presiding officer presides at all committee meetings at which he or she is in attendance and call meetings of the committee.

(2) The assistant presiding officer presides at meetings if the presiding officer is unable to attend.

(h) Meetings.

(1) The committee meets quarterly.

(2) Meeting arrangements are made by DSHS staff.

(3) The committee is a “governmental body” as defined in the Open Meetings Act, Texas Government Code, Chapter 551. Meetings may be conducted in person, through teleconference call, or by means of other technology.

(4) A simple majority of the appointed committee members constitutes a quorum for the purpose of transacting official business.

(5) The committee is authorized to transact official business only when in a legally constituted meeting with quorum present.

(6) The agenda for each committee meeting includes an item entitled public comment under which any person is allowed to address the committee on matters relating to business. The presiding officer may establish procedures for public comment, including a time limit on each comment.

(i) Attendance. Members must attend committee meetings as scheduled.

(1) A member must notify the presiding officer or appropriate DSHS staff if he or she is unable to attend a scheduled meeting.

(2) It is grounds for removal from the committee if a member cannot discharge the member's duties for which the member is appointed because of illness or disability or is absent from more than one committee meeting per year.

(3) A member may give another member voting proxy upon his or her absence.

(j) Staff. Staff support for the committee is provided by DSHS.

(k) Procedures.

(1) Any action taken by the committee must be approved by a majority vote of the members present, once quorum is established.

(2) Each member has one vote unless given proxy by another member.

(3) The committee makes decisions in the discharge of its duties without discrimination based on any person's race, creed, gender, religion, national origin, age, physical condition, or economic status.

(4) Minutes of each committee meeting are taken by DSHS staff and approved by the committee at the next scheduled meeting.

(l) Statement by members.

(1) HHSC, DSHS, and the committee are not bound in any way by any statement, recommendation, or action on the part of any committee member, except when a statement or action is in pursuit of specific instructions from HHSC, DSHS, or the committee.

(2) The committee and its members may not participate in legislative activity in the name of the committee. Committee members are not prohibited from representing themselves or other entities in the legislative process.

(3) A committee member may not accept or solicit any benefit that might reasonably tend to influence the member in the discharge of the member's official duties.

(4) A committee member may not disclose confidential information acquired through his or her committee membership.

(5) A committee member may not knowingly solicit, accept, or agree to accept any benefit for having exercised the member's official powers or duties in favor of another person.

(6) A committee member who has a personal or private interest in a matter pending before the committee must publicly disclose the fact in a committee meeting and may not vote or

otherwise participate in the matter. The phrase “personal or private interest” means the committee member has a direct pecuniary interest in the matter but does not include the committee member’s engagement in a profession, trade, or occupation when the member’s interest is the same as all others similarly engaged in the profession, trade, or occupation.

(m) Reimbursement for expenses. A member of the committee is not entitled to compensation for serving on the committee but is entitled to reimbursement for the member’s travel expenses as provided for in the General Appropriations Act.

(1) Reimbursement for a person serving on the committee is paid from funds appropriated by DSHS.

(2) Reimbursement for other persons serving on the committee shall be paid from funds appropriated to DSHS.

§37.420. Sickle Cell Advisory Committee.

(a) The committee. The Sickle Cell Advisory Committee (committee) is appointed under and governed by this section. The committee is established under Texas Government Code, §531.012.

(b) Applicable law. The committee is subject to Texas Government Code, Chapter 2110, concerning state agency advisory committees.

(c) Purpose. The purpose of the committee is to raise awareness of sickle cell disease and sickle cell trait in Texas.

(d) Tasks.

(1) The committee reviews and suggests methods for raising public awareness of sickle cell disease and sickle cell trait.

(2) The committee recommends two specific strategies in the two-year term to raise public awareness.

(e) Reports.

(1) The committee files an annual written report with the Texas Health and Human Services Commission (HHSC) Executive Commissioner.

(A) The report lists:

(i) the meeting dates of the committee;

(ii) the attendance records of its members;

(iii) a brief description of actions taken by the committee;

(iv) a description of how the committee has accomplished the tasks given to the committee by the Texas Department of State Health Services (DSHS) and HHSC; and

(v) anticipated activities of the committee for the next year.

(B) The report identifies the costs related to the committee, including the cost of DSHS staff time spent in support of the committee's activities and the source of funds used to support the committee's activities.

(C) The report covers the meetings and activities in the immediate preceding fiscal year and is filed with the HHSC Executive Commissioner by the first day of December of the following fiscal year.

(2) The committee reports any recommendations to the HHSC Executive Commissioner at a meeting of the HHSC Executive Council established under Texas Government Code, §531.0051.

(3) The committee files an annual written report with the Texas Legislature of any policy recommendations made to the HHSC Executive Commissioner.

(f) Abolishment. The committee is abolished and this section expires September 1, 2018.

(g) Composition. The committee is composed of seven members appointed by the HHSC Executive Commissioner, including:

(1) two members from community based organizations with experience addressing the needs of individuals with sickle cell disease;

(2) two physicians specializing in hematology;

(3) two members of the public who are either an individual with sickle cell disease or a parent of a person with sickle cell disease or trait; and

(4) one representative from a health professions academic setting.

(h) Terms of office.

(1) The term of office for each member is two years.

(2) If a vacancy occurs, a person is appointed to serve the unexpired portion of that term.

(i) Officers. The committee selects from its members a presiding officer and an assistant presiding officer.

(1) The presiding officer serves until September 1, 2018. The assistant presiding officer serves until September 1, 2018. Both the presiding officer and the assistant presiding officer may holdover until his or her replacement is selected.

(2) The presiding officer presides at all committee meetings at which he or she is in attendance, calls meetings in accordance with this section, appoints subcommittees of the committee as necessary, and causes proper reports to be made to the HHSC Executive Commissioner. The presiding officer may serve as an ex officio member of any subcommittee of the committee.

(3) The assistant presiding officer performs the duties of the presiding officer in case of the absence or disability of the presiding officer. In case the office of presiding officer becomes vacant, the assistant presiding officer serves until the committee selects a new presiding officer.

(4) The committee may reference its officers by other terms, such as chairperson and vice-chairperson.

(j) Meetings. The committee meets three times a year to conduct business.

(1) The committee meets at the call of the presiding officer.

(2) Meeting arrangements are made by DSHS staff.

(3) The committee is a “governmental body” as defined in the Open Meetings Act, Texas Government Code, Chapter 551. Meetings may be conducted in person, through teleconference call, or by means of other technology.

(4) A simple majority of the appointed committee members constitutes a quorum for the purpose of transacting official business.

(5) The committee is authorized to transact official business only when in a legally constituted meeting with a quorum present.

(6) The agenda for each committee meeting includes an opportunity for new business or for any member to address the committee on matters relating to committee business.

(7) The agenda for each committee meeting also includes an item entitled public comment under which any person is allowed to address the committee on matters relating to business. The presiding officer may establish procedures for public comment, including a time limit on each comment.

(k) Attendance. Members must attend committee meetings as scheduled.

(1) A member must notify the presiding officer or appropriate DSHS staff if he or she is unable to attend a scheduled meeting.

(2) It is grounds for removal from the committee if a member:

(A) cannot discharge the member’s duties for a substantial part of the term for which the member is appointed because of illness or disability;

(B) is absent from more than half of the committee meetings during a calendar year; or

(C) is absent from at least three consecutive committee meetings.

(3) The validity of an action of the committee is not affected by the fact that it is taken when grounds for removal of a member exists under paragraph (2) of this subsection.

(l) Staff. Staff support for the committee is provided by DSHS.

(m) Procedures. Roberts Rules of Order are the basis of parliamentary decisions, except where otherwise provided by law or rule.

(1) Any action taken by the committee must be approved by a majority vote of the members present, once quorum is established.

(2) Each member has one vote.

(3) A member may not authorize another individual to represent the member by proxy.

(4) The committee makes decisions in the discharge of its duties without discrimination based on any person's race, creed, gender, religion, national origin, age, physical condition, or economic status.

(5) Minutes of each committee meeting are taken by DSHS staff and approved by the committee at the next scheduled meeting.

(n) Statement by members.

(1) HHSC, DSHS, and the committee are not bound in any way by any statement, recommendation, or action on the part of any committee member, except when a statement or action is in pursuit of specific instructions from HHSC, DSHS, or the committee.

(2) The committee and its members may not participate in legislative activity in the name of HHSC, DSHS, or the committee except with approval through HHSC's legislative process. Committee members are not prohibited from representing themselves or other entities in the legislative process.

(3) A committee member may not accept or solicit any benefit that might reasonably tend to influence the member in the discharge of the member's official duties.

(4) A committee member may not disclose confidential information acquired through his or her committee membership.

(5) A committee member may not knowingly solicit, accept, or agree to accept any benefit for having exercised the member's official powers or duties in favor of another person.

(6) A committee member who has a personal or private interest in a matter pending before the committee must publicly disclose the fact in a committee meeting and may not vote or otherwise participate in the matter. The phrase "personal or private interest" means the committee member has a direct pecuniary interest in the matter but does not include the committee member's engagement in a profession, trade, or occupation when the member's interest is the same as all others similarly engaged in the profession, trade, or occupation.

(o) Reimbursement for expenses. In accordance with the requirements set forth in Texas Government Code Chapter 2110, a committee member may receive reimbursement for the member's expenses incurred for each day the member engages in official committee business if authorized by the General Appropriations Act or budget execution process.