83rd Legislature, Regular Session
Key Legislation Impacting the Department of State Health Services (DSHS)

Center for Health Statistics

HB 1394 (Rep. S. King/Sen. Duncan) – Texas Health Care Information Council (THCIC) Sunset Review

- Subjects THCIC to Sunset Advisory Commission review during the upcoming interim.
- The review should consider whether THCIC meets legislative intent, maintains privacy and security, and whether the data collected is limited to that which is relevant to statutory purposes.
- THCIC is abolished, effective September 1, 2015, unless continued by the Legislature.

HB 1396 (Rep. S. King/Sen. Nelson) – Alcohol and Controlled Substance Statistics

- Requires DSHS and the Department of Family and Protective Services (DFPS) to perform a one-time study on whether either agency keeps specific alcohol and controlled substance statistics related to children, their parents, and DFPS investigations.
- If not, the agencies must determine which of the agencies is best suited to collect this information with the least expense, and at what cost.
- The study must be performed within existing resources, and is due November 1, 2014.

SB 1, Rider 93 – Collection of Emergency Room (ER) Data

- Requires DSHS to collect emergency room data to measure and report on potentially preventable ER visits, including those visits for Mental Health and Substance Abuse Services (MHSA) issues.
- Based on the data, DSHS shall submit a report to the Office of the Governor, Legislative Budget Board (LBB), and the public health oversight committees in both years of the biennium. The first report is due December 31, 2014.

SB 1, Rider 94 – Study and Report on Birthing Centers

- Requires DSHS to collect aggregate data from birthing centers related to the health outcomes of patients and their babies.
- This data will not be collected from midwives who perform at-home births.
- This requirement is only for the 2014-2015 biennium. A legislative report is required by August 31 of each year in the biennium.

Chronic Disease and Wellness

HB 217 (Rep. Alvarado/Sen. Uresti) – Beverages Sold to Students in Public Schools

- Prohibits school districts from selling, in elementary, middle, or junior high schools, beverages with added sweeteners, milk with more than one percent fat, or juices less than 100 percent juice.
- The prohibition does not apply on a day that school is not in session, before the beginning of the breakfast period, after the end of the last instruction period of the day.
- Neither does the prohibition apply to the sale of a beverage to a high school student on a school campus where a high school is co-located with an elementary, middle, or junior high school.

HB 2020 (Rep. Crownover/Sen. Deuell) – Wellness Policies and Programs at State Agencies

- Permits state agencies to develop wellness programs to increase productivity and reduce health insurance costs.
- The programs may include financial incentives for participation, onsite clinic or pharmacy services, and additional wellness policies determined by the agency.
- In awarding a contract for onsite clinic services, agencies are permitted to consider whether applicable businesses are based in Texas.

SB 1, Rider 97 – The Texas Council on Cardiovascular Disease and Stroke

- Appropriates $4.5 million for the Stroke System of Care Coordination (Lone Star Stroke) and $500,000 for the Stroke/STEMI (ST-Segment Elevation Myocardial Infarction) Data Collection.

Family and Community Health Services

SB 66 (Sen. Nelson/Rep. Laubenberg) – State Child Fatality Review Team (SCFRT) and Creation of Protect Our Kids Commission

- Adds members with expertise in Emergency Medical Services (EMS) and family violence victim services to SCFRT and reconciles statutory language on the report to SCFRT practices.
- Changes SCFRT reporting requirements from an annual report to a biennial report, due April 1 of each even-numbered year.
- Creates the Protect Our Kids Commission to study the relationship between child protective services and child welfare services and the rate of child abuse and neglect fatalities.
- Requires commission to submit a report containing findings and recommendations no later than December 1, 2015.

SB 495 (Sen. Huffman/Rep. Walle) – Maternal Mortality and Morbidity Task Force

- Creates a multidisciplinary task force to study maternal mortality and morbidity cases in Texas.

- DSHS is responsible for administering the task force and for preparing a de-identified, statistically-significant cross-section of mortality and morbidity cases for the task force's review.
- DSHS and the task force must submit a joint report of the task force's findings and recommendations to the Governor and Legislature not later than September 1 of each even-numbered year.

SB 872 (Sen. Deuell/Rep. Coleman) – Use of Intergovernmental Transfers (IGTs) Toward County Eligibility for State Assistance for Indigent Health Care

- Allows counties, regardless of their application, documentation, and verification procedures or their eligibility standards, to credit IGTs toward eligibility for state assistance for indigent care if the transfer was made to provide health care.
- Capped at four percent of the counties' general revenue tax levy.

SB 1815 (Sen. Zaffirini/Rep. Zerwas) – Glenda Dawson Donate Texas-Life Registry

- Removes the responsibility of DSHS to contract with non-profit organizations for the purpose of maintaining the statewide donor registry.
- Funding will now flow directly to Organ Procurement Organizations.

SB 1, Rider 82 – Primary Health Care Program (PHC) Contractors

- Prohibits PHC from contracting with providers that would be ineligible to participate in the Texas Women's Health Program (TWHP).

SB 1, Rider 91 – Contingency for Family Planning Services

- $32 million is appropriated to DSHS out of General Revenue (GR) for Family Planning if DSHS does not receive Title X federal funds for the program.
- If Title X is received after the program receives GR, DSHS must transfer an equivalent amount of funding to Health and Human Services Commission (HHSC) Strategy B.1.3, Pregnant Women.
- None of the funds appropriated can be used to pay providers who would be ineligible to participate in the TWHP.

Infectious Disease

SB 62 (Sen. Nelson/Rep. Laubenberg) – Bacterial Meningitis Vaccine Requirements for College Students

- Limits the applicability of the bacterial meningitis vaccine requirement for entering college students to those students 21 years old and younger. Previously, the requirement applied to students 29 years old and younger.
- DSHS must implement a secure web-based process for exemptions for reasons of conscience at public junior colleges.
- DSHS must annually report to the Legislature the number of exemption forms requested through the electronic process.

SB 63 (Sen. Nelson/Rep. J. Sheffield) – Self-Consent for Minor Parents' Immunizations

- Allows a child to consent to the child's own immunization if the child is pregnant or the child is a parent, with custody, of a child.
- This allowance is limited to childhood vaccines recommended by the Centers for Disease Control and Prevention.
- A written statement by the child would suffice as proof for the vaccine provider.

SB 64 (Sen. Nelson/Rep. Zerwas) – Vaccine Policies for Child Care Facilities

- Requires licensed child care facilities to adopt vaccine-preventable diseases policies for its employees.
- Policies must include consideration of employees' routine and direct exposure to the children, and base which vaccines are required on the amount of risk posed.
- Requires a method of exemption for reasons of conscience.

HB 1690 (Rep. Fletcher/Sen. Nelson) – Enforcement of and EMS Transportation for Control Orders

- Allows peace officers, including sheriffs and constables, to use reasonable force to secure a person or persons subject to a control order for infectious disease to a group, property, or quarantine area, and except as directed by DSHS or Local Health Department, prevent them from leaving or joining the group.
- Authorizes judges to direct a peace officer to prevent a person involuntarily in the Texas Center for Infectious Disease (TCID) or a designated facility from leaving the facility.
- Allows judges to require an EMS provider to transport a person or persons subject to a protective custody or temporary detention order to TCID or a designated facility.

HB 3285 (Thompson/Nelson) – Healthcare-Associated Infection (HAI) – Caused Deaths in Facilities

- Allows DSHS to receive information about deaths resulting from HAIs prior to discharge from health care facilities required to report HAI infections, and requires those facilities to report HAI-caused deaths as part of HAI reporting.
- Requires that this information be posted on the DSHS HAI data site.

Mental Health

SB 58 (Sen. Nelson/Rep. Zerwas) – Integration of Behavioral Health Services into Medicaid Managed Care and Community Collaboratives for Homelessness and Mental Health

- Requires HHSC, to the greatest extent possible, to integrate behavioral health services into the Medicaid managed care program.
- The NorthSTAR service area is exempted.
- Requires HHSC and DSHS to establish a Behavioral Health Integration Advisory Committee to assist in this process.

- Creates a community collaborative grant program to serve persons experiencing homelessness and mental health issues. $25 million is appropriated in SB 1 for this purpose.

SB 126 (Sen. Nelson/Rep. J. Davis) – Mental Health and Substance Abuse Reporting System

- Requires DSHS to create a Mental Health and Substance Abuse Public Reporting System.
    - The system must allow external users to compare the performance, output and outcomes of community centers, Medicaid managed care pilot programs that provide mental health services (NorthSTAR), and entities that contract with the state to provide substance abuse services.
    - Performance, output and outcome measures must be posted on the DSHS website on a quarterly or semi-annual basis.
    - DSHS is required to submit a report to the Legislature on the establishment of the reporting system by December 1, 2014.
- HHSC is required to conduct a study to determine the feasibility of establishing and maintaining the public reporting system, including, to the extent possible, the cost to the state and the impact on managed care organizations and providers of collecting the data by December 1, 2014.

SB 152 (Sen. Nelson/Rep. Kolkhorst) – Interagency Facilities Workgroup Recommendations

- Enacts recommendations from the Interagency Facilities Workgroup responding to the alleged abuse of young patients in the mental health system.
- Requires the Executive Commissioner to adopt a policy requiring the reporting of a fellow employee who is reasonably suspected of using a controlled substance.
- Specifies that required training of new staff at state hospitals must include techniques for improving patient quality of life and promoting patient health and safety, and must cover the conduct expected of state employees.
- DSHS must ensure that all employees receive training by September 1, 2014.
- Requires an information management, reporting, and tracking system for each state hospital to assist with managing serious allegations of abuse, neglect, or exploitation.
- Authorizes DSHS to conduct criminal history checks for individuals expected to be in direct contact with patients.
- Requires the Office of Inspector General to employ peace officers to assist law enforcement agencies with investigation of alleged criminal offenses at state hospitals.
- Funded in SB 1 with $1.3 million.

SB 1185 (Sen. Huffman/Rep. S. Thompson) – Mental Health Jail Diversion Pilot Program in Harris County

- Requires DSHS to establish a mental health diversion pilot program, which will be implemented by the Harris County Judge.
- The County will design and test a criminal justice mental health service model that includes the following elements: low caseload management; multilevel residential services; access to integrated health; mental health and substance abuse services; benefits reacquisition services; and multiple rehabilitation services.
- The pilot program shall seek to give persons with mental health issues access to clinical, housing, and welfare services in the first weeks after release from jail.
- The County Judge must provide resources to serve no less than 200 individuals, but shall endeavor to annually serve between 500 and 600 individuals.
- Authorizes DSHS to inspect the program and requires DSHS to submit an evaluation of the program by December 1, 2016.
- The evaluation must include a description of the project service model, make recommendations on statewide expansion, and compare the rates of recidivism in Harris County before and after the pilot program's implementation.
- SB 1 provides $10 million in General Revenue for this program.
- The pilot project expires on September 1, 2017.

SB 1475 (Sen. Duncan/Rep. Zerwas) – Jail-Based Competency Restoration Pilot Program

- Requires DSHS to implement a jail-based competency restoration pilot program through a contractor in one or two counties.
- A contractor must be nationally certified and demonstrate experience with this type of program, or the contractor must be a local mental health authority.
- The pilot program must: use a multi-disciplinary approach directed toward restoring competency to stand trial; be similar to clinical treatment at inpatient competency restoration programs; employ or contract for at least one psychiatrist; have a staff-to-patient ration of at least 3.7:1; and provide weekly treatment similar to an inpatient program.
- Participating counties must ensure the safety of participating defendants.
- SB 1 appropriates $3.05 million in General Revenue for this program. A report on the program is due on December 1, 2016.
- These provisions expire on September 1, 2017.

HB 1023 (Rep. Burkett/Sen. Nelson) – Mental Health Workforce Report

- Requires HHSC to use existing information and data available through state and nongovernmental entities, and through the Statewide Health Coordinating Council, to complete a report on mental health workforce shortages in Texas.
- HHSC may delegate this report to another Health and Human Services agency.
- Report must include recommendations for improving the mental health workforce, and it must account for the feasibility, costs and benefits, and any needed legislative changes for each recommendation.

HB 2392 (Rep. Menendez/ Sen. Van de Putte) – Veterans' Mental Health Program

- Adds veterans' mental health to DSHS' specific responsibilities in statute.
- A resulting program must include: peer-to-peer counseling; access to licensed mental health practitioners; DSHS-approved training for peers; technical assistance for volunteer coordinators and peers; grants to regional and local organizations providing relevant services; recruitment, retention and screening of community-based therapists; suicide prevention for volunteer coordinators and peers; and veteran jail diversion services, including veterans courts.
- Requires that grants to emphasize direct services to veterans, leverage local resources, and increase the capacity of the veterans' mental health program.
- SB 1 appropriates $4 million in General Revenue for this purpose.
- An annual report is due by December 1 of each year.

HB 3105 (Rep. Morrison/Sen. Deuell) – Limitations in Health Benefit Plans and Health Insurance Policies

- Repeals a section of the Insurance Code that required individual accident and health policies to contain the following statement: "The insurer is not liable for any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any narcotic unless the narcotic is administered on the advice of a physician."
- This makes coverage of these situations optional.

HB 3793 (Rep. Coleman/Sen. Hinojosa) – Local Mental Health Authority (LMHA) Disease Management, Allocation of State Mental Health Hospital Beds and Mental Health First Aid Training

- Expands the services required of LMHAs and the disorders to which they can be applied, to the extent feasible using funds appropriated from the Texas Health Care Transformation and Quality Improvement Program 1115 waiver.
- Requires DSHS and HHSC to collaborate on a plan on the allocation of outpatient and residential mental health services. The plan is due December 31, 2013.
- The plan must include:
    - A determination of the need for outpatient mental health services for both voluntary and committed patients;
    - A determination of the number of inpatient beds needed to serve both populations;
    - A plan for the allocation of sufficient funds to meet the needs of the two populations for outpatient and inpatient services; and
    - A process to address and develop the accessibility and availability of sufficient outpatient and inpatient services for the two populations.
- A follow up report is due by December 1, 2014, and must include an initial version of the plan, the status of its implementation, and the effect on services.
- Requires DSHS to inform courts of all commitment options, including jail diversion and community-based options.

- Requires DSHS to award grants, to the degree funds are available, to LMHAs to contract with DSHS-approved entities to train LMHA employees or contractors as mental health first aid trainers. Grant amounts are capped by statute.
- Additional grants will allow LMHAs to provide mental health first aid training to educators at no cost to the educator, for the purpose of helping educators assist individuals experiencing mental health crises. These grant amounts are also capped in statute.

SB 1, Rider 78 – Mental Health Outcomes and Accountability

- Requires DSHS to withhold ten percent of the quarterly General Revenue allocation from each Local Mental Health Authority for use as a performance-based incentive payment.
- Funds withheld for failure to achieve performance will be used for technical assistance and redistributed as an incentive payment according to a methodology developed by DSHS.

SB 1, Rider 79 – Mental Health Appropriations and the 1115 Medicaid Transformation Waiver

- Directs DSHS to require by contract that appropriations to mental health community strategies in this biennium be used, to the extent possible, to draw down additional federal funds through the 1115 Medicaid Transformation Waiver or other matching opportunities.

SB 1, Rider 80 – 1915(c) Youth Empowerment Services (YES) Waiver Expansion

- Requires that HHSC, in conjunction with DSHS, initiate an expansion of the YES waiver statewide during the biennium, contingent upon approval by the Centers for Medicare and Medicaid Services (CMS).

SB 1, Rider 81 – Home and Community-Based Services

- Provides appropriations to develop a Home and Community-Based Services (HCBS) program for adults with complex needs and extended or repeated state inpatient psychiatric stays.
- Requires DSHS, in collaboration with HHSC, to seek federal approval for a Medicaid 1915(i) state plan amendment to enable federal financial participation, to the extent possible, in the HCBS program.

SB 1, Rider 83 – State Hospital System Long-Term Plan

- Requires DSHS to develop a ten-year plan, due December 1, 2014, for the provision of psychiatric inpatient hospitalization.
- The plan must consider system operational needs, including infrastructure, state-funded hospital capacity, and timely access to patient care in the least restrictive setting as clinically appropriate.
- DSHS must seek public input and coordinate with the Department of Aging and Disability Services (DADS) to ensure coordination of cross-agency issues that impact both state hospitals and state supported living centers.

- Prior to implementation of plan-related improvements, DSHS must submit a request to the Office of the Governor and the LBB, which will be considered as approved unless either office issues written disapproval within 30 business days of the date on which the LBB staff concludes its review and forwards it to the appropriate offices for a decision.

SB 1, Rider 84 – Prevention and Early Identification Mental Health Services for Children

- Related to grant program created by HB 3793.
- Rider 84 specifies that funds be distributed through a request for proposals for entities to educate school staff and/or community members in an evidence-based curriculum focused on awareness of risk factors that lead to emotional disturbance or severe mental illness and available intervention options.
- Funds must be allocated:
    - To train individuals in each region in a manner that maximizes the number of children having direct contact with the trained individuals;
    - In accordance with the greatest needs of each region as identified by the local mental health authority; and
    - In a manner that complements but does not duplicate existing efforts.

SB 1, Rider 87 – State Hospital Staffing

- Requires DSHS to provide a quarterly staffing report to the Office of the Governor, LBB and legislative committees with jurisdiction.
- The report must include information on: turnover; fill rates and use of contractors by state hospital and position type; initiatives to improve recruitment and retention; expenditures on the initiatives; and outcomes.
- Requires a one-time report analyzing staff turnover. The report should include recommendations for interventions to address identified issues, an evaluation of establishing a career ladder, and fiscal information.

SB 1, Rider 92 – Community Mental Health Services Wait List Funding

- Directs DSHS to use $48.2 million in appropriations for community mental health strategies; this eliminates the wait list for community mental health services.
- Requires that unused amounts be allocated to Local Mental Health Authorities with below average per capita funding to increase equity.

SB 1, HHSC Rider 82 – Statewide Mental Health Coordination

- Directs HHSC to allocate one executive-level employee, reporting directly to the Executive Commissioner, to oversee statewide mental health coordination.
- Requires the newly-created position of Statewide Mental Health Coordinator to rely on the DSHS Commissioner's expertise.
- Details that the Statewide Mental Health Coordinator must work with local governments, non-profit mental health entities receiving public health funding, and relevant state agencies.

Newborn Screening

SB 793 (Sen. Deuell/Rep. Laubenberg) – Newborn Hearing Screening

- Removes the term "transfer agreement" from the newborn hearing screening law, thus allowing birthing centers or other facilities to use referrals instead of a formal transfer agreement to fulfill their obligation under the law.
- The bill specifies the entities and practitioners that facilities may refer parents to for a newborn's hearing screening.

HB 740 (Rep. Crownover/Sen. Deuell) – Newborn Screening for Critical Congenital Heart Disease and Other Disorders

- Allows DSHS to authorize a newborn screening test for critical congenital heart disease (CCHD). Cost implications for providers and DSHS must be considered.
- Requires birthing facilities to perform any authorized CCHD screening prior to a newborn's discharge, except in detailed instances.
- Specifies that parents may decline the screening for their newborn.
- Increases the composition of the Newborn Screening Advisory Committee.
- Requires the Committee to advise DSHS on each disorder included in the core and secondary conditions under the Recommended Uniform Screening Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and to review the necessity of requiring additional screening tests.

Preparedness

SB 127 (Sen. Nelson/Rep. S. King) – Local Health Department Funding Formulas

- Requires DSHS to collaborate with the Public Health and Funding Policy Committee to create funding formulas that take into account: population; population density; disease burden; social determinants of health; local efforts to prevent disease; and other relevant factors.
- The formulas must be complete by October 1, 2014.
- Requires DSHS and the committee to evaluate the feasibility of an administrative cap on local health spending.
- Requires DSHS and the committee to evaluate if public health functions can be performed by private entities or entities other than DSHS, Health Service Regions, or Local Health Departments.
- These reports are due by October 1, 2014.
- Requires DSHS to create a policy to give greater flexibility to Local Health Departments during public health threats. The policy must be enacted by October 1, 2014.

SB 171 (Sen. West/Rep. Pickett) – Uniform Applications for Disaster Assistance

- Requires the Texas Department of Emergency Management (TDEM) to put together a workgroup to determine if a uniform application form for assistance following a disaster may be developed.
- Findings, with recommendations, must be reported to the Legislature by September 1, 2014.

HB 746 (Rep. Ashby/Sen. Schwertner) – Uniform Volunteer Health Practitioners Act

- Places limitations on civil liabilities for volunteer medical and veterinary care practitioners during declared emergencies, to allow them to be deployed and practice during disasters within Texas scope of practice laws.
- Requires DSHS to administer the volunteer health practitioner registration system and to ensure a criminal background check and verification of licensing and registration in the volunteer's home state.

Regulatory

SB 8 (Sen. Nelson/Rep. Kolkhorst) SECTION 9 – EMS Provider License Requirements

- Puts in place new requirements for the licensing and regulation of EMS providers.
- Provides that license applicants must:
    - Possess sufficient professional experience and qualifications to provide services;
    - Not have been excluded from participation in the state Medicaid program.
    - hold a letter of approval issued by the applicant's local municipal government or commissioner's court, that verifies the applicant is applying to provide services to the local jurisdiction;
    - Employ a medical director;
    - Provide DSHS with a letter of credit; and
    - Submit for approval by DSHS the name and contact information of the provider's administrator of record, who must the meet new requirements specified in SB 8.
- Provides the grounds for which an EMS provider license can be suspended, revoked, or denied.
- EMS providers directly operated by a governmental entity are exempted from certain requirements.
- DSHS must submit a report no later than December 1 of even numbered years to the Legislature on EMS provider license and regulatory actions.
- Places a moratorium on the issuance of a new EMS provider license for the period beginning on September 1, 2013 and ending on August 31, 2014.

SB 8 (Sen. Nelson/Rep. Kolkhorst) SECTION 13 – Fraud and Abuse Incidence in Medicaid for Non-Emergent Ambulance Services

- Requires HHSC, DSHS, and the Texas Medical Board to:
    - Conduct a thorough review of and solicit stakeholder input regarding the use of non-emergent services provided by ambulance providers under Medicaid; and
    - Make recommendations to the Legislature regarding suggested changes to the law that would reduce the incidence of and opportunities for fraud, waste, and abuse by January 1, 2014.

SB 8 (Sen. Nelson/Rep. Kolkhorst) SECTION 14 – Fraud and Abuse Incidence in Licensure of Nonemergency Transportation Providers

- Requires HHSC, DSHS, and the Texas Medical Board to:
    - Conduct a thorough review of and solicit stakeholder input regarding the laws and policies related to the licensure of nonemergency transportation providers; and
    - Not later than January 1, 2014, make recommendations to the Legislature regarding suggested changes to the law that would reduce the incidence of and opportunities for fraud, waste, and abuse.

SB 347 (Sen. Seliger/Rep. Lewis) – Texas Low-Level Radioactive Waste Disposal Compact Commission Funding and Disposal of Low-Level Radioactive Waste

- Provides that fees not be collected by DSHS for the transport of waste being disposed of at the federal waste disposal facility.
- Allows DSHS to use funds in the General Revenue-Dedicated (GR-D) Perpetual Care Account No. 5096 for first responder training in counties with designated radioactive waste transportation routes.
- Removes the $500,000 cap for fees collected and deposited into the Perpetual Care Account No. 5096.
- Provides that the existing Perpetual Care Account No. 5096 be exclusively for use by DSHS and the newly created account would be for the exclusive use of the Texas Commission on Environmental Quality (TCEQ).
- Suspends DSHS and TCEQ collection of low-level radioactive waste license and transportation fees when the combined balance of the Environmental Radiation and Perpetual Care Account and the Perpetual Care Account No. 5096 reaches $100 million. Fees would be reinstated when the balance reaches $50 million.
- Requires TCEQ and DSHS to update the memorandum of understanding regarding the regulation and oversight of radioactive materials and sources of radiation by January 1, 2014.

SB 944 (Sen. Nelson/Rep. Kolkhorst) – Criminal History Record Checks for Hospital Mental Health Unit Employees

- Requires mental health service units of hospitals licensed in Texas to check the nurse aide registry and run criminal history checks for employees and applicants for employment.

SB 945 (Sen. Nelson/Rep. S. Davis) – Identification Requirements for Direct Care Providers at Hospitals

- Requires hospitals to adopt a policy requiring a health care provider providing direct patient care at the hospital to wear a photo identification badge during all patient encounters, unless precluded by isolation or sterilization protocols.

HB 86 (Rep. Callegari/Sen. Lucio) – Occupational Licensing Review by the Sunset Advisory Commission

- Requires the Sunset Commission, during its review of an agency that licenses an occupation or profession, to consider whether the program serves a meaningful public interest, as defined by the legislation, and provides the least restrictive form of regulation that would protect the public interest.
- Allows members of the Legislature to submit proposed legislation that would create or significantly change a licensing program to the Sunset Commission for review.

HB 729 (Rep. Price/Sen. Deuell) – Access to Criminal History Record Information by Certain Hospitals and Facilities

- Adds students completing clinical training at a hospital to the list of individuals for whom hospitals and other facilities can access criminal history record information.

HB 970 (Rep. E. Rodriguez/Sen. Deuell) – Regulation of Cottage Foods Products and Operations

- Expands the types of foods that may be produced by a cottage food operation and the locations at which such an operation can sell its products.
- Establishes additional regulations regarding the sale of cottage food products.
- Amends current law relating to a local government's authority to regulate cottage food production operations.
- Prevents municipal zoning ordinances from prohibiting use of a home for cottage food production.

HB 1081 (Rep. M. Gonzalez /Sen. Rodriguez) – Study on the Prohibition of Dairy Farming in El Paso County

- Requires that the Texas Animal Health Commission conduct a study regarding the current risk level of bovine tuberculosis in El Paso County, which is currently designated as a movement restriction zone.
- DSHS has been prohibited from issuing a permit to dairy producers located in the movement restriction zone for bovine tuberculosis since 2001.

HB 1376 (Rep. Kolkhorst/Sen. Nelson) – Advertising and Patient Notification of Emergency Room Rates at Certain Emergency Medical Facilities

- Requires hospital-owned-and-operated freestanding emergency medical facilities that bill patients at emergency room rates to advertise as emergency rooms.
- Requires these facilities to notify prospective patients that the facility is an emergency room and charges rates comparable to a hospital emergency room.

HB 1382 (Rep. Simpson/Sen. Deuell) – Food Regulation at Farms and Farmers' Markets

- Prohibits the regulation of food sold to consumers at farms or farmers' markets.
- Provides for sanitary conditions for the preparation and distribution of food at a farm or farmers' market.
- Prohibits the sale of or provision of samples of raw milk or raw milk products at a farmers' market.

HB 1392 (Rep. S. King/Sen. Nelson) – Food Regulation Information Provided by the Department of State Health Services

- Requires DSHS to provide a reasonable and substantial response to inquiries about food regulations within 30 days.
- Requires DSHS to provide an official written determination regarding the applicability of a food regulation to a specific circumstance within 30 days.
- Prohibits an inspector from issuing a citation to a person for a violation of a food regulation if the person provides the inspector with an official determination that contradicts the opinion of the inspector.
- Requires HHSC to periodically review food rules and regulations to better ensure the rules are consistent and are clearly communicated to the public.

HB 1903 (Rep. Eiland/Sen. Williams) – Allocation of Oyster Sales Fees and Penalties Amounts and the Abolishment of the Oyster Advisory Committee

- Abolishes the Oyster Advisory Committee.
- Modifies the use of fees and penalties related to oyster sales and allows the funds to contribute to the support of the oyster shell recovery and replacement program operated under the Parks and Wildlife Code.
- The Comptroller will allocate $100,000 each fiscal year from amounts remaining in the General Revenue-Dedicated Account 5022 Oyster Sales to Texas A&M University at Galveston for studying and analyzing organisms that may be associated with human illness and transmitted through oyster consumption.
- Removes the requirement that funds in the oyster sales account shall first be appropriated for public health activities; funds will now be used for the oyster shell recovery and replacement program, for the Texas A&M activities, and for administrative costs incurred by the Comptroller.

HB 3433 (Rep. Fletcher/Sen. Estes) SECTION 16 – Regulation of Private Security Companies and Occupations

- Requires the DSHS Medical Advisory Board, if requested by the Department of Public Safety, to determine whether an applicant for or a holder of a commission as a security officer is capable of exercising sound judgment with respect to the proper use and storage of a handgun.

HB 3556 (Rep. Kolkhorst/Sen. Nelson) – Licensing and Regulation of Emergency Medical Services Providers

- Adds a licensure provision requiring EMS provider applicants to hold a letter of approval issued from a local government entity.
- Requires emergency ambulance transportation providers to supply DSHS with letters of credit and a surety bond.
- Requires certain providers to provide a surety bond to HHSC.
- Requires DSHS to submit a report no later than December 1 of even numbered years to the Office of the Governor and the Legislature on license and regulatory actions related to EMS providers.

Vital Statistics Unit

SB 1836 (Sen. Deuell/Rep. Zerwas) – Voluntary Donation to Texas Home Visiting Program

- Requires the DSHS Vital Statistics Unit (VSU) to modify its paper and electronic application forms for birth, marriage and divorce records.
- Paper application and electronic request mechanisms (Texas.gov) must include a checkbox for customers to indicate that they wish to donate $5.00 to promote healthy early childhood by supporting the Texas Home Visiting Program.
- Also requires VSU to modify the Application for Marriage License form to include a checkbox for applicants to indicate that they wish to donate $5.00 to promote healthy early childhood by supporting the Texas Home Visiting Program administered by the Office of Early Childhood Coordination of the Health and Human Services Commission.

HB 3253 (Rep. Zerwas/Sen. Nelson) – Death Notations on Birth Certificates

- Allows VSU to notate on a death certificate of a person younger than 55 years old who was born in Texas to reduce potential for fraud.
- Allows faculty members at medical schools access to confidential birth certificate information if the Institutional Review Board and DSHS approve the research plan.

Cross-Program Legislation

SB 1057 (Sen. Nelson/Rep. Zerwas) – Attestation to Lack of Insurance Coverage Prior to Receiving Certain DSHS Services

- Prohibits DSHS from providing health or mental health benefits, services, or assistance without an attestation form indicating that the applicant has no access to those services under a private health care insurance plan.
- If the individual does have access to private health insurance, then the individual shall provide information and authorization for the department to submit a claim for reimbursement from the insurer for the benefit, service or assistance provided.
- DSHS must develop educational materials.
- DSHS may waive the prohibition of services which include in times of crisis or emergency if the service is deemed necessary at that time.

HB 15 (Rep. Kolkhorst/Sen. Nelson) – Neonatal Intensive Care Unit (NICU) Levels of Care Designation

- Requires HHSC to assign levels of care designations to each hospital based on neonatal and maternal services provided pursuant to rules adopted no later than March 1, 2017.
- Designations are linked to Medicaid reimbursement.
- The NICU designation process will be advised by a newly-created Perinatal Advisory Council. Members are appointed by the Executive Commissioner.

SB 1, Rider 75 – Third Party Health Insurance Exchange (HIE) Report

- Requires DSHS to submit a report to the Office of the Governor and LBB by December 1, 2014, regarding:
    - Fiscal and caseload impact of the HIE developed by the federal government on specified programs;
    - Number of attestation forms distributed pursuant to SB 1057;
    - Description of HIE consumer awareness efforts implemented by the programs funded by each strategy; and
    - Overall analysis of these policies with recommendations for maximizing alternative sources of coverage for clients served.

SB 1, Rider 76 – Third Party Health Insurance Exchange Savings and Revenue

- Details the SB 1-assumed savings and revenue gains that agency programs will accrue because of the implementation of a Health Insurance Exchange.
- If actual savings or revenue gains fall below the amounts listed in the rider, DSHS is required to notify the Legislative Budget Board (LBB) at least 30 days prior to a projected deficit in funds.
- If savings or revenue gains exceed the amounts listed, DSHS must request and obtain approval from the Governor and the LBB prior to expending the funds.
    - The request will be considered disapproved unless the Governor or LBB issues a written approval within 15 business days of LBB staff review.

Legislation Affecting State Employees

SB 1459 (Sen. Duncan/Rep. Callegari) – Employee Retirement System (ERS)

- Makes changes to the ERS to strengthen the ERS fund's long-term solvency.
- Several changes apply only to employees hired on or after September 1, 2013.
    - Having to choose between service credit and a lump-sum payment for unused annual leave.
    - Basing a retiree's annuity on the average salary of the 60 highest months rather than the current 36 months.
- Employee contributions to the system are gradually raised from the current 6.5 percent to 7.5 percent.
- Monthly interest on funds in an employee's account is reduced from five percent to two percent, effective January 1, 2014.
- State agencies will be assessed 0.5 percent of payroll.

Information Technology

SB 1597 (Sen. Zaffirini/Rep. Smithee) – State Agency Information Security Plans

- Requires agencies to develop and periodically update state agency information security plans.

HB 3093 (Rep. Elkins/Sen. Zaffirini) – Standardized Agency Contracts for Information Resources Technologies

- Requires the Department of Information Resources to coordinate with its Quality Assurance Team, the state auditor, and the Legislative Budget Board to develop and deploy standardized state agency contracts for information resources technologies acquisition.

Legislation Affecting State Agencies in General

SB 471 (Sen. Ellis/Rep. Harper-Brown) – Open Meetings Act Technology Update

- Updates statutory provisions on open meetings by removing references to "tape" recordings to accommodate use of modern technology.

SB 984 (Sen. Ellis/Rep. Perry) – Government Body Videoconferences

- Allows meetings of a governmental body to proceed by videoconference if the presiding member is physically located at the meeting site, which is open to the public.

SB 1297 (Sen. Watson/Rep. Branch) – Amendments to the Open Meetings Act

- Allows members of a governmental body to discuss public business or policy through electronic methods without violating the Open Meetings Act.
- Such discussion must be in writing and posted to an online public message board in real time.