

HEALTH & SAFETY CODE

CHAPTER 96. RESPIRATORY SYNCYTIAL VIRUS

Sec. 96.001. DEFINITIONS. In this chapter:

(1) "Department" means the Department of State Health Services.

(2) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.

(3) "Health facility" includes:

(A) a general or special hospital licensed by the department under Chapter 241;

(B) a physician-owned or physician-operated clinic;

(C) a publicly or privately funded medical school;

(D) a state hospital or state school maintained and managed by the Department of State Health Services or the Department of Aging and Disability Services;

(E) a public health clinic conducted by a local health unit, health department, or public health district organized and recognized under Chapter 121; and

(F) another facility specified by a rule adopted by the executive commissioner.

(4) "Local health unit" has the meaning assigned by Section 121.004.

(5) "RSV" means respiratory syncytial virus.

Added by Acts 2005, 79th Leg., ch. 152, Sec. 1, eff. Sept. 1, 2005.

Sec. 96.002. CONFIDENTIALITY. (a) Except as specifically authorized by this chapter, reports, records, and information furnished to a department employee or to an authorized agent of the department that relate to cases or suspected cases of a health condition are confidential and may be used only for the purposes of this chapter.

(b) Reports, records, and information relating to cases or suspected cases of health conditions are not public information under Chapter 552, Government Code, and may not be released or made public on subpoena or otherwise except as provided by this chapter.

(c) The department may release medical, epidemiological, or toxicological information:

(1) for statistical purposes, if released in a manner that prevents the identification of any person;

(2) to medical personnel, appropriate state agencies, health authorities, regional directors, and public officers of counties and municipalities as necessary to comply with this chapter and rules relating to the identification, monitoring, and referral of children with RSV; or

(3) to appropriate federal agencies, such as the Centers for Disease Control and Prevention of the United States Public Health Service.

Added by Acts 2005, 79th Leg., ch. 152, Sec. 1, eff. Sept. 1, 2005.

Sec. 96.003. LIMITATION OF LIABILITY. A health professional, a health facility, or an administrator, officer, or employee of a health facility subject to this chapter is not civilly or criminally liable for divulging information required to be released under this chapter, except in a case of gross negligence or wilful misconduct.

Added by Acts 2005, 79th Leg., ch. 152, Sec. 1, eff. Sept. 1, 2005.

Sec. 96.004. COOPERATION OF GOVERNMENTAL ENTITIES. Another state board, commission, agency, or governmental entity capable of assisting the department in carrying out the intent of this chapter shall cooperate with the department and furnish expertise, services, and facilities to the sentinel surveillance program.

Added by Acts 2005, 79th Leg., ch. 152, Sec. 1, eff. Sept. 1, 2005.

Sec. 96.005. SENTINEL SURVEILLANCE PROGRAM. (a) The executive commissioner shall establish in the department a program to:

(1) identify by sentinel surveillance RSV infection in children; and

(2) maintain a central database of laboratory-confirmed cases of RSV that can be used to investigate the incidence, prevalence, and trends of RSV.

(b) In establishing the sentinel surveillance program for RSV, the executive commissioner shall consider:

(1) the number and geographic distribution of children in the state;

(2) the location of health facilities that collect RSV

information locally; and

(3) the use of existing data collected by health facilities.

(c) The executive commissioner shall adopt rules to govern the operation of the program and carry out the intent of this chapter, including rules that specify a system for selecting the demographic areas in which the department collects information.

Added by Acts 2005, 79th Leg., ch. 152, Sec. 1, eff. Sept. 1, 2005.

Sec. 96.006. DATA COLLECTION. (a) To ensure an accurate source of data, the executive commissioner may require a health facility or health professional to make available for review by the department or by an authorized agent medical records or other information that is in the facility's or professional's custody or control and that relates to an occurrence of RSV.

(b) The executive commissioner by rule shall prescribe the manner in which data are reported to the department.

Added by Acts 2005, 79th Leg., ch. 152, Sec. 1, eff. Sept. 1, 2005.

Sec. 96.007. DATABASE. (a) Information collected and analyzed by the department or an authorized agent under this chapter may be placed in a central database to facilitate information sharing and provider education.

(b) The department may use the database to:

(1) design and evaluate measures to prevent the occurrence of RSV and other health conditions; and

(2) provide information and education to providers on the incidence of RSV infection.

Added by Acts 2005, 79th Leg., ch. 152, Sec. 1, eff. Sept. 1, 2005.

Sec. 96.001. DEFINITIONS. In this chapter:

(1) "Arthritis" means a rheumatic disease consisting of the chronic inflammation of joints, muscles, or connective tissue.

(2) "Program" means the arthritis control and prevention program.

Added by Acts 2005, 79th Leg., ch. 326, Sec. 1, eff. Sept. 1, 2005.

Sec. 96.002. ARTHRITIS CONTROL AND PREVENTION PROGRAM. To the extent that money has been appropriated or is otherwise available, the department shall develop and implement an arthritis control and prevention program to:

(1) heighten awareness and enhance knowledge and understanding of arthritis among consumers, health professionals, teachers, and human services providers; and

(2) work to increase and improve community-based services available to persons with arthritis and their families.

Added by Acts 2005, 79th Leg., ch. 326, Sec. 1, eff. Sept. 1, 2005.

Sec. 96.003. NEEDS ASSESSMENT. As part of the program, the department shall work with public and private organizations to assess the current status of arthritis, considering information such as:

(1) mortality and morbidity;

(2) public and professional awareness; and

(3) educational needs for and support services available to people with arthritis.

Added by Acts 2005, 79th Leg., ch. 326, Sec. 1, eff. Sept. 1, 2005.

Sec. 96.004. PUBLIC AWARENESS. (a) The department through the program shall work with public and private organizations to raise public awareness of:

(1) the causes and nature of arthritis;

(2) personal risk factors;

(3) the value of prevention and early detection;

(4) ways to minimize preventable pain; and

(5) options for diagnosing and treating arthritis.

(b) The department may use strategies, including strategies consistent with the National Arthritis Action Plan and other state arthritis planning efforts to heighten public awareness under Subsection (a).

Added by Acts 2005, 79th Leg., ch. 326, Sec. 1, eff. Sept. 1, 2005.

Sec. 96.005. TECHNICAL ASSISTANCE. In implementing the program, the department may:

(1) identify, replicate, and use successful evidence-based arthritis programs; and

(2) obtain relevant materials and services from organizations with appropriate expertise and knowledge of arthritis.

Added by Acts 2005, 79th Leg., ch. 326, Sec. 1, eff. Sept. 1, 2005.

Sec. 96.006. ADMINISTRATIVE PROVISIONS. (a) The department

may enter into contracts or agreements as necessary to carry out this chapter. The contracts or agreements may provide for payment by the state for materials, equipment, and services.

(b) The department may seek, receive, and spend any money received through appropriations, grants, donations, or contributions from public or private sources to develop and implement the program.

(c) The department shall provide and train staff to implement the program.

Added by Acts 2005, 79th Leg., ch. 326, Sec. 1, eff. Sept. 1, 2005.

Sec. 96.007. ARTHRITIS ADVISORY COMMITTEE. (a) The department shall establish and coordinate the Arthritis Advisory Committee. The committee consists of members appointed by the commissioner, including:

- (1) persons with arthritis;
- (2) public health educators or other persons knowledgeable in health education;
- (3) medical experts on arthritis;
- (4) providers of arthritis health care; and
- (5) representatives of national arthritis organizations and their local chapters.

(b) The committee shall advise the department on developing and implementing the program.

(c) A member of the committee receives no additional compensation for serving on the committee and may not be reimbursed for travel or other expenses incurred while conducting the business of the committee.

(d) The committee is not subject to Chapter 2110, Government Code.

Added by Acts 2005, 79th Leg., ch. 326, Sec. 1, eff. Sept. 1, 2005.

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 96.001. DEFINITIONS.

Text of section effective until January 1, 2007

(a) In this chapter:

(1) "Advisory panel" means the Advisory Panel on Health Care Associated Infections.

(2) "Commissioner" means the commissioner of state health services.

(3) "Department" means the Department of State Health Services.

(4) "Health care associated infection" means a localized or symptomatic condition resulting from an adverse reaction to an infectious agent or its toxins to which a patient is exposed in the course of health care delivery.

(5) "Health care facility" means a hospital licensed under Chapter 241 or an ambulatory surgical center licensed under Chapter 243.

(6) "Infection rate" means the number of health care associated infections at a health care facility divided by a numerical measure over time of the population at risk for contracting the infection.

(7) "Process measure" means a measure of a health care facility's compliance with recommended infection control practices.

(b) The advisory panel may modify or define the term "infection rate" as necessary to accomplish the purposes of this chapter.

Added by Acts 2005, 79th Leg., ch. 836, Sec. 3, eff. Sept. 1, 2005.

Sec. 96.002. APPLICABILITY OF OTHER LAW.

Text of section effective until January 1, 2007

Chapter 2110, Government Code, does not apply to the advisory panel created under Subchapter B.

Added by Acts 2005, 79th Leg., ch. 836, Sec. 3, eff. Sept. 1, 2005.

Sec. 96.003. EXPIRATION.

Text of section effective until January 1, 2007

This chapter expires January 1, 2007.

Added by Acts 2005, 79th Leg., ch. 836, Sec. 3, eff. Sept. 1, 2005.

SUBCHAPTER B. ADVISORY PANEL ON HEALTH CARE ASSOCIATED INFECTIONS

Sec. 96.051. ESTABLISHMENT.

Text of section effective until January 1, 2007

The commissioner shall establish the Advisory Panel on Health Care Associated Infections within the regulatory licensing unit of the health care quality section of the department.

Added by Acts 2005, 79th Leg., ch. 836, Sec. 3, eff. Sept. 1, 2005.

Sec. 96.052. MEMBERSHIP.

Text of section effective until January 1, 2007

The advisory panel is composed of 14 members as follows:

- (1) two infection control practitioner members who:
 - (A) are certified by the Certification Board of Infection Control and Epidemiology; and
 - (B) are practicing in hospitals in this state, at least one of which must be a rural hospital;
- (2) two infection control practitioner members who:
 - (A) are certified by the Certification Board of Infection Control and Epidemiology; and
 - (B) are nurses licensed to engage in professional nursing under Chapter 301, Occupations Code;
- (3) three board-certified or board-eligible physician members who:
 - (A) are licensed to practice medicine in this state under Chapter 155, Occupations Code, at least two of whom have active medical staff privileges at a hospital in this state;
 - (B) are active members of the Society for Healthcare Epidemiology of America; and
 - (C) have demonstrated expertise in infection control in health care facilities;
- (4) one member who is a chief executive officer of a hospital licensed under Chapter 241;
- (5) one member who is a chief executive officer of an ambulatory surgical center licensed under Chapter 243;
- (6) three members who:
 - (A) are department employees representing the department in epidemiology and the licensing of hospitals or ambulatory surgical centers; and
 - (B) serve as nonvoting members of the advisory panel; and
- (7) two members who represent the public as consumers.

Added by Acts 2005, 79th Leg., ch. 836, Sec. 3, eff. Sept. 1, 2005.

Sec. 96.053. MEMBER ELIGIBILITY.

Text of section effective until January 1, 2007

A person may not be a member of the advisory panel if the person is required to register as a lobbyist under Chapter 305, Government Code, because of the person's activities for compensation on behalf of a profession related to health care.

Added by Acts 2005, 79th Leg., ch. 836, Sec. 3, eff. Sept. 1, 2005.

Sec. 96.054. OFFICERS.

Text of section effective until January 1, 2007

The members of the advisory panel shall elect a presiding officer and an assistant presiding officer from among the members.

Added by Acts 2005, 79th Leg., ch. 836, Sec. 3, eff. Sept. 1, 2005.

Sec. 96.055. COMPENSATION; EXPENSES.

Text of section effective until January 1, 2007

(a) Except as provided by Subsection (b), a member of the advisory panel is not entitled to compensation for service on the advisory panel and is not entitled to reimbursement for travel expenses.

(b) A member who is a representative of a state agency shall be reimbursed for travel expenses incurred while conducting the business of the advisory panel from the funds of the agency the person represents in accordance with the General Appropriations Act.

Added by Acts 2005, 79th Leg., ch. 836, Sec. 3, eff. Sept. 1, 2005.

Sec. 96.056. VACANCY.

Text of section effective until January 1, 2007

A vacancy on the advisory panel shall be filled by the commissioner.

Added by Acts 2005, 79th Leg., ch. 836, Sec. 3, eff. Sept. 1, 2005.

Sec. 96.057. ABOLISHED.

Text of section effective until January 1, 2007

The Advisory Panel on Health Care Associated Infections is abolished January 1, 2007.

Added by Acts 2005, 79th Leg., ch. 836, Sec. 3, eff. Sept. 1, 2005.

SUBCHAPTER C. POWERS AND DUTIES OF ADVISORY PANEL

Sec. 96.101. GENERAL POWERS AND DUTIES.

Text of section effective until January 1, 2007

(a) The advisory panel, using nationally accepted measures, shall study and recommend definitions and methodologies for collecting and reporting evidence-based data on:

- (1) infection rates;
- (2) process measures; or

(3) both infection rates and process measures.

(b) In developing the recommendations described in Subsection (a), the advisory panel shall consider:

(1) adjusting the reported infection rates to account for the differences in patient populations and for factors outside the control of the health care facility;

(2) standardizing data collection methodology and reporting;

(3) reviewing data collection and reporting systems of other entities related to infection rates, such as the National Nosocomial Infections Surveillance System of the federal Centers for Disease Control and Prevention;

(4) reviewing data collection and reporting systems of other entities related to process measures, such as the Joint Commission on Accreditation of Healthcare Organizations or the Centers for Medicare and Medicaid Services;

(5) maximizing the efficient use of the resources required for health care facilities to conduct required surveillance and reporting;

(6) recognizing the potential unintended consequences of public reporting that is poorly designed or executed and that may diminish the overall quality of this state's health care or mislead or fail to protect health care consumers who use the data; and

(7) providing additional benefits to health care consumers.

Added by Acts 2005, 79th Leg., ch. 836, Sec. 3, eff. Sept. 1, 2005.

Sec. 96.102. REPORT TO LEGISLATURE.

Text of section effective until January 1, 2007

(a) Not later than November 1, 2006, the commissioner shall file a report with the presiding officer of each house of the legislature on the advisory panel's recommendations for legislation regarding the collection and reporting of infection rates, process measures, or both.

(b) The report shall include a recommendation that the legislation set September 1, 2007, as the date for hospitals and ambulatory surgical centers to comply with the legislation.

Added by Acts 2005, 79th Leg., ch. 836, Sec. 3, eff. Sept. 1, 2005.