

1-1 By: Lucio S.B. No. 1680
1-2 (In the Senate - Filed March 9, 2017; March 22, 2017, read
1-3 first time and referred to Committee on Health & Human Services;
1-4 April 27, 2017, reported adversely, with favorable Committee
1-5 Substitute by the following vote: Yeas 9, Nays 0; April 27, 2017,
1-6 sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	<u>Schwertner</u>	X		
1-10	<u>Uresti</u>	X		
1-11	<u>Buckingham</u>	X		
1-12	<u>Burton</u>	X		
1-13	<u>Kolkhorst</u>	X		
1-14	<u>Miles</u>	X		
1-15	<u>Perry</u>	X		
1-16	<u>Taylor of Collin</u>	X		
1-17	<u>Watson</u>	X		

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 1680 By: Watson

1-19 A BILL TO BE ENTITLED
1-20 AN ACT

1-21 relating to a task force of border health officials.
1-22 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
1-23 SECTION 1. Subtitle F, Title 2, Health and Safety Code, is
1-24 amended by adding Chapter 120 to read as follows:

1-25 CHAPTER 120. TASK FORCE OF BORDER HEALTH OFFICIALS

1-26 SUBCHAPTER A. GENERAL PROVISIONS

1-27 Sec. 120.001. DEFINITIONS. In this chapter:

1-28 (1) "Border region" means the area consisting of the
1-29 counties immediately adjacent to the international boundary
1-30 between the United States and Mexico.

1-31 (2) "Task force" means the Task Force of Border Health
1-32 Officials.

1-33 Sec. 120.002. SUNSET PROVISION. The task force is subject
1-34 to Chapter 325, Government Code (Texas Sunset Act). Unless
1-35 continued in existence as provided by that chapter, the task force
1-36 is abolished and this chapter expires September 1, 2029.

1-37 SUBCHAPTER B. POWERS AND DUTIES

1-38 Sec. 120.051. TASK FORCE; DUTIES. (a) The department
1-39 shall establish the Task Force of Border Health Officials to advise
1-40 the commissioner:

1-41 (1) on policy priorities addressing major issues
1-42 affecting the border region residents' health and health
1-43 conditions;

1-44 (2) on raising public awareness of the issues
1-45 described by Subdivision (1); and

1-46 (3) on other health issues impacting the border region
1-47 as determined by the commissioner, including:

1-48 (A) barriers to accessing health care;
1-49 (B) health problems affecting the region,

1-50 including:

1-51 (i) diabetes;
1-52 (ii) infant mortality;
1-53 (iii) heart disease and stroke;
1-54 (iv) obesity;
1-55 (v) cervical cancer; and
1-56 (vi) communicable diseases, including

1-57 tuberculosis;

1-58 (C) factors that impede access to health care,

1-59 including:

1-60 (i) socioeconomic conditions;

2-1 (ii) linguistic and cultural barriers;
2-2 (iii) low population density; and
2-3 (iv) lack of health insurance;
2-4 (D) surveillance and tracking of communicable
2-5 diseases, environmental factors, and other factors negatively
2-6 influencing health;
2-7 (E) standardization of data to ensure
2-8 compatibility with data collected by border states on both sides of
2-9 the international border with Mexico;
2-10 (F) public health infrastructure that includes
2-11 education and research institutions to train culturally competent
2-12 health care providers;
2-13 (G) establishment of local and regional public
2-14 health programs that build on local resources and maximize the use
2-15 of public dollars to address the needs of the indigent population;
2-16 and
2-17 (H) collaboration and cooperation with Mexican
2-18 counterparts of the task force at the state and federal level, and
2-19 collaboration with federal counterparts in the United States.
2-20 (b) The task force shall study and make recommendations
2-21 relating to the health problems, conditions, challenges, and needs
2-22 of the population in the border region.
2-23 (c) The task force shall submit a report of recommendations
2-24 to the commissioner for short-term and long-term border plans, as
2-25 described by Subchapter C, not later than November 1 of each
2-26 even-numbered year.
2-27 Sec. 120.052. COLLABORATION WITH OFFICE OF BORDER HEALTH.
2-28 The Office of Border Health established under Section 12.071 shall
2-29 provide staff support to the task force and any other assistance as
2-30 needed or required by the task force, if practicable.
2-31 Sec. 120.053. COMPOSITION; TERMS. (a) The task force is
2-32 composed of:
2-33 (1) the health department directors appointed under
2-34 Section 121.033 from:
2-35 (A) each county in the border region; and
2-36 (B) each municipality in the border region that
2-37 has a sister city in Mexico;
2-38 (2) two ex officio nonvoting members who are members
2-39 of the legislature:
2-40 (A) one of whom is appointed by the lieutenant
2-41 governor; and
2-42 (B) one of whom is appointed by the speaker of the
2-43 house of representatives; and
2-44 (3) additional members appointed by the commissioner.
2-45 (b) The commissioner shall designate a chair and vice chair
2-46 of the task force from among the task force members.
2-47 (c) The members appointed by the lieutenant governor and the
2-48 speaker of the house of representatives serve three-year terms.
2-49 Sec. 120.054. MEETINGS. (a) The task force shall meet at
2-50 least quarterly each fiscal year. Members may hold meetings by
2-51 conference calls and through videoconference in accordance with
2-52 Section 551.127, Government Code.
2-53 (b) Section 551.125, Government Code, applies to a meeting
2-54 held by conference call under this section, except that Section
2-55 551.125(b), Government Code, does not apply.
2-56 Sec. 120.055. COMPENSATION AND REIMBURSEMENT. A task force
2-57 member is not entitled to compensation or reimbursement for
2-58 expenses incurred in performing the member's duties.
2-59 SUBCHAPTER C. BORDER HEALTH IMPROVEMENT PLAN
2-60 Sec. 120.101. SHORT-TERM AND LONG-TERM PLANS. (a) The
2-61 task force shall make recommendations to the commissioner for
2-62 short-term and long-term border health improvement plans. The
2-63 short-term plan shall identify health objectives proposed to be
2-64 accomplished before the fourth anniversary of the date the plan is
2-65 adopted. The long-term plan shall identify health objectives
2-66 proposed to be accomplished before the ninth anniversary of the
2-67 date the plan is adopted.
2-68 (b) The commissioner shall review the task force's
2-69 recommendations and, based on those recommendations, recommend

3-1 short-term and long-term border health improvement plans to the
3-2 executive commissioner, identifying specific health objectives
3-3 that may be implemented under existing law.

3-4 (c) The executive commissioner shall adopt short-term and
3-5 long-term border health improvement plans and direct the department
3-6 to implement the portions of the plans that may be implemented
3-7 within existing appropriations under existing law.

3-8 (d) Not later than September 1 of each even-numbered year,
3-9 the executive commissioner shall submit a report detailing the
3-10 actions taken by the task force. The report must include:

3-11 (1) the status of all projects and activities
3-12 involving the health issues described under Section 120.051(a)(3);

3-13 (2) the funding for the expenditures; and

3-14 (3) recommendations for legislation necessary to
3-15 implement the short-term and long-term border health improvement
3-16 plans.

3-17 Sec. 120.102. APPLICATION OF OTHER LAW. Chapter 2110,
3-18 Government Code, does not apply to the task force.

3-19 Sec. 120.103. ASSISTANCE FROM STATE AGENCIES AND POLITICAL
3-20 SUBDIVISIONS. At the request of the task force, a state agency or
3-21 political subdivision of this state may cooperate with the task
3-22 force to the greatest extent practicable to fully implement the
3-23 task force's statutory duties.

3-24 SECTION 2. (a) The commissioner of state health services,
3-25 lieutenant governor, and speaker of the house of representatives
3-26 shall appoint the members of the Task Force of Border Health
3-27 Officials established by this Act not later than October 1, 2017.

3-28 (b) The initial short-term border health improvement plan
3-29 adopted under Section 120.101, Health and Safety Code, as added by
3-30 this Act, must include a border health improvement plan for
3-31 implementation beginning not later than September 1, 2018. The
3-32 Department of State Health Services shall implement the initiatives
3-33 in the short-term border health improvement plan, as directed by
3-34 the executive commissioner of the Health and Human Services
3-35 Commission, not later than September 1, 2022.

3-36 (c) The initial long-term border health improvement plan
3-37 adopted under Section 120.101, Health and Safety Code, as added by
3-38 this Act, must include a border health improvement plan for
3-39 implementation beginning not later than September 1, 2020. The
3-40 Department of State Health Services shall implement the initiatives
3-41 in the long-term border health improvement plan, as directed by the
3-42 executive commissioner of the Health and Human Services Commission,
3-43 not later than September 1, 2027.

3-44 SECTION 3. This Act takes effect immediately if it receives
3-45 a vote of two-thirds of all the members elected to each house, as
3-46 provided by Section 39, Article III, Texas Constitution. If this
3-47 Act does not receive the vote necessary for immediate effect, this
3-48 Act takes effect September 1, 2017.

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