

BILL ANALYSIS

S.B. 1353
By: Miles
Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

It has been suggested that Texas needs better data to improve the equity of the distribution of vaccines. The Department of State Health Services is currently required to submit an immunization report to the legislature every two years. There have been calls to include in this report information regarding patient race and geographic location in an effort to understand access challenges experienced by minority communities and rural Texans. S.B. 1353 seeks to address this issue by expanding the contents of the biennial immunization report to include certain information and recommendations regarding the accessibility of immunizations.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

S.B. 1353 amends the Health and Safety Code to require the biennial immunization report provided by the Department of State Health Services (DSHS), if a public health disaster was declared under the Communicable Disease Prevention and Control Act during the preceding two years, to do the following with respect to immunizations that immunize an individual against the communicable disease subject to the disaster declaration:

- include information by county on the accessibility to the immunizations of county residents by age, race, and geographic location, provided the information does not personally identify any individual;
- identify and assess disparities in access to the immunizations by age, race, and geographic location, including an assessment of immunization accessibility in each county;
- include the estimated economic benefit to the state of reducing disparities in immunization accessibility;
- include recommendations for reducing disparities in immunization accessibility; and
- include recommendations for legislative action to increase immunization rates.

S.B. 1353 requires an immunization record provided by a health care provider to DSHS for inclusion in the immunization registry during a public health disaster declared under the act to contain the race, age, ethnicity, and county of residence of the individual immunized. This requirement applies only to immunizations that immunize an individual against the communicable disease subject to the declaration.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2021.