

SUBJECT: Reporting emergency responder or volunteer exposure to certain diseases

COMMITTEE: Urban Affairs — committee substitute recommended

VOTE: 6 ayes — Alvarado, R. Anderson, Bernal, Elkins, Schaefer, M. White

0 nays

1 absent — Hunter

WITNESSES: For — Januari Leo, Legacy Community Health; Bryan Norris, San Antonio Professional Firefighters Association; (*Registered, but did not testify*: Robert Slanger; Randy Moreno, Austin Firefighters Association; Seth Mitchell, Bexar County Commissioners Court; Chris Jones, Combined Law Enforcement Associations of Texas; David Riggs, Garland Fire Fighters Association; Sean Dailey and Johnny Villareal, Houston Professional Firefighters Association; Aidan Alvarado, Laredo Fire Fighters Association; Will Francis, National Association of Social Workers-Texas Chapter; Chris Monestier, San Antonio Fire Department; Carl Wedige, San Antonio Fire Department; Wayne Delanghe, San Antonio Firefighters Local 624; Margo Cardwell, State Firefighters' and Fire Marshals' Association; Donald Lee, Texas Conference of Urban Counties; Dinah Welsh, Texas EMS, Trauma and Acute Care Foundation; Glenn Deshields, Texas State Association of Fire Fighters; Conrad John, Travis County Commissioners Court; Mike Martinez)

Against — (*Registered, but did not testify*: Jon Weist, City of Irving)

On — (*Registered, but did not testify*: Marilyn Felkner, Department of State Health Services)

BACKGROUND: Health and Safety Code, ch. 81 governs communicable diseases. It contains subchapters which govern reports and reportable diseases, disease control, and tests for AIDS and related disorders.

Current law does not require entities that employ emergency workers or

volunteers to have a designated infection control officer who could coordinate the timely sharing of information in the event of a disease exposure between interested parties, such as the potentially exposed employee and hospitals or other entities performing tests.

DIGEST:

CSHB 2770 would require certain entities to designate an infection control officer and would make a variety of other changes related to infectious diseases.

Infection control officer. The bill would require entities that use the services of an emergency response employee or volunteer to nominate a designated infection control officer and alternate officer. The bill would define “emergency response employee or volunteer” as an individual acting in the course and scope of employment or service as a volunteer as emergency medical service personnel, a peace officer, a detention officer, a county jailer, or a firefighter.

The infection control officer would be required to:

- receive notification of a potential exposure to a reportable disease from a health care facility;
- notify the appropriate health care providers of a potential exposure to a reportable disease;
- act as a liaison between the entity’s emergency response employees or volunteers who may have been exposed to a reportable disease during the course and scope of employment or service as a volunteer and the destination hospital of the patient who was the source of the potential exposure;
- investigate and evaluate an exposure incident to assess the potential risks; and
- monitor follow-up treatment provided to the affected parties.

The bill would make the entity that employed or used the services of an emergency response employee or volunteer responsible for notifying local health authorities regarding the officer’s designation.

The executive commissioner of the Health and Human Services Commission would be required by December 1, 2015, to establish by rule the qualifications for a designated infection control officer, which would have to include that the person be trained as a health care provider or in the control of infectious and communicable diseases.

Other changes. The bill would authorize the release of medical or epidemiological information on cases of actual or suspected disease to a designated infection control officer. It also would require a test related to an arrest in which a peace officer might have been exposed to a person's bodily fluids, and would make the results of that test available to a designated infection control officer.

The bill would require notice of a positive or negative test result for a reportable disease to be provided to an emergency response employee or volunteer and would further define under what circumstances and between whom such information about possible exposure would be shared. It also would entitle emergency response employees or volunteers to receive notice if they were exposed to any disease caused by a select agent or toxin as defined by federal law.

The bill would add HIV or any reportable disease to the list of diseases that would require a test in the event of accidental exposure experienced by an emergency response employee or volunteer as well as adding provisions related to how test results would be communicated. The bill also would specify provisions for the testing and communication of results of a deceased person who died at the scene of an emergency or in transport to a hospital for situations in which an emergency response employee or volunteer may have been exposed.

The bill would authorize the release to the infection control officer of test results for AIDS and related disorders conducted on an emergency response employee or volunteer. A person who might have exposed any emergency response employee or volunteer to HIV could be tested without the person's consent.

The bill would require the Health and Human Services executive commissioner to review the federal Ryan White HIV/AIDS Treatment Extension Act of 2009 or any successor law and any associated regulations and determine whether adopting by rule any part of the federal law or regulations would be in the best interest of the state to further the prevention of communicable disease. If the executive commissioner determined that adopting the federal law or regulations was in the best interest of the state, the executive commissioner would be authorized to adopt by rule adopt all or a part of the federal law or regulations.

The bill would make conforming changes, such as replacing the terms “peace officer” and “medical technician” with emergency response employee or volunteer in relevant sections of code.

The bill would take effect September 1, 2015.