

- SUBJECT:** Creating a task force on infectious disease preparedness and response
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 10 ayes — Crossover, Naishtat, Blanco, Coleman, S. Davis, Guerra, R. Miller, Sheffield, Zedler, Zerwas
- 0 nays
- 1 absent — Collier
- WITNESSES:** For — (*Registered, but did not testify:* Julie Acevedo, Texas Fire Chiefs Association; Darren Whitehurst, Texas Medical Association; Thomas Ratliff, Texas Nurse Practitioners; Casey Smith, United Ways of Texas)
- Against — None
- On — (*Registered, but did not testify:* Marilyn Felkner, Texas Department of State Health Services)
- BACKGROUND:** Some say that cases of Ebola diagnosed in Dallas in 2014 highlighted the need for changes in the state's preparedness in responding to infectious disease.
- DIGEST:** CSHB 2950 would add Subchapter J to Health and Safety Code, ch. 81 to establish a task force on infectious disease preparedness and response.
- Duties.** The task force would advise the Department of State Health Services (DSHS) and would:
- provide expert, evidence-based assessments, protocols, and recommendations related to state responses to infectious diseases, such as Ebola, and a strategic emergency management plan for state and local levels of government;
 - develop a comprehensive plan to ensure that Texas was prepared for the potential of widespread outbreak of infectious diseases and

could provide rapid response to protect the safety and well-being of Texas citizens;

- evaluate available supplies and resources; and
- serve as a reliable and transparent source of information.

The task force would develop the plan using the expertise of medical professionals in Texas and other states and would collaborate with local government and health officials. It would use, as practicable, the Texas Emergency Preparedness Plan, identify various responses necessary in the event of an epidemic, establish a command and control structure, and coordinate with appropriate entities to ensure public awareness and education regarding any pandemic threat.

Members. The commissioner of DSHS would appoint task force members as necessary, including members from relevant state agencies, members with expertise in infectious diseases, and members from Texas higher education institutions. The commissioner would appoint to the task force at least:

- one member representing a local health authority serving a rural area;
- one member representing a local health authority serving an urban area;
- one licensed physician;
- one licensed nurse;
- one emergency medical services personnel; and
- one member representing a hospital.

The commissioner would appoint a director of the task force from among the members.

Meetings. The task force would be required to meet at times and locations determined by the director. The task force could hold a closed meeting to discuss matters that were confidential by state or federal law or to ensure public security or law enforcement needs.

Reports. The task force would be required to report to DSHS, the governor, Legislature, Texas Medical Board, and relevant medical associations as often as necessary to make recommendations for updating protocols for addressing infectious diseases. The task force would make written reports, including legislative recommendations, on December 1 of each even-numbered year.

This bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2015.