

SUBJECT: Reporting emergency responder or volunteer exposure to certain diseases

COMMITTEE: Urban Affairs — favorable, without amendment

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

0 nays

1 absent — Hunter

SENATE VOTE: On final passage, April 23 — 30-0

WITNESSES: (*On House companion bill, HB 2770*)

For — Januari Leo, Legacy Community Health; Bryan Norris, San Antonio Professional Firefighters Association; (*Registered, but did not testify*: 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 and 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; Robert Slanger)

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, which includes disease reporting, disease control measures, and tests for AIDS

and related disorders.

DIGEST: CSHB 2770 would require certain entities to designate an infection control officer and would make other changes related to infectious disease testing and reporting regarding emergency response employees or volunteers.

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 an 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 using current evidence-based information; and
- monitor follow-up treatment provided to the affected employees or volunteers.

The entity that employed or used the services of an emergency response employee or volunteer would be responsible for notifying local health authorities or local health care facilities about the officer’s or alternate 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, at court direction, a test of an arrested person if an emergency response employee or volunteer came in contact with the arrestee's bodily fluids, and would make the results of that test available to a designated infection control officer, who would notify the emergency response employee of the test results.

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 a health care worker or an emergency response employee or volunteer and would add provisions related to how those 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 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.

**SUPPORTERS
SAY:**

SB 1574 would provide additional protection to emergency response workers and volunteers who may be exposed to infectious diseases in the course of their work. The timeliness of testing and communication of results is critical because effective treatment is often time-sensitive. For instance, drugs administered within 72 hours after exposure to HIV can prevent infection. However, these drugs also have significant side effects and should not be administered if they are not needed. The bill would help firefighters, EMS workers, and others determine whether they needed to take such medication following a possible exposure.

Although hospitals already are required to provide reports to local entities, which can then notify potentially exposed individuals, such as firefighters, the process can take many days or even weeks, especially because local health departments usually do not operate around the clock. These delays not only affect health care for exposed employees and volunteers, but also can affect eligibility for certain benefits, such as workers' compensation. The bill would streamline this process and enable workers and volunteers to receive necessary notifications more quickly and directly.

The bill would require the designation of an officer, rather than the creation of a position, and therefore would not add costs to the entities involved. Any additional duties could be absorbed easily by existing staff.

OPPONENTS
SAY:

SB 1574 is unnecessary and could open the door to new requirements that are not needed and could be burdensome. Entities employing emergency response workers already have adequate processes in place to protect their workers and volunteers, including requirements for testing and communicating test results.

OTHER
OPPONENTS
SAY:

SB 1574 would change the definition of reportable diseases for a chapter of the Health and Safety Code, rather than only the definition for reportable diseases as it relates to notification requirements for emergency response employees and volunteers. The list of reportable diseases specific to emergency response employees and volunteers is smaller than the overall list that the Department of State Health Services maintains, so the definition for the chapter should not be limited to only those that apply to emergency response employees and volunteers.

NOTES:

The House companion bill, HB 2770 by Martinez, was placed for second-reading consideration on the May 12 General State Calendar but was not considered.

The House sponsor plans to offer a floor amendment that would define a reportable disease as a disease or condition included in the list of reportable diseases and includes one designated as reportable under Health and Safety Code, sec. 81.048, which outlines notification requirements for emergency response employees or volunteers.