

BILL ANALYSIS

Senate Research Center
82R3839 NAJ-F

S.B. 510
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Health & Human Services
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As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Diabetes is a chronic disease that has reached epidemic proportions nationwide. In San Antonio, the problem is especially high among the Hispanic population and continues to grow. Preventing more cases of diabetes would greatly improve the overall health of the community and reduce medical costs.

S.B. 510 modifies and permanently extends the diabetes mellitus registry pilot program created by H.B. 2132, 80th Legislature, Regular Session, 2007, to include the tracking of diagnosis codes of patients who receive laboratory tests to determine glycosylated hemoglobin levels as submitted by a physician practicing in a participating public health district.

As proposed, S.B. 510 amends current law relating to a voluntary statewide diabetes mellitus registry.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 4 (Section 95.055, Health and Safety Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends the heading to Chapter 95, Health and Safety Code, to read as follows:

CHAPTER 95. DIABETES

SECTION 2. Amends Chapter 95, Health and Safety Code, by designating Sections 95.001, 95.002, 95.003, 95.004, 95.005, and 95.006 as Subchapter A, and adding a heading to Subchapter A, to read as follows:

SUBCHAPTER A. RISK ASSESSMENT FOR TYPE 2 DIABETES

SECTION 3. Amends Section 95.001, Health and Safety Code, to make a conforming change.

SECTION 4. Amends Chapter 95, Health and Safety Code, by adding Subchapter B, as follows:

SUBCHAPTER B. DIABETES MELLITUS REGISTRY

Sec. 95.051. DEFINITIONS. Defines, in this subchapter, "department," "executive commissioner," and "public health district."

Sec. 95.052. APPLICABILITY OF SUBCHAPTER. Provides that this subchapter applies only to a public health district that serves a county that contains a municipality with a population of over one million, and has participated in a diabetes registry pilot program.

Sec. 95.053. DIABETES MELLITUS REGISTRY. (a) Requires the Department of State Health Services (DSHS), in coordination with participating public health districts,

to create and maintain an electronic diabetes mellitus registry to track the glycosylated hemoglobin level of each person who has a laboratory test to determine that level performed at a clinical laboratory in the participating district.

(b) Authorizes a public health district to participate in the diabetes mellitus registry. Provides that a public health district that participates in the registry is solely responsible for the costs of establishing and administering the program in that district.

(c) Requires a physician, except as provided by Subsection (d), practicing in a participating public health district, who, on or after November 1, 2011, orders a glycosylated hemoglobin test for a patient to submit to a clinical laboratory located in the participating public health district the diagnosis codes of a patient along with the patient's sample. Requires the clinical laboratory to submit to the district and DSHS for a patient whose diagnosis codes were submitted with the patient's sample the results of the patient's glycosylated hemoglobin test along with the diagnosis codes provided by the physician for that patient.

(d) Requires a physician who orders a glycosylated hemoglobin test for a patient to provide the patient with a form developed by DSHS that allows the patient to opt out of having the patient's information included in the registry. Requires the physician, if the patient opts out by signing the form, to keep the form in the patient's medical records, and prohibits the physician from submitting to the clinical laboratory the patient's diagnosis codes along with the patient's sample.

(e) Requires DSHS and the participating public health districts to compile results submitted under Subsection (c) in order to track the prevalence of diabetes mellitus among people tested in the district, the level of diabetic control for the patients with diabetes mellitus in each demographic group, the trends of new diagnoses of diabetes mellitus in the district, and the health care costs associated with diabetes mellitus and glycosylated hemoglobin testing, and promote discussion and public information programs regarding diabetes mellitus.

Sec. 95.054. CONFIDENTIALITY. Provides that reports, records, and information obtained under this subchapter are not public health information under Chapter 552 (Public Information), Government Code, and are subject to the confidentiality requirements described by Section 81.046 (Confidentiality), Health and Safety Code.

Sec. 95.055. RULES. Requires the executive commissioner of the Health and Human Services Commission (executive commissioner) to adopt rules to implement this subchapter, including rules to govern the format and method of collecting glycosylated hemoglobin data.

Sec. 95.056. REPORT. Requires DSHS, not later than December 1 of each even-numbered year, to submit to the governor, lieutenant governor, speaker of the house of representatives, and appropriate standing committees of the legislature a report regarding the diabetes mellitus registry that includes an evaluation of the effectiveness of the registry and the number of public health districts voluntarily participating in the registry.

SECTION 5. Requires DSHS, not later than October 1, 2011, to make available on its Internet website the form required under Section 95.053(d), Health and Safety Code, as added by this Act.

SECTION 6. Effective date: September 1, 2011.