

## **BILL ANALYSIS**

Senate Research Center

S.B. 1312  
By: Lucio  
Health & Human Services  
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Enrolled

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

The Task Force of Border Health Officials under the Department of State Health Services (DSHS) reported in 2018 a critical need for the state to assist the Texas border region address the existing gaps of infrastructure and capacity and to better address current and emerging public health threats. One of these threats is the ability to be able to undertake vector control.

Unfortunately, the lack of licensed mosquito control applicators along the region increases the potential health risks. The constant inflow of vectors (mosquito, fleas, and ticks) from the neighboring country of Mexico, as well as illegal food entry and vending exacerbate the potential public health risk in border communities.

The prevalence of illegal dumping of trash, debris, and tires, along with the region's lack of adequate solid waste management, contribute to the border's existing inability to appropriately control vector breeding. New and emerging diseases, such as localized Zika virus, Dengue, and Chikungunya virus increase the risk for birth defects, communicable disease, and additional health challenges to an overstretched local public health departments.

Local health officials report that the region's lack of resources and tax base contributes to their inability to recruit and retain certified vector control personnel. It has been their experience that once individuals become certified as vector control applicators, local health departments tend to lose certified personnel to commercial, private companies because of their inability to compete with higher private salaries.

S.B. 1312 seeks to address these concerns by directing the Texas Department of Agriculture (TDA) to develop a unique noncommercial applicator license for mosquito control in border counties. The bill provides that the license be a restricted based license and only good for state-limited-use pesticides for the limited purpose of mosquito control border counties. To assist local health departments, S.B. 1312 also provides that the licenses have minimal fees and requirements in order to be obtained.

S.B. 1312 also directs DSHS to work with TDA to study the ongoing and potential needs of border counties related to vector-borne and zoonotic diseases, the availability of and capacity for vector mitigation and control, and strategies to improve or develop continuing education and public outreach initiatives for vector-borne and zoonotic disease prevention. (Original Author's/Sponsor's Statement of Intent)

S.B. 1312 amends current law relating to certain programs to prevent vector-borne and zoonotic diseases in border counties; requires an occupational license; and authorizes a fee.

### **RULEMAKING AUTHORITY**

Rulemaking authority is expressly granted to the Texas Department of Agriculture in SECTION 1 (Section 76.1095, Agriculture Code) of this bill.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Subchapter E, Chapter 76, Agriculture Code, by adding Section 76.1095, as follows:

Sec. 76.1095. NONCOMMERCIAL APPLICATOR LICENSE FOR MOSQUITO CONTROL IN BORDER COUNTIES. (a) Requires the Texas Department of Agriculture (TDA) by rule to provide for the issuance of a noncommercial applicator license that authorizes a person to purchase and use restricted-use and state-limited-use pesticides for the limited purpose of mosquito control in a control in a county located along the international border with Mexico. Requires TDA, to the extent practicable, to minimize the fees and other requirements to obtain the license.

(b) Authorizes a person to apply to TDA for an original or renewal noncommercial applicator license described by Subsection (a). Requires a person to apply on forms prescribed by TDA and include a fee in an amount determined by TDA.

(c) Requires TDA to issue a noncommercial applicator license described by Subsection (a) to an applicant who meets the license requirements provided by TDA rule.

(d) Authorizes TDA to solicit and accept gifts, grants, and donations to implement and administer this section. Requires TDA to coordinate with appropriate federal agencies, state agencies, nonprofit organizations, public and private hospitals, institutions of higher education, and private entities in identifying and soliciting funding to implement and administer this section.

SECTION 2. Amends the heading to Subchapter F, Chapter 12, Health and Safety Code, to read as follows:

#### SUBCHAPTER F. BORDER HEALTH

SECTION 3. Amends Subchapter F, Chapter 12, Health and Safety Code, by adding Section 12.072, as follows:

Sec. 12.072 VECTOR-BORNE AND ZOOBOTIC DISEASE MITIGATION IN BORDER COUNTIES. (a) Requires the Department of State Health Services (DSHS), to address vector-borne and zoonotic diseases and standardize practices in counties located along the international border with Mexico, to:

(1) consult with TDA and other appropriate state agencies to study:

(A) the ongoing and potential needs of border counties related to vector-borne and zoonotic diseases;

(B) the availability of and capacity for vector mitigation and control, including increased staffing, equipment, education, and training; and

(C) strategies to improve or develop continuing education and public outreach initiatives for vector-borne and zoonotic disease prevention, including sanitation, removal of standing water, use of repellent, and reporting to health authorities of rashes and other symptoms of vector-borne and zoonotic diseases;

(2) develop rapid local and regional response and support plans for:

(A) ongoing vector-borne and zoonotic disease control activities; and

(B) disasters, including flooding, hurricanes, and outbreaks of vector-borne diseases; and

(3) perform any administrative actions necessary to address the findings from the study described by Subdivision (1) and to implement any appropriate strategies developed under this section.

(b) Authorizes DSHS to solicit and accept gifts, grants, and donations to implement and administer this section. Requires DSHS to coordinate with appropriate federal agencies, state agencies, nonprofit organizations, public and private hospitals, institutions of higher education, and private entities in implementing and administering this section.

SECTION 4. Effective date: upon passage or September 1, 2019.