

AW  
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Chapter 1278

S.B. No. 1574

AN ACT

1  
2 relating to emergency response employees or volunteers and others  
3 exposed or potentially exposed to certain diseases or parasites and  
4 to visa waivers for certain physicians.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

6 SECTION 1. Article 18.22(a), Code of Criminal Procedure, is  
7 amended to read as follows:

8 (a) A person who is arrested for a misdemeanor or felony and  
9 who during the commission of that offense or an arrest following the  
10 commission of that offense causes an emergency response employee or  
11 volunteer, as defined by Section 81.003, Health and Safety Code, [a  
12 peace officer] to come into contact with the person's bodily fluids  
13 shall, at the direction of the court having jurisdiction over the  
14 arrested person, undergo a medical procedure or test designed to  
15 show or help show whether the person has a communicable disease.  
16 The court may direct the person to undergo the procedure or test on  
17 its own motion or on the request of the emergency response employee  
18 or volunteer [peace officer]. If the person refuses to submit  
19 voluntarily to the procedure or test, the court shall require the  
20 person to submit to the procedure or test. Notwithstanding any  
21 other law, the person performing the procedure or test shall make  
22 the test results available to the local health authority and the  
23 designated infection control officer of the entity that employs or  
24 uses the services of the affected emergency response employee or

1 volunteer, and the local health authority or the designated  
2 infection control officer of the affected employee or volunteer  
3 shall notify the emergency response employee or volunteer [~~peace~~  
4 ~~officer~~] of the test result. The state may not use the fact that a  
5 medical procedure or test was performed on a person under this  
6 article, or use the results of the procedure or test, in any  
7 criminal proceeding arising out of the alleged offense.

8 SECTION 2. Section 607.102, Government Code, is amended to  
9 read as follows:

10 Sec. 607.102. NOTIFICATION. An [~~A firefighter or~~  
11 emergency response employee or volunteer, as defined by Section  
12 81.003, Health and Safety Code, [~~medical technician~~] who is exposed  
13 to methicillin-resistant Staphylococcus aureus or a disease caused  
14 by a select agent or toxin identified or listed under 42 C.F.R.  
15 Section 73.3 is entitled to receive notification of the exposure in  
16 the manner prescribed by Section 81.048, Health and Safety Code.

17 SECTION 3. Section 12.0127, Health and Safety Code, is  
18 amended by adding Subsection (c) to read as follows:

19 (c) To the extent allowed by federal law, the department  
20 shall provide an equal opportunity to request a waiver of the  
21 foreign country residence requirement for an individual described  
22 by Subsection (a) who agrees to practice medicine in:

23 (1) an area that the department determines is affected  
24 by an ongoing exposure to a disease that is designated as reportable  
25 under Section 81.048;

26 (2) a medically underserved area; or

27 (3) a health professional shortage area.

1 SECTION 4. Section 81.003, Health and Safety Code, is  
2 amended by adding Subdivisions (1-a) and (1-b) and amending  
3 Subdivision (8) to read as follows:

4 (1-a) "Emergency response employee or volunteer"  
5 means an individual acting in the course and scope of employment or  
6 service as a volunteer as emergency medical service personnel, a  
7 peace officer, a detention officer, a county jailer, or a fire  
8 fighter.

9 (1-b) "Designated infection control officer" means  
10 the person serving as an entity's designated infection control  
11 officer under Section 81.012.

12 (8) "Reportable disease" means a [includes only a]  
13 disease or condition included in the list of reportable diseases  
14 and includes a disease that is designated as reportable under  
15 Section 81.048.

16 SECTION 5. Subchapter A, Chapter 81, Health and Safety  
17 Code, is amended by adding Sections 81.012 and 81.013 to read as  
18 follows:

19 Sec. 81.012. DESIGNATED INFECTION CONTROL OFFICER. (a) An  
20 entity that employs or uses the services of an emergency response  
21 employee or volunteer shall nominate a designated infection control  
22 officer and an alternate designated infection control officer to:

23 (1) receive notification of a potential exposure to a  
24 reportable disease from a health care facility;

25 (2) notify the appropriate health care providers of a  
26 potential exposure to a reportable disease;

27 (3) act as a liaison between the entity's emergency

1 response employees or volunteers who may have been exposed to a  
2 reportable disease during the course and scope of employment or  
3 service as a volunteer and the destination hospital of the patient  
4 who was the source of the potential exposure;

5 (4) investigate and evaluate an exposure incident,  
6 using current evidence-based information on the possible risks of  
7 communicable disease presented by the exposure incident; and

8 (5) monitor all follow-up treatment provided to the  
9 affected emergency response employee or volunteer, in accordance  
10 with applicable federal, state, and local law.

11 (b) The executive commissioner by rule shall prescribe the  
12 qualifications required for a person to be eligible to be  
13 designated as an infection control officer under this section. The  
14 qualifications must include a requirement that the person be  
15 trained as a health care provider or have training in the control of  
16 infectious and communicable diseases.

17 (c) The entity that employs or uses the services of an  
18 emergency response employee or volunteer is responsible for  
19 notifying the local health authorities or local health care  
20 facilities, according to any local rules or procedures, that the  
21 entity has a designated infection control officer or alternate  
22 designated infection control officer.

23 Sec. 81.013. CONSIDERATION OF FEDERAL LAW AND REGULATIONS.

24 The executive commissioner shall review the Ryan White HIV/AIDS  
25 Treatment Extension Act of 2009 (Pub. L. No. 111-87) or any  
26 successor law and any regulations adopted under the law and  
27 determine whether adopting by rule any part of the federal law or

1 regulations is in the best interest of the state to further achieve  
2 the purposes of this chapter. If the executive commissioner  
3 determines that adopting the federal law or regulations is in the  
4 best interest of the state to further achieve the purposes of this  
5 chapter, the executive commissioner may by rule adopt all or a part  
6 of the federal law or regulations.

7 SECTION 6. Section 81.046(c), Health and Safety Code, is  
8 amended to read as follows:

9 (c) Medical or epidemiological information may be released:

10 (1) for statistical purposes if released in a manner  
11 that prevents the identification of any person;

12 (2) with the consent of each person identified in the  
13 information;

14 (3) to medical personnel treating the individual,  
15 appropriate state agencies in this state or another state, a health  
16 authority or local health department in this state or another  
17 state, or federal, county, or district courts to comply with this  
18 chapter and related rules relating to the control and treatment of  
19 communicable diseases and health conditions or under another state  
20 or federal law that expressly authorizes the disclosure of this  
21 information;

22 (4) to appropriate federal agencies, such as the  
23 Centers for Disease Control and Prevention of the United States  
24 Public Health Service, but the information must be limited to the  
25 name, address, sex, race, and occupation of the patient, the date of  
26 disease onset, the probable source of infection, and other  
27 requested information relating to the case or suspected case of a

1 communicable disease or health condition; ~~or~~

2 (5) to medical personnel to the extent necessary in a  
3 medical emergency to protect the health or life of the person  
4 identified in the information; or

5 (6) to a designated infection control officer.

6 SECTION 7. The heading to Section 81.048, Health and Safety  
7 Code, is amended to read as follows:

8 Sec. 81.048. NOTIFICATION OF EMERGENCY RESPONSE EMPLOYEE OR  
9 VOLUNTEER [~~PERSONNEL, PEACE OFFICERS, DETENTION OFFICERS, COUNTY~~  
10 ~~JAILERS, AND FIRE FIGHTERS~~].

11 SECTION 8. Sections 81.048(b) and (c), Health and Safety  
12 Code, and Section 81.048(g), Health and Safety Code, as amended by  
13 S.B. 219, Acts of the 84th Legislature, Regular Session, 2015, are  
14 amended to read as follows:

15 (b) Notice of a positive or negative test result for a  
16 reportable disease designated under Subsection (a) shall be given  
17 to an emergency response employee or volunteer [~~medical service~~  
18 ~~personnel, peace officer, detention officer, county jailer, or fire~~  
19 ~~fighter~~] as provided by this section if:

20 (1) the emergency response employee or volunteer  
21 [~~medical service personnel, peace officer, detention officer,~~  
22 ~~county jailer, or fire fighter~~] delivered a person to a hospital as  
23 defined by Section 74.001, Civil Practice and Remedies Code;

24 (2) the hospital has knowledge that the person has a  
25 reportable disease and has medical reason to believe that the  
26 person had the disease when the person was admitted to the hospital;  
27 and

1 (3) the emergency response employee or volunteer  
2 [~~medical service personnel, peace officer, detention officer,~~  
3 ~~county jailer, or fire fighter~~] was exposed to the reportable  
4 disease during the course and scope of the person's employment or  
5 service as a volunteer [~~of duty~~].

6 (c) Notice of the possible exposure shall be given:

7 (1) by the hospital to the local health authority;

8 (2) by the hospital to the designated infection  
9 control officer of [~~local health authority to the director of the~~  
10 ~~appropriate department of~~] the entity that employs or uses the  
11 services of the affected emergency response employee or volunteer  
12 [~~emergency medical service personnel, peace officer, detention~~  
13 ~~officer, county jailer, or fire fighter~~]; and

14 (3) by the local health authority or the designated  
15 infection control officer of the entity that employs or uses the  
16 services of the affected emergency response employee or volunteer  
17 [~~director~~] to the employee or volunteer affected.

18 (g) A hospital that gives notice of a possible exposure  
19 under Subsection (c) or a local health authority or designated  
20 infection control officer that receives notice of a possible  
21 exposure under Subsection (c) may give notice of the possible  
22 exposure to a person other than the affected emergency response  
23 employee or volunteer [~~emergency medical personnel, a peace~~  
24 ~~officer, a detention officer, a county jailer, or a fire fighter~~] if  
25 the person demonstrates that the person was exposed to the  
26 reportable disease while providing emergency care. The executive  
27 commissioner shall adopt rules to implement this subsection.

1           SECTION 9. Section 81.050(b), Health and Safety Code, as  
2 amended by S.B. 219, Acts of the 84th Legislature, Regular Session,  
3 2015, and Section 81.050(h), Health and Safety Code, are amended to  
4 read as follows:

5           (b) A person whose occupation or whose volunteer service is  
6 included in one or more of the following categories may request the  
7 department or a health authority to order testing of another person  
8 who may have exposed the person to a reportable disease:

- 9                   (1) a law enforcement officer;
- 10                   (2) a fire fighter;
- 11                   (3) an emergency medical service employee or  
12 paramedic;
- 13                   (4) a correctional officer;
- 14                   (5) an employee, contractor, or volunteer, other than  
15 a correctional officer, who performs a service in a correctional  
16 facility as defined by Section 1.07, Penal Code, or a secure  
17 correctional facility or secure detention facility as defined by  
18 Section 51.02, Family Code; ~~or~~
- 19                   (6) an employee of a juvenile probation department; or
- 20                   (7) any other emergency response employee or  
21 volunteer.

22           (h) The department or the department's designee shall  
23 inform the person who requested the order and the designated  
24 infection control officer of the person who requested the order, if  
25 that person is an emergency response employee or volunteer, of the  
26 results of the test. If the person subject to the order is found to  
27 have a reportable disease, the department or the department's



1 designee shall inform that person and the person who requested the  
2 order of the need for medical follow-up and counseling services.  
3 The department or the department's designee shall develop protocols  
4 for coding test specimens to ensure that any identifying  
5 information concerning the person tested will be destroyed as soon  
6 as the testing is complete.

7 SECTION 10. Sections 81.095(a) and (b), Health and Safety  
8 Code, are amended to read as follows:

9 (a) In a case of accidental exposure of a health care worker  
10 to blood or other body fluids of a patient in a licensed hospital,  
11 the hospital, following a report of the exposure incident, shall  
12 take reasonable steps to test the patient for hepatitis B, ~~[or]~~  
13 hepatitis C, HIV, or any reportable disease.

14 (b) This subsection applies only in a case of accidental  
15 exposure of certified emergency medical services personnel, an  
16 emergency response employee or volunteer [~~a firefighter, a peace~~  
17 ~~officer~~], or a first responder who renders assistance at the scene  
18 of an emergency or during transport to the hospital to blood or  
19 other body fluids of a patient who is transported to a licensed  
20 hospital. The hospital receiving the patient, following a report  
21 of the exposure incident, shall take reasonable steps to test the  
22 patient for hepatitis B, ~~[or]~~ hepatitis C, HIV, or any reportable  
23 disease if the report shows there is significant risk to the person  
24 exposed. The organization that employs the person or for which the  
25 person works as a volunteer in connection with rendering the  
26 assistance is responsible for paying the costs of the test. The  
27 hospital shall provide the test results to the department or to the

1 local health authority and to the designated infection control  
2 officer of the entity employing or using the services of an affected  
3 emergency response employee or volunteer, which are responsible for  
4 following the procedures prescribed by Section 81.050(h) to inform  
5 the person exposed and, if applicable, the patient regarding the  
6 test results. The hospital shall follow applicable reporting  
7 requirements prescribed by Subchapter C. This subsection does not  
8 impose a duty on a hospital to provide any further testing,  
9 treatment, or services or to perform further procedures.

10 SECTION 11. Section 81.0955(a), Health and Safety Code, and  
11 Section 81.0955(b), Health and Safety Code, as amended by S.B. 219,  
12 Acts of the 84th Legislature, Regular Session, 2015, are amended to  
13 read as follows:

14 (a) This section applies only to the accidental exposure to  
15 the blood or other body fluids of a person who dies at the scene of  
16 an emergency or during transport to the hospital involving an  
17 emergency response employee or volunteer [~~certified emergency~~  
18 ~~medical services personnel, a firefighter, a peace officer,~~] or  
19 another [a] first responder who renders assistance at the scene of  
20 an emergency or during transport of a person to the hospital.

21 (b) A hospital, certified emergency medical services  
22 personnel, a justice of the peace, a medical examiner, or a  
23 physician on behalf of the person exposed, following a report of the  
24 exposure incident, shall take reasonable steps to have [~~test~~] the  
25 deceased person tested for reportable [~~communicable~~] diseases. The  
26 hospital, certified emergency medical services personnel, justice  
27 of the peace, medical examiner, or physician shall provide the test

1 results to the department or to the local health authority and to  
2 the designated infection control officer of an affected emergency  
3 response employee or volunteer responsible for following the  
4 procedures prescribed by Section 81.050(h) to inform the person  
5 exposed, and, if applicable, the department or the local health  
6 authority shall inform the next of kin of the deceased person  
7 regarding the test results. The hospital, certified emergency  
8 medical services personnel, medical examiner, or physician shall  
9 follow applicable reporting requirements prescribed by Subchapter  
10 C. This subsection does not impose a duty on a hospital, certified  
11 emergency medical services personnel, a medical examiner, or a  
12 physician to provide any further testing, treatment, or services or  
13 to perform further procedures. This subsection does not impose a  
14 duty on a justice of the peace to order that further testing,  
15 treatment, or services be provided or further procedures be  
16 performed. The executive commissioner shall adopt rules to  
17 implement this subsection.

18 SECTION 12. Section 81.103(b), Health and Safety Code, is  
19 amended to read as follows:

- 20 (b) A test result may be released to:
- 21 (1) the department under this chapter;
  - 22 (2) a local health authority if reporting is required  
23 under this chapter;
  - 24 (3) the Centers for Disease Control and prevention of  
25 the United States Public Health Service if reporting is required by  
26 federal law or regulation;
  - 27 (4) the physician or other person authorized by law

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1 who ordered the test;

2 (5) a physician, nurse, or other health care personnel  
3 who have a legitimate need to know the test result in order to  
4 provide for their protection and to provide for the patient's  
5 health and welfare;

6 (6) the person tested or a person legally authorized  
7 to consent to the test on the person's behalf;

8 (7) the spouse of the person tested if the person tests  
9 positive for AIDS or HIV infection, antibodies to HIV, or infection  
10 with any other probable causative agent of AIDS;

11 (8) a person authorized to receive test results under  
12 Article 21.31, Code of Criminal Procedure, concerning a person who  
13 is tested as required or authorized under that article;

14 (9) a person exposed to HIV infection as provided by  
15 Section 81.050; ~~and~~

16 (10) a county or district court to comply with this  
17 chapter or rules relating to the control and treatment of  
18 communicable diseases and health conditions; and

19 (11) a designated infection control officer of an  
20 affected emergency response employee or volunteer.

21 SECTION 13. Section 81.107(a), Health and Safety Code, as  
22 amended by S.B. 219, Acts of the 84th Legislature, Regular Session,  
23 2015, is amended to read as follows:

24 (a) In a case of accidental exposure to blood or other body  
25 fluids under Section 81.102(a)(5)(D), the health care agency or  
26 facility may test a person who may have exposed the health care  
27 worker or other emergency response employee or volunteer to HIV

S.B. No. 1574

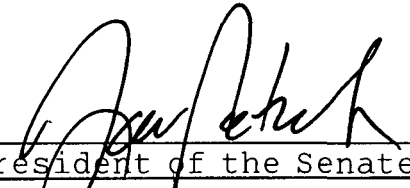
1 without the person's specific consent to the test.

2           SECTION 14. Not later than December 1, 2015, the executive  
3 commissioner of the Health and Human Services Commission shall  
4 adopt the rules required by Section 81.012, Health and Safety Code,  
5 as added by this Act.

6           SECTION 15. This Act takes effect September 1, 2015.


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S.B. No. 1574

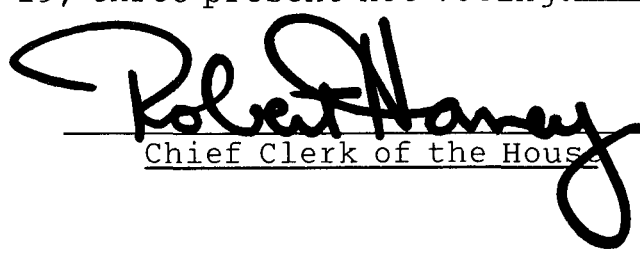
  
President of the Senate

  
Speaker of the House

I hereby certify that S.B. No. 1574 passed the Senate on April 23, 2015, by the following vote: Yeas 30, Nays 0; May 25, 2015, Senate refused to concur in House amendments and requested appointment of Conference Committee; May 27, 2015, House granted request of the Senate; May 30, 2015, Senate adopted Conference Committee Report by the following vote: Yeas 30, Nays 1. \_\_\_\_\_

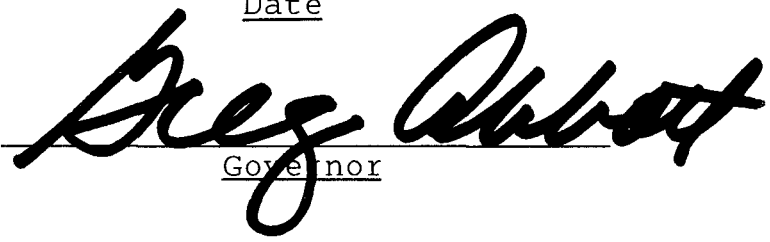
  
Secretary of the Senate

I hereby certify that S.B. No. 1574 passed the House, with amendments, on May 20, 2015, by the following vote: Yeas 113, Nays 30, one present not voting; May 27, 2015, House granted request of the Senate for appointment of Conference Committee; May 29, 2015, House adopted Conference Committee Report by the following vote: Yeas 125, Nays 19, three present not voting. \_\_\_\_\_

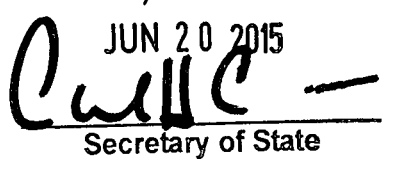
  
Chief Clerk of the House

Approved:

6-17-2015  
Date

  
Governor

FILED IN THE OFFICE OF THE  
SECRETARY OF STATE  
2:00 pm O'CLOCK

JUN 20 2015  
  
Secretary of State

**LEGISLATIVE BUDGET BOARD  
Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**May 28, 2015**

**TO:** Honorable Dan Patrick, Lieutenant Governor, Senate  
Honorable Joe Straus, Speaker of the House, House of Representatives

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: SB1574** by Uresti (Relating to emergency response employees or volunteers and others exposed or potentially exposed to certain diseases or parasites. ), **Conference Committee Report**

|   |
|---|
| <b>No significant fiscal implication to the State is anticipated.</b> |
|---|

The bill would amend the Code of Criminal Procedures, the Government Code, and the Health and Safety Code relating to emergency response personnel's exposure or potential exposure to certain diseases or parasites, including post-exposure testing and related notifications of results. The bill would require that entities that employ or use the services of an emergency response employee or volunteer designate an infection control officer and alternate officer; qualifications and duties are specified in the bill.

The Office of Court Administration, the Texas Medical Board, and the Department of State Health Services indicate that implementation of the bill could be absorbed within current resources. The Health and Human Services Commission indicates a minimal cost related to enterprise support, but it is assumed that this cost can be absorbed within current resources.

**Local Government Impact**

The bill would require an entity that uses emergency response employees or volunteers to designate an infection control officer to comply with certain administrative and investigative duties. There may be an administrative cost to local governmental entities to comply with the provisions of the bill; however, the fiscal impact would vary depending on the resources of the department.

**Source Agencies:** 212 Office of Court Administration, Texas Judicial Council, 503 Texas Medical Board, 529 Health and Human Services Commission, 537 State Health Services, Department of

**LBB Staff:** UP, NB, WP, VJC, SS, KVe

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**May 20, 2015**

**TO:** Honorable Dan Patrick, Lieutenant Governor, Senate

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: SB1574** by Uresti (Relating to emergency response employees or volunteers and others exposed or potentially exposed to certain diseases or parasites.), **As Passed 2nd House**

|   |
|---|
| <b>No significant fiscal implication to the State is anticipated.</b> |
|---|

The bill would amend the Code of Criminal Procedures, the Government Code, and the Health and Safety Code relating to emergency response personnel's exposure or potential exposure to certain diseases or parasites, including post-exposure testing and related notifications of results. The bill would require that entities that employ or use the services of an emergency response employee or volunteer designate an infection control officer and alternate officer; qualifications and duties are specified in the bill. Under the provisions of the bill, for purposes of Chapters 101, 104, and 108 of the Civil Practice and Remedies Code, a facility designated as a treatment center for a declared infectious disease emergency would be considered a governmental unit, and its employees and contractors would be considered employees of a governmental unit.

The Office of Court Administration, the Texas Medical Board, and the Department of State Health Services indicate that implementation of the bill could be absorbed within current resources. The Health and Human Services Commission indicates a minimal cost related to enterprise support, but it is assumed that this cost can be absorbed within current resources.

**Local Government Impact**

The bill would require an entity that uses emergency response employees or volunteers to designate an infection control officer to comply with certain administrative and investigative duties. There may be an administrative cost to local governments entities to comply with the provisions of the bill; however, the fiscal impact would vary depending on the resources of the department.

**Source Agencies:** 212 Office of Court Administration, Texas Judicial Council, 503 Texas Medical Board, 529 Health and Human Services Commission, 537 State Health Services, Department of

**LBB Staff:** UP, NB, WP, VJC, SS, KVe



**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**May 4, 2015**

**TO:** Honorable Carol Alvarado, Chair, House Committee on Urban Affairs

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE:** SB1574 by Uresti (Relating to emergency response employees or volunteers and others exposed or potentially exposed to certain diseases or parasites.), **As Engrossed**

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| <b>No significant fiscal implication to the State is anticipated.</b> |
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The bill would amend the Code of Criminal Procedures, the Government Code, and the Health and Safety Code relating to emergency response personnel's exposure or potential exposure to certain diseases or parasites, including post-exposure testing and related notifications of results. The bill would require that entities that employ or use the services of an emergency response employee or volunteer designate an infection control officer and alternate officer; qualifications and duties are specified in the bill.

The Office of Court Administration, the Texas Medical Board, and the Department of State Health Services indicate that implementation of the bill could be absorbed within current resources. The Health and Human Services Commission indicates a minimal cost related to enterprise support, but it is assumed that this cost can be absorbed within current resources.

**Local Government Impact**

The bill would require an entity that uses emergency response employees or volunteers to designate an infection control officer to comply with certain administrative and investigative duties. There may be an administrative cost to local governments entities to comply with the provisions of the bill; however, the fiscal impact would vary depending on the resources of the department.

**Source Agencies:** 212 Office of Court Administration, Texas Judicial Council, 503 Texas Medical Board, 529 Health and Human Services Commission, 537 State Health Services, Department of

**LBB Staff:** UP, NB, WP, VJC, SS, KVe

**LEGISLATIVE BUDGET BOARD  
Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**April 15, 2015**

**TO:** Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: SB1574** by Uresti (Relating to emergency response employees or volunteers and others exposed or potentially exposed to certain diseases or parasites.), **Committee Report 1st House, Substituted**

|   |
|---|
| <b>No significant fiscal implication to the State is anticipated.</b> |
|---|

The bill would amend the Code of Criminal Procedures, the Government Code, and the Health and Safety Code relating to emergency response personnel's exposure or potential exposure to certain diseases or parasites, including post-exposure testing and related notifications of results. The bill would require that entities that employ or use the services of an emergency response employee or volunteer designate an infection control officer and alternate officer; qualifications and duties are specified in the bill.

The Office of Court Administration, the Texas Medical Board, and the Department of State Health Services indicate that implementation of the bill could be absorbed within current resources. The Health and Human Services Commission indicates a minimal cost related to enterprise support, but it is assumed that this cost can be absorbed within current resources.

**Local Government Impact**

The bill would require an entity that uses emergency response employees or volunteers to designate an infection control officer to comply with certain administrative and investigative duties. There may be an administrative cost to local governments entities to comply with the provisions of the bill; however, the fiscal impact would vary depending on the resources of the department.

**Source Agencies:** 212 Office of Court Administration, Texas Judicial Council, 503 Texas Medical Board, 529 Health and Human Services Commission, 537 State Health Services, Department of

**LBB Staff:** UP, NB, WP, VJC, SS, KVe

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**April 7, 2015**

**TO:** Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: SB1574** by Uresti (Relating to emergency response employees or volunteers and others exposed or potentially exposed to certain diseases or parasites.), **As Introduced**

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|---|
| <b>No significant fiscal implication to the State is anticipated.</b> |
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The bill would require an entity that uses emergency response employees or volunteers to designate an infection control officer to comply with certain administrative and investigative duties. There may be an administrative cost to local governments entities to comply with the provisions of the bill; however, the fiscal impact would vary depending on the resources of the department.

**Source Agencies:** 212 Office of Court Administration, Texas Judicial Council, 503 Texas Medical Board, 529 Health and Human Services Commission, 537 State Health Services, Department of

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