Chapter 1278

S.B. No. 1574

AN ACT
relating to emergency response employees or volunteers and others
exposed or potentially exposed to certain diseases or parasites and
to visa waivers for certain physicians.

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

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

(a) A person who is arrested for a misdemeanor or felony and
who during the commission of that offense or an arrest following the
commission of that offense causes an emergency response employee or
volunteer, as defined by Section 81.003, Health and Safety Code, [a
peace officer] to come into contact with the person's bodily fluids
shall, at the direction of the court having jurisdiction over the
arrested person, undergo a medical procedure or test designed to
show or help show whether the person has a communicable disease.
The court may direct the person to undergo the procedure or test on
its own motion or on the request of the emergency response employee
or volunteer [peace officer]. If the person refuses to submit
voluntarily to the procedure or test, the court shall require the
person to submit to the procedure or test. Notwithstanding any
other law, the person performing the procedure or test shall make
the test results available to the local health authority and the
designated infection control officer of the entity that employs or
uses the services of the affected emergency response employee or
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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:
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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.
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SECTION 4. Section 81.003, Health and Safety Code, is amended by adding Subdivisions (1-a) and (1-b) and amending Subdivision (8) to read as follows:

(1-a) "Emergency response employee or volunteer" means 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 fire fighter.

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

(8) "Reportable disease" means a disease or condition included in the list of reportable diseases and includes a disease that is designated as reportable under Section 81.048.

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

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

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

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

(3) 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;

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

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

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

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

Sec. 81.013. CONSIDERATION OF FEDERAL LAW AND REGULATIONS.

The executive commissioner shall review the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Pub. L. No. 111-87) or any successor law and any regulations adopted under the law and determine whether adopting by rule any part of the federal law or
regulations is in the best interest of the state to further achieve the purposes of this chapter. If the executive commissioner determines that adopting the federal law or regulations is in the best interest of the state to further achieve the purposes of this chapter, the executive commissioner may by rule adopt all or a part of the federal law or regulations.

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

(c) Medical or epidemiological information may be released:

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

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

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

(4) to appropriate federal agencies, such as the Centers for Disease Control and Prevention of the United States Public Health Service, but the information must be limited to the name, address, sex, race, and occupation of the patient, the date of disease onset, the probable source of infection, and other requested information relating to the case or suspected case of a
communicable disease or health condition; [¶

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

(6) to a designated infection control officer.

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

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

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

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

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

(2) the hospital has knowledge that the person has a
reportable disease and has medical reason to believe that the
person had the disease when the person was admitted to the hospital;
(3) the emergency response employee or volunteer [medical service personnel, peace officer, detention officer, county jailer, or fire fighter] was exposed to the reportable disease during the course and scope of the person's employment or service as a volunteer [of duty].

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

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

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

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

(g) A hospital that gives notice of a possible exposure under Subsection (c) or a local health authority or designated infection control officer that receives notice of a possible exposure under Subsection (c) may give notice of the possible exposure to a person other than the affected emergency response employee or volunteer [emergency medical personnel, a peace officer, a detention officer, a county jailer, or a fire fighter] if the person demonstrates that the person was exposed to the reportable disease while providing emergency care. The executive commissioner shall adopt rules to implement this subsection.
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SECTION 9. Section 81.050(b), Health and Safety Code, as amended by S.B. 219, Acts of the 84th Legislature, Regular Session, 2015, and Section 81.050(h), Health and Safety Code, are amended to read as follows:

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

(1) a law enforcement officer;
(2) a fire fighter;
(3) an emergency medical service employee or paramedic;
(4) a correctional officer;
(5) an employee, contractor, or volunteer, other than a correctional officer, who performs a service in a correctional facility as defined by Section 1.07, Penal Code, or a secure correctional facility or secure detention facility as defined by Section 51.02, Family Code; [e-e]
(6) an employee of a juvenile probation department; or
(7) any other emergency response employee or volunteer.

(h) The department or the department's designee shall inform the person who requested the order and the designated infection control officer of the person who requested the order, if that person is an emergency response employee or volunteer, of the results of the test. If the person subject to the order is found to have a reportable disease, the department or the department's
designee shall inform that person and the person who requested the
order of the need for medical follow-up and counseling services.
The department or the department's designee shall develop protocols
for coding test specimens to ensure that any identifying
information concerning the person tested will be destroyed as soon
as the testing is complete.

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

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

(b) This subsection applies only in a case of accidental
exposure of certified emergency medical services personnel, an
emergency response employee or volunteer (a firefighter, a peace
officer), or a first responder who renders assistance at the scene
of an emergency or during transport to the hospital to blood or
other body fluids of a patient who is transported to a licensed
hospital. The hospital receiving the patient, following a report
of the exposure incident, shall take reasonable steps to test the
patient for hepatitis B, hepatitis C, HIV, or any reportable
disease if the report shows there is significant risk to the person
exposed. The organization that employs the person or for which the
person works as a volunteer in connection with rendering the
assistance is responsible for paying the costs of the test. The
hospital shall provide the test results to the department or to the
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local health authority and to the designated infection control
officer of the entity employing or using the services of an affected
eyeoncy response employee or volunteer, which are responsible for
following the procedures prescribed by Section 81.050(h) to inform
the person exposed and, if applicable, the patient regarding the
test results. The hospital shall follow applicable reporting
requirements prescribed by Subchapter C. This subsection does not
impose a duty on a hospital to provide any further testing,
treatment, or services or to perform further procedures.

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

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

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

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

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

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

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

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

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

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

(9) a person exposed to HIV infection as provided by
Section 81.050; [and]

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

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

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

(a) In a case of accidental exposure to blood or other body
fluids under Section 81.102(a)(5)(D), the health care agency or
facility may test a person who may have exposed the health care
worker or other emergency response employee or volunteer to HIV
1 without the person's specific consent to the test.

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

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

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.

Approved:

6 - 17- 2015

Date

Governor
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

No significant fiscal implication to the State is anticipated.

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
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
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

No significant fiscal implication to the State is anticipated.

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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.

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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
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

No significant fiscal implication to the State is anticipated.

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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
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

No significant fiscal implication to the State is anticipated.

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; 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