

<b>Agency Code:</b> 537	<b>Agency Name:</b> Department of State Health Services	<b>Prepared By:</b> Machelle Pharr	<b>Date:</b>	<b>Request Level:</b> Base																																										
<b>Current Rider Number</b>	<b>Page Number in 2008-2009 GAA</b>	<b>Proposed Rider Language</b>																																												
1	II-45	<p><b>Performance Measure Targets.</b> The following is a listing of the key performance target levels for the Department of State Health Services. It is the intent of the Legislature that appropriations made by this Act be utilized in the most efficient and effective manner possible to achieve the intended mission of the Department of State Health Services. In order to achieve the objectives and service standards established by this Act, the Department of State Health Services shall make every effort to attain the following designated key performance target levels associated with each item of appropriation.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center; width: 10%;"><u>2008</u></th> <th style="text-align: center; width: 10%;"><u>2009</u></th> </tr> </thead> <tbody> <tr> <td colspan="3"><b>A. Goal: PREPAREDNESS AND PREVENTION</b></td> </tr> <tr> <td colspan="3"><b>Outcome (Results/Impact):</b></td> </tr> <tr> <td>Vaccination Coverage Levels among Children Aged 19 to 35 Months</td> <td style="text-align: center;">78%</td> <td style="text-align: center;">78%</td> </tr> <tr> <td>Incidence Rate of TB Among Texas Residents</td> <td style="text-align: center;">7.35</td> <td style="text-align: center;">7.35</td> </tr> <tr> <td colspan="3"><b>A.1.1. Strategy: PUBLIC HEALTH PREP. &amp; COORD. SVCS</b></td> </tr> <tr> <td colspan="3"><b>Output (Volume):</b></td> </tr> <tr> <td>Number of Educational Hours Provided on Bioterrorism and Public Health Preparedness</td> <td style="text-align: center;">34,500</td> <td style="text-align: center;">34,700</td> </tr> <tr> <td colspan="3"><b>A.1.2. Strategy: REGISTRIES, INFO, &amp; VITAL RECORDS</b></td> </tr> <tr> <td colspan="3"><b>Efficiencies:</b></td> </tr> <tr> <td>Average Number of Days to Certify or Verify Records</td> <td style="text-align: center;">11</td> <td style="text-align: center;">11</td> </tr> <tr> <td colspan="3"><b>A.2.1. Strategy: IMMUNIZE CHILDREN &amp; ADULTS IN TEXAS</b></td> </tr> <tr> <td colspan="3"><b>Output (Volume):</b></td> </tr> <tr> <td>Number of Doses Administered</td> <td style="text-align: center;">12,246,628</td> <td style="text-align: center;">12,246,628</td> </tr> </tbody> </table>				<u>2008</u>	<u>2009</u>	<b>A. Goal: PREPAREDNESS AND PREVENTION</b>			<b>Outcome (Results/Impact):</b>			Vaccination Coverage Levels among Children Aged 19 to 35 Months	78%	78%	Incidence Rate of TB Among Texas Residents	7.35	7.35	<b>A.1.1. Strategy: PUBLIC HEALTH PREP. &amp; COORD. SVCS</b>			<b>Output (Volume):</b>			Number of Educational Hours Provided on Bioterrorism and Public Health Preparedness	34,500	34,700	<b>A.1.2. Strategy: REGISTRIES, INFO, &amp; VITAL RECORDS</b>			<b>Efficiencies:</b>			Average Number of Days to Certify or Verify Records	11	11	<b>A.2.1. Strategy: IMMUNIZE CHILDREN &amp; ADULTS IN TEXAS</b>			<b>Output (Volume):</b>			Number of Doses Administered	12,246,628	12,246,628
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		<p><b>Explanatory:</b> Dollar Value (in Millions) of Vaccine Provided by the Federal Government _____ 189 _____ 189</p> <p><b>A.2.2. Strategy: HIV/STD PREVENTION</b></p> <p><b>Output (Volume):</b> Number of Persons Served by the HIV Medication Program 14,417 _____ 15,544</p> <p><b>A.2.3. Strategy: INFECTIOUS DISEASE PREV/EPI/SURV</b></p> <p><b>Output (Volume):</b> Number of Disease Investigations Conducted _____ 102,000 _____ 102,000</p> <p><b>A.3.1. Strategy: CHRONIC DISEASE PREVENTION</b></p> <p><b>Output (Volume):</b> Number of Diabetes related Prevention Activities _____ 266,000 _____ 266,000</p> <p><b>A.3.2. Strategy: ABSTINENCE EDUCATION</b></p> <p><b>Output (Volume):</b> Number of Persons Served in Abstinence Education Programs _____ 323,200 _____ 323,200</p> <p><b>A.3.3. Strategy: KIDNEY HEALTH CARE</b></p> <p><b>Output (Volume):</b> Number of Kidney Health Clients Provided Services _____ 21,130 _____ 21,941</p> <p><b>A.3.4. Strategy: CHILDREN WITH SPECIAL NEEDS</b></p> <p><b>Output (Volume):</b> Number of CSHCN Clients Receiving Medical Services _____ 2,600 _____ 2,600</p> <p><b>Explanatory:</b> Number of Clients Removed from Waiting List and Provided Services _____ 66 _____ 133</p>		

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		<p><b>B. Goal: COMMUNITY HEALTH SERVICES</b></p> <p><b>Outcome (Results/Impact):</b></p> <p>Percentage of Eligible WIC Population Served _____ 81% _____ 84%</p> <p>Number of Infant Deaths Per Thousand Live Births (Infant Mortality Rate) _____ 5.1 _____ 5.1</p> <p>Percentage of Low Birth Weight Births _____ 7.8% _____ 7.8%</p> <p>Number of Pregnant Females Age 13-19 Per Thousand (Adolescent Pregnancy Rate) _____ 45.4 _____ 43.8</p> <p>Prevalence of Tobacco Use among Middle &amp; High School Youth in Target Areas of Texas _____ 20% _____ 19%</p> <p>Percent of Youth Who Complete Treatment Programs and Report No Past Month Substance Use at Follow up _____ 84% _____ 84%</p> <p>Percent of Adults Who Complete Treatment Programs and Report No Past Month Substance Use at Follow up _____ 87% _____ 87%</p> <p>Percent of Adults Receiving Community Mental Health Services Who Were Admitted to a Level of Care (Service Package) Following Assessment _____ 80% _____ 80%</p> <p>Percent of Adults Receiving Community Mental Health Services Whose Functional Level Stabilized or Improved _____ 81% _____ 81%</p> <p>Percent of Children Receiving Community Mental Health Services Who Were Admitted to a Level of Care (Service Package) Following Assessment _____ 80% _____ 80%</p> <p><b>B.1.1. Strategy: WIC/FARMER'S MARKET NUTRITION SVCS</b></p> <p><b>Output (Volume):</b></p> <p>Number of WIC Participants Provided Nutritious Food Supplements Per Month _____ 963,177 _____ 1,005,000</p>		

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		<p><b>Explanatory:</b> Incidence (Percent) of Low Birth Weight Babies Born to Women, Infants and Children (WIC) Nutrition Program Mothers <span style="float:right">5.7</span> <span style="float:right">5.5</span></p> <p><b>B.1.2. Strategy: WOMEN &amp; CHILDREN'S HEALTH SERVICES</b></p> <p><b>Output (Volume):</b> Number of Infants &lt;1 and Children Age 1-21 Years Provided Services by the Maternal and Child Health Program <span style="float:right">44,700</span> <span style="float:right">44,700</span></p> <p>Number of Women over 21 Provided Services by the Maternal and Child Health Program (Title V) <span style="float:right">45,475</span> <span style="float:right">45,475</span></p> <p><b>B.1.3. Strategy: FAMILY PLANNING SERVICES</b></p> <p><b>Output (Volume):</b> Number of Adults and Adolescents Receiving Family Planning Services <span style="float:right">266,600</span> <span style="float:right">266,600</span></p> <p><b>B.1.4. Strategy: COMMUNITY PRIMARY CARE SERVICES</b></p> <p><b>Output (Volume):</b> Number of Primary Health Care Eligible Patients Provided Access to Primary Care Services <span style="float:right">79,055</span> <span style="float:right">79,055</span></p> <p><b>B.2.1. Strategy: MENTAL HEALTH SVCS ADULTS</b></p> <p><b>Output (Volume):</b> Average Monthly Number of Adults Receiving Community Mental Health Services <span style="float:right">47,944</span> <span style="float:right">47,944</span></p> <p>Average Monthly Number of Persons Receiving Community Mental Health New Generation Medications <span style="float:right">18,105</span> <span style="float:right">18,105</span></p> <p><b>Efficiencies:</b></p>		

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		<p><del>Average Monthly Cost Per Adult Receiving Community Mental Health Services 360 360</del></p> <p><del>Average Monthly Cost of New Generation Medications Per Person Receiving Community Mental Health New Generation Medications 275 275</del></p> <p><del><b>B.2.2. Strategy: MENTAL HEALTH SVCS CHILDREN</b></del></p> <p><del><b>Output (Volume):</b></del></p> <p><del>Average Monthly Number of Children Receiving Community Mental Health Services 11,126 11,126</del></p> <p><del><b>Efficiencies:</b></del></p> <p><del>Average Monthly Cost Per Child Receiving Community Mental Health Services 445 445</del></p> <p><del><b>B.2.4. Strategy: NORTHSTAR BEHAV HLTH WAIVER</b></del></p> <p><del><b>Explanatory:</b></del></p> <p><del>Average Monthly Number of Persons Covered by NorthSTAR Behavioral Health Services Waiver 974,385 999,079</del></p> <p><del><b>B.2.5. Strategy: SUBSTANCE ABUSE</b></del></p> <p><del>PREV/INTERV/TREAT</del></p> <p><del><b>Output (Volume):</b></del></p> <p><del>Average Monthly Number of Adults Served in Substance Abuse Prevention Programs 29,000 29,000</del></p> <p><del>Average Monthly Number of Youth Served in Substance Abuse Prevention Programs 106,640 106,640</del></p> <p><del>Average Monthly Number of Adults Served in Substance Abuse Intervention Programs 15,000 15,000</del></p> <p><del>Average Monthly Number of Youth Served in Substance Abuse Intervention Programs 2,386 2,386</del></p>		

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		<p>Average Monthly Number of Adults Served in Treatment Programs for Substance Abuse 3,695 3,695</p> <p>Average Monthly Number of Youth Served in Treatment Programs for Substance Abuse 625 625</p> <p><b>B.2.6. Strategy: REDUCE USE OF TOBACCO PRODUCTS</b></p> <p><b>Output (Volume):</b></p> <p>Number of Texas Communities Implementing Comprehensive Tobacco Prevention Programs 6 6</p> <p><b>B.3.1. Strategy: EMS AND TRAUMA CARE SYSTEMS</b></p> <p><b>Output (Volume):</b></p> <p>Number of Emergency Health Care Providers (EMS Firms, Hospitals, RACS) Assisted through EMS/Trauma System Funding Programs 2,255 2,255</p> <p><b>C. Goal: HOSPITAL FACILITIES AND SERVICES</b></p> <p><b>Outcome (Results/Impact):</b></p> <p>Percent of Consumers Receiving State Mental Health Facility Services Whose Functional Level Stabilized or Improved 99% 99%</p> <p><b>C.1.1. Strategy: TX CENTER FOR INFECTIOUS DISEASE</b></p> <p><b>Output (Volume):</b></p> <p>Number of Inpatient Days, Texas Center for Infectious Disease 16,000 16,000</p> <p><b>C.1.2. Strategy: SOUTH TEXAS HEALTH CARE SYSTEM</b></p> <p><b>Output (Volume):</b></p> <p>Number of Outpatient Visits, South Texas Health Care</p>		

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		<p>System _____ 56,500 _____ 56,500</p> <p><b>C.1.3. Strategy: MENTAL HEALTH STATE HOSPITALS</b></p> <p><b>Output (Volume):</b></p> <p>Average Daily Census of State Mental Health Facilities _____ 2,477 _____ 2,477</p> <p>Average Monthly Number of State Mental Health Facility Consumers Receiving New Generation Medication Services _____ 3,030 _____ 3,030</p> <p><b>Efficiencies:</b></p> <p>Average Daily Facility Cost Per Occupied State Mental Health Facility Bed _____ 378 _____ 378</p> <p>Average Monthly Cost of New Generation Medications Per State Mental Health Facility Consumer Receiving New Generation Medication Services _____ 437 _____ 437</p> <p><b>D. Goal: CONSUMER PROTECTION SERVICES</b></p> <p><b>Outcome (Results/Impact):</b></p> <p>Percentage of Licenses Issued within Regulatory Timeframe _____ 98% _____ 98%</p> <p><b>D.1.1. Strategy: FOOD (MEAT) AND DRUG SAFETY</b></p> <p><b>Efficiencies:</b></p> <p>Average Cost Per Surveillance Activity _____ 142.11 _____ 142.11</p> <p><b>D.1.2. Strategy: ENVIRONMENTAL HEALTH</b></p> <p><b>Efficiencies:</b></p> <p>Average Cost Per Surveillance Activity _____ 150.78 _____ 150.78</p> <p><b>D.1.3. Strategy: RADIATION CONTROL</b></p> <p><b>Efficiencies:</b></p> <p>Average Cost Per Surveillance Activity _____ 297.64 _____ 297.64</p>		

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		<p><b><del>D.1.4. Strategy: HEALTH CARE PROFESSIONALS</del></b>  <b><del>Output (Volume):</del></b>  <del>Number of Health Care Professionals and Licensed Chemical Dependency Counselors Licensed, Permitted, Certified, Registered, or Documented</del> <u>77,524</u> <u>77,524</u></p> <p><b><del>D.1.7. Strategy: SEX OFFENDER TREATMENT/SUPERVISION</del></b>  <b><del>Output (Volume):</del></b>  <del>Number of Sex Offenders Provided Treatment and Supervision</del> <u>108</u> <u>158</u></p> <p><b><del>Efficiencies:</del></b>  <del>Average Cost Per Sex Offender for Treatment and Supervision</del> <u>26,254</u> <u>19,214</u></p> <p><b><del>Explanatory:</del></b>  <del>Number of New Civil Commitments</del> <u>25</u> <u>50</u></p> <p style="text-align: right;"><u>2010</u>                      <u>2011</u></p> <p><b><u>A. Goal: PREPAREDNESS AND PREVENTION</u></b>  <b><u>Outcome (Results/Impact):</u></b>  <u>Vaccination Coverage Levels among Children Aged 19 to 35 Months</u> <u>78%</u> <u>78%</u>  <u>Incidence Rate of TB Among Texas Residents</u> <u>7.20</u> <u>7.20</u></p> <p><b><u>A.1.1. Strategy: PUBLIC HEALTH PREP. &amp; COORD. SVCS</u></b>  <b><u>Output (Volume):</u></b>  <u>Number of Educational Hours Provided on Bioterrorism &amp; Preparedness</u> <u>34,500</u> <u>34,500</u></p>		

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		<p><b><u>A.1.2. Strategy: HEALTH REGISTRIES, INFOR. &amp; VITAL RECORDS</u></b>  <b><u>Efficiencies:</u></b>  Average Number of Days to Certify or Verify Vital Statistics  Records <span style="float: right;">14</span> <span style="float: right;">14</span></p> <p><b><u>A.2.1. Strategy: IMMUNIZE CHILDREN &amp; ADULTS IN TEXAS</u></b>  <b><u>Explanatory:</u></b>  Dollar Value (in Millions) of Vaccine Provided by the  Federal Govt <span style="float: right;">\$324.52</span> <span style="float: right;">\$329.39</span></p> <p><b><u>A.2.2. Strategy: HIV/STD PREVENTION</u></b>  <b><u>Output (Volume):</u></b>  Number of Persons Served by the HIV Medication Program <span style="float: right;">14,280</span> <span style="float: right;">14,708</span></p> <p><b><u>A.2.3. Strategy: INFECTIOUS DISEASE PREV/EPI/SURV</u></b>  <b><u>Output (Volume):</u></b>  Number of Communicable Disease Investigations  Conducted <span style="float: right;">102,000</span> <span style="float: right;">102,000</span></p> <p><b><u>A.3.1. Strategy: HEALTH PROMOTION &amp; CHRONIC DISEASE PREVENTION</u></b>  <b><u>Output (Volume):</u></b>  Number of Diabetes-related Prevention Activities <span style="float: right;">266,000</span> <span style="float: right;">266,000</span></p> <p><b><u>A.3.2. Strategy: ABSTINENCE EDUCATION</u></b>  <b><u>Output (Volume):</u></b>  Number of Persons Served in Abstinence Education  Programs <span style="float: right;">5,322</span> <span style="float: right;">5,322</span></p> <p><b><u>A.3.3. Strategy: KIDNEY HEALTH CARE</u></b></p>		

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		<p><b><u>Output (Volume):</u></b>  <u>Number of Kidney Health Clients Provided Services</u>                      18,313                      18,313</p> <p><b><u>A.3.4. Strategy: CHILDREN WITH SPECIAL HEALTH CARE NEEDS</u></b></p> <p><b><u>Output (Volume):</u></b>  <u>Number of CSHCN Clients Receiving Medical Services</u>                      2,248                      2,248</p> <p><b><u>Explanatory:</u></b>  <u>Number of Clients Removed from Waiting List and Provided Services</u>                      409                      409</p> <p><b><u>B. Goal: COMMUNITY HEALTH SERVICES</u></b></p> <p><b><u>Outcome (Results/Impact):</u></b>  <u>Percentage of Eligible WIC Population Served</u>                      80%                      80%</p> <p><u>Number of Infant Deaths Per Thousand Live Births (Infant Mortality Rate)</u>                      5.4                      5.5</p> <p><u>Percentage of Low Birth Weight Births</u>                      8.1%                      8.1%</p> <p><u>Number of Pregnant Females Age 13-19 Per Thousand (Adolescent Pregnancy Rate)</u>                      46.3                      46.0</p> <p><u>Prevalence of Tobacco Use among Middle &amp; HS Youth in Target Areas</u>                      19%                      19%</p> <p><u>Percent of Youth Completing Treatment Programs Who Report Abstinence</u>                      84%                      84%</p> <p><u>Percent of Adults Completing Treatment Programs Who Report Abstinence</u>                      87%                      87%</p> <p><u>Percent Community MH Adults Admitted to a Level of Care (Service Package)</u>                      80%                      80%</p> <p><u>Percent Community MH Adults Stabilized or Improved</u>                      81%                      81%</p>		

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		<p><u>Percent Community MH Children Admitted to a Level of Care (ServicePackage)</u> 80% 80%</p> <p><b><u>B.1.1. Strategy: PROVIDE WIC SERVICES: BENEFITS, NUTRITION EDUCATION &amp; COUNSELING</u></b></p> <p><b><u>Output (Volume):</u></b></p> <p><u>Number of WIC Participants Provided Nutritious Food Supplements</u> 977,033 987,311</p> <p><b><u>Explanatory:</u></b></p> <p><u>Incidence (Percent) of Low Birth Weight Babies Born to WIC Mothers</u> 5.8 5.8</p> <p><b><u>B.1.2. Strategy: WOMEN &amp; CHILDREN'S HEALTH SERVICES</u></b></p> <p><b><u>Output (Volume):</u></b></p> <p><u>Number of Infants &lt;1 and Children Age 1-21 Years Provided Services</u> 29,850 30,223</p> <p><u>Number of Women over 21 Provided Title V Services</u> 25,042 22,354</p> <p><b><u>B.1.3. Strategy: FAMILY PLANNING SERVICES</u></b></p> <p><b><u>Output (Volume):</u></b></p> <p><u>Number of Adults and Adolescents Receiving Family Planning Services</u> 254,010 254,010</p> <p><b><u>B.1.4. Strategy: COMMUNITY PRIMARY CARE SERVICES</u></b></p> <p><b><u>Output (Volume):</u></b></p> <p><u>Number of Primary Health Care Eligible Patients Provided Primary Care Services</u> 79,055 79,055</p> <p><b><u>B.2.1. Strategy: MENTAL HEALTH SVCS-ADULTS</u></b></p> <p><b><u>Output (Volume):</u></b></p> <p><u>Average Monthly Number of Adults Receiving Community</u></p>		

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		<u>MH Services</u> 47,944 47,944 <u>Average Monthly Number of Persons Receiving Community MH New Generation Medications</u> 18,105 18,105 <b><u>Efficiencies:</u></b> <u>Average Monthly Cost Per Adult: Community</u> <u>Mental Health Services</u> \$360 \$360 <u>Average Monthly Cost Per Person: New Generation Medications</u> \$275 \$275 <b><u>B.2.2. Strategy: MENTAL HEALTH SVCS-CHILDREN</u></b> <b><u>Output (Volume):</u></b> <u>Average Monthly Number of Children Receiving</u> <u>Community Mental Health Services</u> 11,126 11,126 <b><u>Efficiencies:</u></b> <u>Average Monthly Cost Per Child Receiving Community</u> <u>Mental Health Services</u> \$445 \$445 <b><u>B.2.4. Strategy: NORTHSTAR BEHAV HLTH WAIVER</u></b> <b><u>Explanatory:</u></b> <u>Average Monthly Number of Persons Covered by</u> <u>NorthSTAR</u> 974,385 974,385 <b><u>B.2.5. Strategy: SUBSTANCE ABUSE</u></b> <b><u>PREV/INTERV/TREAT</u></b> <b><u>Output (Volume):</u></b> <u>Average Monthly Number of Adults Served in Substance</u> <u>Abuse Prevention Programs</u> 29,000 29,000 <u>Average Monthly Number of Youth Served in Substance</u> <u>Abuse Prevention Programs</u> 106,640 106,640 <u>Average Monthly Number of Adults Served in Substance</u> <u>Abuse Intervention Programs</u> 15,000 15,000							

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		<p><u>Average Monthly Number of Youth Served in Substance Abuse Intervention Programs</u> 2,386 2,386</p> <p><u>Average Monthly Number of Adults Served in Treatment Programs for Substance Abuse</u> 3,695 3,695</p> <p><u>Average Monthly Number of Youth Served in Treatment Programs for Substance Abuse</u> 625 625</p> <p><b><u>B.2.6. Strategy: DEVELOP A STATEWIDE PROGRAM TO REDUCE THE USE OF TOBACCO PRODUCTS</u></b></p> <p><b><u>Output (Volume):</u></b></p> <p><u>Number of Texas Communities Implementing Comprehensive Tobacco Prevention Programs</u> 6 6</p> <p><b><u>B.3.1. Strategy: EMS AND TRAUMA CARE SYSTEMS</u></b></p> <p><b><u>Output (Volume):</u></b></p> <p><u>Number of Providers Funded: EMS/Trauma</u> 2,584 2,584</p> <p><b><u>C. Goal: HOSPITAL FACILITIES AND SERVICES</u></b></p> <p><b><u>Outcome (Results/Impact):</u></b></p> <p><u>Percent of State Mental Health Facility Patients Stabilized or Improved</u> 99% 99%</p> <p><b><u>C.1.1. Strategy: TX CENTER FOR INFECTIOUS DISEASE</u></b></p> <p><b><u>Output (Volume):</u></b></p> <p><u>Number of Inpatient Days, Texas Center for Infectious Disease</u> 14,000 14,000</p> <p><b><u>C.1.2. Strategy: SOUTH TEXAS HEALTH CARE SYSTEM</u></b></p> <p><b><u>Output (Volume):</u></b></p> <p><u>Number of Outpatient Visits, South Texas Health Care</u></p>		

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		<p>(7) Data Center Consolidation <span style="float:right">5,852,938</span> <span style="float:right"><del>5,638,029</del></span></p> <p>Total, Acquisition of Information Resource Technologies <span style="float:right"><u>\$ 27,474,271</u></span> <span style="float:right"><u>\$ 22,466,996</u></span></p> <p>d. Acquisition of Capital Equipment and Items</p> <p>(1) Miscellaneous Lab Equipment <span style="float:right">50,000</span> <span style="float:right"><del>46,900</del></span></p> <p>e. Lease Payments to the Master Lease Purchase Program (MLPP)</p> <p>(1) Payment of MLPP – Energy Conservation MH <span style="float:right">1,954,272</span> <span style="float:right"><del>1,982,498</del></span></p> <p>(2) Payment of MLPP – Furniture &amp; Equipment MH <span style="float:right">484,588</span> <span style="float:right"><del>475,695</del></span></p> <p>(3) Payment of MLPP – Telecommunications <span style="float:right">365,694</span> <span style="float:right"><del>361,521</del></span></p> <p>(4) Payment of MLPP – Vehicles <span style="float:right">689,792</span> <span style="float:right"><del>748,455</del></span></p> <p>Total, Lease Payments to the Master Lease Purchase Program (MLPP) <span style="float:right"><u>\$ 3,494,346</u></span> <span style="float:right"><u>\$ 3,568,169</u></span></p> <p>f. Transportation Items</p> <p>(1) Vehicles <span style="float:right"><u>590,000</u></span> <span style="float:right"><u>0</u></span></p> <p>Total, Capital Budget <span style="float:right"><u>\$ 117,645,557</u></span> <span style="float:right"><u>\$ 28,952,796</u></span></p> <p>Method of Financing (Capital Budget):</p> <p><u>General Revenue Fund</u></p> <p>General Revenue Fund <span style="float:right"><u>\$ 27,223,565</u></span> <span style="float:right"><u>\$ 12,725,844</u></span></p>		

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<del>Workplace Chemicals List Account No. 5020</del>	<del>1,738</del>	<del>1,738</del>																																																																	
<del>Certificate of Mammography Systems Account No. 5021</del>	<del>762</del>	<del>762</del>																																																																	
<del>Food and Drug Registration Account No. 5024</del>	<del>12,720</del>	<del>12,720</del>																																																																	
<del>Permanent Fund for Health and Tobacco Education and Enforcement Account No. 5044</del>	<del>21,262</del>	<del>21,262</del>																																																																	
<del>Permanent Fund for Children &amp; Public Health Account No. 5045</del>	<del>557</del>	<del>557</del>																																																																	
<del>Permanent Fund for EMS &amp; Trauma Care Account No. 5046</del>	<del>2,628</del>	<del>2,628</del>																																																																	
<del>EMS, Trauma Facilities, Trauma Care Systems</del>																																																																			

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Machelle Pharr	Date:	Request Level: Base
Current Rider Number	Page Number in 2008-2009 GAA	Proposed Rider Language		
		Account No. 5108	129	129
		Designated Trauma Facility and EMS Account No. 5111	740	740
		Subtotal, General Revenue Fund - Dedicated	<u>\$ 3,317,383</u>	<u>\$ 3,293,548</u>
		Federal Funds	16,758,274	12,824,394
		<u>Other Funds</u>		
		Appropriated Receipts	1,477	1,477
		DSHS Public Health Medicaid Reimbursements	48,346	48,346
		Interagency Contracts	37,145	35,315
		Bond Proceeds - General Obligation Bonds	<u>70,210,316</u>	<u>UB</u>
		Subtotal, Other Funds	<u>\$ 70,297,284</u>	<u>\$ 85,138</u>
		Total, Method of Financing	<u>\$ 117,645,557</u>	<u>\$ 28,952,796</u>
		a. Construction of Buildings and Facilities		
		(1) Laboratory - Bond Debt Service	\$ 2,878,032	\$ 2,877,957
		(2) Hospital Construction - South Texas Health Care System, Harlingen	546,000	UB
		(3) Hospital Construction - South Texas Health Care System, Hidalgo County	500,000	UB
		(4) Hospital Construction - Texas Center for Infectious Disease	7,182,878	UB
		Subtotal, Construction of Buildings and Facilities	\$ 11,106,910	\$ 2,877,957

<b>Agency Code:</b> 537	<b>Agency Name:</b> Department of State Health Services	<b>Prepared By:</b> Machelle Pharr	<b>Date:</b>	<b>Request Level:</b> Base
<b>Current Rider Number</b>	<b>Page Number in 2008-2009 GAA</b>	<b>Proposed Rider Language</b>		
		<u>b. Repair or Rehabilitation of Buildings and Facilities</u> (1) Repair and Renovation of MH State Hospitals                      20,690,559                      UB  <u>Subtotal, Repair or Rehabilitation of Buildings and Facilities</u> \$ 20,690,559                      \$ UB		
		<u>c. Acquisition of Information Resource Technologies</u> (1) Data Center Consolidation    5,239,767                      5,016,856 (2) Seat Management    5,437,143                      5,406,144 (3) WIC Clinic PC Replacement    2,739,500                      2,936,500 (4) Information Systems Improvement                                      10,266,410                      10,572,590  <u>Subtotal, Acquisition of Information Resource Technologies</u> \$ 23,682,820                      \$ 23,932,090		
		<u>d. Acquisition of Capital Equipment and Items</u> (1) Miscellaneous Lab Equipment    2,035,950                      727,099  <u>Subtotal, Acquisition of Capital Equipment and Items</u> \$ 2,035,950                      \$ 727,099		
		<u>e. Lease Payments to the Master Lease Purchase Program (MLPP)</u> (1) Payment of MLPP - Energy Conservation                              2,786,097                      2,778,574		

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<b>Current Rider Number</b>	<b>Page Number in 2008-2009 GAA</b>	<b>Proposed Rider Language</b>		
		(2) Payment of MLPP - Furniture & Equipment-MH	608,784	582,097
		(3) Payment of MLPP - Telecommunications	503,179	500,934
		(4) Payment of MLPP - Vehicles	772,975	769,580
		<u>Subtotal, Lease Payments to the Master Lease Purchase Program (MLPP)</u>	\$ 4,671,035	\$ 4,631,185
		<u>f. Transportation Items</u>		
		(1) Vehicles	590,000	0
		<u>Subtotal, Transportation Items</u>	\$ 590,000	\$ 0
		<u>Total, Capital Budget</u>	\$ 62,777,274	\$ 32,168,331
		<u>Method of Financing (Capital Budget):</u>		
		<u>General Revenue Funds</u>		
		General Revenue Fund	\$ 16,535,556	\$ 14,051,634
		<u>General Revenue - Insurance Companies</u>		
		Maintenance Tax and Insurance Department Fees	25,179	0
		<u>Subtotal, General Revenue Fund</u>	\$ 16,560,735	\$ 14,051,634
		<u>General Revenue Fund - Dedicated</u>		
		Vital Statistics Account No. 019	33,256	33,256
		Hospital Licensing Account No. 129	3,276	3,276

<b>Agency Code:</b> 537	<b>Agency Name:</b> Department of State Health Services	<b>Prepared By:</b> Machelle Pharr	<b>Date:</b>	<b>Request Level:</b> Base
<b>Current Rider Number</b>	<b>Page Number in 2008-2009 GAA</b>	<b>Proposed Rider Language</b>		
		<u>Food and Drug Fee Retail Account No. 341</u>	4,988	4,988
		<u>Bureau of Emergency Management Account No. 512</u>	5,621	5,621
		<u>Public Health Services Fee Account No. 524</u>	363,308	344,672
		<u>Health Services Laboratory Financing Fees (formerly 3595)</u>	2,878,032	2,877,957
		<u>Commission on State Emergency Communications Account No. 5007</u>	64	64
		<u>Asbestos Removal Licensure Account No. 5017</u>	95,403	95,403
		<u>Workplace Chemicals List Account No. 5020</u>	1,738	1,738
		<u>Certificate of Mammography Systems Account No. 5021</u>	762	762
		<u>Food and Drug Registration Account No. 5024</u>	12,720	12,720
		<u>Permanent Fund for Health and Tobacco Education and Enforcement Account No. 5044</u>	21,262	21,262
		<u>Permanent Fund for Children &amp; Public Health Account No. 5045</u>	557	557
		<u>Permanent Fund for EMS &amp; Trauma Care Account No. 5046</u>	2,628	2,628
		<u>EMS, Trauma Facilities, Trauma Care Systems Account No. 5108</u>	129	129
		<u>Designated Trauma Facility and EMS Account No. 5111</u>	740	740
		<u>Subtotal, General Revenue Fund - Dedicated</u>	\$ 3,424,484	\$ 3,450,713
		<u>Federal Funds</u>	\$ 13,196,389	\$ 14,096,713

<b>Agency Code:</b> 537	<b>Agency Name:</b> Department of State Health Services	<b>Prepared By:</b> Machelle Pharr	<b>Date:</b>	<b>Request Level:</b> Base																		
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		<u>Other Funds</u> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"><u>Appropriated Receipts</u></td> <td style="text-align: right; width: 20%;">1,476</td> <td style="text-align: right; width: 20%;">1,477</td> </tr> <tr> <td>DSHS Public Health Medicaid Reimbursements</td> <td style="text-align: right;">1,683,607</td> <td style="text-align: right;">551,456</td> </tr> <tr> <td><u>Interagency Contracts</u></td> <td style="text-align: right;"><u>37,146</u></td> <td style="text-align: right;"><u>16,878</u></td> </tr> <tr> <td><u>Bond Proceeds - General Obligation Bonds</u></td> <td style="text-align: right;"><u>27,873,437</u></td> <td style="text-align: right;"><u>UB</u></td> </tr> <tr> <td> <u>Subtotal, Other Funds</u></td> <td style="text-align: right;"> <u>\$ 29,595,666</u></td> <td style="text-align: right;"> <u>\$ 569,811</u></td> </tr> <tr> <td> <u>Total, Method of Financing</u></td> <td style="text-align: right;"> <u>\$ 62,777,274</u></td> <td style="text-align: right;"> <u>\$ 32,168,331</u></td> </tr> </table>			<u>Appropriated Receipts</u>	1,476	1,477	DSHS Public Health Medicaid Reimbursements	1,683,607	551,456	<u>Interagency Contracts</u>	<u>37,146</u>	<u>16,878</u>	<u>Bond Proceeds - General Obligation Bonds</u>	<u>27,873,437</u>	<u>UB</u>	 <u>Subtotal, Other Funds</u>	 <u>\$ 29,595,666</u>	 <u>\$ 569,811</u>	 <u>Total, Method of Financing</u>	 <u>\$ 62,777,274</u>	 <u>\$ 32,168,331</u>
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3	II-49	<p><b>Criminal Justice/Substance Abuse Initiative.</b> Out of funds appropriated above in Strategy B.2.5, Substance Abuse Prevention, Intervention, and Treatment, the Department of State Health Services shall transfer \$3,250,000 in each year of the biennium to the Treatment Alternative to Incarceration Program with the Texas Department of Criminal Justice for the provision of outpatient substance abuse treatment services for probationers. The agencies shall enter into an interagency contract to include data reporting provisions to address performance and other data requirements for state and federal reporting.</p>																				
4	II-49	<p><b>Client Services.</b> It is the intent of the Legislature that the Department of State Health Services (DSHS) and the Department of Family and Protective Services (DFPS) enter into a Memorandum of Understanding for providing outpatient treatment services by DSHS to referred DFPS clients. Out of Substance Abuse Prevention and Treatment Block Grant federal funding at DSHS, a maximum of \$2,070,114 for the biennium may be used for qualified services to DFPS clients.</p>																				
5	II-49	<p><del><b>Notification of Intent to Utilize Additional Federal SAPT Block Grant Funds.</b> The Department of State Health Services (DSHS) shall notify the Legislative Budget Board and</del></p>																				

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		<p><del>the Governor of its intent to use additional federal Substance Abuse Prevention and Treatment (SAPT) block grant funds in excess of the amounts specifically appropriated in the strategies above, which total \$135,160,342 for fiscal year 2008 and \$135,160,342 for fiscal year 2009. This notification shall explain the services to be provided, the original source of funding for the program or services or indicate that programs or services are being expanded beyond levels assumed in the appropriations act, and the grant and amount of the grant funds to be used. The notification shall be submitted at least 45 days prior to allocations made out of funds appropriated above.</del></p> <p><i>The agency has two years to expend each grant award and contracting needs fluctuate from year to year depending upon prior year's expenditures. Furthermore, fluctuations federal expenditures do not impact the maintenance of effort for the Substance Abuse Prevention and Treatment Block grant.</i></p>		
6	II-49	<p><b>Other Reporting Requirements.</b></p> <p>a. <b>Federal Reports.</b> The Department of State Health Services shall submit the following information to the Legislative Budget Board and the Governor no later than the date the respective report is submitted to the federal government:</p> <p>(1) Notification of proposed State Plan amendments and waivers for the Maternal and Child Health Block Grant (Title V of the Social Security Act), the Special Supplemental Food Program for Women, Infants and Children Program (Child Nutrition Act of 1966), and the Substance Abuse, Prevention and Treatment Block Grant and any other federal grant requiring a state plan. State Plan amendments and waiver submissions shall also be provided to the Senate Health and Human Services, House Human Services, and House Public Health committee.</p> <p>(2) A copy of each report or petition submitted to the federal government relating to</p>		

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		<p>the grants and programs noted above under section a (1).</p> <p>b. <b>Federal Issues.</b> The Department of State Health Services shall notify the Legislative Budget Board and the Governor on a timely basis about emerging issues that could result in the loss of more than \$1 million in federal revenue assumed in the appropriations act.</p> <p>c. <b>Monthly Financial Reports.</b> The Department of State Health Services shall submit the following information to the Legislative Budget Board and the Governor on a monthly basis:</p> <ul style="list-style-type: none"> <li>(1) Information on appropriated, budgeted, expended and projected funds, by strategy and method of finance.</li> <li>(2) Narrative explanations of significant budget adjustments, ongoing budget issues, and other as appropriate.</li> <li>(3) Collections, expenditures, and balances for revenues generated by the department as of the last day of the prior month.</li> <li>(4) Any other information requested by the Legislative Budget Board or the Governor.</li> </ul> <p>d. The monthly financial reports shall be prepared in a format specified by the Legislative Budget Board.</p>		
7	II-50	<p><b>Mental Health Community Hospital Medicaid Services.</b> The Harris County Psychiatric Center, Lubbock Community Hospital, and Galveston Community Hospital shall certify appropriated state funds to the Health and Human Services Commission or its designee for the</p>		

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		state share of Medicaid reimbursement for the following services: a. Inpatient psychiatric services for children. b. Inpatient psychiatric services for age 65 and over (Institute for Mental Disease option). The Department of State Health Services shall report monthly to the Legislative Budget Board and the Governor on the amounts certified by each mental health community hospital.																			
8	II-50	<b>Performance Contracts.</b> Funds in Strategy C.2.1, Mental Health Community Hospitals, shall be allocated through performance contracts with local mental health authorities.																			
9	II-50	<b>Transfers of Appropriation - State Owned Hospitals.</b> The Department of State Health Services shall transfer from non-Medicaid state appropriated funds the following amounts to the Health and Human Services Commission for the Disproportionate Share Hospital Reimbursement Program: <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: right;"><del>2008</del> 2010</th> <th style="text-align: right;"><del>2009</del> 2011</th> </tr> </thead> <tbody> <tr> <td>State Mental Health Hospitals</td> <td style="text-align: right;">\$ 281,967,623</td> <td style="text-align: right;">\$ 281,967,623</td> </tr> <tr> <td>Harris County Psychiatric Center</td> <td style="text-align: right;">12,847,942</td> <td style="text-align: right;">12,847,942</td> </tr> <tr> <td>Texas Center for Infectious Disease</td> <td style="text-align: right;"><u>9,420,602</u></td> <td style="text-align: right;"><u>9,420,602</u></td> </tr> <tr> <td></td> <td style="text-align: right;">\$ 304,236,167</td> <td style="text-align: right;">\$ 304,236,167</td> </tr> </tbody> </table> <p>The timing and form of such transfers shall be determined by the Comptroller of Public Accounts in consultation with the Health and Human Services Commission. The Legislative</p>						<del>2008</del> 2010	<del>2009</del> 2011	State Mental Health Hospitals	\$ 281,967,623	\$ 281,967,623	Harris County Psychiatric Center	12,847,942	12,847,942	Texas Center for Infectious Disease	<u>9,420,602</u>	<u>9,420,602</u>		\$ 304,236,167	\$ 304,236,167
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		Budget Board is authorized to adjust the amounts of such transfers as necessary to match available federal funds. The department shall also transfer non-Medicaid state appropriated funds as necessary for other qualifying state-funded community hospitals including mental health community hospitals. DSHS shall monitor Medicaid utilization rates at these state_owned hospitals to ensure their qualification for the Disproportionate Share Hospital Reimbursement Program.  <i>Rider has been updated for the FY10-11 biennium.</i>				
10	II-50	<b>Disposition of Construction Appropriation.</b> Construction appropriations may be used to pay salaries and travel expenses of department engineers and architects and administrative expenses of construction projects (but shall not exceed \$500,000 in a fiscal year that are paid out of General Obligation Bonds); architect's and engineer's fees; and the actual travel expenses incurred by them or their representatives in making trips of inspection at the discretion of the department during construction, renovation, or repair of buildings and systems or the installation of fixed equipment. Job titles and rates of pay for such salaried positions of department personnel paid from construction appropriations shall conform with the Position Classification Plan and Classification Salary Schedule.				
11	II-51	<b>Community Hospital Funding for Galveston Community Hospital.</b> Out of funds appropriated above, the Department of State Health Services shall allocate \$400,000 in General Revenue for fiscal year <del>2008</del> 2010 and \$400,000 in General Revenue for fiscal year <del>2009</del> 2011 for the Galveston Community Hospital, specifically for the purpose of providing outpatient medication services.  <i>Rider has been updated for the FY10-11 biennium.</i>				
12	II-51	<b>Appropriation of Local Funds.</b> All funds received by the department from counties, cities, and any other local governmental entities and all balances from such sources as of August 31,				

<b>Agency Code:</b> 537		<b>Agency Name:</b> Department of State Health Services		<b>Prepared By:</b> Machelle Pharr	<b>Date:</b>	<b>Request Level:</b> Base
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		<p><del>2007</del> 2009, are hereby appropriated for the biennium ending August 31, <del>2011</del> 2009, for the purpose of carrying out the provisions of this Act. (Estimated to be \$0.)</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
13	II-51	<p><b>Unexpended Construction Balances: Mental Health Facilities.</b> Any unexpended construction, repair, or renovation balances from previous appropriations, estimated to be <del>\$22,214,564</del> 7,501,096 from fiscal year <del>2007</del> 2009 to fiscal year <del>2008</del> 2010 and included in the method of finance above as General Obligation Bond proceeds in Strategy F.1.4, Capital Repair and Renovation - Mental Health Facilities, are hereby appropriated to the Department of State Health Services (DSHS) for the same purposes, provided that the expenditure of such appropriated funds shall require the approval of the Commissioner of State Health Services. At least 45 days prior to expenditure of such funds, DSHS shall report on the appropriated fund sources, amounts and year of appropriation and on the proposed use of these funds to the Legislative Budget Board and the Governor.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
14	II-51	<p><b>Unexpended Balances: JCAHO.</b> Except as otherwise provided, unexpended and unobligated balances, not to exceed \$5 million, remaining from appropriations for the first year of the biennium to the Department of State Health Services are appropriated to the department for the purpose of complying with Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) standards dealing with residential, non-residential, and community based mental health services. This paragraph does not apply to those unexpended and unobligated balances remaining from appropriations for the first year of the biennium that the department is authorized by this Act to retain for specific purposes in the second year of the biennium. The department shall notify the Legislative Budget Board and the Governor as to when the appropriation originated, why it is not needed, and how it will be used prior to budgeting and expending these balances.</p>				

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15	II-51	<p><b>Mental Health Appropriation Transfer Between Fiscal Years.</b> In addition to the transfer authority provided elsewhere in this Act, the Department of State Health Services may transfer appropriations made for the fiscal year ending August 31, <del>2009</del> 2011, to the fiscal year ending August 31, <del>2008</del> 2010, subject to the following conditions provided by this section:</p> <p>a. Transfers under this section may be made only:</p> <p>(1) If appropriated receipts required to fund appropriations contained in this Act for fiscal year <del>2008</del> 2010 are less than those contained in the method of finance for the department for fiscal year <del>2008</del> 2010;</p> <p>(2) For any emergency expenditure requirements, including expenditures necessitated to ensure the continuation of Medicaid client services to maintain fiscal year <del>2007</del> 2010 Medicaid caseloads.</p> <p>b. Transfers may not exceed \$15,000,000 in General Revenue.</p> <p>c. A transfer authorized by this section must receive the prior approval of the Legislative Budget Board and the Governor.</p> <p>d. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
16	II-51	<p><b>New Generation Medications.</b> Funds expended on New Generation Medications shall be spent in accordance with the practice guidelines developed through the Texas Implementation</p>				

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		of Medication Algorithms (TIMA), Children's Medication Algorithm Project (CMAP) or a Department of State Health Services-approved variation or substitute of TIMA or CMAP guidelines.				
17	II-52	<p><b>Recoupment of Funds from Local Authorities.</b> Notwithstanding other provisions of this Act, any state funds appropriated for fiscal year <del>2008</del> <u>2010</u> recouped by the Department of State Health Services (DSHS) from a local mental health authority for failing to fulfill its performance contract with the State, are hereby reappropriated to DSHS to reallocate to other local mental health authorities to use for a related purpose in fiscal year <del>2009</del> <u>2011</u>. In conjunction with the reallocation of funds, DSHS shall provide a report to the Legislative Budget Board and the Governor on the amount of funds, the reasons for the recoupment, the local authorities involved, any performance contract requirements that were not met, and the purposes of the reallocation.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
18	II-52	<p><b>Limitation: Medicaid Transfer Authority.</b></p> <p>a. Notwithstanding the transfer provisions in the general provisions (general transfer provisions) of this Act, none of the funds appropriated by this Act to the Department of State Health Services for the following Medicaid strategies:</p> <p>(1) B.2.1, Mental Health Services for Adults;  (2) B.2.2, Mental Health Services for Children; and  (3) C.1.3, Mental Health State Hospitals</p> <p>may be transferred to any other item of appropriation or expended for any purpose other than the specific purpose for which the funds are appropriated without the prior written</p>				

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		<p>approval of the Legislative Budget Board and the Governor; however, funds may be transferred between Medicaid strategies in accordance with other provisions in this Act, including the general transfer provisions and the provisions of section b, and transfers may be made from Medicaid strategies to separate accounts authorized by agency rider and established by the State Comptroller for payment of certain support costs not directly attributable to a single program.</p> <p>b. The transfer of appropriations from Strategy C.1.3, Mental Health State Hospitals, to any other strategy is limited to 17.5 percent without the prior approval of the Legislative Budget Board and the Governor. Transfers from Strategy C.1.3 may only be made to the Medicaid strategies identified above and Strategy C.2.1, Mental Health Community Hospitals.</p>				
19	II-52	<p><b>Use of Timber Receipts for Capital Projects.</b> The Department of State Health Services is hereby authorized to sell timber located on department land. Revenues generated from the sale of timber, estimated at \$0 for the biennium, shall be deposited into the Texas Capital Trust Fund Account No. 543.</p>				
20	II-52	<p><b>Laboratory Funding.</b></p> <p>a. All receipts generated by the Department of State Health Services (DSHS) from laboratory fees during the <del>2008-09</del> <u>2010-11</u> biennium and deposited in General Revenue-Dedicated Account No. 524 under Revenue Object 3561 are hereby appropriated to the DSHS for transfer to the Texas Public Finance Authority for the payment of debt services on the project revenue bonds.</p> <p>b. Appropriations made out of the General Revenue Fund to DSHS in Goal E, Indirect</p>				

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		<p>Administration, may be transferred for bond debt service payments only if laboratory fees generated by the laboratory during the biennium are insufficient to support the bond debt service, subject to prior approval of the Governor and the Legislative Budget Board and if no funds appropriated to DSHS by this Act have been transferred into Goal E, Indirect Administration.</p> <p><del>c. Included in the appropriations made above in Strategy A.4.1, Laboratory Services, is \$10,919,442 in fiscal year 2008 and \$10,919,442 in fiscal year 2009 from General Revenue Dedicated Account No. 524. These amounts include an unexpended balance of \$3,800,000 from the 2006-07 biennium.</del></p> <p><i>Rider has been updated for the FY10-11 biennium. Section c. no longer needed.</i></p>		
21	II-52	<p><b>Appropriations Limited to Revenue Collections.</b> The Department of State Health Services (DSHS) shall review all of the fee schedules within its authority on an annual basis. The DSHS shall provide a copy of the report summarizing this review to the Legislative Budget Board and the Governor no later than September 1 of each year in the biennium, with a copy of the final report to be submitted no later than January 1 of each year of the biennium. It is the intent of the Legislature that, to the extent feasible, fees, fines, and other miscellaneous revenues as authorized and generated by the department cover, at a minimum, the cost of the appropriations made for the programs listed in the table below, as well as the "other direct and indirect costs" associated with these programs, appropriated elsewhere in this Act. "Other direct and indirect costs" for these programs are estimated to be \$6,350,695 for fiscal year <del>2008</del> <u>2010</u> and \$6,437,326 for fiscal year <del>2009</del> <u>2011</u>. In the event that actual and/or projected revenue collections are insufficient to offset the costs identified by this provision, the Legislative Budget Board may direct that the Comptroller of Public Accounts reduce the appropriation authority provided above to be within the amount of revenue expected to be available. This rider shall apply to revenues generated in the following strategies and deposited under the</p>		

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		<p>following revenue codes or account numbers:</p> <table border="0"> <thead> <tr> <th data-bbox="724 516 1228 544"><b>Strategy</b></th> <th data-bbox="1255 516 1583 544"><b>Revenue Code or Account</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="724 548 1228 576">D.1.1. Food (Meat) &amp; Drug Safety</td> <td data-bbox="1255 613 1598 641">341 Food &amp; Drug Retail Fee</td> </tr> <tr> <td></td> <td data-bbox="1255 683 1476 711">5022 Oyster Sales</td> </tr> <tr> <td></td> <td data-bbox="1255 753 1635 781">5024 Food &amp; Drug Registration</td> </tr> <tr> <td></td> <td data-bbox="1255 823 1839 1214">Fees deposited into 001 to support D.1.1, Food (Meat) and Drug Safety, including fees deposited under the following Revenue Codes: 3142 (Food Service Worker Training); 3180 (Health Regulation Fees, for Body Piercing and Tattoo Studios, Tanning Facility Fees, and Narcotic Treatment Fees); 3400 (Business Fees- Agriculture, for Renderers Licenses and Milk Industry Products); 3414 (Agriculture Inspection Fees, for Meat Inspection); 3554 (Food and Drug Fees, for Medical Device Wholesalers, Food Drug and Cosmetic Sales, and Frozen Desserts).</td> </tr> <tr> <td></td> <td data-bbox="1255 1256 1602 1284">D.1.2. Environmental Health</td> </tr> <tr> <td></td> <td data-bbox="1255 1326 1671 1354">5017 Asbestos Removal Licensure</td> </tr> </tbody> </table>			<b>Strategy</b>	<b>Revenue Code or Account</b>	D.1.1. Food (Meat) & Drug Safety	341 Food & Drug Retail Fee		5022 Oyster Sales		5024 Food & Drug Registration		Fees deposited into 001 to support D.1.1, Food (Meat) and Drug Safety, including fees deposited under the following Revenue Codes: 3142 (Food Service Worker Training); 3180 (Health Regulation Fees, for Body Piercing and Tattoo Studios, Tanning Facility Fees, and Narcotic Treatment Fees); 3400 (Business Fees- Agriculture, for Renderers Licenses and Milk Industry Products); 3414 (Agriculture Inspection Fees, for Meat Inspection); 3554 (Food and Drug Fees, for Medical Device Wholesalers, Food Drug and Cosmetic Sales, and Frozen Desserts).		D.1.2. Environmental Health		5017 Asbestos Removal Licensure
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		<p data-bbox="1260 479 1627 511">5020 Workplace Chemical List</p> <p data-bbox="1260 544 1848 982">Fees deposited into 001 to support D.1.2, Environmental Health, including fees deposited under the following Revenue Codes: 3123 (Volatile Chemical Sales Permit); 3141 (Bedding Permit Fees); 3175 (Professional Fees, for Code Enforcement Officers and Mold Assessors); 3180 (Health Regulation Fees, for Lead-Based Paint Certification Program); 3555 (Hazardous Substance Manufacture); 3562 (Health Related Professional Fees, for Sanitarian Registration and Pesticide Use and Application Program); and 3573 (Health Licenses for Camps, for Youth Camps).</p> <p data-bbox="1260 1015 1554 1047">D.1.3. Radiation Control</p> <p data-bbox="1260 1079 1848 1282">5021 Certification of Mammography Systems Fees deposited into 001 to support D.1.3, Radiation Control, including fees deposited under the following Revenue Codes: 3589 (Radioactive Materials and Devices for Equipment Regulation).</p> <p data-bbox="724 1315 1113 1347">D.1.4. Health Care Professionals</p>		

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		<p data-bbox="1262 483 1843 1045">Fees deposited into 001 to support D.1.4, Health Care Professionals, including fees deposited under the following Revenue Codes: 3175 (Professional Fees, for Health Services Providers and Athletic Trainers); 3560 (Medical Examination and Registration, for Perfusionists, Medical Radiologic Technicians, and Respiratory Therapists); 3562 (Health Related Professional Fees, for Medical Physicists, Hearing Aid Dispensers, Marriage and Family Therapists, Massage Therapists, Respiratory Care Practitioners, Professional Counselors, Dispensing Opticians, Speech Pathologists, Dieticians, and Chemical Dependency Counselors); 3616 (Social Worker Regulation); and 3727 (Fees for Administrative Services, for Council on Sex Offender Treatment Providers).</p> <p data-bbox="726 1084 1062 1110">D.1.5. Health Care Facilities</p> <p data-bbox="1262 1154 1535 1180">129 Hospital Licensing</p> <p data-bbox="1262 1219 1843 1343">Fees deposited into 001 to support D.1.5, Health Care Facilities, including fees deposited under the following Revenue Codes: 3180 (Health Regulation Fees, for Special Care Facilities); and</p>		

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		<p>3557 (Health Care Facilities Fees, for Abortion Clinics, Ambulatory Surgical Centers, Birthing Centers, End Stage Renal Disease Facilities, Chemical Dependency Facilities, and Drug Abuse Treatment Facilities).</p> <p>A.1.2 Health Registries, Information, and Vital Records</p> <p>019 Vital Statistics</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>		
22	II-54	<p><b>Revolving Fund Services: Canteen Services and Sheltered Workshops.</b> Each of the mental health facilities under control and management of the Department of State Health Services (DSHS), except the State Office, may establish, maintain, and operate a canteen and a related canteen operation fund for the convenience of its residents and the DSHS may maintain a revolving fund for its management responsibilities related to sheltered workshops. Out of funds appropriated above in Strategy C.1.3, Mental Health State Hospitals, \$795,500 per fiscal year in General Revenue shall be allocated for the operation of canteen and sheltered workshops. <u>All receipts deposited in excess of \$795,500 (estimated to be \$0) are appropriated to the agency in strategy C.1.3, Mental Health State Hospitals for this purpose.</u> The department shall provide information on related revenues, balances, contracts and profits to the Legislative Budget Board, Governor and Comptroller of Public Accounts. These revenues, expenditures and balances shall be reported and included in agency Operating Budgets, Legislative Appropriation Requests, and Annual Financial Reports. The timetable, format and content for additional monthly reports related to canteen operations and sheltered workshops shall be prescribed by the Legislative Budget Board. <u>Any unexpended balances remaining from revenues collected from canteen and sheltered workshop operations for the first year of the biennium are</u></p>		

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		<p><u>hereby appropriated for use in the second year of the biennium.</u></p> <p><i>Rider has been updated for the FY10-11 biennium. The additional revenue collected in excess of the \$759,500 and carryforward from the first year of the biennium to the second year will help to offset the costs of the canteen and sheltered workshops. These funds are currently being deposited to the state treasury.</i></p>				
23	II-54	<p><b>Funding for Abstinence Sexual Education.</b> It is the intent of the Legislature that funds appropriated in Strategy A.3.2, Abstinence Education, be utilized for the purpose of implementing abstinence sexual education programs to reduce the need for future family planning services for unwed minors. Abstinence education means materials and instruction which:</p> <ul style="list-style-type: none"> <li>a. Present abstinence from sexual activity as the preferred choice of behavior for unmarried persons; and</li> <li>b. Emphasize that abstinence from sexual activity, used consistently and correctly, is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted disease, and infection with human immunodeficiency virus or acquired immunodeficiency syndrome.</li> </ul>				
24	II-55	<p><b>Prohibition on Abortions.</b></p> <ul style="list-style-type: none"> <li>a. It is the intent of the Legislature that no funds shall be used to pay the direct or indirect costs (including overhead, rent, phones and utilities) of abortion procedures provided by contractors of the department.</li> <li>b. It is also the intent of the legislature that no funds appropriated under Strategy B.1.3,</li> </ul>				

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		<p>Family Planning Services, shall be distributed to individuals or entities that perform elective abortion procedures or that contract with or provide funds to individuals or entities for the performance of elective abortion procedures.</p> <p>c. The department shall include in its financial audit a review of the use of appropriated funds to ensure compliance with this section.</p>				
25	II-55	<p><b>Family Planning.</b> Of funds appropriated under Strategy B.1.3, Family Planning Services, no state funds may be used to dispense prescription drugs to minors without parental consent.</p>				
26	II-55	<p><b>Medical Treatment.</b> The Department of State Health Services may distribute funds for medical, dental, psychological, or surgical treatment provided to a minor only if consent to treatment is obtained pursuant to Chapter 32 of the Texas Family Code or other state law. In the event that compliance with this rider would result in the loss of Federal Funds to the state, the department may modify, or suspend this rider to the extent necessary to prevent such loss of funds, provided that 45 day prior notification is provided to the Governor and the Legislative Budget Board.</p>				
27	II-55	<p><b>Reporting of Child Abuse.</b> The Department of State Health Services may distribute or provide appropriated funds only to recipients which show good faith efforts to comply with all child abuse reporting guidelines and requirements set forth in Chapter 261 of the Texas Family Code.</p>				
28	II-55	<p><b>Trauma Formula Distribution.</b> It is the intent of the Legislature that the Department of State Health Services allocate monies from the emergency medical services and trauma care system fund in accordance with Health and Safety Code, §773.122(c) and §780.004(d). It is further the intent of the Legislature that the Department of State Health Services weight the</p>				

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		statutory criteria in such fashion that, in so far as possible, 40 percent of the funds are allocated to urban counties and 60 percent of the funds are allocated to rural and frontier counties.				
29	II-55	<p><b>Authorization to Receive, Administer, and Disburse Federal Funds.</b> The appropriations made herein may be used to match Federal Funds granted to the state for the payment of personal services and other necessary expenses in connection with the administration and operation of a state program of health services. Notwithstanding the General Provisions of this Act, the Executive Commissioner of Health and Human Services, the Commissioner of State Health Services, or the designee under statute or by rule is hereby authorized to receive and disburse in accordance with plans acceptable to the responsible federal agency, all federal monies that are made available (including grants, allotments, and reimbursements) to the state and retain their character as Federal Funds for such purposes, and to receive, administer, and disburse Federal Funds for federal regional programs in accordance with plans agreed upon by the Department of State Health Services and the responsible federal agency, and such other activities as come under the authority of the Executive Commissioner of Health and Human Services, the Commissioner of State Health Services, or the designee under statute or by rule, and such monies are hereby appropriated to the specific purpose or purposes for which they are granted or otherwise made available. Earned Federal Funds are not considered to be Federal Funds for the purpose of this section.</p>				
30	II-55	<p><b>Accounting of Support Costs.</b> The Comptroller of Public Accounts shall establish separate accounts from which certain support costs shall be paid. The Department of State Health Services is hereby authorized to make transfers into these separate accounts from line item strategies in order to pay for these expenses in an efficient and effective manner. Only costs not directly attributable to a single program may be budgeted in or paid from these accounts. Items to be budgeted in and paid from these accounts include but are not limited to: postage,</p>				

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		occupancy costs, equipment repair, telephones, office printing costs, supplies, freight and transport costs, telephone system costs and salary and travel costs of staff whose function supports several programs. The department shall be responsible for monthly allocations of these costs to the original strategies.				
31	II-56	<b>Appropriation: WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) Rebates.</b> The Department of State Health Services (DSHS) is authorized to receive and expend WIC rebates and interest earnings associated with WIC rebates and such funds are appropriated to DSHS. The department shall only expend WIC rebates and interest earnings for the purposes of the WIC program.				
32	II-56	<p><b>State Health Care Facility Provisions.</b> The State Health Care Facilities operated by the Department of State Health Services are the South Texas Health Care Center System (formerly known as the South Texas Hospital) and the Texas Center for Infectious Disease. The provisions applying to the State Health Care Facilities are as follows:</p> <ul style="list-style-type: none"> <li>a. The Texas Center for Infectious Disease shall provide utilities and inpatient treatment and care services to the San Antonio State Hospital and the San Antonio State School without reimbursement.</li> <li>b. Out of the funds appropriated above, the South Texas Health Care System shall support medical education through the South Texas Family Practice Residency Program-McAllen with the cooperation of the University of Texas Health Science Center at San Antonio.</li> <li>c. Third party collections (appropriated receipts) collected by the Department of State Health Services State Health Care Facilities are hereby appropriated to Strategy C.1.1,</li> </ul>				

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		Texas Center for Infectious Disease, and Strategy C.1.2, South Texas Health Care System, for the provision of services.				
33	II-56	<b>Immunization of Employees.</b> Monies appropriated above may be expended for any immunization which is required of employees at risk in the performance of their duties.				
34	II-56	<p><b>Reimbursement of Advisory Committee Members.</b> Pursuant to Health and Safety Code, §1001.027, reimbursement of expenses for advisory committee members, out of funds appropriated above not to exceed \$200,000 per fiscal year, is limited to the following advisory committees: State Preventive Health Advisory Committee, Texas Radiation Advisory Board, Preparedness Coordinating Council, and the Texas Organ, Tissue, <u>Governor's Emergency Medical Services and Trauma Advisory Council</u>, <u>Local Authority Network Advisory Committee</u> and Eye Donor Council.</p> <p>Pursuant to Health and Safety Code, §1001.027, reimbursement of expenses for advisory committee members, out of funds appropriated above, is limited to any advisory committee member who represents either the general public or consumer on the following advisory committees: Texas HIV Medication Program Advisory Committee, Registered Sanitarian Advisory Committee, Code Enforcement Officer's Advisory Committee, Promotora Community Health Worker Training and Certification Committee, Medical Radiological Technologist Advisory Committee, Respiratory Care Practitioner's Advisory Committee, Governor's Emergency Medical Services and Trauma Advisory Council, Drug Demand Reduction Advisory Committee, Texas State Perfusionist Advisory Committee, Youth Camp Advisory Committee, and School Health Advisory Committee.</p> <p>Pursuant to Health and Safety Code, §1001.027, reimbursement of expenses for advisory committee members, out of funds appropriated above not to exceed \$18,978 per year, is</p>				

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		<p>limited to the Mental Health Planning and Advisory Committee.</p> <p>To the maximum extent possible, the department shall encourage the use of videoconferencing and teleconferencing and shall schedule meetings and locations to facilitate the travel of participants so that they may return the same day and reduce the need to reimburse members for overnight stays.</p> <p><i>The Emergency Medical Services Council has expanded to standing committees and multiple task forces/workgroups. The Council and its committees now meet over 3 days every quarter and often interim meetings are needed. The Local Authority Network Advisory Committee was formed by HB2439, 80<sup>th</sup> Legislature.</i></p>				
35	II-56	<p><b>Reimbursement of Advisory Council Members.</b> Pursuant to Health and Safety Code, §1001.027, reimbursement of travel expenses for the State Health Services Advisory Council members, out of funds appropriated above, is hereby authorized such that the sum total of all reimbursements for members of the Council shall not exceed \$25,000 per fiscal year, at the rate specified in the general provisions of this Act.</p>				
36	II-57	<p><b>Unexpended Balances - Preparedness and Prevention, and Consumer Protection Services.</b> Subject to the approval of the Commissioner of Health and Human Services, the Commissioner of State Health Services, or the designee under statute or by rule, all unexpended balances, including General Revenue and All Funds, not otherwise restricted from appropriations to Goal A: Preparedness and Prevention Services, and Goal D: Consumer Protection Services, at the close of the fiscal year ending August 31, <del>2008</del> 2010, are hereby appropriated for the fiscal year beginning September 1, <del>2008</del> 2010. The Department of State Health Services shall submit a report to the Legislative Budget Board and the Governor identifying any appropriations carried forward into fiscal year <del>2009</del> 2011 pursuant to this provision no later than 14 days after approval. The report shall be prepared in a format prescribed by the</p>				

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		Legislative Budget Board.  <i>Rider has been updated for the FY10-11 biennium.</i>				
37	II-57	<p><b>State Health Programs Drug Manufacturer Rebates.</b> The Department of State Health Services is authorized to receive and expend drug rebates and interest earnings associated with Kidney Health Care (KHC) drug rebates and Children with Special Health Care Needs (CSHCN) drug rebates. The department shall expend the drug rebates and interest earnings, appropriated above, only for the purpose of client services for the KHC and CSHCN programs. The department shall establish a preference, within <del>these programs</del> <u>within the KHC program</u>, for the purchase of pharmaceutical products from those manufacturers that participate in the State Health Programs Drug Manufacturer Rebate Program for <del>the CSHCN program and</del> the KHC program.</p> <p><i>The CSCHN program does not operate with a formulary because clients are eligible for any medically necessary drug product. Since CSHCN must offer clients all medically necessary drug products, the program should not be required to establish a preference for the purchase of pharmaceutical products for any manufacturer.</i></p>				
38	II-57	<p><b>Childhood Lead Registry.</b> Out of funds appropriated above in Strategy A.1.2, Health Registries, Information, and Vital Records, a total of \$80,700 in All Funds and \$65,000 in General Revenue Funds each fiscal year of the <del>2008-09</del> <u>2010-2011</u> biennium shall be used for the Childhood Lead Registry.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
39	II-57	<p><b>Performance of Licensing Entities.</b> The Department of State Health Services (DSHS) shall provide performance information to the Legislative Budget Board and the Governor no later than December 1 of each year for each board or other entity that licenses, certifies, or registers health professionals attached to or within the purview of DSHS. For each board or other</p>				

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		entity, the department shall provide the following for the previous fiscal year:  a. Number of Professionals Licensed/Certified/Placed on a Registry; b. Number of New License/Certificate Applications Received; c. Total Number of Complaints Received; d. Total Number of Jurisdictional Complaints Resolved; and e. Total Number and Type of Disciplinary Actions Taken.				
40	II-57	<b>Performance Reporting for Texas Center for Infectious Disease and South Texas Health Care Center System.</b> The Department of State Health Services shall submit to the Legislative Budget Board and the Governor the following information on a quarterly basis regarding hospital performance: revenue collections at the hospital, by payor mix; direct and non-direct patient care expenditures; number of inpatient patients served on a monthly basis, by type of service provided; and number of outpatient patients served on a monthly basis, by type of service provided.				
41	II-57	<b>Notification of Regional Funds Distribution.</b> The Department of State Health Services shall notify the Legislative Budget Board and the Governor of the allocation methodology or formula used to allocate funds and provide an impact analysis of any changes from the previous year's formula or percentage allocations, by public health region, at least 30 days prior to allocations made out of funds appropriated above in Strategy B.1.2, Women and Children's Health Services.				
42	II-57	<b>Transfer for Health Professions Council.</b> Out of funds appropriated above in Strategy D.1.4, Health Care Professionals, an amount equal to \$11,571 in fiscal year <del>2008</del> <u>2010</u> and \$11,571 in fiscal year <del>2009</del> <u>2011</u> shall be used for transfer to, and expenditure by, the Health Professions Council as the pro-rated assessment of the Professional Licensing and Certification Unit of the				

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		Department of State Health Services. <i>Rider has been updated for the FY10-11 biennium.</i>				
43	II-57	<b>Rabies Control.</b> Out of amounts appropriated above, up to \$4,737,981 in fiscal year <del>2008</del> <u>2010</u> and \$4,237,981 in fiscal year <del>2009</del> <u>2011</u> is allocated above to Strategy A.2.3, Infectious Disease Prevention, Epidemiology, and Surveillance, for rabies control. <i>Rider has been updated for the FY10-11 biennium.</i>				
44	II-58	<b>Reducing the Incidence of Vibrio Vulnificus.</b> Out of the funds appropriated in Strategy D.1.1, Food (Meat) and Drug Safety, the Department of State Health Services (DSHS) shall allocate up to \$100,000 in fiscal year <del>2008</del> <u>2010</u> and \$100,000 in fiscal year <del>2009</del> <u>2011</u> in the General Revenue Dedicated, Oyster Sales, Account No. 5022, for the purpose of reducing the incidence of Vibrio Vulnificus. Appropriation of these funds does not preclude the use of other funds (such as federal or other grants, donations, or awards) to carry out the activities by DSHS as provided for herein. <i>Rider has been updated for the FY10-11 biennium.</i>				
45	II-58	<b>Use of Community Primary Care Services, FQHC, and Special Health Initiatives Funds.</b> a. It is the intent of the Legislature that up to \$5,000,000 in fiscal year <del>2008</del> <u>2010</u> and \$5,000,000 in fiscal year <del>2009</del> <u>2011</u> of the funds appropriated in Strategy B.3.2, FQHC Infrastructure Grants, be expended exclusively to establish new Federally Qualified Health Centers (FQHCs), FQHC Look-alikes, or expand sites or capacity at existing FQHCs and to aid FQHCs and organizations through grants to existing or new institutions seeking to become FQHCs for planning, grant writing, initial operating costs, and initial capital costs. Any unused funds after <del>June 1</del> <u>May 1</u> of each year shall be used solely for the provision				

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		<p>of direct primary care services through the continuation of the Primary Healthcare Program for existing FQHCs and non-FQHCs in Strategy B.1.4, Community Primary Care Services.</p> <p>b. It is the intent of the Legislature that a total of \$302,100 for the <del>2008-09</del> <u>2010-11</u> biennium appropriated in Strategy B.1.4, Community Primary Care Services, be expended exclusively for the Parkland Senior Care Project. No more than <del>\$800,000</del> <u>\$1 million</u> may be used each year in Strategy B.1.4, Community Primary Care Services, for administrative expenses to support the Community Primary Care and FQHC grant programs.</p> <p>c. It is the intent of the Legislature that all grantees, except Parkland Senior Care Project, receiving funds appropriated in Strategy B.1.4, Community Primary Care Services, be required to coordinate their services with existing FQHCs located in their county or to examine seeking designation as an FQHC if no FQHC is currently available within their county.</p> <p><del>It is the intent of the Legislature that \$321,398 in fiscal year 2008 and \$321,398 in fiscal year 2009 of the funds appropriated in Strategy A.1.1, Public Health Preparedness and Coordinated Services, be expended exclusively for the Office for the Elimination of Health Disparities.</del></p> <p>d. It is the intent of the Legislature that an FQHC that receives funds through this section shall operate extended weekend and <u>early morning or</u> evening hours.</p> <p><i>Rider has been updated for the FY10-11 biennium, including revision to reflect that the Office for the Elimination of Health Disparities has transferred to the Health and Human Services Commission. Section 45 (a) requested change will assure that funding in this strategy is fully utilized to expand access to</i></p>		

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		<p><i>primary care services. DSHS originally asked for the June 1 deadline to ensure RFPs were published, awarded, and contracts negotiated, as the FQHC program was in its infancy. Due to the program's maturity, this can be accomplished by June and, if funds are available to move to Primary Care, this date provides sufficient time to amend those contracts. Change to Section 45 (b) is requested to accommodate increases in travel and other support costs over time. The revision to 45(c) clarifies the rider language so that extended hours can be determined according to each community's need.</i></p>				
46	II-58	<p><b>State Owned Multicategorical Teaching Hospital Account.</b></p> <p>a. Out of funds appropriated above in Strategy B.3.3, Indigent Health Care Reimbursement (UTMB), from the State Owned Multicategorical Teaching Hospital Account No. 5049 ("Account"), and contingent upon \$20,000,000 being collected and deposited in the Account for the <del>2008-09</del> <u>2010-11</u> biennium, the amount of \$20,000,000 is allocated to the Department of State Health Services (DSHS) for reimbursement to the University of Texas Medical Branch at Galveston (UTMB) for the provision of health care services provided to indigent patients according to the terms set out in subsection (b). All unexpended balances at the close of the fiscal year ending August 31, <del>2008</del> <u>2010</u>, are hereby appropriated for the fiscal year beginning September 1, <del>2008</del> <u>2010</u>.</p> <p>b. Funds in the account may be used to reimburse UTMB for the provision of health care services provided to indigent patients from all counties, except that it may be used for indigent patients from Galveston, Brazoria, Harris, Montgomery, Fort Bend, and Jefferson counties only if those counties' County Indigent Health Care income eligibility levels, or those counties' hospital district income eligibility levels, exceed the statutory minimum set for the County Indigent Health Care Program.</p> <p>c. Upon presentation of information supporting UTMB's claim, DSHS shall reimburse UTMB for the health care services provided to indigent patients from the Account</p>				

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		<p>established for this purpose. The reimbursement from the Account shall be based upon a rate equal to 90 percent of the Medicaid fee-for-service rate in effect at the time of service for UTMB. This reimbursement shall be made monthly upon the submission to DSHS of a statement of the care provided by UTMB to indigent patients, according to the terms set out in subsection (b). UTMB is authorized to charge patient co-payment amounts for providing health care services, however, UTMB is not entitled to reimbursement from the Account for these co-payment amounts. The Office of the State Auditor may periodically review the statements submitted to DSHS for reimbursement from the Account, as well as the disbursement therefrom, to verify compliance with the criteria established herein.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>		
47	II-59	<p><b>Appropriation of License Plate Revenue.</b> Out of funds appropriated above, the Department of State Health Services shall allocate <del>\$1,177,500</del> <u>\$425,000</u> from revenues deposited in the General Revenue-Dedicated Animal Friendly Plates Account No. 5032, under Health and Safety Code, §828.014 per fiscal year for the purpose of awarding grants for animal sterilization. Any revenues deposited in the account in excess of the amounts estimated above are appropriated to the agency. Amounts appropriated above include an unexpended balance (estimated to be <del>\$1,659,000</del> <u>\$0</u>) from the <del>2006-07</del> <u>2008-09</u> biennium; any additional unexpended balance on hand in the account as of August 31, <del>2007</del> <u>2009</u> is appropriated to the agency. Any unexpended balances as of August 31, <del>2008</del> <u>2010</u>, from the amounts appropriated may be carried forward and expended in fiscal year <del>2009</del> <u>2011</u> for the same purposes.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>		
48	II-59	<p><b>End Stage Renal Disease.</b> Out of funds appropriated above in Strategy D.1.5, Health Care Facilities, up to \$368,600 in General Revenue per year is allocated for the purpose of regulating End Stage Renal Disease facilities.</p>		

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49	II-59	<p><b>Children with Special Health Care Needs.</b></p> <p>a. Amounts appropriated above to DSHS in Strategy A.3.4, Children with Special Health Care Needs, may only be transferred to Strategy B.3.4, County Indigent Health Care Services, and to the Health and Human Services Commission (HHSC) Strategy B.1.4, Children and Medically Needy. Transfers to HHSC from DSHS Strategy A.3.4 may only be made if General Revenue Funds are made available by CSHCN-eligible children becoming eligible for Medicaid. Any transfers pursuant to this provision are subject to prior notification of the Legislative Budget Board and the Governor that such a transfer is to take place. Funds may not be transferred from Strategy A.3.4 if such a transfer would result in a loss of, or reduction in, services or a loss of, or reduction in, persons otherwise eligible for CSHCN services or that results in higher cost projections for the next fiscal biennium.</p> <p>b. Notwithstanding any other provisions contained in this Act, no transfers shall be made out of Strategy B.1.2, Women and Children's Health Services.</p> <p>c. DSHS shall provide written notification to the Legislative Budget Board and the Governor prior to exceeding the performance measure targets identified above for the Number of CSHCN Clients Receiving Medical Services. If the department makes a finding of fact that projected expenditures are less than projected available appropriations for the fiscal year, DSHS shall report this finding and related analysis to the Legislative Budget Board and the Governor 15 days prior to adding clients from the waiting list to the program rolls, if adding clients to the program rolls would result in the department exceeding the performance measure target for the fiscal year. The department should add clients from the waiting list in order that projected expenditures equal projected available appropriations for the fiscal year.</p>				

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		<p>d. DSHS is directed to:</p> <ul style="list-style-type: none"> <li>(1) Maintain provider reimbursement rates for Title V providers that mirror reductions in provider reimbursement rates for Medicaid providers.</li> <li>(2) Continue 6 month continuous eligibility limitations consistent with the 6 month continuous eligibility limitations in effect in the Medicaid program.</li> <li>(3) Continue programmatic changes implemented to achieve cost effectiveness within the CSHCN program without reducing the quality of care provided to CSHCN clients and their families.</li> </ul> <p>e. DSHS shall submit to the Legislative Budget Board and the Governor the following information on a biannual basis (no later than September 30 and February 28 each fiscal year) regarding the demographics of the clients served by this program, including income levels, insured status and citizenship.</p>								
50	II-60	<p><b>Informational Listing - Permanent Funds and Endowments.</b> The following is an informational list of the amounts used to capitalize Permanent Funds and Endowments created by House Bill 1676, Seventy-sixth Legislature, and does not make appropriations.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Permanent Fund for Children and Public Health</td> <td style="text-align: right;">\$ 100,000,000</td> </tr> <tr> <td>Permanent Fund for Health and Tobacco Education and Enforcement</td> <td style="text-align: right;">\$ 200,000,000</td> </tr> </table>					Permanent Fund for Children and Public Health	\$ 100,000,000	Permanent Fund for Health and Tobacco Education and Enforcement	\$ 200,000,000
Permanent Fund for Children and Public Health	\$ 100,000,000									
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		Permanent Fund for Emergency Medical Services and Trauma Care				\$ 100,000,000			
		Permanent Hospital Fund for Capital Improvements and the Texas Center for Infectious Disease				\$ 25,000,000			
51	II-60	<p><b>Estimated Appropriation and Unexpended Balance: Permanent Tobacco Funds.</b> The estimated amounts appropriated above out of the Permanent Fund for Health and Tobacco Education and Enforcement, the Permanent Fund for Children and Public Health, the Permanent Fund for Emergency Medical Services and Trauma Care, and the Permanent Hospital Fund for Capital Improvements and the Texas Center for Infectious Disease are out of the available earnings of the funds. Available earnings in excess of the amounts estimated above are appropriated to the Department of State Health Services. In the event that amounts available for distribution or investment returns are less than the amounts estimated above, this Act may not be construed as appropriating funds to make up the difference. Any unexpended appropriations made above as of August 31, <del>2008</del> <u>2010</u>, are hereby appropriated to the same agencies and institutions for the same purposes for fiscal year <del>2009</del> <u>2011</u>.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>							
52	II-60	<p><b>Administration of Public Health Funds.</b> Funds are appropriated above out of the Permanent Fund for Health and Tobacco Education and Enforcement, the Permanent Fund for Children and Public Health, the Permanent Fund for Emergency Medical Services and Trauma Care, and the Permanent Hospital Fund for Capital Improvements and the Texas Center for Infectious Disease for the purpose of implementing Government Code §§403.105, 403.1055, 403.106, and 403.1066. In no event may the administrative costs to implement the provisions of the statute exceed 3 percent. Grants and program costs must compose at least 97 percent of the expenditures to implement the provisions of the statute.</p>							

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53	II-60	<p><b>Emergency Care Attendant (ECA) Training.</b> Out of funds appropriated above, the Department of State Health Services (DSHS) shall allocate \$50,000 in fiscal year <del>2008</del> <u>2010</u> and \$50,000 in fiscal year <del>2009</del> <u>2011</u> for the purpose of providing training grants to local Emergency Medical Services (EMS) instructors to conduct Emergency Care Attendant courses in or near communities lacking local training resources. DSHS shall contract with certified EMS instructors to conduct the 40-hour Emergency Care Attendant courses.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
54	II-60	<p><b>Funding for the Children's Outreach Heart Program.</b> Out of funds appropriated above in Strategy A.3.1, Health Promotion and Chronic Disease Prevention, \$247,000 in General Revenue Funds in each fiscal year of the <del>2008-09</del> <u>2010-11</u> biennium shall be used for the purposes of the Children's Outreach Heart Program in Corpus Christi for the prevention of heart disease and the early detection and intervention for heart defects in the Coastal Bend and South Texas.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
55	II-60	<p><b>County Indigent Health Care.</b> The Department of State Health Services may not allocate more than 10 percent of the total funds appropriated for the County Indigent Health Care program strategy to any single county. The total distribution of funds to any county may exceed the 10 percent allocation limit if there are no counties below the limit eligible for additional funding. The department shall lapse any remaining funds.</p>				
56	II-60	<p><b>Nuisance Surveys for the Economically Disadvantaged Communities Program.</b> The Commission on Environmental Quality (TCEQ) and the Water Development Board (WDB) shall reimburse the Department of State Health Services (DSHS) for costs incurred by the agency in conducting nuisance surveys for applicants for financial assistance through the Economically Disadvantaged Communities program administered by the Water Development</p>				

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		<p>Board. TCEQ and WDB shall each reimburse such costs through Interagency Contracts with DSHS in an amount not to exceed a total of \$125,000 per agency for the biennium beginning on September 1, <del>2007</del> <u>2009</u>.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
57	II-61	<p><del><b>Medically Fragile Children.</b> It is the intent of the Legislature that the Department of State Health Services provide appropriate General Revenue funding in fiscal years 2008 and 2009 in Strategy A.3.4, Children with Special Health Care Needs, for programs specifically designed for medically fragile children, the most critical of the children with special health care needs. These programs should match state funds with private funds and follow the guidelines and criteria developed through the pilot program for medically fragile children established and funded by Rider 57 to the appropriations made to the Department of Health during the Seventy-seventh Legislature, Regular Session.</del></p> <p><i>Services for children who are medically fragile are included in the current CSHCN program's community-based service contracts and will be included in the RFP for 2010 through 2013. Community-based non-profit contractors are required to match state funds with private funds experienced financial hardship and the requirement has become a disincentive for some entities to contract with DSHS for continuation of these critical services. Should the rider continue, it is projected that the number of medically fragile children served, as well as the number of contractors willing to serve this population, will decline.</i></p>				
58	II-61	<p><b>Appropriation of Unexpended Balances: General Obligation Bonds for Health Care Facilities.</b> Any unexpended balances of General Obligation Bonds for health care facilities from previous appropriations, estimated to be <del>\$32,077,071</del> <u>\$7,182,878</u> from fiscal year <del>2007</del> <u>2009</u> to fiscal year <del>2008</del> <u>2010</u> and included in Strategy F.1.2, Construction: Health Care Facilities, TCID, are hereby appropriated to the Department of State Health Services for the same purposes, contingent upon the following:</p>				

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		<p>a. The expenditure of such appropriated funds shall require the approval of the Commissioner of State Health Services,</p> <p>b. At least 45 days prior to the expenditure of such funds to implement a particular project phase, the department shall provide a detailed description of the project phase and cost to the Legislative Budget Board and the Governor.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
59	II-61	<p><b>SAPT Maintenance of Effort Calculation.</b> The Department of State Health Services shall submit by September 1 of each year of the biennium to the Legislative Budget Board and the Governor a detailed analysis of all funds used for the calculation of the Substance Abuse Prevention and Treatment Block Grant Maintenance of Effort requirement for fiscal years <del>2007-2009</del>, <del>2008</del> <u>2010</u>, and <del>2009</del> <u>2011</u>. The report shall be in a format prescribed by the Legislative Budget Board and shall be accompanied by any supporting documentation detailing the sources and methodologies utilized in the calculation.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
60	II-61	<p><b>Family Planning Services at Federally Qualified Health Centers.</b> Out of funds appropriated in Strategy B.1.3, Family Planning Services, up to \$10,000,000 in each year of the <del>2008-09</del> <u>2010-11</u> biennium shall be set aside for family planning services provided by Federally Qualified Health Centers (FQHCs). The Department shall implement this provision only to the extent that it will not have an adverse effect on the number served by the family planning program, especially in counties where no FQHC is available. In addition, up to \$1,000,000 per year may be allocated to clinics for core family planning services provided under the auspices of Baylor College of Medicine. Funds will be allocated statewide to counties for family planning services according to DSHS' annual assessment of women-in-need. Any funds not applied for and granted to FQHCs each fiscal year shall be made available to non-FQHC</p>				

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		<p>contractors. FQHCs funded under this strategy shall assure that recipients receive comprehensive primary and preventive care in addition to the family planning services. The Department of State Health Services shall work with FQHC contractors to assure that reporting requirements are aligned with FQHC eligibility, payment, and reporting requirements.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
61	II-61	<p><b>Vaccine Education - Inclusion of Information Related to Respiratory Syncytial Virus.</b> The Department of State Health Services is hereby directed to include educational information about respiratory syncytial virus (RSV) in its materials already provided to mothers-to-be about childhood immunizations and illness. The inclusion of information related to RSV may be completed at the next regular printing.</p>				
62	II-61	<p><b>Texas Cancer Registry.</b> Out of funds appropriated above in Strategy A.1.2, Health Registries, Information, and Vital Records, the Department of State Health Services shall use \$875,000 in fiscal year <del>2008</del> <u>2010</u> and \$1,000,000 in fiscal year <del>2009</del> <u>2011</u> from Interagency Contracts (Other Funds) with the Higher Education Coordinating Board and/or the Health-Related Institutions of Higher Education and one FTE in each year for the purpose of enhancing the infrastructure of the cancer registry.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
63	II-62	<p><b>Appropriation: Contingent Revenue.</b> The Department of State Health Services (DSHS) is appropriated for the purposes identified below any additional revenue generated by DSHS above the amounts identified in fiscal year <del>2008</del> <u>2010</u> or fiscal year <del>2009</del> <u>2011</u> in the Comptroller of Public Account's Biennial Revenue Estimate (BRE) for each of the accounts or revenue objects identified below. An appropriation from an account or revenue object shall be made available to the department once the amount in the BRE for the account or revenue object for</p>				

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		<p>the given fiscal year has been exceeded. An appropriation is limited to revenue generated in fiscal year <del>2008</del> <u>2010</u> or fiscal year <del>2009</del> <u>2011</u> and does not include any balances that have accrued in the account or revenue object code.</p> <p>a. <u>Account No. 129, Hospital Licensing, for licensing of hospitals.</u></p> <p><del>ba.</del> <u>Account No. 341, Food and Drug Retail Fees, for restaurant inspections.</u></p> <p><del>cb.</del> <u>Account No. 524, Public Health Services Fee, excluding any amounts deposited into Revenue Object 3561, which are statutorily dedicated for laboratory debt service. Any additional revenues are appropriated for laboratory operations and for the purpose of administering the J-1 Visa Waiver Program.</u></p> <p><del>de.</del> <u>Revenue Object 3175, Account No. 5017, Asbestos Removal Licensure, for asbestos inspections and regulatory activities.</u></p> <p>e. <u>Account No 5020, Workplace Chemical List, for regulating hazardous chemicals.</u></p> <p><del>fd.</del> <u>Account No. 5021, Certification of Mammography Systems, contingent upon the department being authorized by the Food and Drug Administration (FDA) to be a certifying body for the purpose of certification of mammography facilities. The department shall provide documentation to the Comptroller of Public Accounts of the FDA authorization.</u></p> <p><del>ge.</del> <u>Revenue Objects 3616, 3560, and 3562 in the General Revenue Fund for the purpose of regulating health professionals.</u></p>		

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		<p><u>h</u>f. Account No. 5024, Food and Drug Registration Fees, for food and drug inspections.</p> <p><u>i</u>g. Account No. 5022, Oyster Sales, for oyster plant inspections.</p> <p><u>j</u>h. Revenue Object 3589 in the General Revenue Fund for Radiation Control regulatory activities.</p> <p><u>k</u>i. Revenue Objects 3123, 3141, 3175, 3555, and 3573 in the General Revenue Fund for environmental regulation.</p> <p><u>l</u>j. Account No. 19, Vital Statistics, for processing birth and death certificates and other vital records.</p> <p><u>m</u>k. Account No. 512, Bureau of Emergency Management, for licensing Emergency Medical Services personnel and providers.</p> <p><i>Rider has been updated for the FY10-11 biennium and to reflect that DSHS has been authorized by the Food and Drug Administration as certifying body for mammography facilities. Appropriation authority for collections above the Comptrollers Biennial Revenue estimate for Account 129, Hospital Licensing, and Account 5020, Workplace Chemical List Fees, is requested. J-1 Visa Waiver Fees are deposited in Account 524, Public Health Service Fees, and have been requested for inclusion in the rider.</i></p>				
64	II-62	<p><del><b>Mentally Ill Offender Screening.</b> Pursuant to Health and Safety Code §§614.013 and 614.017, the Department of State Health Services and local mental health or mental retardation authorities shall, through a memorandum of understanding, identify offenders with mental impairments in the criminal justice system, collect and report prevalence data, and accept and disclose information relating to a special needs offenders if the disclosure serves the purpose of Chapter 614, Health and Safety Code.</del></p>				

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		<p>The Department shall report to the Legislative Budget Board no later than September 1 of each fiscal year its efforts to facilitate the exchange of information between agencies pursuant to Health and Safety Code §614.017. The report shall include, but is not limited to: the manner in which information is exchanged between agencies, the frequency with which information is exchanged, the type of information most frequently exchanged, and the agencies most frequently involved in the exchange of information.</p> <p><i>This requirement is now included in state statute and deletion of the rider is requested.</i></p>		
65	II-62	<p><b>TexasOnline Authority Appropriation.</b></p> <p>a. The Department of State Health Services (DSHS) is authorized in accordance with § 2054.252 of the Government Code to increase the occupational license, permit, and registration fees imposed on licensees by an amount sufficient to cover the cost of the subscription fee charged by the TexasOnline Authority.</p> <p>b. Amounts appropriated above to DSHS include \$1,049,240 in fiscal year <del>2008-2010</del> and \$1,049,240 in fiscal year <del>2009-2011</del> in fee revenue in Strategy D.1.6, TexasOnline, for the purpose of paying TexasOnline Authority subscription fees.</p> <p>c. In the event that actual and/or projected revenue collections from fee increases to cover the cost of TexasOnline subscription fees are insufficient to offset the costs identified above, the Comptroller is hereby directed to reduce the appropriation authority provided by this Act to DSHS to be within the amount of fee revenue expected to be available.</p> <p>d. For new licensing applications, DSHS is hereby appropriated the additional revenue generated from occupational license, permit, or registration fees in excess of the</p>		

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		<p>Comptroller's biennial revenue estimate for 2008-09 for the sole purpose of payment to the TexasOnline Authority contractor of subscription fees for implementing and maintaining electronic services for the department. DSHS, upon completion of necessary actions to access or increase fees, shall furnish an annual schedule of the number of license issuances or renewals and associated annual fee total, and any other supporting documentation to the Comptroller. If the Comptroller finds the information sufficient to support the projection of increased revenues, a notification letter will be issued and the contingent appropriation made available for the intended purposes.</p> <p>e. DSHS shall notify the Legislative Budget Board and the Comptroller of Public Accounts in writing upon receiving an exemption from participating in TexasOnline. Within 45 days of receiving an exemption, the department shall provide the Legislative Budget Board and the Comptroller with a report of the effective date, the reason for exemption, and all estimated expenditures for TexasOnline costs in the fiscal year in which the exemption is made.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
66	II-63	<p><b>Tobacco Prevention.</b></p> <p>a. <b>Statewide Comprehensive Tobacco Prevention Community Grant Program.</b> The funds appropriated above in Strategy B.2.6, Reduce Use of Tobacco Products, to the Department of State Health Services shall be used to create a competitive statewide grant program allowing all Texas city and county health departments and local independent school districts to apply for funds from the Texas tobacco settlement earnings and other funding DSHS designates for tobacco prevention activities that is not already designated for Health and Safety Code §161.302 or another statute. Matching local funding may be required by the grant program to ensure as many Texas communities receive funding as</p>				

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		<p>possible. Any unexpended balance of these funds remaining as of August 31, <del>2008</del><u>2010</u> is hereby appropriated to the Department of State Health Services for the fiscal year beginning September 1, <del>2008</del><u>2010</u> for the same purpose.</p> <p>b. <b>Tobacco Prevention Reporting Requirements.</b> The Department of State Health Services shall prepare a report on its progress in the following areas: (1) the number and amount of grants issued to communities to implement comprehensive tobacco prevention efforts, (2) the number of Texas communities implementing a comprehensive tobacco prevention program, (3) the youth and adult tobacco use rate in communities implementing comprehensive programs, (4) the statewide youth and adult tobacco use rates, (5) the number of Texans accessing cessation resources, and (6) the number of Texans exposed to tobacco prevention advertising. The report shall include an overview and evaluation of the state's tobacco prevention and enforcement progress and recommendations to improve the state's efforts and such other information as the Legislative Budget Board may require. The report shall be submitted to the Governor and the Legislative Budget Board by October 1, <del>2008</del><u>2010</u>.</p> <p>c. <b>Publish Evidence-based Interventions for Tobacco Prevention.</b> The Department of State Health Services (DSHS) shall use funds appropriated by this Act to publish or make available via the Internet a resource list identifying best practice and evidence based interventions in tobacco prevention, cessation, and enforcement for use by entities receiving state appropriated funds.</p> <p>d. <b>Use of Evidence-based Interventions for Tobacco Prevention.</b> The Department of State Health Services (DSHS) and any grant recipient of DSHS using state funds appropriated by this Act for tobacco prevention activities or interventions shall use the funds to implement only best practice or evidence-based tobacco prevention, cessation,</p>		

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		<p>and enforcement interventions recommended by the Centers for Disease Control and Prevention, the U.S. Department of Health and Human Services, and the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), or activities proven effective through study and evaluation in the communities in the Texas Tobacco Prevention Initiative areas. The Texas Tobacco Prevention Initiative areas were: (1) the City of Port Arthur during the state fiscal years 2000 and 2001; (2) Harris, Montgomery, Fort Bend, and Jefferson Counties during the state fiscal years 2002 and 2003; and (3) Jefferson County during the state fiscal years 2004, 2005, and 2006.</p> <p>e. <b>Synar Results Notification for Local Communities.</b> The Department of State Health Services (DSHS) or the contracted vendor conducting the federally-required Synar survey shall notify the applicable Comptroller of Public Accounts tobacco law enforcement grantee and the applicable local sheriff's department in writing when a Synar violation occurs during the administration of the annual federal Synar survey. The notification shall include: a copy of the Synar survey document with documentation of the violation and any additional details of the violation, such as the name of the clerk and actual cigarettes and/or tobacco product sold. Notification shall occur no later than 30 days after the last Synar survey inspection is conducted for the current Synar survey year.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
67	II-64	<p><b>School Cafeteria Inspections.</b> Amounts appropriated above to the Department of State Health Services include fee revenue (General Revenue) estimated to be \$652,100 in fiscal year <del>2008</del> <u>2010</u> and \$652,100 in fiscal year <del>2009-2011</del> from school districts for the purpose of conducting inspections of school cafeterias to achieve compliance with federal regulations issued pursuant to Section 111(2)(A) of Public Law 108-265, 118 Stat. 747 (Child Nutrition and WIC</p>				

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		Reauthorization Act of 2004).  <i>Rider has been updated for the FY10-11 biennium.</i>				
68	II-64	<p><b>Estimated Appropriations: Perpetual Care Account.</b> In the event of an incident necessitating the decontamination, decommissioning, stabilization, reclamation, maintenance, surveillance, control, storage, or disposal of radioactive materials by the Department of State Health Services (DSHS), DSHS is hereby appropriated any revenues from DSHS licensees (estimated to be <del>\$812,500</del> <u>\$600,000</u> per fiscal year), including the proceeds of securities, deposited to the credit of General Revenue-Dedicated Perpetual Care Account 5096. Amounts appropriated above include an unexpended balance (estimated to be <del>\$983,000</del> <u>\$253,891</u>) from the <del>2006-07</del> <u>2008-09</u> biennium; any additional unexpended balance on hand in the account as of August 31, <del>2007</del> <u>2009</u> is appropriated to the agency. These funds shall be used for purposes authorized in Health and Safety Code, Section 401.305, and pursuant to a memorandum of understanding with the Texas Commission on Environmental Quality relating to the regulations for control of radiation. Funds appropriated herein may be transferred to other appropriate strategies to implement the provisions set out in Health and Safety Code, Section 401.305.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
69	II-64	<p><b>Community Mental Health Crisis Services.</b></p> <p>a. The Department of State Health Services (DSHS) shall allocate funds appropriated above in Strategy B.2.3, Community Mental Health Crisis Services, using a methodology that allocates a portion of the funds to achieve equity in state funding among local mental health authorities, a portion on a per capita basis, and a portion using a competitive process. DSHS shall submit an allocation plan to the Legislative Budget Board and the Governor prior to distributing funding in the strategy.</p>				

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		<p>b. DSHS shall report quarterly to the Legislative Budget Board and the Governor on the implementation of community mental health crisis services. <del>DSHS shall develop performance measures, in conjunction with the Legislative Budget Board and the Governor, for quarterly reporting, which may include:</del></p> <ul style="list-style-type: none"> <li><del>(1) number of new psychiatric emergency 23/48 hour observation sites;</del></li> <li><del>(2) number of persons receiving 23/48 observation, mobile outreach, and children's crisis outpatient services;</del></li> <li><del>(3) mental health relapse and hospitalization rates for clients receiving crisis services;</del></li> <li><del>(4) number of DSHS funded staff with hotline certification;</del></li> <li><del>(5) percent of stakeholders satisfied with crisis services; and</del></li> <li><del>(6) criminal justice recidivism rates for clients receiving crisis services.</del></li> </ul> <p>c. <del>Not later than September 1, 2008, DSHS shall contract with an independent entity for an evaluation of community mental health crisis services. The evaluation shall include an analysis of the implementation of crisis services and the impact of crisis services, including on clients, local communities, mental health and health care providers, and law enforcement. The department shall submit the evaluation to the Legislative Budget Board, the Governor, and the standing committees of the Senate and House of Representatives having primary jurisdiction over health and human services not later than January 1, 2009.</del></p>		

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		<p><u>c. Any unexpended balances remaining at August 31, 2010 in Strategy B.2.3., Community Mental Health Crisis Services, are hereby appropriated for the same purposes fiscal year 2011.</u></p> <p><i>Rider has been updated for the FY10-11 biennium. In addition, DSHS is requesting UB authority between years of the biennium for this new program to ensure that funds are maximized and available for expansion.</i></p>				
70	II-65	<p><b>Use of Family Planning Funds.</b> The Department of State Health Services (DSHS) shall use a portion of funds appropriated above in Strategy B.1.3, Family Planning Services, to reimburse contracted providers for family planning services not covered by the Women's Health Program. <del>Services eligible for reimbursement include but are not limited to testing for syphilis, cholesterol testing, treatment for chlamydia and gonorrhea, and facility costs for tubal ligations.</del> To the extent funds are available and federal approval has been granted, DSHS shall also use a portion of funds appropriated above in Strategy B.1.3, Family Planning Services, for comprehensive outreach and education about the Women's Health Program and family planning services.</p> <p><i>Some of the services listed are now covered by the Women's Health Program and, therefore, are no longer required as a Family Planning wrap-around service. The requested modification allows for flexibility in providing wrap-around services as benefits covered under the Women's Health Program change.</i></p>				
71	II-65	<p><b>Revolving Account for the Consolidated Health and Human Services Print Shop.</b> It is the intent of the Legislature that the Department of State Health Services establish and maintain the "Revolving Account for the Consolidated Health and Human Services Print Shop" to account for the expenditures, revenues, and balances of managing a full-cost recovery Consolidated Print Shop. The expenditures, revenues, and balances included above for this operation shall be maintained separately by the Department of State Health Services within its accounting system. <u>Any unobligated balances as of August 31, 2009 are appropriated for use for fiscal year 2010.</u> <del>Any unobligated balances as of August 31, 2008 2010,</del> are appropriated for the</p>				

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		<p>same use during fiscal year 2009 <u>2011</u>. For the purpose of meeting cash flow needs, the Department of State Health Services may temporarily transfer funds from Strategy E.1.3, Other Support Services, to the revolving account. Transfers must be returned by the end of the fiscal year.</p> <p><i>The Consolidated Print Shop is operated based on full-cost recovery; however, printing equipment eventually must be replaced. The cost of equipment replacement cannot be billed to customers in one year or over a biennium; therefore, it is necessary to carry forward balances across biennia to address a future need for equipment replacement.</i></p>				
72	II-65	<p><b>School-based Prevention Services.</b> The Department of State Health Services (DSHS) shall enter into an interagency contract with the Texas Education Agency for the purpose of the reduction and prevention of the use of tobacco products among school-aged children in grades 4-12. Out of funds appropriated above in Strategy B.2.6, Reduce Use of Tobacco Products, DSHS shall allocate \$3,000,000 in fiscal year <del>2008</del> <u>2010</u> and \$3,000,000 in fiscal year <u>2011</u> in General Revenue-Dedicated Funds from Account No. 5044, Permanent Fund for Health and Tobacco Education and Enforcement, for services provided under the required contract.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
73	II-65	<p><del><b>Public Safety Triage and Detoxification Unit.</b> Funds appropriated above to the Department of State Health Services (DSHS) in Strategy B.2.1, Mental Health Services for Adults, include \$6,100,000 in General Revenue for one-time start-up expenses for a public safety triage and detoxification unit in Bexar County. Any unexpended balances of these funds from fiscal year 2008 are appropriated to the department for the same purposes in fiscal year 2009. DSHS shall use funds for these purposes to the extent allowed by state law. DSHS shall also report to the Legislative Budget Board and Governor the amount and type of expenditure, and progress of the project by December 1, 2008.</del></p>				

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		<i>This rider is no longer necessary.</i>				
74	II-65	<p><b>Construction of the Texas Center for Infectious Disease.</b> Amounts appropriated above to the Department of State Health Services include <del>\$32,077,074</del> \$7,182,878 in General Obligation Bonds in fiscal year <del>2008</del> 2010 in Strategy F.1.2, Construction: Health Care Facilities, TCID. The department shall provide written notification to the Legislative Budget Board and the Governor 30 days prior to expending funds on each phase of the construction project. Notification shall include a detailed description of the project phase and of the estimated costs.</p>				
75	<del>II-65</del>	<p><b>Construction of the Hidalgo County Primary Care and Substance Abuse Facility.</b> <del>Amounts appropriated above to the Department of State Health Services (DSHS) include \$3,000,000 in General Revenue in fiscal year 2008 in Strategy F.1.3, Construction: Health Care Facilities, South Texas Health Care System, to be used to design and construct a new facility in Edinburg for primary care and substance abuse outpatient services. Any unexpended balances in Strategy F.1.3, Construction: Health Care Facilities, South Texas Health Care System, as of August 31, 2008 are appropriated to DSHS for the same purpose for the fiscal year beginning September 1, 2008.</del></p> <p><del>DSHS, in conjunction with the county health department, shall submit to the Legislative Budget Board and the Governor a plan to fund in full the facility's operating costs with local funds as available for the provision of health care services.</del></p> <p><i>Rider is no longer necessary.</i></p>				
76	II-66	<p><b>Construction and Renovation for the South Texas Health Care System.</b> Amounts appropriated above to the Department of State Health Services (DSHS) include \$9,950,693 in General Revenue in fiscal year 2008 in Strategy F.1.3, Construction: Health Care Facilities, South Texas Health Care System, to be used to renovate the existing South Texas Health Care System facility in Harlingen. Any unexpended balances in Strategy F.1.3, Construction:</p>				

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		<p><del>Health Care Facilities, South Texas Health Care System, as of August 31, 2008 are appropriated to DSHS for the same purpose in fiscal year 2009. It is the intent of the Legislature that DSHS shall expend funds for the renovation of the Harlingen facility prior to the end of fiscal year 2009. In the normal course of renovating the Harlingen facility, DSHS may undertake necessary renovation related demolition and construction activities.</del></p> <p><i>Rider is no longer necessary.</i></p>				
77	II-66	<p><b>Family Planning Affiliate Requirements.</b> An entity otherwise eligible to receive funds distributed under Strategy B.1.3 (the "family-planning affiliate") will not be disqualified from receipt of such funds because of its affiliation with an entity that performs elective abortions (the "abortion-services affiliate") provided that such affiliation satisfies the following requirements:</p> <p>a. <b>Legal separation.</b> The family-planning and abortion-services affiliates must be legally separate corporations, with separate articles of incorporation and separate bylaws. State or local governmental entities that are family-planning and abortion-services affiliates must be legally separate organizations and must have separate governing structures.</p> <p>b. <b>Easily distinguishable names.</b> The family-planning and abortion-services affiliates must have easily distinguishable names.</p> <p>c. <b>Separate boards of directors and governing bodies.</b> The family-planning and abortion-services affiliates must have separate boards of directors or governing bodies which meet separately and maintain separate records.</p> <p>d. <b>No direct or indirect subsidy.</b> The family-planning affiliate may not transfer any funds distributed under Strategy B.1.3 to its abortion-services affiliate. The affiliated entities</p>				

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		<p>must apportion fair value for any shared expenses or costs (including overhead, rent, phones, equipment, and utilities) in accordance with generally accepted accounting principles.</p> <p>e. <b>Detailed employee timekeeping.</b> Any person employed part-time by the family planning affiliate or part-time by the abortion-service affiliate must maintain detailed time records clearly reflecting the work performed for each affiliate.</p> <p>f. <b>Clear signage.</b> If the family-planning and abortion-services affiliates are located at the same physical location, the existence and separate nature of the affiliate relationship must be clearly reflected by appropriate signage in areas accessible to the public.</p> <p>g. <b>Separate books.</b> The family-planning and abortion-services affiliates must each maintain records adequate to show compliance with these requirements.</p> <p><b>Annual audit of family planning services providers.</b> At least once every two years, the Executive Commissioner of the Health and Human Services Commission or his agent shall conduct an audit of each family planning affiliate to determine if the affiliate and the Contract Management Branch of the Department of State Health Services, the Bureau of Women's Health of the Department of State Health Services, and the Prevention and Primary Care Unit of the Department of State Health Services have complied with this requirement. The Executive Commissioner of the Health and Human Services Commission shall make the audits available to the Governor, the Lieutenant Governor, the Speaker of the Texas House of Representatives, and the members of the State Legislature.</p> <p>No later than June 30 of each year, the Executive Commissioner of the Health and Human Services Commission shall submit a report to the Chairman of the Senate Finance Committee</p>		

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		and to the Chairman of the House Appropriations Committee regarding the audits filed or conducted pursuant to this section, including the number and findings of such audits, the adequacy of the documentation submitted, and any recommendations to revise the verification process.				
78	II-67	<p><b>Epilepsy Services.</b> Out of funds appropriated above, the Department of State Health Services (DSHS) shall allocate \$1,936,310 in All Funds in fiscal year <del>2008</del> <u>2010</u> and \$1,936,310 in All Funds in fiscal year <del>2009</del> <u>2011</u> for epilepsy services. <u>If funds are available, DSHS shall may use at least up to \$1,000,000 per fiscal year in addition to funds appropriated above of the allocated funds</u> to contract with a non-profit organization to expand epilepsy services.</p> <p><i>Rider has been updated for the FY10-11 biennium and to allow DSHS to expand epilepsy services if funds are available.</i></p>				
79	II-67	<p><b>Rate Increases.</b> The Department of State Health Services shall provide the specified rate increases to the extent that sufficient funding is available from funds appropriated above for this purpose. DSHS must provide notification to the Legislative Budget Board and the Governor 45 days prior to providing rate increases <u>that have an impact in excess of \$100,000</u>. Notifications shall include detail on the affected programs and strategies and the amount of the rate increases.</p> <p>a. To the extent funds are available in Strategy A.3.4, Children with Special Health Care Needs, Strategy B.1.2, Women and Children's Health Services, Strategy B.1.3, Family Planning Services, and Strategy B.1.4, Community Primary Care Services, the Department of State Health Services shall increase rates for program providers.</p> <p>b. To the extent funds are available in Strategy A.3.3, Kidney Health Care, the Department of State Health Services shall increase dialysis rates for the program to the average</p>				

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		<p>Medicaid dialysis rate for fiscal years 2006-07.</p> <p><i>Rider has been updated to allow rate increases with less than \$100,000 of impact without notification to the Governor and LBB. Currently, DSHS has to notify both parties for any change in the rate regardless of the financial impact. The requested change will allow DSHS to implement rate increases with a minimal fiscal impact in coordination with the Health and Human Services timeline for Medicaid rate increases.</i></p>				
80	II-67	<p><b>Stroke Survival System.</b> To the extent funds are available, the Department of State Health Services shall allocate up to \$750,000 in General Revenue for fiscal year <del>2008</del> <u>2010</u> and \$750,000 in General Revenue for fiscal year <del>2009</del> <u>2011</u> for the purpose of stroke recognition and treatment training, stroke prevention and community education, and stroke facilities.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
81	II-67	<p><b>Smokeless Tobacco Use.</b> Out of funds appropriated above in Strategy B.2.6, Reduce Use of Tobacco Products, the Department of State Health Services shall allocate \$1,000,000 in General Revenue in fiscal year <del>2008</del> <u>2010</u> and \$1,000,000 in General Revenue in fiscal year <del>2009</del> <u>2011</u> to reduce the use of smokeless tobacco by youth in rural areas of the state. <u>Any amounts appropriated for this purpose that remain unexpended as of August 31, 2010 are hereby appropriated for the same purpose in fiscal year 2011.</u></p> <p><i>Rider has been updated for the FY10-11 biennium. In addition, to insure that the intent of the rider is met, DSHS is requesting that any unexpended balances in funds appropriated for this purpose in the first year of the biennium be made available for that same purpose in the second year.</i></p>				
82	II-67	<p><b>Pandemic Flu Preparedness.</b> Using funds appropriated to the agencies elsewhere under this Act, the Department of State Health Services in conjunction with the Governor's Emergency Management Division in the Department of Public Safety shall identify and seek any necessary approvals for federal or other funds available for the purchase of antivirals for pandemic flu preparedness.</p>				

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83	II-67	<p><b>End Stage Renal Disease Program.</b> Out of funds appropriated above in Strategy A.3.1, Health Promotion and Chronic Disease Prevention, the Department of State Health Services shall allocate \$500,000 in General Revenue for fiscal year <del>2008</del> <u>2010</u> and \$500,000 in General Revenue for fiscal year <del>2009</del> <u>2011</u> for a statewide program to decrease the number of new End Stage Renal Disease (ESRD) cases in Texas. The program shall work in conjunction with the Texas Renal Coalition and the Chronic Kidney Disease Task Force to provide educational services designed to increase awareness, early diagnosis and treatment of chronic kidney disease (CKD) and its consequences. The program shall outreach to individuals with diabetes mellitus, hypertension, or with a family history of kidney disease, diabetes, or hypertension and to physicians to ensure appropriate treatment for individuals at risk for ESRD.</p> <p><i>Rider has been updated for the FY10-11 biennium.</i></p>				
84	II-67	<p><b>Governor's Advisory Council on Physical Fitness.</b> Out of funds appropriated above, the Department of State Health Services shall make available \$400,000 per year for use by the Governor's Advisory Council on Physical Fitness to provide grants to local mayors' councils to develop and implement wellness and physical fitness programs in communities across the state, and to assist the Council in continuing to develop and promote physical activity and nutrition initiatives. The Governor's Office shall provide administrative support to the Council.</p>				
85	II-68	<p><del><b>Appropriation Authority for Senate Joint Resolution 65 and Senate Bill 2033 General Obligation Bond Proceeds.</b> Included in amounts appropriated above is \$29,589,399 in Strategy F.1.4, Capital Repair and Renovation: Mental Health Facilities, and \$1,042,750 in Strategy F.2.1, Capital Items Public Health, in fiscal year 2008 in general obligation bond proceeds for projects for the Department of State Health Services as described in Article IX Sec. 19.71, Contingency for Senate Joint Resolution 65 and Senate Bill 2033, Eightieth</del></p>				

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		<p><del>Legislature, 2007, Regular Session. Such appropriation is contingent upon approval of a proposition by Texas voters in November 2007 as authorized by Senate Joint Resolution 65.</del></p> <p><del>All projects funded herein with general obligation bond proceeds are subject to approval by the Legislative Budget Board prior to issuance of the bond proceeds by the Texas Public Finance Authority. Any unexpended and unobligated balances in general obligation bond proceeds described herein and remaining as of August 31, 2008 are hereby appropriated for the fiscal year beginning September 1, 2008 for the same purpose(s).</del></p> <p><i>Rider is no longer necessary.</i></p>		
NEW	NEW	<p><b><u>Federal Funds and Capital Budget Expenditures.</u></b> To comply with the legislative intent to maximize the use of federal funds and to fulfill grant requirements for the receipt and expenditure of federal funds, the Department of State Health Services is hereby exempted from the provisions, referenced in Article IX of this Act as “Limitations on Expenditures – Capital Budget,” when federal funds are received in excess of the amounts identified in the agency’s capital budget rider included above and when such funds are designated by the federal government solely for the purchase of specific capital budget items.</p> <p><i>This rider is requested to allow DSHS to comply with grant requirements and to address specific health care needs in a timely manner.</i></p>		
NEW	NEW	<p><b><u>Exemption from Limitation on Travel Expenditures.</u></b> The Department of State Health Services is authorized to conduct travel within 150 miles of the border between Texas and the contiguous states of the United States of America and the United Mexican States for the propose of protecting and promoting the public health of Texas residents and such travel is exempted from the provisions, referenced in Article IX of this Act as “Limitation on Travel Expenditures.”</p> <p><i>This rider will allow DSHS staff to plan and train effectively for public health events with its partners in neighboring states and Mexico.</i></p>		

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NEW	NEW	<p><b><u>Estimated Appropriation: Emergency Medical Services, Trauma Facilities and Trauma Care Systems Account.</u></b> The Department of State Health Services is hereby appropriated for the purpose of <u>trauma facilities, regional trauma systems, and EMS activities any additional revenue generated above the amounts identified in fiscal year 2010 or fiscal year 2011 in the Comptroller of Public Accounts' Biennial Revenue Estimate (BRE) for General Revenue Dedicated Account 5108, Emergency Medical Services, Trauma Facilities and Trauma Care Systems.</u></p> <p><i>DSHS is requesting this rider that appropriates revenues collected in excess of the Comptroller's Biennial Revenue Estimate. The base level request for 2010-2011 assumes that the Comptroller's Revenue Estimate will equal the department's estimated revenue collections. Thus, no additional amounts are anticipated for appropriation in 2010-2011; however, the rider is requested for continuation into 2010-2011 should actual collections exceed the department's current estimates.</i></p>				