

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Machelle Pharr	Date: 8/26/2010	Request Level: Base																																										
Current Rider Number	Page Number in 2010-2011 GAA	Proposed Rider Language																																												
1	II-51	<p>Performance Measure Targets. 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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>2010</u></th> <th style="width: 10%; text-align: center;"><u>2011</u></th> </tr> </thead> <tbody> <tr> <td colspan="3">A. Goal: PREPAREDNESS AND PREVENTION</td> </tr> <tr> <td colspan="3">Outcome (Results/Impact):</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;">7.2</td> <td style="text-align: center;">7.2</td> </tr> <tr> <td colspan="3">A.1.1. Strategy: PUBLIC HEALTH PREP. & COORD. SVCS</td> </tr> <tr> <td colspan="3">Output (Volume):</td> </tr> <tr> <td>Number of Educational Hours Provided on Bioterrorism and Public Health Preparedness</td> <td style="text-align: center;">41,000</td> <td style="text-align: center;">41,000</td> </tr> <tr> <td colspan="3">A.1.2. Strategy: REGISTRIES, INFO, & VITAL RECORDS</td> </tr> <tr> <td colspan="3">Efficiencies:</td> </tr> <tr> <td>Average Number of Days to Certify or Verify Vital Statistics Records</td> <td style="text-align: center;">10</td> <td style="text-align: center;">10</td> </tr> <tr> <td colspan="3">A.2.1. Strategy: IMMUNIZE CHILDREN & ADULTS IN TEXAS</td> </tr> <tr> <td colspan="3">Output (Volume):</td> </tr> <tr> <td>Number of Vaccine Doses Administered to Children</td> <td style="text-align: center;">14,177,002.3</td> <td style="text-align: center;">14,885,852.4</td> </tr> </tbody> </table>				<u>2010</u>	<u>2011</u>	A. Goal: PREPAREDNESS AND PREVENTION			Outcome (Results/Impact):			Vaccination Coverage Levels among Children Aged 19 to 35 Months	78%	78%	Incidence Rate of TB Among Texas Residents	7.2	7.2	A.1.1. Strategy: PUBLIC HEALTH PREP. & COORD. SVCS			Output (Volume):			Number of Educational Hours Provided on Bioterrorism and Public Health Preparedness	41,000	41,000	A.1.2. Strategy: REGISTRIES, INFO, & VITAL RECORDS			Efficiencies:			Average Number of Days to Certify or Verify Vital Statistics Records	10	10	A.2.1. Strategy: IMMUNIZE CHILDREN & ADULTS IN TEXAS			Output (Volume):			Number of Vaccine Doses Administered to Children	14,177,002.3	14,885,852.4
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		<p>Explanatory: Dollar Value (in Millions) of Vaccine Provided by the Federal Government 320 320</p> <p>A.2.2. Strategy: HIV/STD PREVENTION</p> <p>Output (Volume): Number of Persons Served by the HIV Medication Program 14,280 14,708</p> <p>A.2.3. Strategy: INFECTIOUS DISEASE PREV/EPI/SURV</p> <p>Output (Volume): Number of Communicable Disease Investigations Conducted 125,000 125,000</p> <p>A.3.1. Strategy: CHRONIC DISEASE PREVENTION</p> <p>Output (Volume): Number of Diabetes related Prevention Activities 350,000 350,000</p> <p>A.3.2. Strategy: ABSTINENCE EDUCATION</p> <p>Output (Volume): Number of Persons Served in Abstinence Education Programs 5,322 5,322</p> <p>A.3.3. Strategy: KIDNEY HEALTH CARE</p> <p>Output (Volume): Number of Kidney Health Clients Provided Services 18,313 18,313</p> <p>A.3.4. Strategy: CHILDREN WITH SPECIAL NEEDS</p> <p>Output (Volume): Number of Children with Special Health Care Needs (CSHCN) Clients Receiving Medical Services 2,600 2,600</p> <p>Explanatory: Number of Clients Provided Medical Services at the</p>		

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		End of the Year for the Children with Special Health Care Needs (CSHCN) Program 1,737 1,737		
		B. Goal: COMMUNITY HEALTH SERVICES Outcome (Results/Impact): Percentage of Eligible WIC Population Served 81% 84% Number of Infant Deaths Per Thousand Live Births (Infant Mortality Rate) 5.1 5.1 Percentage of Low Birth Weight Births 7.8% 7.8% Number of Pregnant Females Age 13-19 Per Thousand (Adolescent Pregnancy Rate) 45.4 43.8 Prevalence of Tobacco Use among Middle & High School Youth in Target Areas of Texas 19% 19% Percent of Youth Who Complete Treatment Programs and Report No Past Month Substance Use at Follow up 84% 84% Percent of Adults Who Complete Treatment Programs and Report No Past Month Substance Use at Follow up 87% 87% Percent of Adults Receiving Community Mental Health Services Who Were Admitted to a Level of Care (Service Package) Following Assessment 92% 92% Percent of Adults Receiving Community Mental Health Services Whose Functional Level Stabilized or Improved 83% 83% Percent of Children Receiving Community Mental Health Services Who Were Admitted to a Level of Care (Service Package) Following Assessment 88% 88% Percent of Children Receiving Community Mental Health Services Whose Functional Level Stabilized or Improved 82% 82%		

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		<p>B.1.1. Strategy: WIC/FARMER'S MARKET NUTRITION SVCS</p> <p>Output (Volume): Number of WIC Participants Provided Nutritious Food Supplements Per Month _____ 1,031,671 _____ 1,038,471</p> <p>Explanatory: Incidence (Percent) of Low Birth Weight Babies Born to Women, Infants and Children (WIC) Nutrition Program Mothers _____ 5.5 _____ 5.5</p> <p>B.1.2. Strategy: WOMEN & CHILDREN'S HEALTH SERVICES</p> <p>Output (Volume): Number of Infants <1 and Children Age 1-21 Years Provided Services by the Maternal and Child Health Program _____ 30,223 _____ 30,223 Number of Women over 21 Provided Services by the Maternal and Child Health Program (Title V) _____ 30,163 _____ 30,163</p> <p>B.1.3. Strategy: FAMILY PLANNING SERVICES</p> <p>Output (Volume): Number of Adults and Adolescents Receiving Family Planning Services _____ 266,600 _____ 266,600</p> <p>B.1.4. Strategy: COMMUNITY PRIMARY CARE SERVICES</p> <p>Output (Volume): Number of Primary Health Care Eligible Patients Provided Access to Primary Care Services _____ 85,000 _____ 85,000</p> <p>B.2.1. Strategy: MENTAL HEALTH SVCS ADULTS</p> <p>Output (Volume):</p>		

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		<p>Average Monthly Number of Adults Receiving Community Mental Health Services 52,484 52,484</p> <p>Average Monthly Number of Persons Receiving Community Mental Health New Generation Medications 19,500 19,500</p> <p>Efficiencies:</p> <p>Average Monthly Cost Per Adult Receiving Community Mental Health Services 361 361</p> <p>Average Monthly Cost of New Generation Medications Per Person Receiving Community Mental Health New Generation Medications 275 275</p> <p>B.2.2. Strategy: MENTAL HEALTH SVCS CHILDREN</p> <p>Output (Volume):</p> <p>Average Monthly Number of Children Receiving Community Mental Health Services 12,206 12,206</p> <p>Explanatory:</p> <p>Number of Children and Adolescents Served at the End of the Year Community Mental Health Services 19,073 19,966</p> <p>B.2.4. Strategy: NORTHSTAR BEHAV HLTH WAIVER</p> <p>Explanatory:</p> <p>Average Monthly Number of Persons Covered by NorthSTAR Behavioral Health Services Waiver 974,385 974,385</p> <p>B.2.5. Strategy: SUBSTANCE ABUSE PREV/INTERV/TREAT</p> <p>Output (Volume):</p> <p>Average Monthly Number of Adults Served in Substance Abuse Prevention Programs 29,000 29,000</p> <p>Average Monthly Number of Youth Served in Substance</p>		

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		<p>Abuse Prevention Programs 106,640 106,640</p> <p>Average Monthly Number of Adults Served in Substance Abuse Intervention Programs 15,000 15,000</p> <p>Average Monthly Number of Youth Served in Substance Abuse Intervention Programs 4,875 4,875</p> <p>Average Monthly Number of Adults Served in Treatment Programs for Substance Abuse 6,013 6,013</p> <p>Average Monthly Number of Youth Served in Treatment Programs for Substance Abuse 934 934</p> <p>B.2.6. Strategy: REDUCE USE OF TOBACCO PRODUCTS</p> <p>Output (Volume):</p> <p>Number of Texas Communities Implementing Comprehensive Tobacco Prevention Programs 8 8</p> <p>B.3.1. Strategy: EMS AND TRAUMA CARE SYSTEMS</p> <p>Output (Volume):</p> <p>Number of Emergency Health Care Providers (EMS Firms, Hospitals, RACS) Assisted through EMS/Trauma System Funding Programs 2,587 2,587</p> <p>C. Goal: HOSPITAL FACILITIES AND SERVICES</p> <p>Outcome (Results/Impact):</p> <p>Percent of Patients Receiving State Mental Health Facility Services Whose Functional Level Stabilized or Improved 99% 99%</p> <p>C.1.1. Strategy: TX CENTER FOR INFECTIOUS DISEASE</p> <p>Output (Volume):</p>		

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		<p>Number of Inpatient Days, Texas Center for Infectious Disease 16,000 16,000</p> <p>C.1.2. Strategy: SOUTH TEXAS HEALTH CARE SYSTEM</p> <p>Output (Volume):</p> <p>Number of Outpatient Visits, South Texas Health Care System 56,500 56,500</p> <p>C.1.3. Strategy: MENTAL HEALTH STATE HOSPITALS</p> <p>Output (Volume):</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>Efficiencies:</p> <p>Average Daily Facility Cost Per Occupied State Mental Health Facility Bed 440 443</p> <p>Average Monthly Cost of New Generation Medications Per State Mental Health Facility Consumer Receiving New Generation Medication Services 564.5 617.6</p> <p>D. Goal: CONSUMER PROTECTION SERVICES</p> <p>Outcome (Results/Impact):</p> <p>Percentage of Licenses Issued within Regulatory Timeframe 98% 98%</p> <p>D.1.1. Strategy: FOOD (MEAT) AND DRUG SAFETY</p> <p>Efficiencies:</p> <p>Average Cost Per Surveillance Activity Food/Meat and Drug Safety 178.23 178.23</p>		

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		<p>D.1.2. Strategy: ENVIRONMENTAL HEALTH</p> <p>Efficiencies:</p> <p>Average Cost Per Surveillance Activity— Environmental Health 150.78 150.78</p> <p>D.1.3. Strategy: RADIATION CONTROL</p> <p>Efficiencies:</p> <p>Average Cost Per Surveillance Activity— Radiation Control 297.64 297.64</p> <p>D.1.4. Strategy: HEALTH CARE PROFESSIONALS</p> <p>Output (Volume):</p> <p>Number of Health Care Professionals and Licensed Chemical Dependency Counselors Licensed, Permitted, Certified, Registered, or Documented 87,524 87,524</p> <p>D.1.7. Strategy: SEX OFFENDER TREATMENT/SUPERVISION</p> <p>Output (Volume):</p> <p>Number of Sex Offenders Provided Treatment and Supervision 98 123</p> <p>Efficiencies:</p> <p>Average Cost Per Sex Offender for Treatment and Supervision 32,377 33,009</p> <p>Explanatory:</p> <p>Number of New Civil Commitments 50 50</p> <p style="text-align: right;"><u>2012</u> <u>2013</u></p> <p>A. Goal: PREPAREDNESS AND PREVENTION</p> <p>Outcome (Results/Impact):</p>		

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		<u>Prevalence of Tobacco Use among Middle & High School Youth in Target Areas of Texas</u> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; border-bottom: 1px solid black;">19%</td> <td style="text-align: right; border-bottom: 1px solid black;">19%</td> </tr> </table>				19%	19%
	19%	19%					
		<u>B.1.1. Strategy: WIC/FARMER'S MARKET NUTRITION SVCS</u>					
		<u>Output (Volume):</u>					
		<u>Number of WIC Participants Provided Nutritious Food Supplements Per Month</u> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; border-bottom: 1px solid black;">1,067,318</td> <td style="text-align: right; border-bottom: 1px solid black;">1,072,792</td> </tr> </table>				1,067,318	1,072,792
	1,067,318	1,072,792					
		<u>Explanatory:</u>					
		<u>Incidence (Percent) of Low Birth Weight Babies Born to Women, Infants and Children (WIC) Nutrition Program Mothers</u> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right; border-bottom: 1px solid black;">5.8</td> <td style="text-align: right; border-bottom: 1px solid black;">5.8</td> </tr> </table>				5.8	5.8
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		<p><u>B.1.2. Strategy: WOMEN & CHILDREN'S HEALTH SERVICES</u> <u>Output (Volume):</u> <u>Number of Infants <1 and Children Age 1-21 Years</u> <u>Provided Services by the Maternal and Child Health Program</u> 30,223 30,223</p> <p><u>Number of Women over 21 Provided Services by the Maternal and Child Health Program (Title V)</u> 18,687 18,687</p> <p><u>B.1.3. Strategy: FAMILY PLANNING SERVICES</u> <u>Output (Volume):</u> <u>Number of Adults and Adolescents Receiving Family Planning Services</u> 258,241 258,241</p> <p><u>B.1.4. Strategy: COMMUNITY PRIMARY CARE SERVICES</u> <u>Output (Volume):</u> <u>Number of Primary Health Care Eligible Patients</u> <u>Provided Access to Primary Care Services</u> 85,000 85,000</p> <p><u>B.2.1. Strategy: MENTAL HEALTH SVCS-ADULTS</u> <u>Output (Volume):</u> <u>Average Monthly Number of Adults Receiving Community Mental Health Services</u> 52,484 52,484 <u>Average Monthly Number of Persons Receiving Community Mental Health New Generation Medications</u> 21,000 21,000</p> <p><u>Efficiencies:</u> <u>Average Monthly Cost Per Adult Receiving Community Mental Health Services</u> 361 361 <u>Average Monthly Cost of New Generation Medications Per Person Receiving Community Mental Health New</u></p>		

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		<u>Generation Medications</u> 140 140		
		<u>B.2.2. Strategy: MENTAL HEALTH SVCS-CHILDREN</u>		
		<u>Output (Volume):</u>		
		<u>Average Monthly Number of Children Receiving Community Mental Health Services</u> 12,206 12,206		
		<u>Explanatory:</u>		
		<u>Number of Children and Adolescents Served at the End of the Year – Community Mental Health Services</u> 19,073 19,073		
		<u>B.2.4. Strategy: NORTHSTAR BEHAV HLTH WAIVER</u>		
		<u>Explanatory:</u>		
		<u>Average Monthly Number of Persons Covered by NorthSTAR Behavioral Health Services Waiver</u> 1,038,600 1,040,000		
		<u>B.2.5. Strategy: SUBSTANCE ABUSE PREV/INTERV/TREAT</u>		
		<u>Output (Volume):</u>		
		<u>Average Monthly Number of Adults Served in Substance Abuse Prevention Programs</u> 29,000 29,000		
		<u>Average Monthly Number of Youth Served in Substance Abuse Prevention Programs</u> 106,640 106,640		
		<u>Average Monthly Number of Adults Served in Substance Abuse Intervention Programs</u> 15,000 15,000		
		<u>Average Monthly Number of Youth Served in Substance Abuse Intervention Programs</u> 5,363 5,363		
		<u>Average Monthly Number of Adults Served in Treatment Programs for Substance Abuse</u> 4,000 4,000		
		<u>Average Monthly Number of Youth Served in Treatment Programs for Substance Abuse</u> 750 750		

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		<p><u>B.2.6. Strategy: REDUCE USE OF TOBACCO PRODUCTS</u> <u>Output (Volume):</u> Number of Texas Communities Implementing Comprehensive Tobacco Prevention Programs <u>7</u> <u>7</u></p> <p><u>B.3.1. Strategy: EMS AND TRAUMA CARE SYSTEMS</u> <u>Output (Volume):</u> Number of Emergency Health Care Providers (EMS Firms, Hospitals, RACS) Assisted through EMS/Trauma System Funding Programs <u>2,587</u> <u>2,587</u></p> <p><u>Explanatory:</u> Number of Trauma Facilities <u>267</u> <u>272</u> Number of Stroke Facilities <u>75</u> <u>85</u></p> <p><u>C. Goal: HOSPITAL FACILITIES AND SERVICES</u> <u>Outcome (Results/Impact):</u> Percent of Patients Receiving State Mental Health Facility Services Whose Functional Level Stabilized or Improved <u>99%</u> <u>99%</u></p> <p><u>C.1.1. Strategy: TX CENTER FOR INFECTIOUS DISEASE</u> <u>Output (Volume):</u> Number of Inpatient Days, Texas Center for Infectious Disease <u>12,327</u> <u>12,327</u></p> <p><u>C.1.2. Strategy: SOUTH TEXAS HEALTH CARE SYSTEM</u> <u>Output (Volume):</u> Number of Outpatient Visits, South Texas Health Care System <u>56,500</u> <u>56,500</u></p>		

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		<u>Number of Licenses/Registrations Issued</u> <u>Radiation Control</u> 15,170 15,170 Efficiencies: <u>Average Cost Per Surveillance Activity – Radiation Control</u> 335 335 D.1.4. Strategy: HEALTH CARE PROFESSIONALS Output (Volume): <u>Number of Health Care Professionals and Licensed Chemical Dependency Counselors Licensed, Permitted, Certified, Registered, or Documented</u> 93,000 93,000 D.1.7. Strategy: SEX OFFENDER TREATMENT/SUPERVISION Output (Volume): <u>Number of Sex Offenders Provided Treatment and Supervision</u> 124 124 Efficiencies: <u>Average Cost Per Sex Offender for Treatment and Supervision</u> 29,152.97 29,152.97 Explanatory: <u>Number of New Civil Commitments</u> 50 50		
2	II-54	Capital Budget. None of the funds appropriated above may be expended for capital budget items except as listed below. The amounts shown below shall be expended only for the purposes shown and are not available for expenditure for other purposes. Amounts appropriated above and identified in this provision as appropriations either for "Lease Payments to the Master Lease Purchase Program" or for items with an "(MLPP)" notation shall be expended only for the purpose of making lease-purchase		

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		<p>payments to the Texas Public Finance Authority pursuant to the provisions of Government Code, §1232.103.</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right; border-bottom: 1px solid black;"><u>2010</u></th> <th style="text-align: right; border-bottom: 1px solid black;"><u>2011</u></th> </tr> </thead> <tbody> <tr> <td colspan="3">a. Construction of Buildings and Facilities</td> </tr> <tr> <td>(1) Laboratory – Bond Debt Service</td> <td style="text-align: right;">\$ 2,878,032</td> <td style="text-align: right;">\$ 2,877,957</td> </tr> <tr> <td>(2) Hospital Construction – Texas Center for Infectious Disease</td> <td style="text-align: right;">7,182,878</td> <td style="text-align: right;">UB</td> </tr> <tr> <td>Total, Construction of Buildings and Facilities</td> <td style="text-align: right; border-top: 1px solid black;">\$ 10,060,910</td> <td style="text-align: right; border-top: 1px solid black;">\$ 2,877,957</td> </tr> <tr> <td colspan="3">b. Repair or Rehabilitation of Buildings and Facilities</td> </tr> <tr> <td>(1) Repair and Renovation of MH State Hospitals</td> <td style="text-align: right;">46,567,734</td> <td style="text-align: right;">UB</td> </tr> <tr> <td>(2) Sunrise Canyon Hospital Capital Improvements</td> <td style="text-align: right;">1,350,825</td> <td style="text-align: right;">UB</td> </tr> <tr> <td>(3) Laboratory Building Retrofit – Cystic Fibrosis</td> <td style="text-align: right;">125,000</td> <td style="text-align: right;">UB</td> </tr> <tr> <td>Total, Repair or Rehabilitation of Buildings and Facilities</td> <td style="text-align: right; border-top: 1px solid black;">\$ 48,043,559</td> <td style="text-align: right; border-top: 1px solid black;">\$ UB</td> </tr> <tr> <td colspan="3">e. Acquisition of Information Resource Technologies</td> </tr> <tr> <td>(1) Information Systems Improvement</td> <td style="text-align: right;">8,866,231</td> <td style="text-align: right;">8,866,231</td> </tr> <tr> <td>(2) WIC Clinic PC Replacement</td> <td style="text-align: right;">2,869,756</td> <td style="text-align: right;">2,150,406</td> </tr> <tr> <td>(3) Seat Management</td> <td style="text-align: right;">7,142,479</td> <td style="text-align: right;">7,197,197</td> </tr> </tbody> </table>				<u>2010</u>	<u>2011</u>	a. Construction of Buildings and Facilities			(1) Laboratory – Bond Debt Service	\$ 2,878,032	\$ 2,877,957	(2) Hospital Construction – Texas Center for Infectious Disease	7,182,878	UB	Total, Construction of Buildings and Facilities	\$ 10,060,910	\$ 2,877,957	b. Repair or Rehabilitation of Buildings and Facilities			(1) Repair and Renovation of MH State Hospitals	46,567,734	UB	(2) Sunrise Canyon Hospital Capital Improvements	1,350,825	UB	(3) Laboratory Building Retrofit – Cystic Fibrosis	125,000	UB	Total, Repair or Rehabilitation of Buildings and Facilities	\$ 48,043,559	\$ UB	e. Acquisition of Information Resource Technologies			(1) Information Systems Improvement	8,866,231	8,866,231	(2) WIC Clinic PC Replacement	2,869,756	2,150,406	(3) Seat Management	7,142,479	7,197,197
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		<u>General Revenue Fund</u> General Revenue Fund \$ 23,800,779 \$ 23,051,734 General Revenue Insurance Companies Maintenance Tax and Insurance Department Fees 25,179 0 Subtotal, General Revenue Fund \$ 23,825,958 \$ 23,051,734 <u>General Revenue Fund - Dedicated</u> Vital Statistics Account No. 019 33,256 33,256 Hospital Licensing Account No. 129 3,276 3,276 Food and Drug Fee Account No. 341 4,988 4,988 Bureau of Emergency Management Account No. 512 5,621 5,621 Department of Health Public Health Services Fee Account No. 524 3,241,340 3,222,629 Commission on State Emergency Communications Account No. 5007 64 64 Asbestos Removal Licensure Account No. 5017 95,403 95,403 Workplace Chemicals List Account No. 5020 1,738 1,738 Certificate of Mammography Systems Account No. 5021 762 762 Food and Drug Registration Account No. 5024 12,720 12,720 Permanent Fund for Health and Tobacco Education and Enforcement Account No. 5044 21,262 21,262 Permanent Fund Children & Public Health Account No. 5045 557 557 Permanent Fund for EMS & Trauma Care Account No. 5046 2,628 2,628 EMS, Trauma Facilities, Trauma Care Systems Account No. 5108 129 129 Trauma Facility and EMS Account No. 5111 740 740 Subtotal, General Revenue Fund - Dedicated \$ 3,424,484 \$ 3,405,773		

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		<u>General Revenue Fund</u> \$ 24,055,530 \$ 20,850,917 <u>General Revenue - Insurance Companies</u> <u>Maintenance Tax and Insurance Department Fees</u> 11,696 11,745 <u>Subtotal, General Revenue Fund</u> \$ 24,067,226 \$ 20,862,662 <u>General Revenue Fund - Dedicated</u> <u>Vital Statistics Account No. 019</u> 31,969 32,025 <u>Hospital Licensing Account No. 129</u> 3,148 3,154 <u>Food and Drug Fee Account No. 341</u> 4,793 4,802 <u>Bureau of Emergency Management Account No. 512</u> 5,402 5,412 <u>Department of Health Public Health Services Fee Account No. 524</u> 340,204 340,892 <u>Commission on State Emergency Communications Account No. 5007</u> 61 61 <u>Asbestos Removal Licensure Account No. 5017</u> 91,683 91,872 <u>Workplace Chemicals List Account No. 5020</u> 1,672 1,673 <u>Certificate of Mammography Systems Account No. 5021</u> 733 734 <u>Food and Drug Registration Account No. 5024</u> 12,237 12,249 <u>Permanent Fund for Health and Tobacco Education and Enforcement Account No. 5044</u> 20,454 20,475 <u>Permanent Fund Children & Public Health Account No. 5045</u> 536 536 <u>Permanent Fund for EMS & Trauma Care Account No. 5046</u> 2,528 2,531 <u>EMS, Trauma Facilities, Trauma Care Systems Account No. 5108</u> 124 124 <u>Trauma Facility and EMS Account No. 5111</u> 712 713 <u>Health Dept Laboratory Financing Fees Acct No. 8026</u> 2,866,609 2,874,719 <u>Subtotal, General Revenue Fund – Dedicated</u> \$ 3,382,865 \$3,391,972		

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3	II-56	<p>Criminal Justice/Substance Abuse Initiative. 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-56	<p>Client Services. 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-56	<p>Notification of Intent to Utilize Additional Federal SAPT Block Grant Funds. The Department of State Health Services (DSHS) shall notify the Legislative Budget Board and the Governor of its intent to use additional federal Substance Abuse Prevention and Treatment (SAPT) block grant funds in excess of</p>																										

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		<p>the amounts specifically appropriated in the strategies above, which total \$132,914,097 <u>\$135,356,221</u> for fiscal year 2010 2012 and \$132,914,097 <u>\$135,356,221</u> for fiscal year 2011 2013. 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.</p> <p><i>Updated years and amounts.</i></p>				
6	II-56	<p>Other Reporting Requirements.</p> <p>a. Federal Reports. 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> <ol style="list-style-type: none"> (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. (2) A copy of each report or petition submitted to the federal government relating to the grants and programs noted above under section a (1). <p>b. Federal Issues. 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 \$1,000,000 in federal revenue assumed in the appropriations act.</p>				

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		<p>c. Monthly Financial Reports. 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"> (1) Information on appropriated, budgeted, expended and projected funds, by strategy and method of finance. (2) Narrative explanations of significant budget adjustments, ongoing budget issues, and other as appropriate. (3) Collections, expenditures, and balances for revenues generated by the department as of the last day of the prior month. (4) Any other information requested by the Legislative Budget Board or the Governor. <p>d. The monthly financial reports shall be prepared in a format specified by the Legislative Budget Board.</p>				
7	II-57	<p>Mental Health Community Hospital Medicaid Services. 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 state share of Medicaid reimbursement for the following services:</p> <ul style="list-style-type: none"> a. Inpatient psychiatric services for children. b. Inpatient psychiatric services for age 65 and over (Institute for Mental Disease option). <p>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.</p>				

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8	II-57	Performance Contracts. Funds in Strategy C.2.1, Mental Health Community Hospitals, shall be allocated through performance contracts with local mental health authorities.																													
9	II-57	<p>Transfers of Appropriation - State Owned Hospitals. 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:</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: right;"><u>2010</u></th> <th style="text-align: right;"><u>2012</u></th> <th style="text-align: right;"><u>2011</u></th> <th style="text-align: right;"><u>2013</u></th> </tr> </thead> <tbody> <tr> <td>State Mental Health Hospitals</td> <td style="text-align: right;">\$281,523,751</td> <td></td> <td style="text-align: right;">\$ 281,523,751</td> <td></td> </tr> <tr> <td>Harris County Psychiatric Center</td> <td style="text-align: right;">5,874,581</td> <td></td> <td style="text-align: right;">5,874,581</td> <td></td> </tr> <tr> <td>Texas Center for Infectious Disease</td> <td style="text-align: right;"><u>12,222,255</u></td> <td></td> <td style="text-align: right;"><u>12,222,255</u></td> <td></td> </tr> <tr> <td></td> <td style="text-align: right;">\$299,620,587</td> <td></td> <td style="text-align: right;">\$ 299,620,587</td> <td></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 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.</p> <p><i>Updated years. Amounts for FY 12-13 are unavailable at this time.</i></p>						<u>2010</u>	<u>2012</u>	<u>2011</u>	<u>2013</u>	State Mental Health Hospitals	\$281,523,751		\$ 281,523,751		Harris County Psychiatric Center	5,874,581		5,874,581		Texas Center for Infectious Disease	<u>12,222,255</u>		<u>12,222,255</u>			\$299,620,587		\$ 299,620,587	
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10	II-57	Disposition of Construction Appropriation. 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																													

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		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-57	<p>Community Hospital Funding for Galveston Community Hospital. Out of funds appropriated above, the Department of State Health Services shall allocate \$400,000 in General Revenue for fiscal year 2010 <u>2012</u> and \$400,000 in General Revenue for fiscal year 2011 <u>2013</u> for the Galveston Community Hospital, specifically for the purpose of providing outpatient medication services.</p> <p><i>Updated years.</i></p>				
12	II-57	<p>Appropriation of Local Funds. 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, 2009 <u>2010</u>, are hereby appropriated for the biennium ending August 31, 2011 <u>2013</u>, for the purpose of carrying out the provisions of this Act. (Estimated to be \$0.)</p> <p><i>Updated years.</i></p>				
13	II-58	<p>Unexpended Construction Balances.</p> <p>a. Mental Health Facilities. Any unexpended construction, repair, or renovation balances from previous appropriations, estimated to be \$20,690,559 <u>\$14,299,782</u> from fiscal year 2009 <u>2011</u> to fiscal year 2010 <u>2012</u> and included in the method of finance above as General Obligation Bond proceeds in Strategy F.1.3, Capital Repair and Renovation: Mental Health Facilities, are hereby appropriated to the Department of State Health Services (DSHS) for the same purposes.</p> <p>b. Health Care Facilities. Any unexpended balances of General Obligation Bonds for health care</p>				

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		<p>facilities from previous appropriations, estimated to be \$7,182,878 from fiscal year 2009 to fiscal year 2010 and included in Strategy F.1.3, Construction: Health Care Facilities, TCID, are hereby appropriated to the Department of State Health Services for the same purposes.</p> <p>c. Authorization. Authorization to expend the unexpended construction balances is contingent upon submission of the following reports to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the reports to the Comptroller of Public Accounts.</p> <p>(1) a report by September 1, 2009 <u>2011</u> providing actual expenditures for fiscal years 2008 <u>2010</u> and 2009 <u>2011</u>, and planned expenditures for fiscal years 2010 <u>2012</u> and 2011 <u>2013</u> at the project/mental health state hospital level; and</p> <p>(2) a report by March 1 and September 1 of each fiscal year reflecting actual expenditures by project/mental health state hospital for the previous six months. Additional information requested by the Legislative Budget Board or the Governor should be provided in a timely manner. The notification and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.</p> <p>The planned expenditures shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p>The Comptroller of Public Accounts shall not allow the use of unexpended balances if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p>		

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		<i>Updated years. Deleted part b – TCID will receive/accept completion of ‘new hospital’ on September 15, 2010</i>		
14	II-58	<p>Mental Health Appropriation Transfer Between Fiscal Years. 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, 2011 <u>2013</u>, to the fiscal year ending August 31, 2010 <u>2012</u>, subject to the following conditions provided by this section:</p> <ul style="list-style-type: none"> a. Transfers under this section may be made only: <ul style="list-style-type: none"> (1) if costs associated with managing the Mental Health State Hospitals exceed the funds appropriated for these services for fiscal year 2010 <u>2012</u>; or (2) or any emergency expenditure requirements, including expenditures necessitated to ensure the continuation of Medicaid client services to maintain fiscal year 2009 <u>2011</u> Medicaid caseloads; or (3) if appropriated receipts generated through MH hospital-related programs required to fund appropriations contained in this Act for fiscal year 2010 <u>2012</u> are less than those contained in the method of financing for the department for fiscal year 2010 <u>2012</u>. b. Transfers may not exceed \$15,000,000 in General Revenue. c. A transfer authorized by this section must receive the prior approval of the Legislative Budget Board and the Governor. d. The Comptroller of Public Accounts shall cooperate as necessary to assist the completion of a transfer and spending made under this section. <p><i>Updated years.</i></p>		

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15	II-59	<p>New Generation Medications. Funds expended on New Generation Medications shall be spent in accordance with the practice guidelines developed through the Texas Implementation 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. <u>Department of State Health Services approved medication guidelines.</u></p> <p><i>Updated rider language.</i></p>				
16	II-59	<p>Limitation: Transfer Authority.</p> <p>a. Limitations on Transfers.</p> <p>(1) Medicaid Strategies. Notwithstanding the transfer provisions in the General Provisions (general transfer provisions) and other transfer provisions of this Act, funds appropriated by this Act to the Department of State Health Services (DSHS) for the following Medicaid strategies shall be governed by the specific limitations included in this provision.</p> <p>Transfers may be made between appropriation items listed in this subsection. Transfers may not be made from appropriation items listed in this subsection to appropriation items not listed in this subsection without prior written approval from the Legislative Budget Board and the Governor. DSHS shall provide notification of all transfers pursuant to subsection (b) of this provision, and any transfer approval requests shall be submitted pursuant to subsection (c) of this provision.</p> <p style="text-align: center;">B.2.1. Mental Health Services for Adults; B.2.2. Mental Health Services for Children; and</p>				

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		<p style="text-align: center;">C.1.3. Mental Health State Hospitals</p> <p>(2) Women and Children's Health. 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 without written approval pursuant to subsection (c).</p> <p>(3) Other Strategies. Transfers may be made between strategies in the goals listed in this subsection. DSHS shall provide notification of all transfers pursuant to subsection (b) of this provision.</p> <p style="margin-left: 40px;">Goal A: Preparation and Preparedness Goal B: Community Health Services (with the exception of B.1.2, Women and Children's Health Services; B.2.1, Mental Health Services for Adults; and B.2.2, Mental Health Services for Children) Goal C: Hospital Facilities and Services (with the exception of C.1.3, Mental Health State Hospitals) Goal D: Consumer Protection Services Goal E: Indirect Administration; and Goal F: Capital Items</p> <p>b. Notification Regarding Transfers that Do Not Require Approval. Authority granted by this provision to transfer funds is contingent upon a written notification from DSHS to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes the following information:</p> <p style="margin-left: 40px;">(1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;</p>		

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		<p>(2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;</p> <p>(3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and</p> <p>(4) the capital budget impact.</p> <p>c. Requests for Transfers that Require Approval. To request a transfer, DSHS shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:</p> <p>(1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing;</p> <p>(2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year;</p> <p>(3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and</p> <p>(4) the capital budget impact.</p> <p>d. Transfers into Items of Appropriation. Transfers may be made from any appropriation item to the appropriation items in section (a), subject to the limitations established in section (a) for each appropriation item.</p>		

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		<p>e. Cost Pools. Notwithstanding the above limitations, transfers may be made from the appropriation items in section (a) 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>f. Cash Management. Notwithstanding the above limitations, DSHS may temporarily utilize funds appropriated to the strategies listed in section (a) for cash flow purposes. All funding used in this manner shall be promptly returned to the originating strategy. This authorization is subject to limitations established by the Comptroller of Public Accounts.</p> <p>The Comptroller of Public Accounts shall not allow the transfer of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p>In the case of disaster or other emergency, this provision is superseded by the emergency-related transfer authority in Article IX of this Act.</p>		
17	II-60	<p>Laboratory Funding.</p> <p>a. All receipts generated by the Department of State Health Services (DSHS) from laboratory fees during the 2010-11 <u>2012-13</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 Administration, may be transferred for bond debt service payments only if laboratory fees generated by the laboratory</p>		

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		<p>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>c. Included in the appropriations made above in Strategy A.4.1, Laboratory Services, is \$13,757,453 <u>\$14,600,000</u> in fiscal year 2010 <u>2012</u> and \$14,957,453 <u>\$14,600,000</u> in fiscal year 2011 <u>2013</u> from General Revenue-Dedicated Account No. 524. These amounts include an unexpended balance of \$0 from the 2008-09 <u>2010-11</u> biennium.</p> <p><i>Updated years. Part c dollar amounts updated with latest projections.</i></p>		
18	II-60	<p>Appropriations Limited to Revenue Collections. 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 \$5,952,061 for fiscal year 2010 <u>2012</u> and \$6,143,347 for fiscal year 2011 <u>2013</u>.</p> <p>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 following revenue codes or account numbers:</p>		

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		Strategy	Revenue Code or Account	
		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 5020 Workplace Chemical List 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	

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		<p>Fees, for Sanitarian Registration and Pesticide Use and Application Program); and 3573 (Health Licenses for Camps, for Youth Camps).</p> <p>D.1.3 Radiation Control</p> <p>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>D.1.4. Health Care Professionals</p> <p>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,</p>		

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		<p>Massage Therapists, Respiratory Care Practitioners, Professional Counselors, Dispensing Opticians, Speech Pathologists, Dieticians, <u>Dyslexia Practitioners</u> and Chemical Dependency Counselors); 3616 (Social Worker Regulation); and 3727 (Fees for Administrative Services, for Council on Sex Offender Treatment Providers).</p> <p>D.1.5. Health Care Facilities</p> <p>129 Hospital Licensing 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 3557 (Health Care Facilities Fees, for Abortion Clinics, Ambulatory Surgical Centers, Birthing Centers, End Stage Renal Disease Facilities, Chemical Dependency Facilities, <u>Free Standing Emergency Medical Facilities</u> and Drug Abuse Treatment Facilities).</p> <p>A.1.2 Health Registries, Information, and Vital Records 019 Vital Statistics</p> <p><i>Updated years. Added language to D.1.4 & D.1.5</i></p>				
19	II-62	<p>Revolving Fund Services: Canteen Services and 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 collections above \$795,500 per year are hereby appropriated as Method of Financing to the Department for expenditures in Strategy C.1.3, Mental Health State Hospitals.</u> The department shall provide information on related revenues, balances, contracts and profits to the Legislative Budget Board, Governor and Comptroller of Public Accounts.</p>				

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		<p>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.</p> <p><i>Updated language. The additional revenue collected above \$795,500 will help offset the costs of the canteen and sheltered workshops. Estimated annual collections exceed \$950,000. Additional collection over the \$795,000 plateau will help offset costs associated with these operations.</i></p>		
20	II-62	<p>Funding for Abstinence Sexual Education. It is the intent of the Legislature that funds appropriated in Strategy A.3.2, Abstinence Education, including \$1,134,091 in General Revenue, be utilized for the purpose of implementing abstinence sexual education programs to reduce the need for future family planning services for unwed minors. Any Federal Funds received by the agency for abstinence education are appropriated to the agency for this purpose. Abstinence education means materials and instruction which:</p> <ul style="list-style-type: none"> a. Present abstinence from sexual activity as the preferred choice of behavior for unmarried persons; and 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. 		
21	II-62	<p>Prohibition on Abortions.</p> <ul style="list-style-type: none"> a. It is the intent of the Legislature that no funds shall be used to pay the direct or indirect costs 		

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		<p>(including overhead, rent, phones and utilities) of abortion procedures provided by contractors of the department.</p> <p>b. It is also the intent of the legislature that no funds appropriated under Strategy B.1.3, 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>				
22	II-62	Family Planning. 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.				
23	II-63	Reporting of Child Abuse. The Department of State Health Services may distribute or provide appropriated funds only to recipients who show good faith efforts to comply with all child abuse reporting guidelines and requirements set forth in Chapter 261 of the Texas Family Code.				
24	II-63	Trauma Formula Distribution. 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 all applicable laws including 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 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.				
25	II-63	Authorization to Receive, Administer, and Disburse Federal Funds. The appropriations made herein may be used to match Federal Funds granted to the state for the payment of personal services and other				

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		<p>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>		
26	II-63	<p>Accounting of Support Costs. 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, 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 quarterly allocations of these costs to the original strategies.</p>		
27	II-63	<p>Medical Treatment. 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</p>		

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		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.				
28	II-63	Appropriation: WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) Rebates. 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.				
29	II-63	<p>State Health Care Facility Provisions. 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> <p>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.</p> <p>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.</p> <p>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, Texas Center for Infectious Disease, and Strategy C.1.2, South Texas Health Care System, for the provision of services.</p>				
30	II-64	Immunization of Employees. Monies appropriated above may be expended for any immunization which is required of employees at risk in the performance of their duties.				

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31	II-64	<p>Reimbursement of Advisory Committee Members. Pursuant to <u>Government Code, §2110.004</u> or the <u>statute authorizing the specific committee for those committees not subject to §2110.004</u>, 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, the Texas Organ, Tissue, and Eye Donor Council, Governor's Emergency Medical Services and Trauma Advisory Council, and Local Authority Network Advisory Committee.</p> <p>Pursuant to <u>Government Code, §2110.004</u> or the <u>statute authorizing the specific committee for those committees not subject to §2110.004</u>, 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, <u>Dyslexia Practitioners Advisory Committee, Newborn Screening Advisory Committee, Worksite Wellness Advisory Board, Texas Medical Child Abuse Resources and Education System Advisory Committee, the Advisory Panel on Health Care Associated Infections</u> and School Health Advisory Committee.</p> <p>Pursuant to <u>Government Code, §2110.004</u>, reimbursement of expenses for advisory committee members, out of funds appropriated above not to exceed \$18,978 per year, is 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</p>		

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		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.”				
		<i>Updated legal cite and additional advisory committees based on this legal cite.</i>				
32	II-64	Reimbursement of Advisory Council Members. 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.				
33	II-64	<p>Unexpended Balances - Preparedness and Prevention, and Consumer Protection Services. 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, 2010 <u>2012</u>, are hereby appropriated for the fiscal year beginning September 1, 2010 <u>2012</u> only upon prior written approval by the Legislative Budget Board and Governor.</p> <p>For authorization to expend the funds, the agency shall submit a written request to the Legislative Budget Board and the Governor by August 1, 2010 <u>2012</u>. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:</p> <p>a. The following information shall be provided for the fiscal year with an unexpended balance:</p> <ol style="list-style-type: none"> (1) an explanation of the causes of the unexpended balance(s); (2) the amount of the unexpended balance(s) by strategy; and (3) an estimate of performance levels and, where relevant, a comparison to targets in this Act. 				

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		<p>b. The following information shall be provided for the fiscal year receiving the funds:</p> <ul style="list-style-type: none"> (1) an explanation of purpose for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing; (2) the amount of the expenditure by strategy; (3) an estimate of performance levels, and where relevant, a comparison to targets in this Act ; and (4) the capital budget impact. <p>The request shall be considered to be disapproved <u>approved</u> unless the Legislative Budget Board and the Governor issue written approvals within 45 15 calendar days of receipt of the request <u>data</u>.</p> <p>The Comptroller of Public Accounts shall not allow the use of unexpended balances authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p><i>Updated years and modified approval process to be consistent with other similar provisions.</i></p>				
34	II-65	<p>State Health Programs Drug Manufacturer Rebates. 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.</p>				
35	II-65	<p>Childhood Lead Registry. 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 2010-11 <u>2012-13</u> biennium shall be used for the Childhood Lead Registry.</p> <p><i>Updated years.</i></p>				

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36	II-65	<p>Performance of Licensing Entities. 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 entity, the department shall provide the following for the previous fiscal year:</p> <ul style="list-style-type: none"> 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. <p><i>Request to delete this rider is because this report basically is repetitive of performance measures.</i></p>		
37	II-65	<p>Performance Reporting for Texas Center for Infectious Disease and South Texas Health Care Center System. The Department of State Health Services shall submit to the Legislative Budget Board and the Governor the following information on an annual 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.</p>		
38	II-65	<p>Notification of Regional Funds Distribution. 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.</p>		
39	II-65	<p>Transfer for Health Professions Council. Out of funds appropriated above in Strategy D.1.4, Health</p>		

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		<p>Care Professionals, an amount equal to \$11,846 in fiscal year 2010 <u>2012</u> and \$11,846 in fiscal year 2011 <u>2013</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 Department of State Health Services.</p> <p><i>Updated years.</i></p>		
40	II-66	<p>Rabies Control. Out of amounts appropriated above, up to \$5,005,594 in fiscal year 2010 <u>2012</u> and \$4,505,595 in fiscal year 2011 <u>2013</u> is allocated above to Strategy A.2.3, Infectious Disease Prevention, Epidemiology, and Surveillance, for rabies control.</p> <p><i>Updated years.</i></p>		
41	II-66	<p>Reducing the Incidence of Vibrio Vulnificus. 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 2010 <u>2012</u> and \$100,000 in fiscal year 2011 <u>2013</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.</p> <p><i>Updated years.</i></p>		
42	II-66	<p>Use of Community Primary Care Services, FQHC, and Special Health Initiatives Funds.</p> <p>a. It is the intent of the Legislature that up to \$5,000,000 <u>\$4,500,000</u> in fiscal year 2010 <u>2012</u> and \$5,000,000 <u>\$4,500,000</u> in fiscal year 2011 <u>2013</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 May 1-June 1 of each year shall be used solely may be used for the provision of direct primary care services through</p>		

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		<p>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 2010-11 <u>2012-2013</u> biennium appropriated in Strategy B.1.4, Community Primary Care Services, be expended exclusively for the Parkland Senior Care Project. No more than \$1,000,000 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>d. It is the intent of the Legislature that an FQHC that receives funds through this section shall operate extended weekend and evening hours.</p> <p><i>Years and language updated. Due to the current economic climate and reductions in available state funding, DSHS is requesting the flexibility to efficiently redirect unexpended Federal and State funds.</i></p>		
43	II-66	<p>State Owned Multicategorical Teaching Hospital Account.</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 2010-11 <u>2012-13</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).</p>		

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		<p>Any additional unexpended balances on hand in the accounts as of August 31, 2010 <u>2012</u> are appropriated to the agency for the fiscal year beginning September 1, 2010 <u>2013</u> for the same purpose, subject to the department notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.</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 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 there from, to verify compliance with the criteria established herein.</p> <p><i>Updated years.</i></p>		
44	II-67	<p>Appropriation of License Plate Revenue. Out of funds appropriated above, the Department of State Health Services shall allocate \$853,000 <u>\$600,000</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</p>		

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		<p>excess of the amounts estimated above are appropriated to the agency. Amounts appropriated above include an unexpended balance (estimated to be \$0) from the 2008-09 <u>2010-11</u> biennium; any additional unexpended balance on hand in the account as of August 31, 2009 <u>10</u> is appropriated to the agency. Any unexpended balances as of August 31, 2010-12, from the amounts appropriated may be carried forward and expended in fiscal year 2011 <u>2013</u> for the same purposes.</p> <p><i>Updated years and amounts.</i></p>												
45	II-67	<p>Regulating End Stage Renal Disease Facilities. 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>												
46	II-67	<p>Informational Listing - Permanent Funds and Endowments. 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="margin-left: auto; margin-right: auto;"> <tr> <td style="padding-right: 20px;">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> <tr> <td>Permanent Fund for Emergency Medical Services and Trauma Care</td> <td style="text-align: right;">\$ 100,000,000</td> </tr> <tr> <td>Permanent Hospital Fund for Capital Improvements and the Texas Center for Infectious Disease</td> <td style="text-align: right;">\$ 25,000,000</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 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
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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													
47	II-67	<p>Estimated Appropriation and Unexpended Balance: Permanent Tobacco Funds. 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</p>												

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		<p>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 additional unexpended balances on hand in the accounts as of August 31, 2010 <u>2012</u> are appropriated to the agency for the fiscal year beginning September 1, 2010 <u>2012</u> for the same purposes, subject to the department notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.</p> <p><i>Updated years.</i></p>				
48	II-67	<p>Administration of Public Health Funds. 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>				
49	II-67	<p>Emergency Care Attendant (ECA) Training. Out of funds appropriated above, the Department of State Health Services (DSHS) shall allocate <u>up to</u> \$50,000 in fiscal year 2010 <u>2012</u> and <u>up to</u> \$50,000 in fiscal year 2011 <u>2013</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>Updated years and language.</i></p>				
50	II-68	<p>Funding for the Children's Outreach Heart Program. Out of funds appropriated above in Strategy</p>				

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		<p>A.3.1, Health Promotion and Chronic Disease Prevention, \$247,000 in General Revenue Funds in each fiscal year of the 2010-11 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>Contractor designated by rider has declined the contract award.</i></p>				
51	II-68	<p>Children with Special Health Care Needs.</p> <p>a. Amounts appropriated above to DSHS in Strategy A.3.4, Children with Special Health Care Needs, may only be transferred if such a transfer would not result in a loss of, or reduction in, services or a loss of, or reduction in, persons otherwise eligible for CSHCN services or that result in higher cost projections for the next fiscal biennium.</p> <p>b. DSHS may exceed the performance measure targets identified above for the Number of CSHCN Clients Receiving Medical Services to the extent funding is available to do so.</p> <p>c. DSHS is directed to:</p> <ol style="list-style-type: none"> (1) Maintain provider reimbursement rates for Title V providers that mirror reductions in provider reimbursement rates for Medicaid providers. (2) Continue 6 limitations consistent with the 6 month continuous eligibility limitations in effect in the Medicaid program. <p>d. DSHS shall submit to the Legislative Budget Board and the Governor the following information on an annual basis (no later than September 30 of each fiscal year) regarding the demographics of the clients served by this program, including income levels, insured status and citizenship.</p>				
52	II-68	County Indigent Health Care. The Department of State Health Services may not allocate more than 10				

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		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.				
53	II-68	<p>Nuisance Surveys for the Economically Disadvantaged Communities Program. 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 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, 2009 <u>2011</u>.</p> <p><i>Updated year.</i></p>				
54	II-68	<p>Medically Fragile Children. It is the intent of the Legislature that the Department of State Health Services provides appropriated General Revenue funding in fiscal years 2010 <u>2012</u> and 2011 <u>2013</u> 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.</p> <p><i>Updated years.</i></p>				
55	II-68	<p>SAPT Maintenance of Effort Calculation. 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 2009 <u>2011</u>, 2010 <u>2012</u>, and 2011 <u>2013</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>Updated years.</i></p>				

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56	II-68	<p>Family Planning Services at Federally Qualified Health Centers. Out of funds appropriated in Strategy B.1.3, Family Planning Services, up to \$10,000,000 in each year of the 2010-11 <u>2012-13</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 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>The Department of State Health Services shall re-allocate funds which are available to all providers to ensure that the funds appropriated in Strategy B.1.3, Family Planning Services, are fully utilized for family planning services and to prevent the underutilization of the funds appropriated. Any balances available from Title V and Title XX funds on August 31, 2010 <u>2012</u> are appropriated for fiscal year 2011 <u>2013</u> for the same purposes.</p> <p><i>Updated years.</i></p>				
57	II-69	<p>Vaccine Education - Inclusion of Information Related to Respiratory Syncytial Virus. Out of funds appropriated above, 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.</p>				
58	II-69	<p>Texas Cancer Registry. Out of funds appropriated above in Strategy A.1.2, Health Registries,</p>				

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		<p>Information, and Vital Records, the Department of State Health Services shall allocate \$875,000 \$937,500 in fiscal year 2010 <u>2012</u> and \$1,000,000 \$937,500 in fiscal year 2011 <u>2013</u> in General Revenue <u>Obligation Bond</u> Funds including one FTE in each year for the purpose of enhancing <u>maintaining</u> the infrastructure of the cancer registry.</p> <p><i>Updated years, amounts, and language.</i></p>				
59	II-69	<p>Appropriation: Contingent Revenue. 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 2010 <u>2012</u> or fiscal year 2011 <u>2013</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 the given fiscal year has been exceeded. An appropriation is limited to revenue generated in fiscal year 2010 <u>2012</u> or fiscal year 2011 <u>2013</u> and does not include any balances that have accrued in the account or revenue object code.</p> <ul style="list-style-type: none"> a. Account No. 341, Food and Drug Retail Fees, for restaurant inspections. b. 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. c. Revenue Object 3175, Account No. 5017, Asbestos Removal Licensure, for asbestos inspections and regulatory activities. d. Account No. 5021, Certification of Mammography Systems, for the purpose of certification of mammography facilities. e. Revenue Objects 3616, 3560, and 3562 in the General Revenue Fund for the purpose of regulating 				

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		<p>health professionals.</p> <p>f. Account No. 5024, Food and Drug Registration Fees, for food and drug inspections.</p> <p>g. Account No. 5022, Oyster Sales, for oyster plant inspections.</p> <p>h. Revenue Object 3589 in the General Revenue Fund for Radiation Control regulatory activities.</p> <p>i. Revenue Objects 3123, 3141, 3175, 3555, and 3573 in the General Revenue Fund for environmental regulation.</p> <p>j. Account No. 19, Vital Statistics, for processing birth and death certificates and other vital records.</p> <p>k. Account No. 512, Bureau of Emergency Management, for licensing Emergency Medical Services personnel and providers.</p> <p>l. Account No. 0129, Hospital Licensing, for regulating health care facilities.</p> <p><i>Updated years. The appropriation of funds above the BRE will provide additional funding to ensure the department has resources to regulate hospitals.</i></p>				
60	II-69	<p>Mentally Ill Offender Screening. 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.</p> <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</p>				

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		§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.		
61	II-70	<p>TexasOnline Authority Appropriation.</p> <ul style="list-style-type: none"> 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. b. Amounts appropriated above to DSHS include \$1,049,240 in fiscal year 2010 <u>2012</u> and \$1,049,240 in fiscal year 2011 <u>2013</u> in fee revenue in Strategy D.1.6, TexasOnline, for the purpose of paying TexasOnline Authority subscription fees. 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. d. For new licensing applications, DSHS is hereby appropriated the additional revenue generated from occupational license, permit, or registration fees in excess of the Comptroller's biennial revenue estimate for 2010-11 2012-13 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 		

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		<p>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>Updated years.</i></p>				
62	II-70	<p>Tobacco Prevention.</p> <p>a. Statewide Comprehensive Tobacco Prevention Community Grant Program. 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 possible. Any unexpended balance of these funds remaining as of August 31, 2010 <u>2012</u> are appropriated to the agency for the fiscal year beginning September 1, 2010 <u>2012</u> for the same purpose, subject to the department notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.</p> <p>b. Tobacco Prevention Reporting Requirements. 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</p>				

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		<p>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, 2010 <u>2012</u>.</p> <p>c. Publish Evidence-based Interventions for Tobacco Prevention. 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. Use of Evidence-based Interventions for Tobacco Prevention. 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, 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. Synar Results Notification for Local Communities. The Department of State Health Services (DSHS) or the contracted vendor conducting the federally-required Synar survey shall notify the</p>		

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		<p>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>Updated years.</i></p>				
63	II-71	<p>School Cafeteria Inspections. Amounts appropriated above to the Department of State Health Services include fee revenue (General Revenue) estimated to be \$350,000 \$652,100 in fiscal year 2010 <u>2012</u> and \$652,100 <u>\$350,000</u> in fiscal year 2011 <u>2013</u> 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 Reauthorization Act of 2004).</p> <p><i>Updated years and amounts based on past and current collections.</i></p>				
64	II-71	<p>Estimated Appropriations: Perpetual Care Account. General Revenue-Dedicated Perpetual Care Account 8076 funding of \$1,432,054 <u>\$4,318,000</u> in fiscal year 2010 <u>2012</u> and \$1,260,946 <u>\$ 0</u> in fiscal year 2011 <u>2013</u> appropriated above to Strategy D.1.3, Radiation Control, includes an unexpended balance (estimated to be \$253,891 <u>\$1,715,240</u>) from the 2008-09 <u>2010-11</u> biennium. Any additional unexpended balance on hand in the account as of August 31, 2009 <u>2011</u> and <u>2012</u> are is appropriated to the agency for the fiscal year beginning September 1, 2009 <u>2011</u> for the same purpose, subject to the department notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.</p> <p><i>Updated years and language to clarify transfers within a biennium are allowed.</i></p>				
65	II-71	<p>Community Mental Health Crisis Services.</p> <p>a. The Department of State Health Services (DSHS) shall allocate \$109,368,602 in funds appropriated</p>				

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		<p>above in Strategy B.2.3, Community Mental Health Crisis Services for enhanced 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> <p>b. DSHS shall report annually to the Legislative Budget Board and the Governor on the following measures to gauge the implementation of community mental health crisis services:</p> <ol style="list-style-type: none"> (1) percent of persons with Medicaid receiving crisis services that is followed by an ER visit within 30 days; (2) percent of persons receiving crisis services that is followed by a psychiatric hospitalization <u>who avoid psychiatric hospitalization</u> within 30 days; (3) percent of persons receiving crisis services that is followed by a jail booking within 7 days; (4) number of persons receiving crisis residential services per year funded by General Revenue; (5) number of persons receiving crisis outpatient services per year funded by General Revenue; (6) average amount of General Revenue spent for crisis residential services; and (7) average amount of General Revenue spent for crisis outpatient services. <p>c. The Department of State Health Services (DSHS) shall allocate \$55,000,000 <u>\$54,492,154</u> in funds appropriated above in Strategy B.2.3, Community Mental Health Crisis Services for transitional and on-going services, using a methodology that allocates the funds in such a way to achieve equity in state funding among local mental health authorities to the greatest extent possible by using a per capita equity formula that allocates one-half (1/2) of new funds to those below the statewide average in per capita funding and allocates the remaining funds on a per capita basis across all local mental health authorities. DSHS shall submit an allocation plan to the Legislative Budget Board and the Governor prior to distributing this new funding.</p>		

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		<p>d. Not later than September 1, 2009, 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, 2010 2012.</p> <p>e. Any unexpended balances remaining at August 31, 2010 <u>2012</u> in Strategy B.2.3, Community Mental Health Crisis Services, are hereby appropriated for the same purposes in fiscal year 2011 <u>2013</u>.</p> <p>For authorization to expend the funds, the agency shall submit a written request to the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request must be organized by fiscal year as follows:</p> <p>(1) The following information shall be provided for the fiscal year with an unexpended balance:</p> <ul style="list-style-type: none"> (i.) an explanation of the causes of the unexpended balance(s); (ii.) the amount of the unexpended balance(s) by strategy; and (iii.) the associated incremental change in service levels compared to performance targets in this Act for that fiscal year. <p>(2) The following information shall be provided for the fiscal year receiving the funds:</p> <ul style="list-style-type: none"> (i.) an explanation of purpose for which the unexpended balance(s) will be used and whether the expenditure will be one-time or ongoing; (ii.) the amount of the expenditure by strategy; (iii.) the incremental change in service levels compared to performance targets in this Act for 		

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		<p>that fiscal year; and to performance targets in this Act for that fiscal year; and (iv.) the capital budget impact.</p> <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issues a written disapproval within 15 business days of the date on which the staff of the Legislative Budget Board concludes its review of the proposal to expend the funds and forwards its review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor.</p> <p>The Comptroller of Public Accounts shall not allow the use of unexpended balances authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p> <p><i>Updated language and years. Recommending deletion of part d -- An evaluation of community mental health crisis services was already conducted by Texas A&M University to meet the requirements of the Rider. A final evaluation report was submitted to the LBB, the Governor, and the standing committees of the Senate and House of Representatives having primary jurisdiction over health and human services in January 2010.</i></p>				
66	II-73	<p>Use of Family Planning Funds. 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. 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>				
67	II-73	<p>Revolving Account for the Consolidated Health and Human Services Print Shop. It is the intent of the</p>				

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		<p>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. These funds can only be used for the purpose of managing the consolidated print shop. <u>Any unobligated balances as of August 31, 2012, are appropriated for the same use during fiscal year 2013.</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>This change will allow the DSHS Print Shop to maintain its operations at the start of the fiscal year for production costs related to completion of printing orders, purchasing supplies, etc.</i></p>				
68	II-73	<p>School-based Prevention Services. 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 2010 <u>2012</u> and \$3,000,000 in fiscal year 2011 <u>2013</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>Updated years.</i></p>				
69	II-73	<p>Family Planning Affiliate Requirements. 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. Legal separation. The family-planning and abortion-services affiliates must be legally separate</p>				

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		<p>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. Easily distinguishable names. The family-planning and abortion-services affiliates must have easily distinguishable names.</p> <p>c. Separate boards of directors and governing bodies. 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. No direct or indirect subsidy. The family-planning affiliate may not transfer any funds distributed under Strategy B.1.3 to its abortion-services affiliate. The affiliated entities 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. Detailed employee timekeeping. 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. Clear signage. 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. Separate books. The family-planning and abortion-services affiliates must each maintain records adequate to show compliance with these requirements.</p>		

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		<p>Annual audit of family planning services providers. 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. 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 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.</p>				
70	II-74	<p>Epilepsy Services. Out of funds appropriated above, the Department of State Health Services (DSHS) shall allocate \$4,936,310 in All Funds in fiscal year 2010 <u>2012</u> and \$4,936,310 in All Funds in fiscal year 2011 <u>2013</u> for epilepsy services. <u>If funds are available, DSHS shall may use at least up to \$1,000,000 per fiscal year of the allocated in addition to funds appropriated above</u> to contract with a non-profit organization to expand epilepsy services.</p> <p><i>Updated years and language change to provide flexibility.</i></p>				
71	II-74	<p>Stroke Survival System. To the extent funds are available, the Department of State Health Services shall allocate up to \$750,000 in General Revenue for fiscal year 2010 and \$750,000 in General Revenue for fiscal year 2011 for the purpose of stroke recognition and treatment training, stroke prevention and community education, and stroke facilities</p> <p><i>DSHS has not been able to allocate funding for this rider out of existing appropriation. Due to the current</i></p>				

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		<i>budget situation, the department will not have sufficient funding available. The rider should be deleted.</i>				
72	II-74	<p>Smokeless Tobacco Use. 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 2010 <u>2012</u> and \$1,000,000 in General Revenue in fiscal year 2011 <u>2013</u> to reduce the use of smokeless tobacco by youth in rural areas of the state.</p> <p><i>Updated years.</i></p>				
73	II-74	<p>Pandemic Flu Preparedness. Using funds appropriated to the agencies elsewhere under this Act, the Department of State Health Services in conjunction with the <u>Texas Division of Emergency Management</u> 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>				
74	II-74	<p>End Stage Renal Disease Prevention Program. 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 2010-2012 and \$500,000 in General Revenue for fiscal year 2011 <u>2013</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>Updated years.</i></p>				
75	II-74	<p>Governor's Advisory Council on Physical Fitness. 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</p>				

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		develop and promote physical activity and nutrition initiatives. The Governor's Office shall provide administrative support to the Council.				
76	II-74	<p>Civil Commitment and Monitoring and Treatment of Sex Offenders. It is the intent of the Legislature that the Special Prosecution Unit, Walker County (Strategy D.1.5, Judiciary Section, Comptroller's Department) initiate civil commitment proceedings against sexually violent predators. Included in amounts appropriated elsewhere in this Act to the Judiciary Section, Comptroller's Department is \$5,557,840 <u>\$7,254,494</u> for the 2010-11 <u>2012-13</u> biennium for this purpose.</p> <p><u>It is also the intent of the Legislature that the Department of State Health Services (DSHS) Council on Sex Offender Treatment (Strategy D.1.7.) provide monitoring and treatment to those offenders civilly committed. Funding for these services, estimated to be \$7,254,493 <u>\$7,254,494</u> for the 2010-11 <u>2012-13</u> biennium is appropriated to DSHS through an interagency contract with the Judiciary Section, Comptroller's Department. (Note Reference: IV-37, Rider 8. Interagency Contract for Sex Offender Treatment and Supervision.)</u></p> <p><i>Updated years and language. Current rider language pertains to Judiciary Section of Comptroller's Department and does not reference the Department of State Health Services.</i></p>				
77	II-75	<p>Contingency for Regulating Independent Freestanding Emergency Rooms and Urgent Care Clinics. Contingent on passage of House Bill 2183, or similar legislation relating to the licensure of independent freestanding emergency rooms and urgent care clinics, and creation of the respective licensing fees, by the Eighty-first Legislature, Regular Session, the Department of State Health Services is appropriated \$1,074,136 for fiscal year 2010 and \$633,658 for fiscal year 2011 from the fees collected and deposited in the General Revenue Fund to implement the provisions of the legislation. The number of "Full Time Equivalents (FTE)" is increased by 19.5 FTEs in fiscal year 2010 and 11 FTEs in fiscal year 2011.</p> <p><i>Recommend deletion of rider. House Bill 2183 was vetoed and there was not similar legislation that</i></p>				

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		<i>included both Freestanding Emergency Rooms and Urgent Care Clinics..</i>				
78	II-75	<p>Health Registries. Out of funds appropriated above to the Department of State Health Services, the agency shall utilize \$1,000,000 for the 2010-11 biennium to upgrade the registries used by the Center for Health Statistics to collect, analyze and disseminate health information.</p> <p><i>Recommend deletion of rider as \$1,000,000 is included in the base request and removal of reference to a specific dollar removes implied limitation should additional funding sources such as grants or interagency contracts are received..</i></p>				
79	II-75	<p>Exemption from Limitation on Travel Expenditures. 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>				
80	II-75	<p>Substance Abuse Treatment. Contingent on passage of Senate Bill 796, or similar legislation relating to expanding substance abuse treatment for adult Medicaid clients, the The Department of State Health Services shall use funds appropriated above in Strategy B.2.5, Substance Abuse Prevention, Intervention, and Treatment, which were previously used to serve Medicaid clients, to provide substance abuse prevention and treatment services for other eligible clients.</p> <p><i>DSHS requests deletion of this rider. Program phase 1 implementation is set to begin September 1, 2010 and phase 2 January 1, 2011.</i></p>				
81	II-75	<p>Provision of Psychiatric and Psychotherapy Services. Out of funds appropriated above in Strategy B.2.3, Community Mental Health Crisis Services, the Department of State Health Services shall expend</p>				

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		<p>\$500,000 in All Funds in the 2010-11 <u>2012-13</u> biennium to hire psychiatrists and psychotherapists to train third-year medical students and provide psychiatric and psychotherapy services for the uninsured and underinsured populations at existing clinic sites at a community health center working in conjunction with the Texas A&M Health Science Center College of Medicine in Round Rock.</p> <p><i>Updated years.</i></p>				
82	II-75	<p>HIV Testing. Out of funds appropriated above in Strategy A.2.2, HIV/STD Prevention, the Department of State Health Services shall allocate not less than \$4,419,989 in fiscal 2010 in All Funds and \$4,419,990 in fiscal year 2011 in All Funds for the purpose of increased testing for HIV in high morbidity areas, with Houston and Dallas receiving top consideration, in emergency rooms, or in primary care clinics associated with the large indigent care providers.</p> <p><i>DSHS requests deletion of this rider as the expanded HIV testing program has been implemented.</i></p>				
83	II-75	<p>Texas Birth Defects Registry. Out of funds appropriated above in Strategy A.1.2, Health Registries, Information, and Vital Records, the Department of State Health Services shall allocate \$950,000 in General Revenue Funds in each fiscal year of the 2010-11 <u>2012-13</u> biennium for the purpose of <u>maintaining and</u> enhancing the infrastructure of the Texas Birth Defects Registry.</p> <p><i>Updated years and language.</i></p>				
84	II-75	<p>The University of Texas Harris County Psychiatric Center. Out of funds appropriated above in Strategy C.2.1, Mental Health Community Hospitals, the Department of State Health Services shall allocate \$4,250,000 in General Revenue Funds in fiscal year 2010 <u>2012</u> and \$4,250,000 in General Revenue Funds in fiscal year 2011 <u>2013</u> for the purpose of funding 24 additional beds at the University of Texas Harris County Psychiatric Center.</p> <p><i>Updated years.</i></p>				
85	II-75	<p>Appropriation Authority for General Obligation Bond Proceeds. Appropriated above in Strategy</p>				

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		<p>F.1.3, Repair and Renovation: Mental Health Facilities, in fiscal year 2010 <u>2012</u> is \$27,228,000 <u>\$34,788,551</u> in general obligation bond proceeds for projects for the Department of State Health Services as described in Article IX, Sec. 17.11, Informational Listing General Obligation Bond Proceeds. 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, 2010 <u>2012</u> are hereby appropriated for the fiscal year beginning September 1, 2010 <u>2012</u> for the same purpose.</p> <p><i>Updated years.</i></p>				
86	II-76	<p>Community Mental Health Hospital Rates. Out of amounts appropriated above in Strategy C.2.1, Mental Health Community Hospitals, the Department of State Health Services shall allocate in each fiscal year of the 2010-11 <u>2012-13</u> biennium \$325,056 in All Funds to Galveston Community Hospital and \$502,723 in All Funds to Lubbock Community Hospital to increase <u>maintain</u> the allotment for community mental health inpatient services at these facilities.</p> <p><i>Updated years and language.</i></p>				
87	II-76	<p>Galveston Community Mental Health Center. Out of amounts appropriated above in Strategy C.2.1, Mental Health Community Hospitals, the Department of State Health Services shall allocate \$1,376,050 in all funds in each year of the 2010-11 <u>2012-13</u> biennium to the Galveston Community Mental Health Center to increase <u>maintain</u> the number of inpatient beds from 20 to <u>at 30</u>.</p> <p><i>Updated years and language.</i></p>				
88	II-76	<p>Exemption from Article IX, Sec. 8.03 (e), Reimbursements and Payments. The Department of State Health Services is hereby exempted from the provisions contained in Article IX, Sec. 8.03 (e), Reimbursements and Payments, of the General Appropriations Act for the 2010-11 <u>2012-13</u> biennium.</p>				

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		<i>Updated years.</i>				
89	II-76	<p>Limitation: Expenditure and Transfer of Additional Public Health Medicaid Reimbursements.</p> <p>a. Appropriations. Included in the amounts appropriated above for the Department of State Health Services are the following amounts of Public Health Medicaid Reimbursements (Account 709):</p> <p>(1) Strategy A.2.1, Immunize Children and Adults in Texas: \$341,686 in each fiscal year;</p> <p>(2) Strategy A.4.1, Laboratory Services: \$13,020,618 in each fiscal year;</p> <p>(3) Strategy B.1.2, Women and Children's Health Services: \$37,706 in each fiscal year;</p> <p>(4) Strategy C.1.3, Mental Health State Hospitals: \$35,247,627 \$35,464,586 in fiscal year 2010 2012 and \$35,681,547 \$35,464,586 in fiscal year 2011 2013 (Funding represents all additional Account 709 revenue anticipated to be available in the 2010-11 2012-13 biennium (\$70,929,172) based on the agency's estimate; the additional revenue is associated with an anticipated increase in laboratory fee revenue due to a rate change to align with Medicare rates); and</p> <p>(5) Strategy E.1.1, Central Administration: \$672,285 in each fiscal year.</p> <p>b. Limitation on Use of Public Health Medicaid Reimbursements (Account 709).</p> <p>(1) In the event that Public Health Medicaid Reimbursement revenues exceed the amounts noted above, the department may spend the Public Health Medicaid Reimbursement funds thereby made available only to the extent authorized in writing by the Legislative Budget Board and the Governor.</p> <p>(2) Notwithstanding any other provisions contained in this Act, transfers of Public Health Medicaid Reimbursement revenues shall be made only to the extent authorized in writing by the Legislative Budget Board and the Governor.</p> <p>c. Request for Approval to use Additional Public Health Medicaid Reimbursements Funds. To request approval pursuant to section (b-1) above, the department shall submit a written request to</p>				

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		<p>the Legislative Budget Board and the Governor. At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:</p> <ol style="list-style-type: none"> (1) the reason for and the amount of Public Health Medicaid Reimbursement revenue that exceeds the amounts noted in section (a) above, and whether this additional revenue will continue in future years; (2) a detailed explanation of the purpose(s) of the expenditure and whether the expenditure will be one-time or ongoing; (3) the name of the strategy or strategies affected by the expenditure and the FTEs for each strategy by fiscal year; (4) the impact of the expenditure on performance levels and, where relevant, a comparison to targets included in this Act for the affected strategy or strategies; and (5) the impact of the expenditure on the capital budget. <p>d. Requests to Transfer Additional Public Health Medicaid Reimbursements Funds. To request a transfer pursuant to section (b-2) above, DSHS shall submit a written request to the Legislative Budget Board and the Governor At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts. The request shall include the following information:</p> <ol style="list-style-type: none"> (1) a detailed explanation of the purpose(s) of the transfer and whether the expenditure will be one-time or ongoing; (2) the name of the originating and receiving strategies and the method of financing and FTEs for each strategy by fiscal year; (3) an estimate of performance levels and, where relevant, a comparison to targets included in this Act for both the originating and the receiving strategies; and (4) the capital budget impact. <p>Additional information requested by the Legislative Budget Board or the Governor should be provided in a</p>		

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		<p>timely manner. The request and information provided subsequently shall be prepared in a format specified by the Legislative Budget Board.</p> <p>The Comptroller of Public Accounts shall not allow the expenditure or transfer of funds authorized by any of the above subsections if the Legislative Budget Board provides notification to the Comptroller of Public Accounts that the requirements of this provision have not been satisfied.</p>				
90	II-77	<p>Trauma Facility Study. Out of funds appropriated above in Strategy B.3.1, EMS and Trauma Care Systems, the Department of State Health Services shall conduct a study of the state's trauma facilities to assess the need for additional Level I and Level II trauma facilities in the state.</p> <p><i>Rider is no longer needed. The study was completed in the 2010/2011 biennium.</i></p>				
91	II-77	<p>Purchase of Pandemic Flu Vaccines. Out of funds appropriated above, the Department of State Health Services shall examine the latest generation of cell culture derived pandemic flu vaccine. The Department of State Health Services is strongly encouraged to consider purchasing the latest generation of cell culture derived pandemic flu vaccine that is available out of state, federal, or other funds.</p>				
92	II-77	<p>Health Information Related to Velocardiofacial Syndrome. Out of funds appropriated above in Strategy A.1.2, Registries, Information, and Vital Records, the Department of State Health Services (DSHS) shall update health related information distributed by health care coordinators and other service providers with information regarding velocardiofacial syndrome, including the disorders symptoms, qualifications for the early childhood intervention program (ECI), treatment options under ECI programs, and related parent support groups.</p> <p><i>The rider is no longer needed. The brochure has been developed and is complete. It is available through ECI.</i></p>				
93	II-77	<p>Sunrise Canyon Hospital Capital Improvements. Out of funds appropriated above, the Department of</p>				

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		<p>State Health Services shall expend \$1,350,825 in General Obligation Bond Proceeds (Account No. 780) in the 2010-11 biennium for capital improvements at Sunrise Canyon Hospital.</p> <p><i>Recommend deleting. The Rider is no longer necessary because it contained one time bond funding for this capital construction project.</i></p>				
94	II-77	<p>Use of Appropriated Funds for Reports on School-based Health Centers. Money appropriated to the Department of State Health Services may be used by the department to prepare and submit a report to the legislature regarding school-based health centers only if the report:</p> <ul style="list-style-type: none"> a. is submitted not more frequently than once every two years; b. is limited to information relating to school-based health centers that receive funding from the department; and c. contains only information that the department determines may be provided: <ul style="list-style-type: none"> (1) in compliance with federal law regarding confidentiality of medical information; and (2) without imposing excessive reporting requirements on school districts. <p><i>Request deletion of this rider. Duplicative of language adopted last session as part of HB 281, and codified as amendments to Sec. 38.064, Education Code.</i></p>				
95	II-78	<p>Appropriation for Texas Diabetes Council's Stark University of Texas Community Outreach (UTC0), formerly Stark, Model of Community-based Diabetes Prevention and Control. Out of funds appropriated above in Strategy A.3.1, Health Promotion and Chronic Disease Prevention, the Department of State Health Services shall allocate \$3,000,000 \$2,700,000 in General Revenue Funds in each fiscal year of the 2010-11 2012-13 biennium to reduce the health and economic burdens of diabetes through expansion of the Texas Diabetes Council/Stark Diabetes Center UTC0 model of community-based diabetes care and education. This initiative will utilize the Stark Diabetes Center to establish 4 regional centers located in Webb, Cameron, Nueces, and Galveston counties with staff and programmatic expertise to prevent and control diabetes at the community level. The initiative will build upon existing Texas Diabetes Council resources related to policy and environmental changes, clinical systems change</p>				

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		<p><u>improvements</u>, and patient/<u>provider</u> education.</p> <p><i>Updated years and language. Stark has been changed to University of Texas Community Outreach (UTCO) to reflect their new focus on community-based outreach and services to persons with and at risk of diabetes. The appropriation would remain the same and not change/affect the budget. The activities would focus on identifying partners in various sectors (e.g. schools, faith-based organizations, etc.) to impact policy and environmental changes. The evaluation of metrics will demonstrate the impact of community-based interventions to reduce the burden of diabetes in Texas.</i></p>		
<p>96</p>	<p>H-78</p>	<p>Kidney Disease Study. Out of funds appropriated above in Strategy A.3.1, Chronic Disease Prevention, the Department of State Health Services shall allocate \$1,000,000 during the 2010-11 biennium to fund a study conducted by Texas Tech University in consultation with the Kidney Chronic Disease task force. The study shall address kidney disease and its precursors, including but not limited to diabetes and hypertension, and will include the following:</p> <ul style="list-style-type: none"> a. identify statistically significant subgroups who are at risk and recent patterns of change within these subgroups; b. identify costs associated with kidney disease and its precursors, including projected costs over the next ten years; and c. develop public health policy hypotheses and conclusions. <p>To achieve study objectives, screenings and/or small demonstration projects may be conducted. A concluding report shall be submitted to the Legislative Budget Board and the Governor by January 31, 2011.</p> <p><i>DSHS requests deletion of Rider -- Study will be completed during the current biennium.</i></p>		

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97	II-78	<p>Appropriation for Certain Health Care Facilities.</p> <p>a. Out of funds appropriated above in Strategy B.2.1, Mental Health Services for Adults, the Department of State Health Services shall allocate \$7,500,000 in General Revenue Funds in fiscal year 2011 to provide mental health services during the period from March 1, 2011, to August 31, 2011, at a facility newly constructed by a county for the purposes of providing contracted mental health services.</p> <p>b. To qualify to receive money allocated by this provision, mental health services must be provided at a facility constructed, financed, and operated by a county and private mental health care partners that:</p> <ul style="list-style-type: none"> (1) has at least 100 beds for patients; (2) is located 50 miles or less from a municipality with a population of no less than 250,000; (3) is accredited by the Joint Commission on Health Care; (4) is monitored by the Department of State Health Services; and (5) is in compliance with state and federal standards, including court orders. <p><u>The Department of State Health Services (DSHS) shall allocate a biennial amount of \$7,500,000 in General Revenue funds appropriated above in Strategy C.2.1, Mental Health Community Hospitals, to Montgomery County Psychiatric Hospital to provide contracted mental health services.</u></p> <p>e. In paying for services under this provision, the Department of State Health Services must ensure that the services are comparable in quality and cost to services provided in other mental health services programs of the department.</p> <p><i>Language updated. Montgomery County Psychiatric Hospital construction will be completed in March of 2011.</i></p>		
98	II-79	<p>Mental Health Deputy Program. Out of the funds appropriated above in Strategy B.2.4-3, <u>Community Mental Health Crisis Services – Adults</u>, up to \$280,000 per fiscal year shall be used to provide grants to</p>		

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		<p>Ector, Midland, McLennan and Tom Green counties to establish Mental Health Deputy Programs in these counties. The Mental Health Deputy Programs shall provide funding for <u>up to</u> two deputies in Ector, Midland, McLennan, and Tom Green counties. The deputies shall promote the diversion of mentally ill individuals from incarceration and facilitate assessments for appropriate treatment.</p> <p><i>Language updated. Changed the Strategy from B.2.1 - Community Mental Health Services - Adults, to Strategy B.2.3, since this is the strategy from where the funds were appropriated in FY 10-11. Added "up to" to allow more flexibility in hiring.</i></p>		
701	701	<p><u>Exemption from Limitation on Travel Expenditures for Preventive Medicine Residency Program.</u> Out of the funds appropriated above, travel expenditures associated with the Preventive Medicine Residency programs of the Department of State Health Services shall be exempt from the provisions, referenced in Article IX of this Act as “Limitation on Travel Expenditures” for training courses required by the Accreditation Council for Graduate Medical Education (ACGME).</p> <p><i>This rider will provide authority for out of state travel. Resident positions allow for permanent training rotations in the state health delivery system. The majority of the required residency trainings are held at out of state locations.</i></p>		
702	702	<p><u>Exemption from Limitation on Travel Expenditures for the Division for Regulatory Services and Division for Regional and Local Health Services for federal training of regulatory staff.</u> Out of the funds appropriated above, travel expenditures associated with the federal training of regulatory licensing, compliance (inspectors, investigators, surveyors), and enforcement staff of the Department of State Health Services shall be exempt from the provisions, referenced in Article IX of this Act as “Limitation on Travel Expenditures”.</p> <p><i>This rider will provide authority for out of state travel. The majority of the required training for regulatory staff is held at out of state locations.</i></p>		

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703	703	<p><u>Authority to Provide for the Travel Expenses for Non-State Employees attending state sponsored forums and workshops.</u> The Department of State Health Services is authorized to reimburse non-state employees contractors or subject matter experts for actual travel expenses not to exceed the amounts established in the General Appropriations Act. Reimbursement is limited to non-state employees attending DSHS sponsored training events and workgroups conducted to build the state's infrastructure for public and behavioral health services.</p> <p><i>The Department of State Health Services provides state sponsored forums for improvement of behavioral health services and to build the state's infrastructure for disaster response. These forums are a vital component of the DSHS mission and it is critical that non-state employees that provide public and mental services; and first responders during a disaster be in attendance; however, many are unable to do so because of financial limitations. DSHS receives federal funds to cover the costs for these health professionals to attended; however, it is not always practical to create individual contracts with each attendee or amend current contracts with municipalities, counties, community centers or other entities to provide funding to cover these travel costs. DSHS proposes this new rider to continue building the state's infrastructure.</i></p>		
704	704	<p><u>Out of State Travel Cap Exemption.</u> Travel expenses incurred by the Department of State Health Services staff associated with 100% federally funded programs and paid with 100% Federal Funds are exempt from the requirement of Article IX, Section 5.08, Limitations on Travel Expenditures, and the limitations on such expenditures as set forth therein.</p> <p><i>Federal grants often stipulate required attendance at one or more conferences. The majority of national conferences are often held at out of state locations. This rider would enable DSHS meet those grant requirements.</i></p>		
705	705	<p><u>Estimated Appropriation: Emergency Medical Services, Trauma Facilities and Trauma Care Systems Account.</u> The Department of State Health Services is hereby appropriated for the purpose of trauma facilities, regional trauma systems, and EMS activities any additional revenue generated above the amounts identified in fiscal year 2012 or fiscal year 2013 in the Comptroller of Public Accounts' Biennial Revenue Estimate (BRE) for General</p>		

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		<p><u>Revenue Dedicated Account 5111, Designated Trauma Facility and EMS, and for General Revenue Dedicated Account 5108, Emergency Medical Services, Trauma Facilities and Trauma Care Systems.</u></p> <p><i>This rider will allow DSHS to keep any additional revenue collected above the BRE in funds 5111 and 5108 for FY 12/13. These funds are needed because pre hospital services are not considered essential, no governmental entity is required to assure its provision to the community. These collected funds help fill this gap by offering access to adequate emergency care services in a timely manner and dramatically improve the care of critical injured victims.</i></p>		