

3.B. Rider Revisions and Additions Request

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base																																																																																	
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language																																																																																			
1	II-22	<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;">2018</th> <th style="width: 10%; text-align: center;">2019</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 colspan="3">Percent of Staff Reached during Public Health Disaster Response Drills</td> </tr> <tr> <td style="text-align: right;">80%</td> <td style="text-align: center;">80%</td> <td style="text-align: center;">80%</td> </tr> <tr> <td colspan="3">Vaccination Coverage Levels among Children Aged 19 to 35 Months</td> </tr> <tr> <td style="text-align: right;">72.0%</td> <td style="text-align: center;">72.0%</td> <td style="text-align: center;">72.0%</td> </tr> <tr> <td colspan="3">Incidence Rate of TB Among Texas Residents</td> </tr> <tr> <td style="text-align: right;">4.4</td> <td style="text-align: center;">4.4</td> <td style="text-align: center;">4.4</td> </tr> <tr> <td colspan="3">Prevalence of Tobacco Use among Middle & High School Youth Target Areas</td> </tr> <tr> <td style="text-align: right;">15%</td> <td style="text-align: center;">15%</td> <td style="text-align: center;">15%</td> </tr> <tr> <td colspan="3">Prevalence of Smoking among Adult Texans</td> </tr> <tr> <td style="text-align: right;">14.5%</td> <td style="text-align: center;">14.5%</td> <td style="text-align: center;">14.5%</td> </tr> <tr> <td colspan="3">A.1.2. Strategy: VITAL STATISTICS</td> </tr> <tr> <td colspan="3">Efficiencies:</td> </tr> <tr> <td colspan="3">Average Number of Days to Certify or Verify Vital Statistics Records</td> </tr> <tr> <td style="text-align: right;">10.0</td> <td style="text-align: center;">10.0</td> <td style="text-align: center;">10.0</td> </tr> <tr> <td colspan="3">A.1.3 Strategy: HEALTH REGISTRIES</td> </tr> <tr> <td colspan="3">Output (Volume)</td> </tr> <tr> <td colspan="3">The Number of Healthcare Facilities Enrolled in Texas Health Care Safety Network</td> </tr> <tr> <td style="text-align: right;">700</td> <td style="text-align: center;">700</td> <td style="text-align: center;">700</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 colspan="3">Number of Vaccine Doses Administered to Children</td> </tr> <tr> <td style="text-align: right;">16,768,821</td> <td style="text-align: center;">16,768,821</td> <td style="text-align: center;">17,607,262</td> </tr> <tr> <td colspan="3">Explanatory:</td> </tr> <tr> <td colspan="3">Dollar Value (in Millions) of Vaccine Provided by the</td> </tr> </tbody> </table>				2018	2019	A. Goal: PREPAREDNESS AND PREVENTION			Outcome (Results/Impact):			Percent of Staff Reached during Public Health Disaster Response Drills			80%	80%	80%	Vaccination Coverage Levels among Children Aged 19 to 35 Months			72.0%	72.0%	72.0%	Incidence Rate of TB Among Texas Residents			4.4	4.4	4.4	Prevalence of Tobacco Use among Middle & High School Youth Target Areas			15%	15%	15%	Prevalence of Smoking among Adult Texans			14.5%	14.5%	14.5%	A.1.2. Strategy: VITAL STATISTICS			Efficiencies:			Average Number of Days to Certify or Verify Vital Statistics Records			10.0	10.0	10.0	A.1.3 Strategy: HEALTH REGISTRIES			Output (Volume)			The Number of Healthcare Facilities Enrolled in Texas Health Care Safety Network			700	700	700	A.2.1. Strategy: IMMUNIZE CHILDREN & ADULTS IN TEXAS			Output (Volume):			Number of Vaccine Doses Administered to Children			16,768,821	16,768,821	17,607,262	Explanatory:			Dollar Value (in Millions) of Vaccine Provided by the		
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(continued)**

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		Federal Government	393	412
		A.2.2. Strategy: HIV/STD PREVENTION		
		Output (Volume):		
		Number of Persons Served by the HIV Medication Program	19,094	19,477
		A.2.3. Strategy: INFECTIOUS DISEASE PREV/EPI/SURV		
		Output (Volume):		
		Number of Communicable Disease Investigations Conducted	200,000	200,000
		A.2.4. Strategy: TB SURVEILLANCE & PREVENTION		
		Output (Volume):		
		Number of Tuberculosis Disease Investigations Conducted	20,475	20,475
		A.2.5 Strategy: TX CENTER FOR INFECTIOUS DISEASE		
		Output (Volume):		
		Number of Inpatient Days, Texas Center for Infectious Disease	13,140	13,140
		B. Goal: COMMUNITY HEALTH SERVICES		
		Outcome (Results/Impact):		
		Number of Infant Deaths Per Thousand Live Births (Infant Mortality Rate)	5.5	5.5
		Percentage of Low Birth Weight Births	8.2%	8.1%
		Number of Pregnant Females Age 13-19 Per Thousand (Adolescent Pregnancy Rate)	29.6	29.3
		B.2.1. Strategy: EMS AND TRAUMA CARE SYSTEMS		
		Output (Volume):		
		Number of Emergency Health Care Providers (EMS Firms, Hospitals, RACS) Assisted through EMS/Trauma System Funding Programs	2,337	2,337
		Explanatory:		
		Number of Trauma Facilities	290	290
		Number of Stroke Facilities	150	150

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		<p>C. Goal: CONSUMER PROTECTION SERVICES</p> <p>Outcome (Results/Impact):</p> <p>Percentage of Licenses Issued within Regulatory Timeframe _____ 98.7% _____ 98.7%</p> <p>C.1.1. Strategy: FOOD (MEAT) AND DRUG SAFETY</p> <p>Efficiencies:</p> <p>Average Cost Per Surveillance Activity— Food/Meat and Drug Safety _____ 295 _____ 295</p> <p>C.1.2. Strategy: ENVIRONMENTAL HEALTH</p> <p>Efficiencies:</p> <p>Average Cost Per Surveillance Activity— Environmental Health _____ 250 _____ 250</p> <p>C.1.3. Strategy: RADIATION CONTROL</p> <p>Efficiencies:</p> <p>Average Cost Per Surveillance Activity— Radiation Control _____ 300 _____ 300</p> <p align="right">_____ 2020 _____ 2021</p> <p>A. Goal: PREPAREDNESS AND PREVENTION</p> <p>Outcome (Results/Impact):</p> <p>Percent of Staff Reached During Public Health Disaster Response Drills _____ 89.0% _____ 89.0%</p> <p>Vaccination Coverage Levels among Children Aged 19 to 35 Months _____ 70.70% _____ 70.70%</p> <p>Incidence Rate of TB Among Texas Residents _____ 4.40 _____ 4.40</p> <p>Prevalence of Tobacco Use among Middle & High School Youth Target Areas _____ 15.0% _____ 15.0%</p> <p>Prevalence of Smoking among Adult Texans _____ 15.80% _____ 15.80%</p> <p>A.1.2. Strategy: VITAL STATISTICS</p>		

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		<p><u>Efficiencies:</u> Average Number of Days to Certify or Verify Vital Statistics Records 15.0 15.0</p> <p><u>A.2.1. Strategy: IMMUNIZE CHILDREN & ADULTS IN TEXAS</u></p> <p><u>Output (Volume):</u> Number of Vaccine Doses Administered to Children 17,607,262 17,607,262</p> <p><u>Explanatory:</u> Dollar Value (in Millions) of Vaccine Provided by the Federal Government 390 390</p> <p><u>A.2.2. Strategy: HIV/STD PREVENTION</u></p> <p><u>Output (Volume):</u> Number of Persons Served by the HIV Medication Program 19,438 19,539</p> <p><u>A.2.3. Strategy: INFECTIOUS DISEASE EPI/SURV AND CONTROL</u></p> <p><u>Output (Volume):</u> Number of Communicable Disease Investigations Conducted 300,000 300,000</p> <p><u>B. Goal: COMMUNITY HEALTH SERVICES</u></p> <p><u>Outcome (Results/Impact):</u> Number of Infant Deaths Per Thousand Live Births (Infant Mortality Rate) 5.60 5.54 Percentage of Low Birth Weight Births 8.36% 8.31% Number of Pregnant Females Age 13-19 Per Thousand (Adolescent Pregnancy Rate) 26.04 25.77</p> <p><u>B.2.1. Strategy: EMS AND TRAUMA CARE SYSTEMS</u></p> <p><u>Output (Volume):</u> Number of Emergency Health Care Providers (EMS Firms, Hospitals, RACS) Assisted through EMS/Trauma System Funding Programs 2,100 2,100</p> <p><u>Explanatory:</u></p>		

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		Number of Trauma Facilities	280	280
		Number of Stroke Facilities	150	150
		<u>C. Goal: CONSUMER PROTECTION SERVICES</u>		
		<u>Outcome (Results/Impact):</u>		
		<u>Percentage of Licenses Issued within Regulatory</u>		
		Timeframe	98%	98%
		<u>C.1.1. Strategy: FOOD (MEAT) AND DRUG SAFETY</u>		
		<u>Efficiencies:</u>		
		<u>Average Cost Per Surveillance Activity - Food/Meat and Drug Safety</u>		
			103	103
		<u>C.1.2. Strategy: ENVIRONMENTAL HEALTH</u>		
		<u>Efficiencies:</u>		
		<u>Average Cost Per Surveillance Activity - Environmental Health</u>		
			405	405
		<u>C.1.3. Strategy: RADIATION CONTROL</u>		
		<u>Efficiencies:</u>		
		<u>Average Cost Per Surveillance Activity - Radiation Control</u>		
			244	244
2	II-23	<p>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 payments to the Texas Public Finance Authority pursuant to the provisions of Government Code, §1232.103.</p>		
			-2018	2019
		a. Construction of Buildings and Facilities		
		(1) Laboratory Bond Debt Service	\$ 1,896,250	\$ 0

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		Total, Construction of Buildings and Facilities	\$ 1,896,250	\$ 0
		b. Repair or Rehabilitation of Buildings and Facilities		
		(1) Laboratory Repair and Renovations	\$ 100,000	\$ 0
		(2) Texas Center for Infectious Disease Repair and Renovation	\$ 1,400,000	\$ 0
		(3) Laboratory Deferred Maintenance	\$ 400,000	\$ 0
		Total, Repair or Rehabilitation of Buildings and Facilities	\$ 1,900,000	\$ 0
		c. Acquisition of Information Resource Technologies		
		(1) Vital Records System (TxEVER)	\$ 2,600,000	\$ UB
		(2) The Texas Health Care Safety Network (TxHSN)	\$ 164,000	\$ 156,000
		(3) Emergency Medical Services Trauma Registry Project	\$ 782,000	\$ 782,000
		(4) Enhance Registries THISIS	\$ 3,199,707	\$ 1,109,303
		(5) HIV2000 REC N ARIES Replacement (HRAR) Implementation Project	\$ 1,564,803	\$ 4,476,700
		(6) Wi-Fi and Video Teleconferencing Equipment Buildings 634, 636	\$ 100,000	\$ UB
		(7) IT Accessibility	\$ 1,079,943	\$ 1,079,943
		(8) IT Security	\$ 1,200,000	\$ 1,200,000
		(9) Cybersecurity	\$ 830,998	\$ 830,998
		(10) Seat Management	\$ 1,578,417	\$ 1,649,906
		Total, Acquisition of Information Resource Technologies	\$13,099,868	\$11,284,850
		d. Acquisition of Capital Equipment and Items		
		(1) Texas Vaccine For Children (TVFC)		

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		— Data Loggers	\$ 82,400	\$ UB
		(2) FastPak Verify	\$ 160,043	\$ UB
		(3) Misc Lab Equipment	\$ 1,673,152	\$ 928,657
		(4) X ALD Testing Implementation	\$ 1,200,000	\$ 0
		Total, Acquisition of Capital Equipment and Items	\$ 3,115,595	\$ 928,657
		e. Data Center Consolidation		
		(1) Data Center Consolidation	\$11,181,428	\$11,181,428
		Total, Data Center Consolidation	\$11,181,428	\$11,181,428
		Total, Capital Budget	\$31,193,141	\$23,394,935
		Method of Financing (Capital Budget):		
		General Revenue Fund		
		General Revenue Fund	\$13,774,181	\$12,226,456
		GR for HIV Services Account No. 8005	3,236,347	3,239,076
		Subtotal, General Revenue Fund	\$17,010,528	\$15,465,532
		General Revenue Fund—Dedicated		
		Vital Statistics Account No. 019	32,025	32,025
		Food and Drug Fee Account No. 341	4,802	4,802
		Department of Health Public Health Services Fee Account No. 524	371,989	271,989
		Asbestos Removal Licensure Account No. 5017	24,879	26,006
		Food and Drug Registration Account No. 5024	76,248	76,248
		Health Department Laboratory Financing Fees Account No. 8026	1,896,250	UB
		Subtotal, General Revenue Fund—Dedicated	\$ 2,406,193	\$ 411,070

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		Federal Funds	\$ 1,377,372	\$ 2,909,361
		Other Funds		
		Economic Stabilization Fund	1,400,000	0
		Appropriated Receipts	6,527,054	2,901,409
		DSHS Public Health Medicaid Reimbursements	1,684,700	920,269
		Interagency Contracts	787,294	787,294
		Subtotal, Other Funds	\$10,399,048	\$ 4,608,972
		Total, Method of Financing	\$31,193,141	\$23,394,935
			<u>2020</u>	<u>2021</u>
		<u>a. Repair or Rehabilitation of Buildings and Facilities</u>		
		(1) Laboratory Repair and Renovations	\$ 340,000	\$ 200,000
		(2) DSHS Repair and Renovations	\$ 613,541	\$ 0
		<u>Total, Repair or Rehabilitation of Buildings and Facilities</u>	\$ 953,541	\$ 200,000
		<u>b. Acquisition of Information Resource Technologies</u>		
		(1) Emergency Medical Services Trauma Registry Project	\$ 781,881	\$ 756,881
		(2) Enhance Registries - THISIS	\$ 525,590	\$ 1,422,445
		(3) HIV2000 RECN ARIES Replacement (HRAR) Implementation Project	\$ 4,000,000	\$ 930,000
		(4) IT Accessibility	\$ 1,079,943	\$ 1,079,943
		(5) Seat Management	\$ 1,614,162	\$ 1,614,161
		(6) Texas Public Health Information Network (TxPHIN) Enhancements	\$ 316,929	\$ 250,000

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		<u>(7) Inventory Tracking Electronic Asset Management System (ITEAMS)</u>	\$ 2,624,768	\$ 2,463,566
		<u>(8) Child Health Reporting System (CHRS)</u>	\$ 273,650	\$ 0
		<u>(9) Peri Hep B Database Replacement</u>	\$ 641,506	\$ 0
		<u>(10) TVFC Provider Portal (EVI/TEAMS)</u>	\$ 3,523,679	\$ 2,486,463
		<u>(11) ImmTrac2 Autodialer</u>	\$ 172,384	\$ 0
		<u>(12) ImmTrac2 Customer Service Database</u>	\$ 162,270	\$ 0
		<u>Total, Acquisition of Information Resource Technologies</u>	\$15,716,762	\$11,003,459
		<u>c. Acquisition of Capital Equipment and Items</u>		
		<u>(1) Texas Vaccine For Children (TVFC)</u>		
		<u>Data Loggers</u>	\$ 149,999	\$ 149,999
		<u>(2) Misc Lab Equipment</u>	\$ 1,795,385	\$ 1,799,700
		<u>(3) Pharmacy Branch Equipment</u>	\$ 25,842	\$ 0
		<u>(4) Refrigerators</u>	\$ 40,000	\$ 40,000
		<u>Total, Acquisition of Capital Equipment and Items</u>	\$ 2,011,226	\$ 1,989,699
		<u>d. Data Center Consolidation</u>		
		<u>(1) Data Center Consolidation</u>	\$12,374,563	\$12,374,563
		<u>Total, Data Center Consolidation</u>	\$12,374,563	\$12,374,563
		<u>e. Cybersecurity</u>		
		<u>(1) Cybersecurity</u>	\$ 830,998	\$ 830,998
		<u>(2) IT Security</u>	\$ 1,200,000	\$ 1,200,000
		<u>Total, Data Center Consolidation</u>	\$ 2,030,998	\$ 2,030,998
		<u>Total, Capital Budget</u>	\$33,087,090	\$27,598,719

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		<u>Method of Financing (Capital Budget):</u>		
		<u>General Revenue Fund</u>		
		General Revenue Fund	12,830,331	12,830,330
		GR for HIV Services	4,805,937	4,376,674
		<u>Subtotal, General Revenue Fund</u>	<u>\$17,636,268</u>	<u>\$17,207,004</u>
		<u>General Revenue Fund - Dedicated</u>		
		Vital Statistics Account No. 019	32,025	32,025
		Food and Drug Fee Account No. 341	4,802	4,802
		<u>Department of Health Public Health Services Fee</u>		
		Account No. 524	1,688,889	1,784,689
		Asbestos Removal Licensure Account No. 5017	25,442	25,443
		Food and Drug Registration Account No. 5024	76,248	76,248
		<u>Subtotal, General Revenue Fund - Dedicated</u>	<u>\$ 1,827,406</u>	<u>\$ 1,923,207</u>
		Federal Funds	\$ 6,123,596	\$ 3,538,156
		<u>Other Funds</u>		
		Appropriated Receipts	6,666,065	4,121,597
		DSHS Public Health Medicaid Reimbursements	46,580	46,580
		Interagency Contracts	787,175	762,175
		<u>Subtotal, Other Funds</u>	<u>\$ 7,499,820</u>	<u>\$ 4,930,352</u>
		<u>Total, Method of Financing</u>	<u>\$33,087,090</u>	<u>\$25,598,719</u>

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3	II-24	<p>Laboratory Funding-</p> <p>a. Included in amounts appropriated above in Strategy A.4.2 Laboratory (Austin) Bond Debt, is \$1,896,250 from General Revenue Dedicated Health Department Laboratory Financing Fees Account No. 8026 collected under Revenue Object 3561. Receipts generated by the Department of State Health Services (DSHS) from laboratory fees during fiscal year 2018 and deposited to General Revenue Dedicated Account No. 8026 under Revenue Object 3561 in excess of amounts needed for bond debt service payment (estimated to be \$1,085,422) are appropriated to Strategy A.4.1 Laboratory Services.</p> <p>b. Appropriations made out of the General Revenue Fund to DSHS in all Strategies in Goal E, Indirect Administration, may be transferred for bond debt service payments only if laboratory fees generated by the laboratory during fiscal year 2018 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 Strategies in Goal E, Indirect Administration.</p> <p><i>Delete from bill pattern because the laboratory bond debt was paid in full in fiscal year 2018.</i></p>							
4	II-24	<p>Appropriations Limited to Revenue Collections</p> <p>Fees, fines, and other miscellaneous revenues as authorized and generated by the Department of State Health Services shall 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 \$10,260,186 for fiscal year 2018 <u>2020</u> and \$10,062,708 for fiscal year 2019 <u>2021</u>.</p> <p>a) This requirement shall apply to revenues generated in the following strategies and deposited under the following revenue codes or account numbers.</p> <p>Strategy Revenue Code or Account</p> <p>A.1.2 Vital Statistics 019 Vital Statistics</p> <p>C.1.1. Food (Meat) & Drug Safety 341 Food & Drug Retail Fee 5022 Oyster Sales 5024 Food & Drug Registration</p>							

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Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language		
		<p>Fees deposited into General Revenue to support C.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 Tattoo/Body Piercing Studios); 3400 (Business Fees-Agriculture, for Milk Products); 3414 (Agriculture Inspection Fees, for Meat or Meat Products); 3554 (Food and Drug Fees, for Frozen Dessert Manufacture).</p> <p>C.1.2. Environmental Health 5017 Asbestos Removal Licensure 5020 Workplace Chemical List Fees deposited into General Revenue to support C.1.2, Environmental Health, including fees deposited under the following Revenue Codes: 3123 (Volatile Chemical Sales Permit); 3180 (Health Regulation Fees, for Lead-Based Paint Certification Program); 3555 (Hazardous Substance Manufacture); and 3573 (Health Licenses for Camps, for Youth).</p> <p>C.1.3. Radiation Control 5021 Certification of Mammography Systems</p> <p>Fees deposited into General Revenue to support C.1.3, Radiation Control, including fees deposited under the following Revenue Codes: 3589 (Radioactive Materials and Devices for Equipment Regulation).</p> <p>b) Appropriations made herein are contingent upon DSHS assessing fees sufficient to generate revenue to cover the General Revenue appropriations for these programs as well as the related "other direct and indirect costs." 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 the Comptroller of Public Accounts to reduce the appropriation authority provided above to be within the amount of revenue expected to be available.</p> <p><i>Update fiscal years and removed account 5020. This revenue is being collected by TCEQ.</i></p>		

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537		Agency Name: Department of State Health Services		Prepared By: Amanda Hudson		Date: 8/17/2018		Request Level: Base	
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language							
5	II-25	<p>Exemption from Article IX, Sec. 8.02 (e), Reimbursements and Payments. Notwithstanding the limitations contained in Article IX, Sec. 8.02 (e), Reimbursements and Payments, the Department of State Health Services may use the reimbursements, refunds, and payments received under Article IX, Sec. 8.02 (a) for any item of appropriation. <u>Any unexpended balances remaining as of August 31, 2020 from the appropriations made herein are appropriated to the DSHS for the fiscal year beginning September 1, 2020 for the same purpose, subject to DSHS notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.</u></p> <p><i>Requesting unexpended balance authority within the biennium.</i></p>							
6	II-25	<p>Immunization of Employees. Monies appropriated above to the Department of State Health Services may be expended for any immunization which is required of employees at risk in the performance of their duties.</p>							
7	II-25	<p>Administration of Public Health Funds. Funds are appropriated above out of the Permanent Fund for Children and Public Health (Account No. 5045), the Permanent Fund for Emergency Medical Services and Trauma Care (Account No. 5046), and the Permanent Hospital Fund for Capital Improvements and the Texas Center for Infectious Disease (Account No. 5048) for the purpose of implementing Government Code §§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>							

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language		
8	II-26	<p>Texas.Gov 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 Texas.Gov Authority. b. Amounts appropriated above to DSHS include \$700,000 in fiscal year 2018 <u>2020</u> and \$700,000 in fiscal year 2019 <u>2021</u> in revenue collected for license and certification fees in Strategy C.1.5 4, Texas.Gov, for the purpose of paying Texas.Gov subscription fees. c. In the event that actual and/or projected revenue collections from fee increases to cover the cost of Texas.Gov 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 the 2018-19 <u>2020-21</u> biennium for the sole purpose of payment to the Texas.Gov Authority contractor of subscription fees for implementing and maintaining electronic services for the department. DSHS, upon completion of necessary actions to access or increase fees, shall furnish an annual schedule of the number of license issuances or renewals and associated annual fee total, and any other supporting documentation to the Comptroller. If the Comptroller finds the information sufficient to support the projection of increased revenues, a notification letter will be issued and the contingent appropriation made available for the intended purposes. e. DSHS shall notify the Legislative Budget Board and the Comptroller of Public Accounts in writing upon receiving an exemption from participating in Texas.Gov. Within 45 days of receiving an exemption, DSHS 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 Texas.Gov costs in the fiscal year in which the exemption is made. <p><i>Update fiscal years and strategy.</i></p>		

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537		Agency Name: Department of State Health Services		Prepared By: Amanda Hudson		Date: 8/17/2018		Request Level: Base	
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language							
9	II-26	<p>Synar Results Notification for Local Communities. Out of funds appropriated above in Strategy A.3.2, Reduce Use of Tobacco Products, the Department of State Health Services or the contracted vendor conducting the federally required Synar survey shall notify the applicable Comptroller of Public Accounts tobacco law enforcement grantee and the applicable local sheriff's department in writing when a Synar violation occurs during the administration of the annual federal Synar survey. The notification shall include a copy of the Synar survey document with documentation of the violation and any additional details of the violation, such as the name of the clerk and actual cigarettes and/or tobacco product sold. Notification shall occur no later than 30 days after the last Synar survey inspection is conducted for the current Synar survey year.</p> <p><i>Delete from bill pattern because the Synar survey will be provided by the Behavioral Health Services program at HHSC</i></p>							
10	II-26	<p>Limitation: Reclassification of General Revenue Associated with Maintenance of Effort. Authority to reclassify Department of State Health Services (DSHS) General Revenue associated with Maintenance of Efforts (MOEs) for the Maternal and Child Health (MCH) Services block grant from amounts specified above is contingent upon submission and approval of a written request to the Legislative Budget Board and the Governor. The request shall include the following information:</p> <p>a. a detailed explanation of the need for reclassification of the funds; and</p> <p>b. the impact the reclassification will have on current and future MOE requirements.</p> <p>DSHS is also directed to provide annual federal reports associated with the MOEs for the aforementioned block grants to the Legislative Budget Board and the Governor.</p> <p>Further, DSHS shall not take action or inaction to increase the state's MOE requirement for any federal grant without prior approval of the Legislative Budget Board and the Governor.</p> <p><i>Delete from bill pattern because the MCH Block Grant MOE is a set non-varying amount based on state expenditures in 1989. The \$40.2M MOE amount does not increase or decrease based on federal or state expenditures. The MOE is now split between DSHS Public Health and HHSC Client Services programs. The split does not change the set amount of \$40.2M.</i></p> <p><i>Additionally, Rider 25 Other Reporting Requirement, a. Federal Reports, requires DSHS to submit an annual MCH Block Grant application and report. This report addresses both the Federal block grant and required State MOE.</i></p>							

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537		Agency Name: Department of State Health Services		Prepared By: Amanda Hudson		Date: 8/17/2018		Request Level: Base	
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language							
11	II-26	<p>Purchase of Pandemic Flu Vaccines. Out of funds appropriated above in Strategy A.2.1, Immunize Children and Adults in Texas, the Department of State Health Services (DSHS) shall examine the latest generation of cell culture-derived pandemic flu vaccine. DSHS 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>							
12	II-27	<p>Collection of Emergency Room Data. Out of funds appropriated in Strategy A.1.5, Health Data and Statistics, the Department of State Health Services (DSHS) shall collect emergency room data as set forth in Chapter 108 of the Health and Safety Code. DSHS shall use the data to measure and report potentially preventable emergency room visits, including potentially preventable mental health and substance abuse emergency room visits. DSHS shall submit the results of their findings to the Legislative Budget Board, Governor, Chairs of the Committees in each House with jurisdiction over public health issues on an annual basis and the Statewide Behavioral Health Coordinating Council, beginning December 31st, 2018.</p> <p><i>Delete from bill pattern because the rider has been implemented.</i></p>							
13	II-27	<p>Cardiovascular Disease. Out of funds appropriated above in Strategy A.3.1, Chronic Disease Prevention, the Department of State Health Services (DSHS) may expend \$514,013 in General Revenue Funds over the 2018-19 <u>2020-21</u> biennium for the Stroke/SEMI (St-Segment Elevation Myocardial Infarction) Data Collection for data collection activities.</p> <p><i>Update fiscal years.</i></p>							
14	II-27	<p>Transfer from the Cancer Prevention and Research Institute of Texas for the Cancer Registry. Out of funds appropriated elsewhere in this Act to the Cancer Prevention and Research Institute of Texas (CPRIT) is \$2,969,554 <u>\$3,118,032</u> out of General Obligation Bond Proceeds each fiscal year of the 2018-19 <u>2020-21</u> biennium which shall be transferred from CPRIT to the Department of State Health Services in Strategy A.1.3, Health Registries, for administration of the Cancer Registry in accordance with the Texas Constitution, Article III, Section 67 and Health and Safety Code, Chapter 102.</p> <p><i>Update fiscal years. Requesting funds appropriated in strategy A.1.3 be increased by 5% to cover the increasing cost of operating such as salary and fringe (Legislatively-mandated increases of 3% in 2014/15 and 2.5% in 2016/17), in-state and out-of-state travel costs, training costs for Texas Cancer Registry (TRC) staff, and other operating expenses. CPRIT funding for the TCR has remained level since FY 2012.</i></p>							

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537		Agency Name: Department of State Health Services		Prepared By: Amanda Hudson		Date: 8/17/2018		Request Level: Base	
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language							
15.	II-27	<p>Regulation of Outsourcing Facilities. Out of funds appropriated above in Strategy C.1.1 Food(Meat) and Drug Safety, the Department of State Health Services shall allocate 1.0 FTE and \$136,135 in General Revenue each fiscal year to be used only to follow applicable law and regulate Section 503B of the Federal Food Drug and Cosmetic Act regarding Outsourcing Facilities.</p>							
16.	II-27	<p>Estimated Appropriation and Unexpended Balance: Permanent Tobacco Funds. The amounts appropriated above out of the Permanent Fund for Health and Tobacco Education and Enforcement (Account No. 5044), Permanent Fund for Children and Public Health (Account No. 5045), Permanent Fund for Emergency Medical Services and Trauma Care (Account No. 5046), and the Permanent Hospital Fund for Capital Improvements and the Texas Center for Infectious Disease (Account No. 5048) 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 (DSHS). In the event that amounts available for distribution or investment returns are less than the amounts estimated above, this Act may not be construed as appropriating funds to make up the difference. Any unexpended balances remaining as of August 31, 2018 <u>2020</u> from the appropriations made herein are appropriated to the DSHS for the fiscal year beginning September 1, 2018 <u>2020</u> for the same purpose, subject to DSHS notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.</p> <p><i>Update years.</i></p>							
17.	II-27	<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 2018 <u>2020</u> or fiscal year 2019 <u>2021</u> in the Comptroller of Public Account's Biennial Revenue Estimate (BRE) for each of the accounts or revenue object identified below. An appropriation from an account or revenue object shall be made available to DSHS once certified by a Comptroller's finding of fact that 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 2018 <u>2020</u> or fiscal year 2019 <u>2021</u> and does not include any balances that have accrued in the account or revenue object code.</p> <p>By March 1st each year, DSHS may notify the Comptroller of Public Accounts, the Legislative Budget Board, and the Governor of the amount that DSHS projects will be received in excess of the amounts contained in the BRE for each of the accounts listed below, along with sufficient information to reflect how the estimate was determined. If the Comptroller finds the information sufficient to support the projection of additional revenue, a finding of fact to that effect shall be issued to reflect the additional revenue available for each account.</p> <p>a. Account No. 341, Food and Drug Retail Fees, for restaurant inspections.</p>							

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language		
		<ul style="list-style-type: none"> b. Revenue Object 3175, Account No. 5017, Asbestos Removal Licensure, for asbestos inspections and regulatory activities. c. Account No. 5021, Certification of Mammography Systems, for the purpose of certification of mammography facilities. d. Account No. 5024, Food and Drug Registration Fees, for food and drug inspections. e. Account No. 5022, Oyster Sales, for oyster plant inspections. f. Revenue Object 3589 in the General Revenue Fund for Radiation Control regulatory activities. g. Revenue Objects 3123, 3475, 3555, and 3573 in the General Revenue Fund for environmental regulation. h. Account No. 19, Vital Statistics, for processing birth and death certificates and other vital records. i. Account No. 512, Bureau of Emergency Management, for licensing Emergency Medical Services personnel and providers. j. <u>Account No. 0524, Department of Health Public Health Services Fee for Laboratory activities.</u> <p><i>Update fiscal years. Delete revenue object code 3175 from section g, as it relates to mold and code enforcement officers. Both programs transferred to TDLR on 11/1/2017. Add Account number 0524 to section j, because additional revenue may be available to support the DSHS Laboratory and offset costs. Also, account 0524 paid for Bond Debt. Rider 3 appropriated revenue in excess of the bond debt to the lab. DSHS is requesting deletion of Rider 3 since the bond debt is paid in full.</i></p>		

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language		
18.	II-28	<p>Estimated Appropriations: Perpetual Care Account. In the event of an incident involving the release of or abandonment of radioactive material and/or contaminated facilities in Texas under the jurisdiction of the Texas Department of State Health Services (DSHS) or the abandonment of mammography films by a facility registered by DSHS and after receiving the written approval of the Legislative Budget Board (LBB) and the Governor and DSHS notifying the Comptroller of Public Accounts, DSHS is appropriated any revenues from DSHS licensees, including the proceeds of securities and interest earned, deposited to the credit of the Perpetual Care Account pursuant to Health and Safety Code §401.305 (b) and §401.301 (d) during the biennium beginning September 1, 2017 <u>2019</u> (estimated to be \$4,575,419). Amounts that exceed \$100,000 are subject to the prior written approval of the LBB and the Governor. <u>The request shall be considered approved unless the LBB or the Governor issues a written disapproval within 30 days of receipt of the request.</u> Transfers below these thresholds require written notification to the LBB and Governor within 30 days and a report on transfers of all amounts should be submitted to the LBB annually. Upon approval or notification, DSHS shall coordinate with the Comptroller of Public Accounts.</p> <p>Any unexpended balances from amounts approved by the LBB and the Governor remaining as of August 31, 2017 <u>2019</u> is appropriated to the agency for the fiscal year beginning September 1, 2017 <u>2019</u> for the same purpose, subject to the department notifying the Comptroller of Public Accounts, the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.</p> <p>The funds shall be used in Strategy C.1.3, Radiation Control, to mitigate radioactive contamination or abandoned radioactive sources resulting from activities of a DSHS licensee or unlicensed entity or a mammography registrant as provided in the Health and Safety Code, §401.305 (c) - (d), and pursuant to a memorandum of understanding with the Texas Commission on Environmental Quality relating to the regulations for the control of radiation as applicable.</p> <p><i>Update years and modify 30 day approval to provide improved certainty for determining the outcome of the request.</i></p>		
19.	II-28	<p>Limitation: Transfer Authority.</p> <p>a. Notification Regarding Transfers. Authority provided in Article IX, Sec. 14.01, Appropriation Transfers, is contingent upon a written notification from Department of State Health Services (DSHS) to the Legislative Budget Board and the Governor at least 30 days prior to the transfer, which includes 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</p>		

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language		
		<p>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>b. Transfers that Require Prior Approval. Transfers to Strategies in Goal E, Indirect Administration, from Strategies in other DSHS goals are not permitted without prior written approval. To request approval the agency shall provide the information listed under section (a) to the Legislative Budget Board and the Governor. <u>The request shall be considered approved unless the Legislative Budget Board or the Governor issues a written disapproval within 30 days of receipt of the request.</u> At the same time, the agency shall provide a copy of the request to the Comptroller of Public Accounts.</p> <p>c. 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>d. Cash Management. Notwithstanding the above limitations, DSHS may temporarily utilize funds 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> <p><i>Modify 30 day approval to provide improved certainty for determining the outcome of the request.</i></p>		

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language		
20.	II-29	<p>Federally Funded Capital Projects. Notwithstanding the limitations in Article IX, Section 14.03, Limitations on Expenditures—Capital Budget, the Department of State Health Services is authorized to transfer from a non-capital budget item to an existing capital budget item or a new capital budget item not present in the agency's bill pattern contingent upon:</p> <ul style="list-style-type: none"> a. implementation of a new, unanticipated project that is 100 percent federally funded; or b. the unanticipated expansion of an existing project that is 100 percent federally funded; and c. notification to the State Auditor's Office and the Comptroller of Public Accounts, and approval from the Legislative Budget Board and Governor. <p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issue a written disapproval within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to expend the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.</p> <p><u>Federal Funds and Capital Budget Expenditures. To comply with the legislative intent to maximize the use of federal funds and to fulfill grant requirements required for the receipt and expenditure of federal funds, the Department of State Health Services (DSHS) is exempted from the Capital Budget Rider Provisions contained in Article IX of this Act, "Limitations on Expenditures-Capital Budget" when federal funds are received in excess of amounts identified in the agency's Capital Budget Rider and such funds are federally designated solely for the purchase of specific capital items. In addition, DSHS is exempted from the Capital Budget Rider provisions within Article IX of this Act when funds are received in the form of gifts to the agency in excess of amounts identified in the agency's Capital Budget Rider and such funds are designated solely for the purchase of specific capital items. The DSHS shall notify the Legislative Budget Board and the Governor upon receipt of such federal funds or gift proceeds, of the amount received and items to be purchased.</u></p> <p><i>Revised the language to maximize the use of federal funds. The requested language is similar to Texas Commission on Environmental Quality Rider 10, Federal Funds and Capital Budget Expenditures.</i></p>		

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language		
21.	II-29	<p>Appropriation of Local Funds. All funds received by the Department of State Health Services from counties, cities, and any other local governmental entities and all balances from such sources as of August 31, 2017, are appropriated for the biennium ending August 31, 2019, for the purpose of carrying out the provisions of this Act (Estimated to be \$0).</p> <p><i>Delete from bill pattern because requesting to move the rider to Special Provisions. This rider is a duplicate of HHSC's rider 177.</i></p>		
22.	II-29	<p>Unexpended Balances within the Biennium: Preparedness and Prevention, and Consumer Protection Services. Any unexpended balances not otherwise restricted from appropriations to Goal A, Preparedness and Prevention Services, and Goal C, Consumer Protection Services, and <u>Strategy B.2.1, EMS and Trauma Care Systems</u> remaining as of August 31, 2018 <u>2020</u>, are appropriated for the fiscal year beginning September 1, 2018 <u>2020</u> only upon prior written approval by the Legislative Budget Board and Governor.</p> <p>For authorization to expend the funds, the Department of State Health Services shall submit a written request to the Legislative Budget Board and the Governor by August 1, 2018. 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> <ul 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. <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. 		

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537		Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language			
		<p>The request shall be considered to be approved unless the Legislative Budget Board or the Governor issue written disapprovals within 30 business days after the date the Legislative Budget Board staff concludes its review of the proposal to transfer the funds and forwards the review to the Chair of the House Appropriations Committee, Chair of the Senate Finance Committee, Speaker of the House, and Lieutenant Governor. Any requests for additional information made by the Legislative Budget Board shall interrupt the counting of the 30 business days.</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>Update years. Request to add strategy B.2.1, EMS and Trauma Care Systems. Prior to transformation, the program for licensing EMS personnel and providers was within Goal C and had unexpended balance authority through this rider. Post-transformation, that program has been moved within Strategy B.2.1 and no longer has UB authority. This request would restore UB authority.</i></p> <p><i>Request to delete the deadline to request unexpended balance authority. Final revenue and payments may be completed following the end of the fiscal year, causing timing issues with submitting the correct UB amount by the specified date.</i></p>			

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language		
23.	II-30	<p>Unexpended Balances: Credit Card and Electronic Services Related Fees. Included in amounts appropriated above in Strategy A.1.2, Vital Statistics, are any unexpended and unobligated balances remaining as of August 31, 2017 <u>2019</u> (not to exceed \$2,600,000) in Object Code 3879, Credit Card and Electronic Services Related Fees, in General Revenue-Dedicated Account No. 0019, Vital Statistics Account, as provided in Article IX, §8.10, Appropriation of Receipts: Credit, Charge, Debit Card, or Electronic Cost Recovery Services Fees, of this Act, relating to appropriation of credit, charge, or debit card service fees, for the fiscal year beginning September 1, 2017 <u>2019</u> for the Vital Records Projects (<u>TxEver, and Maintaining Vital Records, Quality, Security and Preservation</u>) <u>and ongoing program operations.</u></p> <p>Any unexpended balances remaining from amounts appropriated herein as of August 31, 2018 <u>2020</u> are appropriated for the fiscal year beginning September 1, 2018 <u>2020</u> for the same purpose.</p> <p>No later than November 1 of each fiscal year, the Department of State Health Services (DSHS) shall report to the Legislative Budget Board the amount of unexpended balances of Credit Card and Electronic Services Related Fees from the previous fiscal year. The report shall also include the amount expended on the Vital Records Project (TxEver) in the previous fiscal year.</p> <p><i>Update years. Requesting continued use of collected reserve fee revenue to support the Vital Records Project, which includes the Quality, Security and Preservation Project exceptional item, and operational costs associated with carrying out the provisions of Health and Safety Code Title 3, Chapter 191.</i></p>		
24.	II-30	<p>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.</p> <p><i>Delete from bill pattern because requesting to move the rider to Special Provisions. This rider is a duplicate of HHSC's rider 215.</i></p>		
25.	II-30	<p>Other Reporting Requirements.</p> <p>a. Federal Reports. The Department of State Health Services (DSHS) shall submit the following information to the Legislative Budget Board and the Governor no later than <u>within 10 days</u> of the date the respective <u>final</u> report is submitted to the federal government:</p> <p>(1) Notification of proposed State Plan amendments and waivers for the Maternal and Child Health Block Grant (Title V of the Social Security Act) and any other federal grant requiring a state plan. State Plan amendments and waiver</p>		

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language		
		<p>submissions shall also be provided to the Senate Health and Human Services, House Human Services, and House Public Health committees.</p> <p>(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> <p>b. Federal Issues. DSHS 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> <p>c. Monthly Financial Reports. The Department of State Health Services shall submit the following information to the Legislative Budget Board and the Governor, and make available to the public, on a monthly basis:</p> <p>(1) Information on appropriated, budgeted, expended, and projected funds, by strategy and method of finance.</p> <p>(2) Narrative explanations of significant budget adjustments, ongoing budget issues, and others as appropriate.</p> <p>(3) Collections, expenditures, and balances for revenues generated by the department as of the last day of the prior month.</p> <p>(4) Capital budget items, including increases to existing projects and creation of new projects.</p> <p>(5) Any other information requested by the Legislative Budget Board or the Governor.</p> <p>d. (6) The monthly financial reports shall be prepared in a format specified by the Legislative Budget Board.</p> <p>e d. Fees. DSHS shall review all of the fee schedules within its authority on an annual basis. DSHS shall provide a copy of the report to the Legislative Budget Board and the Governor no later than January 1 of each year of the biennium.</p> <p><i>Modified, a. Federal Reports due date to correspond with the application and final report due date to the federal government.</i></p> <p><i>Change c. Monthly Financial Reports, d. to (6) and, change e. Fees to d. Fees for a more consistent format.</i></p>		

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language		
26.	II-31	<p>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 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 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 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>		
27.	II-31	<p>Reimbursement of Advisory Committee Members. Pursuant to Government Code §2110.004, or the statute authorizing the specific committee for those committees not subject to Government Code §2110.004, reimbursement of expenses for advisory committee members, out of funds appropriated above not to exceed <u>\$210,000</u> 200,000 per fiscal year, is limited to the following advisory committees: <u>Medical Advisory Board, State Child Fatality Review Team Committee, Stock Epinephrine Advisory Committee, Texas Radiation Advisory Board, Preparedness Coordinating Council, Governor's Emergency Medical Services and Trauma Advisory Council, Statewide Health Coordinating Council, Texas Council on Alzheimer's Disease and Related Disorders, Texas Council on Cardiovascular Disease and Stroke, and Texas Diabetes Council.</u></p> <p>Pursuant to Government Code §2110.004, or the statute authorizing the specific committee for those committees not subject to Government Code §2110.004, 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 Advisory Committee, Promotora Community Health Worker Training and Certification Committee, Healthcare Safety Advisory Committee, and School Health Advisory Committee.</p> <p>To the maximum extent possible, the Department of State Health Services shall encourage the use of videoconferencing and teleconferencing and shall schedule meetings and locations to facilitate the travel of participants so that they may return the same day and reduce the need to reimburse members for overnight stays.</p> <p><i>Additional advisory committees added because members' request for reimbursement of expenditures. Increased the limit to accommodate the addition of more committees.</i></p>		

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537		Agency Name: Department of State Health Services		Prepared By: Amanda Hudson		Date: 8/17/2018		Request Level: Base	
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language							
28.	II-31	<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.1.1, Women and Children's Health Services.</p> <p><i>Delete from bill pattern because Strategy B.1.1 Women & Children's Health direct client services transferred to HHSC. Post-transformation, DSHS Strategy B.1.1 funds primarily Title V population public health initiatives based on the HRSA required 5 year needs assessment and available MCH Block Grant and required MOE funding. Post-transformation, DSHS B.1.1 does not have established service level agreements with the health regions and there is no funding formula or percentage allocation method applicable to regional budgets.</i></p>							
29.	II-32	<p>Nuisance Surveys for the Economically Disadvantaged Communities Program. The Texas 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 WDB. 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, 2017 <u>2019</u>.</p> <p><i>Update year.</i></p>							
30.	II-32	<p>School Cafeteria Inspections. Amounts appropriated above to the Department of State Health Services in Strategy C.1.1, Food (Meat) and Drug Safety include fee revenue (General Revenue) estimated to be \$350,000 in fiscal year 2018 <u>2020</u> and \$350,000 in fiscal year 2019 <u>2021</u> from school districts for the purpose of conducting inspections of school cafeterias to achieve compliance with federal regulations issued pursuant to Section 402 of Public Law 296, 124 Stat. 3259 (Healthy, Hunger-Free Kids Act of 2010).</p> <p><i>Update fiscal years.</i></p>							
31.	II-32	<p>Tobacco Prevention Funding. Out of funds appropriated above in Strategy A.3.2, Reduce Use of Tobacco Products to the Department of State Health Services:</p> <p>a) Funds provided for activities targeting prevention of youth experimentation with nicotine-containing products shall only be expended on evidence-based and promising practices; and</p> <p>b) No funds shall be expended on paid media activities</p>							

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537		Agency Name: Department of State Health Services		Prepared By: Amanda Hudson		Date: 8/17/2018		Request Level: Base	
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language							
32.	II-32	<p>Texas Department of Licensing and Regulation Transition.</p> <p>(a) Out of funds appropriated to the Texas Department of Licensing and Regulation (TDLR) in Strategies A.1.1, Issue Licenses, Registrations, and Certificates to Qualified Individuals, A.1.3, Administer Exams to Applicants, A.1.4, Provide Customer Service, B.1.1, Enforce Laws by Conducting Routine, Complex, and Special Inspections, B.1.3, Enforce Compliance by Settlement, Prosecution, Penalty and Sanction, C.1.1, Central Administration, and C.1.2, Information Resources, TDLR and the Department of State Health Services (DSHS) shall enter into an interagency contract during fiscal year 2018 in the amount of \$426,499 in General Revenue. DSHS shall expend these funds on regulation of code enforcement officers, laser hair removal professionals, massage therapists, mold assessors and remediators, offender education providers, and sanitarians until regulation of these professions is transferred from DSHS to TDLR (estimated to be November 1, 2017).</p> <p>(b) If the amount needed for DSHS to regulate the professions in part (a) before transfer of regulation to TDLR is more or less than the amount specified in part (a), the amount of the interagency contract may be adjusted accordingly. The agencies shall provide notification of the Legislative Budget Board indicating the amount of the interagency contract, and the reasons for any differences from the estimate in part (a).</p> <p>(c) If regulation of the professions in part (a) will not be transferred from DSHS to TDLR by November 1, 2017, the agencies shall provide notification to the Legislative Budget Board. Notification shall include reasons for the delay in program transfer and an estimate of when programs will be completely transferred from DSHS to TDLR.</p> <p><i>Delete from bill pattern because the listed strategies are programs that transferred to TDLR on 11/1/2017.</i></p>							
33.	II-32	<p>Local Health Department Performance Measures. Out of funds appropriated above, the Department of State Health Services (DSHS) shall coordinate with the Public Health Funding and Policy Committee and other stakeholders to develop a list of high priority performance measures for local health departments (LHDs) who receive state funded grants from DSHS. DSHS shall to submit a report including the <u>on high priority performance measures by local health departments (LHDs) who receive state-funded grants from DSHS.</u> and plans to utilize the performance measures in determination of grant distribution to LHDs <u>The report will be submitted</u> to the Governor, Lieutenant Governor, Speaker of the House, Legislative Budget Board, Senate Finance Committee, House Appropriations Committee, and the permanent standing committees in the Senate and the House with primary jurisdiction over health and human services no later than September 1, 2018 <u>2020</u></p> <p><i>Update year. Language modified to remove the initial development of measures since that work was completed in FY18-19. The proposed language aligns with the ongoing reporting requirement.</i></p>							

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537		Agency Name: Department of State Health Services		Prepared By: Amanda Hudson		Date: 8/17/2018		Request Level: Base	
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language							
34.	II-32	<p>Regional Advisory Council Funding: Informational Listing. This rider is informational only and does not make any appropriations. Funding for Regional Advisory Councils is included above in Strategy B.2.1, EMS and Trauma Care Systems from the following accounts: General Revenue; General Revenue-Dedicated Account No. 5007, Commission on State Emergency Communications; General Revenue-Dedicated Account No. 5046, Permanent Fund for Emergency Medical Services and Trauma Care; General Revenue-Dedicated Account No. 5108 EMS, Trauma Facilities, Trauma Care Systems; and General Revenue-Dedicated Account No. 5111, Designated Trauma Facility and EMS, <u>and other funds appropriated for this purpose.</u></p> <p>The Department of State Health Services shall communicate funding distribution amounts, timeframes, and any changes to Regional Advisory Councils in a timely manner.</p> <p><i>Adding language in the event other funds are appropriated for the Regional Advisory Councils.</i></p>							
35.	II-33	<p>Emerging and Neglected Tropical Diseases Sentinel Surveillance. Out of funds appropriated above in Strategy A.2.3, Infectious Disease Prevention, Epidemiology, and Surveillance, the Department of State Health Services (DSHS) shall allocate \$300,000 in General Revenue in each fiscal year to implement a sentinel surveillance program to monitor emerging and neglected tropical diseases, as outlined in Health and Safety Code, Chapter 100.</p> <p>DSHS shall submit a report to the Legislative Budget Board outlining program implementation and performance no later than December 1, 2018.</p> <p><i>Delete section from bill pattern because one-time report will be completed December 2018.</i></p>							
36.	II-33	<p>Cause of Death Data Improvement. Out of funds appropriated above in Strategy A.1.2, Vital Statistics, the Department of State Health Services (DSHS) shall study the quality of cause of death data on death certificates. DSHS shall examine the current process of collecting cause of death information and any challenges relating to the quality of the information including, but not limited to, accuracy, completeness, medical certifier roles and perceptions, and structural, procedural, and technological issues. DSHS shall consult national standards regarding collection of cause of death information and may convene a panel of experts to advise the Department.</p> <p>DSHS shall submit a report including findings, potential program improvements, and any recommended statutory changes for enhancing the quality of cause of death information collection on death certificates to the Lieutenant Governor, Speaker of the House, Legislative Budget Board and the permanent standing committees in the House and the Senate with jurisdiction over health and human services by October 1, 2018.</p> <p><i>Delete from bill pattern because one-time report will be completed in October 2018.</i></p>							

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537		Agency Name: Department of State Health Services		Prepared By: Amanda Hudson		Date: 8/17/2018		Request Level: Base	
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language							
37.	II-33	<p>Newborn Screening Payment. Out of funds appropriated above in Strategy A.4.1, Laboratory Services, the Department of State Health Services (DSHS) shall study the most effective way to bill private insurers for newborn screening kits. The study should include the feasibility of requiring the division of DSHS with primary responsibility over performing newborn screening kits to bill private insurers for the cost of newborn screening kits that will be administered and of requiring private insurers to automatically update their payment rates for the cost of newborn screening kits based on panel charges.</p> <p>DSHS shall submit a report including findings and recommendations to the Legislative Budget Board and the permanent standing committees of the Senate and House with primary jurisdiction over appropriations and health and human services no later than September 1, 2018.</p> <p>Delete from bill pattern because one-time report will be completed in September 2018.</p>							
38.	II-33	<p>Evaluation of Immunization Programs. Out of funds appropriated above in Strategy A.2.1, Immunize Children and Adults in Texas, the Department of State Health Services (DSHS) shall study and assess the Vaccines for Children and the Adult Safety Net programs in order to identify methods to:</p> <p align="center">1) Improve the cost effectiveness and quality of the programs; 2) Simplify the administration of the programs for the Department and participating providers, including seeking administrative and regulatory flexibility from the Centers for Disease Control and Prevention; 3) Expand the number and types of providers participating in the program; 4) Expand access to services for individuals eligible for the program; 5) Include stakeholder input and feedback; and 6) Ensure accountability throughout the program.</p> <p>DSHS shall submit a report outlining any identified efficiencies and program improvements to the Legislative Budget Board and the permanent standing committees of the Senate and House with primary jurisdiction over health and human services by September 1, 2018.</p> <p>Delete from bill pattern because one-time report will be completed in September 2018.</p>							

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language		
39.	II-34	<p>Accuracy of Death Certificate of Pregnant Person or Person Recently Pregnant. It is the intent of the Legislature that, out of funds appropriated above and designated for the Vital Records Project (TxEver) in Rider 2, Capital Budget, in Subsection c (1), the Department of State Health Services use \$100,000 for the purpose of developing and implementing an electronic process for determining whether a person was pregnant at the time of death or was pregnant at any time in the year preceding the person's death to ensure the accuracy of that person's death certificate.</p> <p><i>Delete from bill pattern because one-time project will be completed in January 2019</i></p>		
40.	II-34	<p>Report on Compounding Outsourcing Facilities.</p> <p>(a) The Department of State Health Services, using funds appropriated by this Act, shall review the department's rules, regulations, and licensing procedures for compounding outsourcing facilities registered under Section 503B of the Federal Food Drug, and Cosmetic Act (21 U.S.C. Section 353b).</p> <p>(b) The department shall examine how to:</p> <p align="center">(1) achieve better alignment between state and federal regulations;</p> <p align="center">(2) achieve better compliance with the Drug Quality and Security Act (Pub. L. No. 113-54, Section 102(a)); and</p> <p align="center">(3) minimize regulatory overlap.</p> <p>(c) The department shall report findings and recommendations regarding rules, regulations, and licensing procedures for compounding outsourcing facilities to the legislature not later than January 1, 2019.</p> <p>(d) If the study contemplates the ability of an outsourcing facility to dispense directly to a patient, the report under Subsection (c) of this provision shall include proposed recommended outsourcing facility licensing requirements that comply with rules adopted by the Texas State Board of Pharmacy.</p> <p><i>Delete from bill pattern because one-time report will be completed in January 2019.</i></p>		

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537		Agency Name: Department of State Health Services		Prepared By: Amanda Hudson		Date: 8/17/2018		Request Level: Base	
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language							
41.	II-34	<p>State Health Care Facility Provisions. Out of funds appropriated above in Strategy A.2.5, TX Center for Infectious Disease, 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. Third party collections (appropriated receipts) collected by the Texas Center for Infectious Disease are appropriated to Strategy A.2.5, TX Center for Infectious Disease, for the provision of services.</p> <p><i>Delete from bill pattern because this is an interagency contract that covers the interactions between the facilities in San Antonio. Methods for reimbursement between the facilities has changed with SB200 transformation.</i></p>							
42.	II-34	<p>Texas Center for Infectious Disease Services and Billing. The Department of State Health Services (DSHS) shall pursue reimbursement, in cases where funding is available, from county governments for tuberculosis services provided to new county indigent patients served at the Texas Center for Infectious Disease (TCID). In addition to amounts appropriated above in Strategy A.2.5, TX Center for Infectious Disease, DSHS is appropriated any appropriated receipts collected from county governments for tuberculosis services for the purpose of providing services at TCID.</p>							
43.	II-34	<p>Continuity of Public Health Services. The Department of State Health Services (DSHS) shall ensure continuity of public health services provided in all strategies in Goal A, Preparedness and Prevention Services, Goal B, Community Health Services, and Goal C, Consumer Protection Services. Should the agency determine costs associated with ensuring continuity of public health services would exceed appropriations, DSHS shall utilize Rider 19, Limitation: Transfer Authority, to transfer funds within the agency or coordinate with the Executive Commissioner of the Health and Human Services Commission to utilize Special Provisions Section 6, Limitations on Transfer Authority, to transfer funds from health and human services agencies listed in Article II of this Act.</p>							
NEW		<p><u>Unexpended Balances within the Biennium: Laboratory Services.</u> Any unexpended balances in Strategy A.4.1, Laboratory Services, remaining as of August 31, 2020, are appropriated for the fiscal year beginning September 1, 2020, subject to the department notifying the Comptroller of Public Accounts, the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.</p> <p><i>To provide unexpended balance authority to the laboratory. This additional flexibility would be beneficial in assisting with the laboratory funding.</i></p>							

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537	Agency Name: Department of State Health Services	Prepared By: Amanda Hudson	Date: 8/17/2018	Request Level: Base
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language		
NEW		<p><u>Appropriation Transfers between Fiscal Years: Public Health Preparedness and Coordinated Services.</u> <u>In addition to transfer authority provided in Article IX, Section 14.01, Appropriation Transfers, and Article II, Special Provision 6, Limitations on Transfer Authority, and in order to provide for unanticipated events requiring preparedness events or an emergency response, the Department of State Health Services (DSHS) is authorized to transfer from funds appropriated in A.1.1, Public Health Preparedness and Coordinated Services in fiscal year 2021 to fiscal year 2020 for the purpose of public health response.</u></p> <p>a. <u>A transfer authorized by this section is subject to DSHS notifying the Comptroller of Public Accounts, the Legislative Budget Board and the Governor in writing prior to budgeting and expending these balances.</u></p> <p>b. <u>DSHS is authorized to make a one-time adjustment to transfer made under this section if funds moved from fiscal year 2021 exceed the amount needed in fiscal year 2020. DSHS shall provide prior notification to the Comptroller of Public Accounts, the Legislative Budget Board and the Governor by March 31, 2021, if a one-time adjustment is made or not made.</u></p> <p><i>To provide additional flexibility in A.1.1, Public Health Preparedness and Coordinated Services. DSHS public health emergency response is funded out of this strategy. DSHS does not currently have the ability to move funds from the second fiscal year into the first fiscal year. This additional flexibility would be helpful during emergency responses. Additionally, the absence or reduction in services by a local health department would increase the items funded by this strategy. Local health departments may reduce their service load at any time, and DSHS would fill in as necessary. Additional flexibility with the funds in this strategy would allow DSHS to better adapt to those changes.</i></p>		
NEW		<p><u>Unexpended Balance (UB) Authority for Rebate Revenues.</u> <u>Included in the amounts appropriated above in Strategy A.2.2, HIV/STD Prevention, are HIV drug rebates. For the purposes of this provision, HIV drug rebates are defined as drug manufacturer rebates on medication co-payments through the 340B Drug Discount Program. The Department of State Health Services (DSHS) may receive HIV rebates generated in accordance with its agreements with drug manufacturers. The method of finance item, Appropriated Receipts, for appropriations made above, includes unexpended and unobligated balances of HIV drug rebates as of August 31, 2019, and rebates earned in fiscal years 2020 and 2021. Any unexpended and unobligated balances as of August 31, 2020, are appropriated to DSHS for the fiscal year beginning September 1, 2020 for the same purpose, subject to DSHS notifying the Legislative Budget Board and the Governor in writing at least 30 days prior to budgeting and expending these balances.</u></p> <p><i>HIV rebate revenue may be received late in the fiscal year when it is difficult to expend by the end of the fiscal year. The rider would allow UB across and within the biennium. There are federal restrictions that require the drug rebate revenue to be spent on program related expenses within the current grant year which is April through March. When the funds lapse, they do not remain with the agency and may be expended for other unrelated purposes, in violation of the federal restrictions.</i></p>		

**3.B. Rider Revisions and Additions Request
(continued)**

Agency Code: 537		Agency Name: Department of State Health Services		Prepared By: Amanda Hudson		Date: 8/17/2018		Request Level: Base	
Current Rider Number	Page Number in 2018-19 GAA	Proposed Rider Language							
NEW		<p><u>Department of State Health Services Retired Employee Insurance.</u> It is the intent of the legislature that the Department of State Health Services (DSHS) and the Employee Retirement System (ERS) coordinate to transfer the obligation of retired employee insurance related to the transfers in SB200 and SB202, Eighty-fourth Legislature, Regular Session, from DSHS to HHSC. In the event that the obligation of retired employee insurance related to the transfers in SB200 and SB 202, Eighty-fourth Legislature, Regular Session, remains at DSHS, DSHS is appropriated \$15,077,851 in General Revenue in each fiscal year of 2020-21 biennium to fund this obligation.</p> <p><i>When a state agency employee retires, the agency from which the person retires is required to support the cost of any insurance benefits owed to the retiree. Accordingly, ERS draws funds from each state agency's funding accounts. The only instance in which the expense of retiree benefits is moved to another state agency is when an agency is abolished. Per SB200, many programs transferred from DSHS, reducing the FTEs from 12,000 to 3,000. The retiree insurance obligation remains at DSHS despite the program and FTE transfer.</i></p>							
NEW		<p><u>Laboratory Facility Management Services.</u> It is the intent of the legislature that the Texas Facilities Commission (TFC) collaborate with the Department of State Health Services (DSHS) to utilize a computerized maintenance management system (CMMS), used in high tech buildings, to provide comprehensive facility maintenance services for the DSHS laboratory building located in Austin. It is at the discretion of TFC and DSHS if the CMMS is provided through a contractor or through TFC.</p> <p><i>Facility maintenance of the state laboratory building requires specific expertise in medical buildings and laboratory environments, similar to hospital maintenance. The industry standard for high tech buildings is to use a computerized maintenance management system (CMMS), which tracks both preventative maintenance on a wide variety of assets and work orders. Using a CMMS would extend the useful life of equipment, reduce downtime, and prioritize the most critical maintenance tasks for the laboratory building.</i></p> <p><i>As the existing DSHS laboratory building ages, the system infrastructure requires more maintenance or in some cases complete replacement of system components. The building systems that control proper airflow require that a comprehensive preventative maintenance program be implemented in order to prevent failure while working with hazardous biological agents or chemicals. Failure to adequately maintain the laboratory building and equipment would jeopardize the laboratory's multiple required certifications to complete newborn screening testing, water testing, radiation testing, food testing, meat safety testing, and biosafety testing.</i></p>							