

**DFW-APIC Government Affairs Committee  
April 2017**

**APIC Public Policy (2017)**

<http://apic.org/Advocacy/Government-Affairs-and-Advocacy>

3/8/17	APIC Fiscal Year 2018 Federal Funding Priorities Fact Sheet: <a href="http://www.apic.org/Advocacy/Federal-legislation">http://www.apic.org/Advocacy/Federal-legislation</a>
3/8/17	FY 2018 appropriations for U.S. Department of Health and Human Services (HHS) <a href="http://www.apic.org/Advocacy/Federal-legislation">http://www.apic.org/Advocacy/Federal-legislation</a>
3/30/17	The CDC Coalition signed a letter asking Congressional appropriators to provide the CDC with \$7.8 billion in FY 2018. <a href="http://www.apic.org/Advocacy/Federal-legislation">http://www.apic.org/Advocacy/Federal-legislation</a>

**APIC E-News Highlights (2017)**

<http://apic.org/Member-Services/Publications/E-News> - Visit the website for updates

**Texas HAI/PAE Reporting Resources**

[www.paetexas.org](http://www.paetexas.org)-Visit the website for updates

85th Texas Legislature (2017)							
<a href="http://www.capitol.state.tx.us/">http://www.capitol.state.tx.us/</a>							
<b>Last Review Completed:4/6/17</b>				<b>Key: X :Following Bill</b>			
Current # Bills followed:			<b>6</b>	<b>D: Duplicate / Companion Bill filed elsewhere</b>			
<b>Search words:</b> 'Infection', 'Disease', 'Health care', 'Healthcare-associated', and 'HAI'							
<b>X</b>	<b>HB/ SB</b>	<b>Bill #</b>	<b>D</b>	<b>Author(s)</b>	<b>Date Filed</b>	<b>Last Action</b>	<b>Comments</b>
X	HB	97		Davis	11/14/2016	Committee report filed 4/3/17	Child may consent to the child's own immunization for cancer prevention or treatment if the immunization is recommended fby CDC ; or approved for cancer treatment by the FDA
X	HB	2269		Schofield	2/22/17	Referred to Judiciary and Civil Jurisprudence 3/15/17	Children's isolation unit for highly contagious diseases not liable for claim, damage or loss arising from provision of health care services unless grossly negligent.
X	HB	970		Cortez	1/12/17	referred to PH 2/27/17	Relating to the establishment of a state plan for Streptococcus pneumoniae education and prevention
x	HB	4062		Farrar	3/10/17	referred to PH 4/3/17	Relating to rules for hospital sanitation standards. The rules address requirements for implementing standards for sanitation procedures established to prevent infection or illness in a hospital.
x	HB	3711		Sheffield	3/9/17	referred to PH 3/28/17	Long-term care facilities shall develop a plan for preventing and responding to outbreaks of communicable diseases, including influenza
x	SCR	9		Lucio	1/12/17	referred to HHS	Urging Congress to explore and negotiate the creation of a binational framework allowing the United States and Mexico to address the threat of communicable diseases.

**Texas Register (2017)**

<http://www.sos.state.tx.us/texreg/index.shtml>

**Last Review Completed: 3/31/2017**

**Current Search Parameters for Review:**

25 TAC: Chapters 2, 97, 133, 135, 200

30 TAC: Chapter 330; Subchapter Y

**Key: X Pending**

X	Date Filed	Action	Title/Ch./Rules	Topic / Comments
X	2/12/2017	Proposed	<b>25 TAC §97.11, §97.12</b>	Amendments to §97.11 and §97.12, concerning the communicable disease exposure and testing of emergency response employees or volunteers. - see summary of amendments below
X	1/27/2017	Proposed	<b>25 TAC §§96.101, 96.201 - 96.203, 96.401</b>	These rules are being changed to update the list of conditions that are bloodborne pathogens, update the reporting period for a contaminated sharps injury to correlate with other Texas requirements, update website links and references, and update the language for clarity and consistency - see summary of amendments below
		<b>Adopted</b>	<b>25 TAC §§97.3, 97.4, 97.13</b>	Amendments that clarify the conditions and diseases that must be reported. (see detailed summary below)

**Adopted Rules: Detailed Summary**

**CHAPTER 97. COMMUNICABLE DISEASES SUBCHAPTER A. CONTROL OF COMMUNICABLE DISEASES**

**25 TAC §§97.3, 97.4, 97.13 25 TAC §97.11, §97.12**

- Deletes "causing severe acute respiratory disease" in "novel coronavirus causing severe acute respiratory disease" to make sure that all novel coronavirus infections get reported and fully investigated, not just the severe cases.
- Adds language to clarify what hepatitis B is reportable.
- Updates the names of the revised Tuberculosis forms and specify the minimal information that should be reported.
- Language is added to encourage the reporting of "test type" by healthcare providers. In addition, the words "or practitioners" are added to be more inclusive of reporting entities.
- Adds "diphtheria (*Corynebacteria diphtheria* from any site)," "salmonellosis, including typhoid fever (*Salmonella* species)," and "all *Streptococcus pneumoniae*, invasive, in children under five years old (*Streptococcus pneumoniae* from normally sterile sites)," to the list of "Diseases requiring submission of cultures."
- Updates the language to clarify when and how to report a condition or isolate.
- Updates the reporting period for "mumps" from weekly to one day reporting. The amendments to §97.4(a)(5) add language to cover possible electronic reporting including reporting by HIEs in response to amendments to HB 2641. Amendments allow electronic sub-mission with restrictions for security, process requirements, and exceptions for conditions that must be reported immediately by phone and within one day.
- The commission's response to comments submitted to the proposed rules included the decision NOT to move forward with the requirement to report adult influenza mortality. They will keep influenza-associated pediatric mortality as a notifiable disease condition.