

BILL ANALYSIS

C.S.H.B. 3781
By: Crownover
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Texas faces many health challenges that contribute to the increasing cost of health care in the state. Interested parties express concern that health improvement initiatives currently underway are seldom analyzed, noting that the legislature, without the proper analysis, often does not have the necessary data to know if it should expand these initiatives full-scale or discontinue them altogether. The parties assert that Texas has a significant opportunity through its academic and health institutions to address these issues but contend that the state needs dedicated resources and a structure to improve its coordinated efforts. The parties have advocated for the establishment of a network of academic and health science institutions with a mission of improving the health and well-being of all Texans through the identification, evaluation, discovery, dissemination, and implementation of data-driven population health best practices. C.S.H.B. 3781 seeks to provide a focus for these efforts to improve the health of all Texans in a more efficient and cost-effective manner.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 3781 amends the Health and Safety Code to establish the Texas Health Improvement Network to address urgent health care challenges and improve the health care system in Texas and the nation and to develop, based on population health research, health care initiatives, policies, and best practices. The bill establishes that the network consists of faculty of general academic and health-related public and private institutions of higher education in Texas with expertise in general public health and other medical fields, mental health, nursing, pharmacy, social work, health economics, health policy and law, epidemiology, biostatistics, health informatics, health services research, engineering, and computer science. The bill establishes that the purpose of the network is to reduce the per capita costs of health care, to improve the individual experience of care, including the quality of care and patient satisfaction, and to improve the health of Texas residents.

C.S.H.B. 3781 requires the network to establish as its primary goals evaluating and eliminating health disparities in Texas, including racial, ethnic, geographic, and income-related or education-related disparities, and health care cost containment and the economic analysis of health policy. The bill requires the network to function as an incubator and evaluator of health improvement practices and to support local communities in Texas by offering leadership training, data

analytics, community health assessments, and grant writing support to local communities. The bill establishes that the network is administratively attached to The University of Texas System and requires The University of Texas System to administer and coordinate the network and provide administrative support to the network as necessary to carry out the purposes of the bill's provisions.

C.S.H.B. 3781 authorizes the network to accept and administer gifts and grants to fund the network from an individual, corporation, trust, or foundation or the federal government, subject to any limitations or conditions imposed by law. The bill authorizes money received by the network to be used to fund demonstration and pilot projects using an established peer-reviewed award process and internships and other educational programs to prepare the health care workforce to improve population health. The bill requires the network to give priority to funding projects that are multidisciplinary and offer multi-institutional collaboration. The bill requires the network to report the results of the network's efforts, findings, and projects to the legislature, state and federal partners, and other interested entities.

C.S.H.B. 3781 requires the network to establish an advisory council to advise the network on Texas' health care needs and provides for the composition of the council. The bill sets out provisions relating to the council members' terms, the appointment of the presiding officer, meeting requirements, and member compensation and reimbursement. The bill establishes that Government Code provisions relating to state agency advisory committees do not apply to the advisory council. The bill requires The University of Texas System, as soon as practicable after the bill's effective date, to establish the Texas Health Improvement Network.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2015.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 3781 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Subtitle H, Title 2, Health & Safety Code, is amended by adding Chapter 172 to read as follows:

CHAPTER 172. Texas Health Improvement Network

Sec. 172.001. PURPOSE. (a) The Texas Health Improvement Network (THIN) is established as a network of diverse health professionals dedicated to developing initiatives and translating research on population health into health policy and best practices to address urgent health challenges in Texas and the nation.

(b) The network shall achieve the following goals to improve the health system:

(1) reduce the per capita costs of health care;

(2) improve the individual experience of

HOUSE COMMITTEE SUBSTITUTE

No equivalent provision. *(But see Section 118.051 below.)*

care (including quality and patient satisfaction); and
(3) improve the health of Texas.

Sec. 172.002. NETWORK. (a) The network consists of participating faculty at public and private Texas institutions of higher education, in addition to participating state and local health agencies. Participating faculty must include faculty of both general academic and health-related institutions.

(b) The network shall seek to include faculty that represents not only the traditional public health and medical fields, but also expertise on mental health, nursing, pharmacy, social work, health economics, health policy and law, epidemiology, biostatistics, health informatics, health services research, engineering and computer science.

(c) The network shall focus on evaluating and eliminating health disparities in Texas, including the racial or ethnic, geographic, and income- or education-related disparities.

(d) The network shall also focus on healthcare cost-containment and the economic analysis of health policy.

Sec. 172.003. ADVISORY COUNCIL. An advisory council shall be established for the network that includes both Texas and national thought leaders in population health. The advisory council must include expertise in traditional public health and medical fields, as well as leaders in the fields of behavior health, business, insurance, philanthropy, education, health law, and policy.

Sec. 172.004. PROJECTS. (a) From funds appropriated for purposes of the network, the network shall fund demonstration and pilot projects using an established, peer-reviewed award process.

(b) The network shall fund internships and other educational programs to prepare population health care workforce.

No equivalent provision.

No equivalent provision.

No equivalent provision. (But see Sections 118.052 and 118.053 below.)

No equivalent provision. (But see Sections 118.101 and 118.102 below.)

No equivalent provision. (But see Section 118.056 below.)

SECTION 1. Subtitle E, Title 2, Health and Safety Code, is amended by adding Chapter 118 to read as follows:

CHAPTER 118. TEXAS HEALTH IMPROVEMENT NETWORK

SUBCHAPTER A. GENERAL PROVISIONS

No equivalent provision.

Sec. 118.001. DEFINITION. In this chapter, "network" means the Texas Health Improvement Network established under this chapter.

No equivalent provision. *(But see Section 172.001 above.)*

SUBCHAPTER B. NETWORK

Sec. 118.051. ESTABLISHMENT; PURPOSE. (a) The Texas Health Improvement Network is established to address urgent health care challenges and improve the health care system in this state and the nation and to develop, based on population health research, health care initiatives, policies, and best practices.

(b) The purpose of the network is to:

(1) reduce the per capita costs of health care;

(2) improve the individual experience of health care, including the quality of care and patient satisfaction; and

(3) improve the health of residents of this state.

No equivalent provision. *(But see Section 172.002 above.)*

Sec. 118.052. COMPOSITION OF NETWORK. The network consists of faculty of general academic and health-related public and private institutions of higher education in this state with expertise in:

(1) general public health and other medical fields;

(2) mental health;

(3) nursing;

(4) pharmacy;

(5) social work;

(6) health economics;

(7) health policy and law;

(8) epidemiology;

(9) biostatistics;

(10) health informatics;

(11) health services research;

(12) engineering; and

(13) computer science.

No equivalent provision. *(But see Section 172.002 above.)*

Sec. 118.053. DUTIES. (a) The network shall establish as its primary goals:

(1) evaluating and eliminating health disparities in this state, including racial, ethnic, geographic, and income-related or education-related disparities; and

(2) health care cost containment and the economic analysis of health policy.

(b) The network shall:
(1) function as an incubator and evaluator of health improvement practices; and
(2) support local communities in this state by offering leadership training, data analytics, community health assessments, and grant writing support to local communities.

No equivalent provision.

Sec. 118.054. ADMINISTRATIVE ATTACHMENT TO THE UNIVERSITY OF TEXAS SYSTEM. (a) The network is administratively attached to The University of Texas System.

(b) The University of Texas System shall administer and coordinate the network and provide administrative support to the network as necessary to carry out the purposes of this chapter.

No equivalent provision.

Sec. 118.055. GIFTS AND GRANTS. The network may accept and administer gifts and grants to fund the network from an individual, corporation, trust, or foundation or the federal government, subject to any limitations or conditions imposed by law.

No equivalent provision. *(But see Section 172.004 above.)*

Sec. 118.056. FUNDING FOR PROGRAMS AND PROJECTS. (a) Money received by the network may be used to fund:

(1) demonstration and pilot projects using an established peer-reviewed award process; and

(2) internships and other educational programs to prepare the health care workforce to improve population health.

(b) The network shall give priority to funding projects that are multidisciplinary and offer multi-institutional collaboration.

No equivalent provision.

Sec. 118.057. REPORT. The network shall report the results of the network's efforts, findings, and projects, including projects, internships, and educational programs funded under Section 118.056, to the legislature, state and federal partners, and other interested entities.

No equivalent provision. *(But see Section 172.003 above.)*

SUBCHAPTER C. ADVISORY COUNCIL
Sec. 118.101. ADVISORY COUNCIL. The network shall establish an advisory council to advise the network on the health care needs of this state.

No equivalent provision. (But see Section 172.003 above.)

Sec. 118.102. COMPOSITION OF ADVISORY COUNCIL. The advisory council is composed of:

(1) members who are appointed by an executive officer of The University of Texas System and nominated by participants in the network and who are:

(A) state and national leaders in population health;

(B) experts in traditional public health and medical fields; and

(C) leaders in the fields of behavioral health, business, insurance, philanthropy, education, and health law and policy;

(2) representatives from each of the following entities, selected by an executive officer of the entity:

(A) The University of Texas System;

(B) The Texas A&M University System;

(C) the University of North Texas System;

(D) the Texas Tech University System; and

(E) the Baylor College of Medicine; and

(3) representatives from the department and the commission, selected by the executive head of the agency.

No equivalent provision.

Sec. 118.103. TERMS. Members of the advisory council serve staggered three-year terms, with the terms of one-third of the members expiring on January 1 of each year.

No equivalent provision.

Sec. 118.104. PRESIDING OFFICER. The executive officer of The University of Texas System who appoints members to the advisory council shall appoint a presiding officer from among the members to serve a one-year term.

No equivalent provision.

Sec. 118.105. MEETINGS. The advisory council shall meet at the call of the presiding officer or at other times that the council determines are necessary or appropriate.

No equivalent provision.

Sec. 118.106. COMPENSATION AND REIMBURSEMENT. A member of the advisory council may not receive compensation for service on the advisory council but may be reimbursed for travel expenses incurred by the member while conducting the business of the advisory council, if funds are available for that purpose, as provided by the General Appropriations Act.

No equivalent provision.

Sec. 118.107. APPLICABILITY OF OTHER LAW. Chapter 2110, Government Code, does not apply to the advisory council.

No equivalent provision.

SECTION 2. As soon as practicable after the effective date of this Act, The University of Texas System shall establish the Texas Health Improvement Network as required by Chapter 118, Health and Safety Code, as added by this Act.

SECTION 2. This Act takes effect immediately if it receives the vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2015.

SECTION 3. Substantially the same as introduced version.