

SUBJECT: Transferring certain duties to the Office for Health Equity

COMMITTEE: Public Health — favorable, without amendment

VOTE: 10 ayes — Klick, Allison, Campos, Coleman, Collier, Jetton, Oliverson, Price, Smith, Zwiener

0 nays

1 absent — Guerra

WITNESSES: For — (*Registered, but did not testify:* Andrew Cates, AARP Texas; Drucilla Tigner, ACLU of Texas; James Gray, American Cancer Society Cancer Action Network; Joel Romo, American Diabetes Association, American Heart Association, Partnership For A Healthy Texas, and Texas Public Health Coalition; Marisa Finley, Baylor Scott & White Health; Kyle Mauro, Central Health; Dennis Borel, Coalition of Texans with Disabilities; Tim Schauer, Community Health Choice; Stacey Pogue, Every Texan; Rosann Mariappuram, Jane's Due Process; Lindsay Lanagan, Legacy Community Health; Amanda Williams, Lilith Fund; Christine Yanas, Methodist Healthcare Ministries of South Texas, Inc.; Matthew Lovitt, National Alliance on Mental Illness Texas; Alison Mohr Boleware, National Association of Social Workers - Texas Chapter; Bruce Scott, Pfizer; Kate Murphy, Texans Care for Children; Charles Miller, Texas 2036; Tom Banning, Texas Academy of Family Physicians; Shelby Tracy, Texas Association of Community Health Centers; Lee Johnson, Texas Council of Community Centers; Seetha Kulandaisamy, Texas Council on Family Violence; Dan Finch, Texas Medical Association; Eric Woomer, Texas Pediatric Society; Ashley Harris, United Ways of Texas; Danielle Lail; Sarah Murphy; Ally Nabbouh)

Against — (*Registered, but did not testify:* Molly White, Conservative Republicans of Texas; Tom McLaughlin; Sharon Walther)

On — Octavio Martinez, Hogg Foundation for Mental Health; Kevin Cokley, Institute for Urban Policy Research and Analysis; (*Registered,*

but did not testify: Michelle Alletto and Victoria Ford, HHSC)

BACKGROUND: Health and Safety Code sec. 107A.001 requires the executive commissioner of the Health and Human Services Commission (HHSC) to maintain a center for elimination of disproportionality and disparities in the commission to work or contract with certain entities to develop initiatives to decrease or eliminate certain health and health access disparities. Sec. 107A.003 permits HHSC to distribute to the center unobligated and unexpended appropriations to be used to carry out its powers.

Sec. 107A.002 allows the center to take certain actions, including:

- serve as the primary state resource in coordinating and advocating access to health care services to eliminate health disparities in the state;
- pursue and administer grant funds for innovative projects for communities, groups, and individuals;
- publicize information regarding health disparities and minority health issues through media;
- network with existing minority organizations, community-based health groups, and statewide health coalitions; and
- contract with public and private entities in the performance of its responsibilities.

Interested parties have suggested that efforts to eliminate health disparities could be better addressed by a stronger and more integrated office maintained by the Health and Human Services Commission, particularly as the COVID-19 pandemic has exposed certain health disparities in need of evaluation.

DIGEST: HB 4139 would remove the requirement that the executive commissioner of the Health and Human Services Commission (HHSC) maintain a center for the elimination of disproportionality and disparities and instead require the commissioner to maintain the Office for Health Equity. The center's purposes, powers, and duties would be transferred to the office, which

would assume a leadership role in working with certain entities to develop and implement health initiatives to create health equity by decreasing or eliminating health and health access disparities among certain populations. The office also would have to seek out certain entities in order to coordinate and maximize the use of resources.

Authority of office. Among other powers, the Office for Health Equity would be authorized to:

- investigate and report on issues related to health and health access disparities among multicultural, ethnic disadvantaged, gender, age, language, and regional populations;
- coordinate and work with local health authorities to collect and report data related to those disparities;
- make the de-identified collected data readily available to the public;
- monitor HHSC's progress and the providers it contracts with in promoting health equity and eliminating disparities;
- advise the commission on the implementation of any targeted programs or authorized funding to address disparities; and
- examine the role that certain social determinants of health have on health access and outcomes.

Under the bill, the office could work with other Texas agencies to advise and assist in implementation of programs and strategies aimed at eliminating social determinants that cause health and health access disparities among multicultural, disadvantage, ethnic, gender, age, language, and regional populations.

Provider contracts. HHSC would have to work with the Office for Health Equity during all contract procurement to ensure that providers promoted health equity and eliminated health and health access disparities among certain populations. The office also would be required to assist HHSC-contracted providers in implementing programs and strategies that promoted health equity and eliminated health and health access disparities for those populations.

Funding. HHSC could distribute to the office legislative appropriations as well as certain gifts and grants, including federal grants.

Study. The bill would require a study to be conducted on the disproportionate effect the COVID-19 pandemic had on racial, multicultural, ethnic, disadvantaged, gender, age, language, and regional populations. The study would have to:

- determine whether certain populations were disproportionately affected by the pandemic;
- if it was determined a particular population was disproportionately affected, identify the underlying causes of the effect; and
- recommend policies and procedures for promoting health equity during a future natural disaster, pandemic, or other public health emergency.

By December 1, 2022, a written report containing the results of the study and any legislative recommendations would have to be submitted to the governor, lieutenant governor, House speaker, and members of the Legislature.

These provisions would expire August 31, 2023.

Effective date. The bill would take effect September 1, 2021.

NOTES: According to the Legislative Budget Board, the bill would have a negative impact of about \$5.5 million in general revenue related funds through fiscal 2023.