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H.B. No. 578

A BILL TO BE ENTITLED

AN ACT

relating to the health literacy advisory committee and health literacy in the state health plan.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 104.002, Health and Safety Code, is amended by adding Subdivision (6) to read as follows:

(6) "Health literacy" means the degree to which an individual has the capacity to obtain and understand basic health information and services to make appropriate health decisions.

SECTION 2. Subchapter B, Chapter 104, Health and Safety Code, is amended by adding Section 104.0157 to read as follows:

Sec. 104.0157. HEALTH LITERACY ADVISORY COMMITTEE. (a) The statewide health coordinating council shall establish an advisory committee on health literacy composed of representatives of relevant interest groups, including the academic community, consumer groups, health plans, pharmacies, and associations of physicians, dentists, hospitals, and nurses.

(b) Members of the advisory committee shall elect one member as presiding officer.

(c) The advisory committee shall develop a long-range plan for improving health literacy in this state. The committee shall update the plan at least once every two years.

(d) In developing the long-range plan, the advisory committee shall study the economic impact low health literacy has

1 on state health programs and health insurance coverage for  
2 residents of this state. The advisory committee shall:

3 (1) identify primary risk factors contributing to low  
4 health literacy;

5 (2) examine methods for health care practitioners,  
6 health care facilities, and others to address the health literacy  
7 of patients and the public;

8 (3) examine the effectiveness of using quality  
9 measures in state health programs to improve health literacy;

10 (4) identify strategies for expanding the use of plain  
11 language instructions for patients; and

12 (5) examine the impact improved health literacy has on  
13 enhancing patient safety, reducing preventable events, and  
14 increasing medication adherence to attain greater  
15 cost-effectiveness and better patient outcomes in the provision of  
16 health care.

17 (e) Not later than December 1 of each even-numbered year,  
18 the advisory committee shall submit the long-range plan developed  
19 or updated under this section to the governor, the lieutenant  
20 governor, the speaker of the house of representatives, and each  
21 member of the legislature.

22 (f) An advisory committee member serves without  
23 compensation but is entitled to reimbursement for the member's  
24 travel expenses as provided by Chapter 660, Government Code, and  
25 the General Appropriations Act.

26 (g) Sections 2110.002, 2110.003, and 2110.008, Government  
27 Code, do not apply to the advisory committee.

1        (h) Meetings of the advisory committee under this section  
2 are subject to Chapter 551, Government Code.

3        SECTION 3. Sections 104.022(e) and (f), Health and Safety  
4 Code, are amended to read as follows:

5        (e) The state health plan shall be developed and used in  
6 accordance with applicable state and federal law. The plan must  
7 identify:

8            (1) major statewide health concerns, including the  
9 prevalence of low health literacy among health care consumers;

10           (2) the availability and use of current health  
11 resources of the state, including resources associated with  
12 information technology and state-supported institutions of higher  
13 education; and

14           (3) future health service, information technology,  
15 and facility needs of the state.

16        (f) The state health plan must:

17           (1) propose strategies for the correction of major  
18 deficiencies in the service delivery system;

19           (2) propose strategies for improving health literacy  
20 to attain greater cost-effectiveness and better patient outcomes in  
21 the provision of health care;

22           (3) [~~2~~] propose strategies for incorporating  
23 information technology in the service delivery system;

24           (4) [~~3~~] propose strategies for involving  
25 state-supported institutions of higher education in providing  
26 health services and for coordinating those efforts with health and  
27 human services agencies in order to close gaps in services; and

1           (5) [~~(4)~~] provide direction for the state's  
2 legislative and executive decision-making processes to implement  
3 the strategies proposed by the plan.

4           SECTION 4. This Act takes effect September 1, 2021.