

AN ACT

relating to a study of the health care delivery system in certain medically underserved communities and creating the Texas Health Care Policy Council.

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

SECTION 1. Subtitle E, Title 2, Health and Safety Code, is amended by adding Chapter 113 to read as follows:

CHAPTER 113. TEXAS HEALTH CARE POLICY COUNCIL

Sec. 113.001. DEFINITIONS. In this chapter:

(1) "Council" means the Texas Health Care Policy Council.

(2) "Partnership" means the Texas Health Workforce Planning Partnership.

Sec. 113.002. COMPOSITION OF COUNCIL. (a) The council is within the office of the governor and shall report to the governor or the governor's designee.

(b) The council is composed of the administrative head of the following agencies or that person's designee:

(1) the Health and Human Services Commission;

(2) the Department of State Health Services;

(3) the Department of Aging and Disability Services;

(4) the Texas Workforce Commission;

(5) the Texas Higher Education Coordinating Board;

(6) the Texas Department of Insurance;

- 1 (7) the Employees Retirement System of Texas;
2 (8) the Teacher Retirement System of Texas;
3 (9) each health care related licensing agency
4 identified by the governor; and
5 (10) any other state agency or system of higher
6 education identified by the governor that purchases or provides
7 health care services.

8 Sec. 113.003. ADVISORY COMMITTEES AND AD HOC COMMITTEES;
9 TEXAS HEALTH WORKFORCE PLANNING PARTNERSHIP. (a) The council may
10 form advisory and ad hoc committees as necessary to accomplish the
11 council's purpose, including committees composed of health care
12 experts from the public and private sectors to review policy
13 matters related to the council's purpose.

14 (b) The Texas Health Workforce Planning Partnership is a
15 standing subcommittee of the council and is composed of:

- 16 (1) the members of the council representing:
17 (A) the Health and Human Services Commission;
18 (B) the Department of State Health Services;
19 (C) the Texas Workforce Commission;
20 (D) the Texas Higher Education Coordinating
21 Board; and
22 (E) any other state agency or system of higher
23 education identified by the governor that impacts health care
24 workforce planning; and

25 (2) the administrative head of the following agencies
26 or that person's designee:

- 27 (A) the Health Professions Council; and

1 (B) the Office of Rural Community Health Affairs.

2 (c) The partnership shall monitor the health care workforce
3 needs of the state, including monitoring the number and type of
4 health care workers in the state by region and the health care
5 workforce needs of the state, identifying any changes in the number
6 of health care workers or health care workforce needs, and
7 monitoring the quality of care provided by the health care
8 workforce.

9 (d) The partnership shall:

10 (1) undertake and implement appropriate health care
11 workforce planning activities; and

12 (2) research and identify ways to increase funding for
13 health care, including obtaining money from federal, state,
14 private, or public sources.

15 Sec. 113.004. COMPENSATION AND EXPENSES. Service on the
16 council or the partnership is an additional duty of a member's
17 office or employment. A member of the council or the partnership is
18 not entitled to compensation but is entitled to reimbursement of
19 travel expenses incurred by the member while conducting the
20 business of the council or the partnership, as provided in the
21 General Appropriations Act.

22 Sec. 113.005. MEETINGS. (a) The council shall meet at
23 least once each year. The council may meet at other times at the
24 call of the presiding officer or as provided by the rules of the
25 council.

26 (b) The council is a governmental body for purposes of the
27 open meetings law, Chapter 551, Government Code.

1 Sec. 113.006. DIRECTOR; STAFF. (a) The council shall,
2 subject to the approval of the governor, hire a director to serve as
3 the chief executive officer of the council and to perform the
4 administrative duties of the council.

5 (b) The director serves at the will of the council.

6 (c) The director may hire staff within guidelines
7 established by the council.

8 Sec. 113.007. FUNDING. Each state agency represented on
9 the council shall provide funds for the support of the council and
10 to implement this chapter. The council, with the governor's
11 approval, shall establish a funding formula to determine the level
12 of support each state agency must provide.

13 Sec. 113.008. EQUAL EMPLOYMENT OPPORTUNITY. (a) The
14 director or the director's designee shall prepare and maintain a
15 written policy statement that implements a program of equal
16 employment opportunity to ensure that all personnel decisions are
17 made without regard to race, color, disability, sex, religion, age,
18 or national origin.

19 (b) The policy statement must include:

20 (1) personnel policies, including policies relating
21 to recruitment, evaluation, selection, training, and promotion of
22 personnel, that show the intent of the council to avoid the unlawful
23 employment practices described by Chapter 21, Labor Code; and

24 (2) an analysis of the extent to which the composition
25 of the council's personnel is in accordance with state and federal
26 law and a description of reasonable methods to achieve compliance
27 with state and federal law.

1 (c) The policy statement must:

2 (1) be updated annually;

3 (2) be reviewed by the civil rights division of the
4 Texas Workforce Commission for compliance with Subsection (b)(1);
5 and

6 (3) be filed with the governor's office.

7 Sec. 113.009. QUALIFICATIONS AND STANDARDS OF CONDUCT. The
8 director or the director's designee shall provide to members of the
9 council and to council employees, as often as necessary,
10 information regarding the requirements for office or employment
11 under this chapter, including information regarding a person's
12 responsibilities under applicable laws relating to standards of
13 conduct for state officers or employees.

14 Sec. 113.010. RESEARCH PROJECTS; REPORT. (a) The council
15 shall identify gaps, flaws, inefficiencies, or problems in the
16 health care system that create systemic or substantial negative
17 impacts on the participants in the health care system, study those
18 problems, and identify possible solutions for the state or other
19 participants in the system.

20 (b) Not later than September 1 after each regular session of
21 the legislature, the speaker of the house of representatives and
22 the lieutenant governor may submit health care related issues to
23 the governor for referral to the council. The health care related
24 issues may include:

25 (1) disparities in quality and levels of care;

26 (2) problems for uninsured individuals;

27 (3) the cost of pharmaceuticals;

- 1 (4) the cost of health care;
- 2 (5) access to health care;
- 3 (6) the quality of health care; or
- 4 (7) any other issue related to health care.

5 (c) The governor shall refer health care related issues to
6 the council for research and analysis. The governor shall
7 prioritize the issues for the council. The council shall study
8 those issues identified by the governor and identify possible
9 solutions for the state or other participants in the health care
10 system.

11 (d) Not later than December 31 of each even-numbered year,
12 the council shall submit a report of the council's findings and
13 recommendations to the governor, lieutenant governor, and speaker
14 of the house of representatives.

15 (e) The report submitted under Subsection (d) must include
16 recommendations from the partnership and any other advisory body
17 formed under Section 113.003.

18 Sec. 113.011. PURCHASE OF HEALTH CARE PRODUCTS OR SERVICES.
19 The council shall ensure the most effective collaboration among
20 state agencies in the purchase of health care products or services.
21 As a state agency develops an expertise in purchasing health care
22 products or services, that agency shall assist other agencies in
23 the purchase of the same products or services.

24 Sec. 113.012. USE OF TECHNOLOGY IN HEALTH CARE. (a) The
25 council shall facilitate and promote the use of technology in the
26 health care system as a way to decrease administrative costs and to
27 increase and improve the quality of health care.

1 (b) The council shall monitor, research, and promote
2 initiatives relating to patient safety and the use of telemedicine
3 and telehealth.

4 (c) The council shall coordinate its activities with other
5 offices and state agencies that are primarily focused on the use of
6 technology or the use of technology in health care.

7 Sec. 113.013. INFORMATION RESOURCE. (a) The council shall
8 establish a clearinghouse of information to assist communities in
9 assessing the needs of local health care systems. The council
10 shall:

11 (1) collect information on innovative health care
12 service delivery models and make that information available to
13 communities;

14 (2) provide information on grants and technical
15 assistance in the application process; and

16 (3) collect information on the development and testing
17 of quality measures.

18 (b) The council shall investigate the best ways to collect,
19 compare, and communicate the information to local communities.

20 Sec. 113.014. COORDINATION WITH OTHER ORGANIZATIONS. (a)
21 The council may coordinate its research and reporting activities
22 with other public or private entities performing research on health
23 care policy or other topics related to the mission of the council,
24 including academic institutions and nonprofit organizations.

25 (b) The council may contract with public or private entities
26 to perform its research and reporting activities.

27 SECTION 2. (a) In this section, "medically underserved

1 community" means a community that has been designated under state
2 or federal law as a health professional shortage area.

3 (b) The statewide health coordinating council in
4 conjunction with area health education centers shall study the
5 health care delivery system in five geographically diverse
6 medically underserved communities of the state who request to be
7 part of the study. Four of the communities must be located in a
8 county with a population of 50,000 or less. One of the communities
9 must be located in an urban county. As part of the study the
10 Department of State Health Services shall:

11 (1) identify the ways in which nonphysician health
12 care providers are being used to supplement the provision of health
13 care services in medically underserved communities;

14 (2) determine which medically underserved communities
15 of the state have been successful and unsuccessful in recruiting
16 and retaining physicians to practice in the community;

17 (3) identify the nonphysician health care providers
18 who could, within the scope of the health care provider's license,
19 certification, or registration, supplement the provision of health
20 care services in medically underserved communities;

21 (4) examine whether alternative supervision of
22 nonphysician health care providers or delivery of services by
23 nonphysician health care providers in nontraditional settings
24 would provide a benefit in the delivery of health care services in
25 medically underserved communities;

26 (5) examine whether each community is medically
27 underserved as a result of a shortage of providers, a shortage of

1 appropriate health care facilities, or both; and

2 (6) evaluate the measures each medically underserved
3 community has taken to resolve the health professional shortage in
4 the community, determine whether those measures have been
5 successful in reducing the shortage, and identify innovative
6 solutions that should be replicated.

7 (c) In performing the study under Subsection (b) of this
8 section, the Department of State Health Services shall consult with
9 a variety of the health care practitioners in medically underserved
10 communities, including emergency medical service providers,
11 physicians, nonphysician health care providers, rural hospitals,
12 rural health clinics, and family planning clinics.

13 (d) The Department of State Health Services shall seek the
14 participation of, and consult with, representatives of each
15 medically underserved community in the study to develop ways the
16 community can improve the delivery of health care services.

17 (e) Not later than January 1, 2007, the Department of State
18 Health Services shall report the results of the study conducted
19 under this section in writing to the lieutenant governor, the
20 speaker of the house of representatives, and the members and
21 members-elect of the 80th Legislature. The report must include any
22 proposed legislation the department, through this study,
23 determines will facilitate the improvement of the delivery of
24 health care in medically underserved communities.

25 (f) This section expires September 1, 2007.

26 SECTION 3. This Act takes effect immediately if it receives
27 a vote of two-thirds of all the members elected to each house, as

H.B. No. 916

1 provided by Section 39, Article III, Texas Constitution. If this
2 Act does not receive the vote necessary for immediate effect, this
3 Act takes effect September 1, 2005.

President of the Senate

Speaker of the House

I certify that H.B. No. 916 was passed by the House on April 26, 2005, by the following vote: Yeas 144, Nays 0, 1 present, not voting; and that the House concurred in Senate amendments to H.B. No. 916 on May 27, 2005, by the following vote: Yeas 135, Nays 0, 2 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 916 was passed by the Senate, with amendments, on May 24, 2005, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

APPROVED: _____

Date

Governor