

By: Villarreal

H.R. No. 257

R E S O L U T I O N

1 WHEREAS, More than three million Texans reside in 121
2 federally designated whole county health professional shortage
3 areas, and 3.3 million Texans were living in an additional 47
4 partial county and 47 special population health professional
5 shortage areas as of June 2004, according to the Health Resources
6 and Services Administration; the federal government has also
7 identified 359 medically underserved areas and medically
8 underserved populations in Texas; and

9 WHEREAS, These designations indicate a statewide scarcity in
10 health care resources and reveal the public health of Texans to be
11 at risk; health professional shortage areas include geographic
12 areas and population groups recognized as having an acute shortage
13 of health care personnel, and medically underserved status is
14 assigned according to four demand and resource indicators:
15 percentage of elderly population, poverty rate, infant mortality
16 rate, and ratio of primary care providers per 1,000 population; and

17 WHEREAS, Moreover, the issue of access to health care is
18 complicated by the fact that nearly 5.5 million Texans are living
19 without health insurance and often must resort to seeking primary
20 care in hospital emergency departments, further encumbering
21 inadequate medical resources; and

22 WHEREAS, Unfortunately, Texans are also faced with the
23 increasing cost of health care, typified by the escalating price of
24 prescription drugs; U.S. per capita spending on prescriptions has

1 been projected to rise between 2000 and 2010 at an average annual
2 rate of 11.2 percent based on U.S. Department of Health and Human
3 Services data; with the average price of retail prescriptions
4 filled in Texas increasing by nearly six percent between 2002 and
5 2003 alone, the potential impact to individual Texans is alarming;
6 and

7 WHEREAS, The rising expense of health care and high rates of
8 uninsured are equally consequential to the fiscal well-being of
9 local, county, and state governments; in state fiscal year 2001,
10 health care expenditures alone accounted for approximately 40
11 percent of total net expenditures in Texas, and public hospital
12 districts reported \$1.2 billion in unreimbursed care; and

13 WHEREAS, In an attempt to redress many of these issues and
14 recognizing the shared interest of public health and the value of
15 collaboration among all levels of government, the 76th Texas
16 Legislature passed House Bill 1444 to administer a program of
17 grants for counties, municipalities, public health districts, and
18 other political subdivisions to provide essential public health
19 services; however, in light of persistent obstacles to the
20 successful delivery of critical health services, revisiting these
21 efforts could prevent a crisis in public health for Texas; now,
22 therefore, be it

23 RESOLVED, That the House of Representatives of the 79th Texas
24 Legislature hereby request the speaker to provide for an interim
25 house study to make recommendations to the legislature relating to
26 how public health and medical care services can be more effectively
27 delivered through regional planning involving all relevant

1 stakeholders in urban counties and the surrounding rural or
2 suburban communities; specifically, the study should include
3 recommendations to: (1) identify incentives and resources
4 necessary to promote personal responsibility, encourage preventive
5 care, and expand use of available primary care services; (2)
6 identify cost-effective technological innovations to improve
7 health care access and coordination; (3) improve access to
8 secondary and tertiary care in rural communities; (4) identify how
9 health care services can be improved through collaboration across
10 funding streams; (5) identify how public health can be improved in
11 Texas through incentives tied to the Centers for Disease Control
12 National Public Health Performance Standards; (6) develop
13 multicounty public health entities authorized to collaborate to
14 ensure that the essential public health services outlined in
15 Subchapter E, Chapter 121, Health and Safety Code, are available to
16 all Texans; and (7) create regional planning authorities or
17 designate existing organizations to assume responsibilities for
18 the foregoing purposes; and, be it further

19 RESOLVED, That the speaker assign the study to a select or
20 standing committee at his discretion, exercising authority granted
21 to the speaker by House Rule 1, Section 17, Interim Studies, and
22 House Rule 4, Chapter F, Interim Study Committees.