

BILL ANALYSIS

C.S.H.B. 3105
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Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Interested parties believe that all Texans should have access to person-centered, culturally appropriate, understandable, accurate, and actionable health information and services. Citing certain national health literacy campaigns, the parties assert that efforts to improve health literacy should support lifelong learning and the development of skills to promote good health, catalyze conversations between patients and providers, and lead to more evidence-based decision making. The parties recognize that patients play an important role in the process but contend that the professionals in the health care and public health systems must take the lead in these efforts and work together to ensure that health information and services can be understood and used by all Texans. C.S.H.B. 3105 seeks to improve health literacy in Texas.

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. 3105 amends the Health and Safety Code to require the Texas Institute of Health Care Quality and Efficiency to establish the multi-stakeholder advisory committee on health literacy to study and make recommendations to improve health literacy in Texas. The bill defines "health literacy" as the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services so the person may make appropriate health decisions about the treatment, payment, or coverage of health care and navigate complexities in the health care system. The bill provides for the composition, organization, and administration of the advisory committee, including the provision of administrative support by the institute, and sets out provisions relating to compensation and reimbursement of committee members.

C.S.H.B. 3105 requires the advisory committee to develop an expanded definition of health literacy that includes a focus on a patient's need for transparent information about the cost and quality of health care and available treatment options; to examine the impact of low health literacy on health care cost and quality outcomes; and to develop policy recommendations, based on the findings of the advisory committee, to promote the use of plain language by health care providers, to promote simplified enrollment forms, to develop health literacy resources for both providers and consumers of health care, and to develop programs to support improved health literacy.

C.S.H.B. 3105 requires the advisory committee to prepare a report that includes the committee's

findings and policy recommendations and, not later than October 1, 2016, to submit the report to the institute for inclusion in the institute's biennial report and recommendations to the legislature. The bill authorizes the advisory committee to consult with and invite participation from groups, organizations, and agencies as needed to accomplish the goals of the committee. The bill requires the appropriate appointing authorities, not later than December 1, 2015, to appoint the members of the advisory committee. The bill's provisions expire, and the advisory committee is abolished, on September 1, 2017.

EFFECTIVE DATE

September 1, 2015.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 3105 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. Subchapter A, Chapter 1002, Texas Health and Safety Code, is amended by adding Sec. 1002.001(13) and Sec. 1002.001 (14) to read as follows:

(13) "Health Literacy" means the degree to which individuals have the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions in the treatment, payment, or coverage of care while successfully navigating complex health care systems.

(14) "Task Force" means the Multi-Stakeholder Taskforce on Health Literacy

SECTION 2. Chapter 1002, Texas Health and Safety Code, is amended by adding Subchapter F. HEALTH LITERACY to read as follows:

Sec. 1002.203. MULTI-STAKEHOLDER TASKFORCE ON HEALTH LITERACY.

(a) Not later than December 1, 2015, the Texas Institute of Health Care Quality & Efficiency shall establish the task force to

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Chapter 1002, Health and Safety Code, is amended by adding Subchapter F to read as follows:

SUBCHAPTER F. MULTI-STAKEHOLDER ADVISORY COMMITTEE ON HEALTH LITERACY

Sec. 1002.251. DEFINITIONS. In this subchapter:

(2) "Health literacy" means the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services so the person may make appropriate decisions about the treatment, payment, or coverage of health care and navigate complexities in the health care system.

(1) "Advisory committee" means the multi-stakeholder advisory committee on health literacy established under this subchapter.

Sec. 1002.252. MULTI-STAKEHOLDER ADVISORY COMMITTEE ON HEALTH LITERACY. The institute shall establish a multi-stakeholder advisory committee on health literacy to study and make recommendations to improve health literacy

- (b) Establish a broad definition of health literacy, to include a focus on the patient's need for transparent information about health care cost, quality, and treatment options.
- (c) Examine impact of low health literacy on health care cost and quality outcomes.
- (d) Develop policy recommendations and submit a brief to the Institute

for inclusion in the Institute's biennial report to the Legislature and Health and Human Services Enterprise no later than December 31, 2016 related to

- (i) Promotion of plain language by health care providers and simplified enrollment forms.
- (ii) Development of health literacy resources for health care providers and residents of Texas.
- (iii) Development of programs to support residents of this state in understanding health care information.

(See Section 1002.204(d) below)

Section 1002.204 COMPOSITION OF THE HEALTH LITERACY TASKFORCE (a) the following representatives shall be identified by the Institute and invited to serve on the taskforce:

- (b) The following members shall be invited to serve on the taskforce:
 - (i) Three members of the Institute of the board of directors to be selected by the chair of the board
 - (ii) The commissioner of insurance
 - (iii) The commissioner of the health department
 - (iv) The state Medicaid director
 - (v) A representative of the aging and

in this state.

Sec. 1002.257. DUTIES. (a) The advisory committee shall:

- (1) develop an expanded definition of health literacy that includes a focus on a patient's need for transparent information about the cost and quality of health care and available treatment options;
- (2) examine the impact of low health literacy on health care cost and quality outcomes; and
- (3) develop policy recommendations, based on the findings of the advisory committee, to:

(See Section 1002.259(b) below.)

- (A) promote the use of plain language by health care providers;
- (B) promote the use of simplified enrollment forms;
- (C) develop health literacy resources for both providers and consumers of health care; and
- (D) develop programs to support improved health literacy.

(b) The advisory committee may consult with and invite participation from groups, organizations, and agencies as needed to accomplish the goals of the committee.

Sec. 1002.253. COMPOSITION OF ADVISORY COMMITTEE. The advisory committee is composed of:

- (1) three members of the board selected by the presiding officer of the board;
- (2) a representative from each of the following agencies, selected by the executive head of the agency:
 - (A) the Department of Aging and Disability

disability services

- (vi) A representative of the center for disparities and disproportionality
- (vii) A representative of the Employees Retirement System of Texas
- (viii) A representative of the Teachers Retirement System of Texas
- (ix) A representative from each state agency or system of higher education that purchases or provides health care services as determined by the board.

(x) Three employers domiciled in Texas

(xi) Three consumer representatives

(c) The chair of the board shall appoint a lead and vice-lead to facilitate taskforce activities.

(d) The taskforce may consult with and invite participation from other groups, organizations, and agencies as needed.

No equivalent provision.

No equivalent provision.

No equivalent provision.

(See Section 1002.203 (d) above.)

Services;

- (B) the center for elimination of disproportionality and disparities;
- (C) the Employees Retirement System of Texas;
- (D) the Teacher Retirement System of Texas; and
- (E) each state agency or system of higher education that purchases or provides health care services, as determined by the governor;

(3) the following representatives appointed by the governor:

(A) three employers domiciled in this state; and

(B) three health care consumers; and

(4) the following ex officio members:

(A) the commissioner or the commissioner's designee;

(B) the commissioner of insurance or the commissioner of insurance's designee; and

(C) the state Medicaid director of the commission or the director's designee.

Sec. 1002.254. PRESIDING OFFICER.

The board shall appoint from among the members of the advisory committee a presiding officer and an assistant presiding officer.

(See Section 1002.257(d) above.)

Sec. 1002.255. VACANCY. A vacancy on the advisory committee shall be filled by appointment in the same manner as the original appointment.

Sec. 1002.256. MEETINGS. The advisory committee shall meet at the call of the presiding officer.

Sec. 1002.258. ADMINISTRATIVE SUPPORT. The institute shall provide administrative support for the advisory committee.

Sec. 1002.259. REPORT. (a) The advisory committee shall prepare a report that includes the committee's findings and policy recommendations under Section 1002.257.

(b) Not later than October 1, 2016, the advisory committee shall submit the report required under this section to the institute

for inclusion in the institute's biennial report and recommendations to the legislature.

No equivalent provision.

Sec. 1002.260. COMPENSATION; REIMBURSEMENT. Members of the advisory committee serve without compensation and may not be reimbursed for travel or other expenses incurred while conducting the business of the advisory committee.

No equivalent provision.

Sec. 1002.261. EXPIRATION. The advisory committee is abolished and this subchapter expires September 1, 2017.

No equivalent provision.

(But see Section 1002.203(a) above.)

SECTION 2. Not later than December 1, 2015, the appropriate appointing authorities shall appoint the members of the multi-stakeholder advisory committee on health literacy in accordance with Subchapter F, Chapter 1002, Health and Safety Code, as added by this Act.

SECTION 3. This Act takes effect September 1, 2015.

SECTION 3. Same as introduced version.