

## **BILL ANALYSIS**

H.B. 1976  
By: Sheffield  
Pensions  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

Interested parties note the difficulty in comparing the effectiveness of different treatments for musculoskeletal care due to a lack of patient contact after initial treatment. The parties contend that a patient-reported outcomes registry could benefit both the Teacher Retirement System of Texas (TRS) and the Employees Retirement System of Texas (ERS) by providing the retirement systems with data on which musculoskeletal treatments are most effective for various patient populations. H.B. 1976 provides for a study on the benefits and disadvantages of establishing such a registry.

### **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**

H.B. 1976 requires the Teacher Retirement System of Texas (TRS) and the Employees Retirement System of Texas (ERS) to jointly conduct a study of the benefits and disadvantages of establishing a patient-reported outcomes registry for musculoskeletal care provided under the plans of group coverage administered by the systems under the Texas Employees Group Benefits Act, the Texas Public School Retired Employees Group Benefits Act, and the Texas School Employees Uniform Group Health Coverage Act. The bill requires the study to identify the musculoskeletal conditions and injuries that result in the highest cost for health care in the plans of group coverage; identify the percentage of the total cost for health care under the plans of group coverage that is spent for such conditions and injuries; estimate the cost for the systems, or for the entities administering the plans of group coverage on the systems' behalf, to establish and administer a patient-reported outcomes registry for musculoskeletal care; evaluate the potential benefits of such a registry for the populations served by the plans of group coverage; and identify potential partners, such as medical schools located in Texas, that could assist the systems in establishing and administering such a registry.

H.B. 1976 requires TRS and ERS, not later than December 1, 2018, to report the results of the study to the speaker of the house of representatives, the lieutenant governor, and the standing committees of the house and the senate with jurisdiction over TRS, ERS, and insurance. The bill requires the report to specify whether establishing one or more patient-reported outcomes registries for musculoskeletal care would be beneficial and effective and, if appropriate, to be accompanied by recommendations for legislation. The bill's provisions expire September 1, 2019.

**EFFECTIVE DATE**

September 1, 2017.