87R8261 MCF-D

By:  Blanco S.B. No. 1306

A BILL TO BE ENTITLED

AN ACT

relating to the creation of a COVID-19 Health Equity Task Force and state agency response to the COVID-19 pandemic.

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

SECTION 1.  DEFINITIONS. In this Act:

(1)  "Commissioner" means the commissioner of the Department of State Health Services.

(2)  "COVID-19" means the 2019 novel coronavirus disease.

(3)  "Department" means the Department of State Health Services.

(4)  "Task force" means the COVID-19 Health Equity Task Force.

SECTION 2.  ESTABLISHMENT OF TASK FORCE. The commissioner shall establish a task force to:

(1)  identify and address health and social inequities resulting in disproportionately higher rates of COVID-19 exposure, illness, and death among communities of color and other underserved populations; and

(2)  make recommendations to prevent and remedy disparate health care provision and COVID-19 outcomes within communities of color and other underserved populations.

SECTION 3.  COMPOSITION OF TASK FORCE. (a) The task force is composed of 18 members as follows:

(1)  one member who represents the Department of Agriculture;

(2)  one member who represents the Texas Education Agency;

(3)  one member who represents the Health and Human Services Commission;

(4)  one member who represents the Texas Department of Housing and Community Affairs;

(5)  one member who represents the Texas Department of Criminal Justice;

(6)  one member who represents the Texas Workforce Commission;

(7)  one member who represents the Texas Division of Emergency Management;

(8)  one member who represents the Department of State Health Services;

(9)  one member who represents children's health;

(10)  one member who represents university health science centers;

(11)  one member who represents associations that work with people with disabilities;

(12)  one member who represents tribal communities;

(13)  one member who represents mental health associations;

(14)  one member who represents an association for hospitals and health systems;

(15)  one member who represents an organization that works with the homeless community;

(16)  one member who represents domestic workers;

(17)  one member who represents nurses; and

(18)  one member who represents physicians.

(b)  The chief administrative officer of each state agency or division listed in Subsections (a)(1)-(8) of this section shall appoint an employee of the agency or division to represent the agency or division on the task force. The commissioner shall appoint the remaining members of the task force.

(c)  The commissioner shall designate a member as the presiding officer of the task force.

(d)  The task force shall meet regularly as determined by the presiding officer to set the agenda and direct the work of the task force.

(e)  Each state agency or division with a member on the task force shall provide administrative support to the task force as necessary to carry out the purposes of this Act.

SECTION 4.  STUDY. (a) The task force shall conduct a study to identify health inequities caused or exacerbated by COVID-19 and develop strategies to mitigate the health inequities caused or exacerbated by COVID-19.

(b)  The study must identify:

(1)  methods for state agency, local government, and tribal government officials to best allocate COVID-19 resources to communities with disproportionately high rates of COVID-19 infection, hospitalization, and mortality;

(2)  methods to promote equity in the disbursement of COVID-19 relief funding by state agencies;

(3)  measures for state agencies to achieve effective and culturally sensitive communication, messaging, and outreach to communities of color and other underserved populations;

(4)  any continuing health inequities faced by COVID-19 survivors that may merit a public health response; and

(5)  factors that contribute to disparities in COVID-19 outcomes and actions to combat the disparities in future public health emergencies.

(c)  In conducting the study required under this section, the task force shall cooperate with state agencies to develop:

(1)  short-term recommendations regarding:

(A)  data collection of COVID-19 outcomes in communities of color and other underserved populations; and

(B)  identification of data sources or indices that would enable the development of short-term goals for an appropriate COVID-19 response in communities of color and other underserved populations; and

(2)  long-term recommendations to address data collection inadequacies and challenges, including challenges related to data intersectionality that would otherwise ensure a more effective response to similar future situations.

(d)  In conducting the study required under this section, the task force may seek advice from:

(1)  health care providers and other health professionals;

(2)  policy experts;

(3)  state, local, and tribal health officials;

(4)  faith-based leaders;

(5)  businesses;

(6)  community organizations;

(7)  individuals who have experienced:

(A)  homelessness;

(B)  incarceration;

(C)  discrimination; and

(D)  other relevant issues; and

(8)  other interested persons.

SECTION 5.  REPORT. Not later than December 1, 2022, the task force shall prepare and submit a report to the governor, the lieutenant governor, the speaker of the house of representatives, and the members of the legislature that includes the results of the study conducted under Section 4 of this Act and any associated recommendations.

SECTION 6.  TASK FORCE COLLABORATION WITH STATE AGENCIES IN COVID-19 RESPONSE. (a) The commissioner of agriculture, the commissioners of the Texas Workforce Commission, the executive commissioner of the Health and Human Services Commission, the presiding officer of the Texas Department of Housing and Community Affairs, the commissioner of education, the presiding officer and commissioners of the Texas Commission on Environmental Quality, and the chief administrative officers of all other agencies with authority or responsibility related to COVID-19 response and recovery shall:

(1)  consult with the task force to strengthen equity data collection, reporting, and use related to COVID-19;

(2)  assess pandemic response plans and policies to determine whether personal protective equipment, tests, vaccines, therapeutics, and other resources have been or will be allocated equitably, including consideration of:

(A)  the disproportionately high rates of COVID-19 infection, hospitalization, and mortality in certain communities; and

(B)  any barriers that have restricted access to preventive measures, treatment, and other health services for high-risk populations;

(3)  based on the assessments described by Subsection (a)(2) of this section, modify pandemic response plans and policies to advance equity, with consideration of:

(A)  the effect of proposed policy changes on the distribution of resources to, and access to health care by, communities of color and other underserved populations;

(B)  the effect of proposed policy changes on agencies' ability to collect, analyze, and report data necessary to monitor and evaluate the impact of pandemic response plans and policies on communities of color and other underserved populations; and

(C)  policy priorities expressed by communities that have suffered disproportionate rates of illness and death as a result of the pandemic;

(4)  strengthen enforcement of antidiscrimination requirements pertaining to the availability of, and access to, COVID-19 care and treatment; and

(5)  partner with other state agencies, local governments, and tribal governments to explore mechanisms to provide greater assistance to individuals and families experiencing disproportionate economic or health effects from COVID-19, including expanding access to food, housing, child care, or income support.

(b)  The commissioner shall:

(1)  provide recommendations to state agencies, local governments, and tribal governments on facilitating the placement of contact tracers and other workers in communities hardest hit by the COVID-19 pandemic, recruit the tracers and workers from those communities, and connect the tracers and workers to existing health workforce training programs and other career advancement programs; and

(2)  conduct an outreach campaign to promote vaccine trust and approval among communities of color and other underserved populations with higher levels of vaccine mistrust due to discriminatory medical treatment and research, and engage with leaders within those communities.

SECTION 7.  APPLICABILITY OF OTHER LAW. (a) Chapter 2110, Government Code, does not apply to the task force.

(b)  This Act may not be construed to impair or otherwise affect the authority granted by law to a state agency or the chief administrative officer of a state agency.

(c)  This Act does not create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against this state or any agency, officer, employee, or agent of this state, or any other person.

SECTION 8.  ABOLISHMENT AND EXPIRATION. This task force is abolished and this Act expires September 1, 2023.

SECTION 9.  EFFECTIVE DATE. This Act takes effect September 1, 2021.