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H.B. No. 4139

A BILL TO BE ENTITLED

AN ACT

relating to the Office for Health Equity.

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

SECTION 1. Chapter 107A, Health and Safety Code, is amended to read as follows:

CHAPTER 107A. CENTER FOR ELIMINATION OF DISPROPORTIONALITY AND
DISPARITIES

Sec. 107A.001. THE OFFICE [~~CENTER~~] FOR HEALTH EQUITY
[~~ELIMINATION OF DISPROPORTIONALITY AND DISPARITIES~~]. The
executive commissioner shall maintain an office [~~a center~~] for
health equity [~~elimination of disproportionality and disparities~~]
in the commission to:

(1) assume a leadership role in working or contracting
with state and federal agencies, universities, private interest
groups, communities, foundations, and offices of minority health to
develop and implement health initiatives to create health equity by
decreasing [~~decrease~~] or eliminating [~~eliminate~~] health and health
access disparities among racial, multicultural, disadvantaged,
ethnic, women's health, age, language, and regional populations,
including appropriate language services; and

(2) seek out state and federal agencies, universities,
private interest groups, communities, foundations, and offices of
minority, women's, or age health in order to coordinate and
maximize use of existing resources without duplicating existing

1 efforts.

2 Sec. 107A.002. POWERS OF THE OFFICE [~~CENTER~~]. The office
3 [~~center~~] may:

4 (1) provide a central information and referral source,
5 including a clearinghouse for health disparities information, and
6 serve as the primary state resource in coordinating, planning,
7 [~~and~~] advocating, and implementing access to health care services
8 to eliminate health disparities in this state;

9 (2) coordinate conferences and other training
10 opportunities to increase skills among state agencies and
11 government staff in management and in the appreciation of cultural
12 diversity;

13 (3) pursue and administer grant funds for innovative
14 projects for communities, universities, groups, and individuals;

15 (4) provide recommendations and training in improving
16 minority recruitment in state agencies;

17 (5) publicize, distribute, and implement information
18 and evidence-based strategies to promote health equity and
19 eliminate [~~regarding~~] health disparities and minority health
20 issues through the use of the media;

21 (6) network with existing minority organizations,
22 community-based health groups, faith-based organizations, and
23 statewide health coalitions;

24 (7) solicit, receive, and spend grants, gifts, and
25 donations from public and private sources; [~~and~~]

26 (8) contract with public and private entities in the
27 performance of its responsibilities;

1 (9) investigate and report on issues related to health
2 and health access disparities among multicultural, ethnic,
3 disadvantaged, women's health, age, language, and regional
4 populations;

5 (10) coordinate and work with local health authorities
6 to collect and report data related to health and health access
7 disparities among multicultural, disadvantaged, ethnic, women's
8 health, age, language, and regional populations;

9 (11) make the de-identified data collected in
10 Subdivision (10) readily available to the public;

11 (12) monitor existing and emerging trends in
12 behavioral health, morbidity, and mortality among multicultural,
13 disadvantaged, ethnic, women's health, age, language, and regional
14 populations;

15 (13) develop and implement short-term and long-term
16 strategies to promote health equity and eliminate health and health
17 access disparities among multicultural, disadvantaged, ethnic,
18 women's health, age, language, and regional populations;

19 (14) monitor the progress of the commission and the
20 providers it contracts with in promoting health equity and
21 eliminating the health and health access disparities;

22 (15) advise and assist the commission on the
23 implementation of any targeted programs or funding authorized by
24 the legislature to address health and health access disparities;

25 (16) examine the role that disparities in education,
26 criminal justice, housing, economic opportunity, environment, and
27 other social determinants contribute to disparities in health

1 access and outcomes;

2 (17) examine how health disparities impact access to
3 educational, housing, and economic opportunity; and

4 (18) advise the commission on provider contracting to
5 ensure that the commission contracts with providers that promote
6 health equity and eliminate health and health access disparities
7 among multicultural, disadvantaged, ethnic, women's health, age,
8 language, and regional populations.

9 Sec. 107A.003. FUNDING. The commission may distribute to
10 the office:

11 (1) [~~center~~] unobligated and unexpended
12 appropriations to be used to carry out its powers;

13 (2) appropriations of money to the fund by the
14 legislature; or

15 (3) gifts, grants, including grants from the federal
16 government, and other donations received for the fund.

17 Sec. 107A.004. PROVIDER CONTRACTS. (a) The commission
18 shall work with the office during all contract procurement to
19 ensure that providers promote health equity and eliminate health
20 and health access disparities among multicultural, disadvantaged,
21 ethnic, women's health, age, language, and regional populations.

22 (b) The office shall assist providers contracted with the
23 commission implement programs and strategies that promote health
24 equity and eliminate health and health access disparities among
25 multicultural, disadvantaged, ethnic, women's health, age,
26 language, and regional populations.

27 Sec. 107A.005. CROSS-AGENCY ASSISTANCE. The office may

1 work with other Texas agencies to advise and assist in
2 implementation of programs and strategies aimed at eliminating
3 social determinants that cause health and health access disparities
4 among multicultural, disadvantaged, ethnic, women's health, age,
5 language, and regional populations.

6 Sec. 107A.006. COVID-19 DISPARITIES. (a) In this section,
7 "COVID-19" means the 2019 novel coronavirus.

8 (b) The center shall conduct a study to assess the
9 disproportionate effect the COVID-19 pandemic has had on racial,
10 multicultural, ethnic, disadvantaged, women's health, age, and
11 regional populations in this state. In conducting the study, the
12 center shall:

13 (1) determine whether the COVID-19 pandemic
14 disproportionately affected certain racial, multicultural, ethnic,
15 disadvantaged, women's health, age, language, and regional
16 populations in this state;

17 (2) if the center determines a particular population
18 was disproportionately affected by the pandemic, identify the
19 underlying causes of that disproportionate effect; and

20 (3) recommend policies and procedures for promoting
21 health equity during a future natural disaster, pandemic, or other
22 public health emergency.

23 (c) Not later than December 1, 2022, the center shall submit
24 to the governor, lieutenant governor, speaker of the house of
25 representatives, and members of the legislature a written report on
26 the results of the study and any recommendations for legislative or
27 other action.

1 (d) This section expires August 31, 2023.

2 SECTION 2. This Act takes effect September 1, 2021.