

BILL ANALYSIS

C.S.H.B. 1578
By: Allison
Health Care Reform, Select
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Poor health literacy can create significant barriers to accessing adequate affordable health care for individuals, and low health literacy is estimated to cost the U.S. economy billions of dollars every year. According to the National Assessment of Adult Literacy, only 12 percent of adults have proficient health literacy skills. Improving health literacy ultimately leads to better health outcomes, decreased health care costs, and an enhanced patient experience.

Texas lacks a body dedicated to understanding and addressing the specific challenges posed by low health literacy in the state. Stakeholders have suggested forming an advisory committee to develop a long-range plan for increasing health literacy in Texas. C.S.H.B. 1578 seeks to address the issue of low health literacy by defining health literacy, designating health literacy as a major statewide health concern, and requiring the statewide health coordinating council to establish an advisory committee on health literacy.

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. 1578 amends the Health and Safety Code to require the statewide health coordinating council to develop and update at least once every two years a long-range plan for improving health literacy in Texas. The bill defines "health literacy" as the degree to which an individual has the capacity to find, understand, and use health information and services to inform health-related decisions and actions. The bill requires the council, in developing the plan, to study the economic impact of low health literacy on state health programs and health insurance coverage for Texas residents and to do the following:

- identify primary risk factors contributing to low health literacy;
- examine methods for health care practitioners, health care facilities, and other persons to address the health literacy of patients and other health care consumers;
- examine the effectiveness of using quality measures in state health programs to improve health literacy;
- identify strategies for expanding the use of plain language instructions for patients; and

- examine the impact of improved health literacy on enhancing patient safety, reducing preventable events, and increasing medication adherence to attain greater cost-effectiveness and better patient outcomes in the provision of health care.

The bill requires the council, not later than November 1 of each even-numbered year, to submit the developed or updated plan to the governor, the lieutenant governor, the speaker of the house of representatives, and each member of the legislature.

C.S.H.B. 1578 requires the state health plan developed by the Department of State Health Services to include the prevalence of low health literacy among health care consumers as an identified major statewide health concern and to propose strategies for improving health literacy to attain greater cost-effectiveness and better patient outcomes in the provision of health care.

EFFECTIVE DATE

September 1, 2023.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 1578 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute changes the deadline for the council to submit the health literacy plan each biennium from December 1 of each even-numbered year, as in the introduced, to November 1 of each even-numbered year.