88R6405 LRM-F

By:  Walle H.B. No. 1785

A BILL TO BE ENTITLED

AN ACT

relating to the Center for Elimination of Disproportionality and Disparities renamed as the office for health equity and the duties of that office.

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. OFFICE FOR HEALTH EQUITY [~~CENTER FOR ELIMINATION OF DISPROPORTIONALITY AND DISPARITIES~~]

Sec. 107A.001.  DEFINITIONS. In this chapter:

(1)  "Office" means the office for health equity established under this chapter.

(2)  "Provider" has the meaning assigned by Section 531.1011, Government Code.

Sec. 107A.002.  OFFICE FOR HEALTH EQUITY [~~CENTER FOR ELIMINATION OF DISPROPORTIONALITY AND DISPARITIES~~]. (a) The executive commissioner shall maintain an office [~~a center~~] for health equity within [~~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 and decrease or eliminate health and health access disparities among women and racial, multicultural, disadvantaged, ethnic, and regional populations, and across age brackets and linguistic groups in this state[~~, including appropriate language services~~]; and

(2)  coordinate with state and federal agencies, universities, private interest groups, communities, foundations, and offices that provide health care services to women and specific minority and age groups in this state to maximize use of existing resources without duplicating existing efforts.

(b)  The health initiatives developed under Subsection (a) must include initiatives to increase access to appropriate language services in health care settings.

Sec. 107A.003 [~~107A.002~~].  POWERS OF OFFICE [~~CENTER~~]. The office [~~center~~] may:

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

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

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

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

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

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

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

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

(9)  coordinate with local health authorities to investigate and report on issues related to health and health access disparities among women and racial, multicultural, disadvantaged, ethnic, and regional populations, and across age brackets and linguistic groups in this state;

(10)  publish on the office's publicly accessible Internet website the results of an investigation under Subdivision (9) and any data collected during the investigation, omitting any data that includes an individual's personally identifying information;

(11)  monitor existing and emerging trends in behavioral health, morbidity, and mortality rates among women and racial, multicultural, disadvantaged, ethnic, and regional populations, and across age brackets and linguistic groups in this state;

(12)  develop and implement short-term and long-term strategies to promote health equity and eliminate health and health access disparities among women and racial, multicultural, disadvantaged, ethnic, and regional populations, and across age brackets and linguistic groups in this state;

(13)  monitor the progress of the commission and of the providers with whom the commission contracts in promoting health equity and in eliminating health and health access disparities;

(14)  advise and assist the commission on the implementation of any programs or funding authorized by the legislature that addresses health and health access disparities;

(15)  examine the manner in which disparities in education, criminal justice, housing, economic opportunity, environment, and other social determinants contribute to health and health access disparities;

(16)  examine the effect of health and health access disparities on educational, housing, and economic opportunity; and

(17)  advise the commission on procuring contracts with providers that are promoting health equity and working to eliminate health and health access disparities among women and racial, multicultural, disadvantaged, ethnic, and regional populations, and across age brackets and linguistic groups in this state.

Sec. 107A.004 [~~107A.003~~].  FUNDING. The commission may distribute to the office to be used in accordance with this chapter:

(1)  [~~center~~] unobligated and unexpended appropriations;

(2)  money appropriated by the legislature; and

(3)  gifts, donations, or grants, including grants from the federal government [~~to be used to carry out its powers~~].

Sec. 107A.005.  PROVIDER CONTRACTS. (a) The commission shall collaborate with the office in procuring contracts and entering into provider agreements with providers that promote health equity and eliminate health and health access disparities among women and racial, multicultural, disadvantaged, ethnic, and regional populations, and across age brackets and linguistic groups in this state.

(b)  The office shall assist providers under a contract or provider agreement with the commission in implementing programs and strategies that promote health equity and eliminate health and health access disparities among women and racial, multicultural, disadvantaged, ethnic, and regional populations, and across age brackets and linguistic groups in this state.

Sec. 107A.006.  CROSS-AGENCY COLLABORATION. The office may collaborate with other state agencies to advise and assist in implementing programs and strategies that seek to eliminate social determinants that contribute to health and health access disparities among women and racial, multicultural, disadvantaged, ethnic, and regional populations, and across age brackets and linguistic groups in this state.

Sec. 107A.007.  STUDY ON EPIDEMIC OR PANDEMIC DISPARITIES; REPORT. (a) In this section, "public health disaster" and "public health emergency" have the meanings assigned by Section 81.003.

(b)  If a public health disaster or public health emergency is declared in response to an epidemic or pandemic, the office shall conduct an ongoing study to assess the disproportionate effects from the epidemic or pandemic among women and racial, multicultural, disadvantaged, ethnic, and regional populations, and across age brackets and linguistic groups in this state. In conducting the study, the office shall:

(1)  determine whether the epidemic or pandemic has had disproportionate effects among women and racial, multicultural, disadvantaged, ethnic, and regional populations, and across age brackets and linguistic groups in this state;

(2)  if the office determines a particular population was disproportionately affected by the epidemic or pandemic, identify the underlying causes of that disproportionate effect; and

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

(c)  The office shall annually submit to the governor, lieutenant governor, speaker of the house of representatives, and members of the legislature a written report on the results of a study conducted under Subsection (b) and any recommendations for legislative or other action. The office must submit the final report under this subsection as soon as practicable following the first anniversary of the date the applicable public health disaster or public health emergency ends.

(d)  The office shall submit to the individuals described by Subsection (c) a decennial report that summarizes the results of the studies conducted under this section during the preceding 10 years.

(d-1)  The office shall submit the first study required under Subsection (d) not later than September 1, 2030. This subsection expires September 1, 2031.

(e)  The office shall post on the office's Internet website each report required under this section.

(f)  In this subsection, "COVID-19" means the 2019 novel coronavirus disease. Not later than September 1, 2024, the office shall:

(1)  conduct a study to assess the disproportionate effects of the COVID-19 pandemic among the population categories described by Subsection (b) that includes an assessment of the items required under that subsection; and

(2)  submit to the individuals described by Subsection (c) a written report on the results of the study and any recommendations for legislative or other action.

(g)  Subsection (f) and this subsection expire September 1, 2025.

SECTION 2.  This Act takes effect September 1, 2023.