

By: Walle

H.B. No. 1785

A BILL TO BE ENTITLED

1 AN ACT
2 relating to the Center for Elimination of Disproportionality and
3 Disparities renamed as the office for health equity and the duties
4 of that office.

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

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

8 CHAPTER 107A. OFFICE FOR HEALTH EQUITY [~~CENTER FOR ELIMINATION OF~~
9 ~~DISPROPORTIONALITY AND DISPARITIES~~]

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

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

13 (2) "Provider" has the meaning assigned by Section
14 531.1011, Government Code.

15 Sec. 107A.002. OFFICE FOR HEALTH EQUITY [~~CENTER FOR~~
16 ~~ELIMINATION OF DISPROPORTIONALITY AND DISPARITIES~~]. (a) The
17 executive commissioner shall maintain an office [~~a center~~] for
18 health equity within [~~elimination of disproportionality and~~
19 ~~disparities in~~] the commission to:

20 (1) assume a leadership role in working or contracting
21 with state and federal agencies, universities, private interest
22 groups, communities, foundations, and offices of minority health to
23 develop and implement health initiatives to create health equity
24 and decrease or eliminate health and health access disparities

1 among women and racial, multicultural, disadvantaged, ethnic, and
2 regional populations, and across age brackets and linguistic groups
3 in this state [~~, including appropriate language services~~]; and

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

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

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

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

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

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

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

27 (5) publicize, implement, and disseminate information

1 and evidence-based strategies to promote health equity and
2 eliminate [~~regarding~~] health disparities and minority health
3 issues through the use of the media;

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

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

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

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

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

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

26 (12) develop and implement short-term and long-term
27 strategies to promote health equity and eliminate health and health

1 access disparities among women and racial, multicultural,
2 disadvantaged, ethnic, and regional populations, and across age
3 brackets and linguistic groups in this state;

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

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

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

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

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

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

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

25 (2) money appropriated by the legislature; and

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

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

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

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

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

24 (b) If a public health disaster or public health emergency
25 is declared in response to an epidemic or pandemic, the office shall
26 conduct an ongoing study to assess the disproportionate effects
27 from the epidemic or pandemic among women and racial,

1 multicultural, disadvantaged, ethnic, and regional populations,
2 and across age brackets and linguistic groups in this state. In
3 conducting the study, the office shall:

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

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

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

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

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

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

1 expires September 1, 2031.

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

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

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

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

14 (g) Subsection (f) and this subsection expire September 1,
15 2025.

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