

BILL ANALYSIS

C.S.H.B. 3801
By: Orr
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

The Healthcare Workforce Taskforce, created by the Texas Higher Education Coordinating Board, recently examined the statewide shortage of health care professionals and developed recommendations to remove barriers to expand health care programs in Texas and provide students with the tools necessary to succeed in health-related careers. The bill author has informed the committee that building and maintaining a statewide health care workforce is a collective effort that involves a large group of stakeholders, but the number of entities involved along with the manner in which specific health profession shortages are independently examined results in coordination gaps across the state. C.S.H.B. 3801 seeks to bring relevant state agencies and other stakeholders together to conduct a comprehensive examination of the health professions workforce and develop a strategic plan for defining objectives for health care workforce planning by establishing the Health Professions Workforce Coordinating Council.

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. 3801 amends the Health and Safety Code to establish the Health Professions Workforce Coordinating Council to study and develop a strategic approach for ensuring a thriving health care system and health professions workforce in Texas. The bill establishes that the council is administratively attached to the Department of State Health Services (DSHS), which must provide administrative support to the council. The bill establishes the council's composition as follows:

- at least one representative appointed by the executive director or governing body of each of the following: DSHS, the Health and Human Services Commission, the Texas Education Agency (TEA), the Texas Higher Education Coordinating Board (THECB), the Texas Workforce Commission, the Texas Board of Chiropractic Examiners, the State Board of Dental Examiners, the Texas Medical Board, the Texas Board of Nursing, the Texas Optometry Board, the Texas State Board of Pharmacy, the Executive Council of Physical Therapy and Occupational Therapy Examiners, the Texas Behavioral Health Executive Council, the State Board of Veterinary Medical Examiners, and the Texas Veterinary Medical Association; and
- four members with relevant health care experience, including experience in health professions workforce planning or complex health care data analysis, appointed by the governor.

The bill establishes that a council member serves at the pleasure of the appointing authority and requires the appointing authorities to designate members not later than October 1, 2025. The bill requires a vacancy on the council to be filled in the same manner as the original appointment.

C.S.H.B. 3801 requires the council to do the following:

- compile from each state agency with a representative appointed to the council information regarding the health professions workforce, including:
 - high school graduation rates from TEA;
 - higher education graduation and certification rates from the THECB;
 - health professions workforce shortages;
 - the number of licensed health care professionals regulated by each participating licensing state agency;
 - federal labor statistics regarding health professions; and
 - any other information relevant to the supply and demand of health care professionals;
- prepare the strategic plan described by the bill's provisions; and
- establish the work group described by the bill's provisions.

C.S.H.B. 3801 requires the council to examine the health professions in Texas based on the workforce information compiled from each state agency with a representative appointed to the council and biennially prepare a health professions strategic plan. The plan must do the following:

- include a data analysis model demonstrating the supply, demand, production, and projected need for the next 10 years of the health professions workforce;
- define targeted goals and objectives for the health professions workforce, including short-term and long-term strategies for each state agency participating in the council and local workforce planning agencies to build a thriving health care system;
- identify immediate shortages in health professions;
- define goals for the state to support the health care needs of a growing population;
- examine the state's capacity to satisfy future health profession demands based on the existing education programs offered and current trends of interstate migration, attrition, and other relevant workforce factors;
- propose recommendations to realign existing workforce and education programs;
- propose the development of additional education programs for health professions that align with the long-term goals and projections identified in the plan;
- identify systemic causes of workforce shortages for health professions; and
- inventory programs and services, including state funding amounts provided for workforce planning and preparation and for health professional education.

The bill requires the council, not later than October 1 of each even-numbered year, to complete and publish the strategic plan on the council's website and to publish its initial strategic plan not later than October 1, 2026.

C.S.H.B. 3801 requires the council to establish a work group consisting of members of the council or their designees to examine the health professions and health care education programs that provide a gateway into a variety of health professions. The bill requires the work group to identify sources for gathering information on gateway health professions and build a data analysis model to monitor the historical growth of gateway health professions.

C.S.H.B. 3801 requires the council to establish a nursing advisory committee to assist the council with its duties. The bill requires a majority of the members of the advisory committee to be nurses and requires the advisory committee to include the following:

- members of associations representing nurses, educators of nurses, and employers of nurses;
- members representing the Texas Board of Nursing; and
- at least one member who is a nurse researcher.

The bill authorizes the nursing advisory committee to include other members who are public or private sector health care experts, nurses, nurse educators, employers of nurses, or consumers of nursing services. The bill requires the council to appoint the members of the nursing advisory committee not later than December 1, 2026, and authorizes an individual who is a member of the statewide health coordinating council nursing advisory committee under statutory provisions repealed by the bill to be appointed as a member of the nursing advisory committee established under the bill. The bill requires the nursing advisory committee to do the following:

- review policies governing data collection and reports published under statutory provisions relating to the health professions resource center that relate to the nursing profession;
- develop priorities and an operations plan, subject to approval of the council, for the nursing resource section established under statutory provisions relating to the establishment of the health professions resource center; and
- review reports and information before dissemination by the council.

The bill requires a nurse member of the nursing advisory committee and a nurse member of the council to co-chair the committee. The bill establishes that Government Code provisions relating to state agency advisory committees do not apply to the nursing advisory committee and subjects the advisory committee's meetings to state open meetings law.

C.S.H.B. 3801 prohibits the bill's provisions relating to the council from being construed to limit the collection of health care facility data by DSHS or a program DSHS administers in accordance with other law.

C.S.H.B. 3801 repeals provisions that provide for the establishment and operations of the statewide health coordinating council and the nursing advisory committee of that council, for the development and implementation of a state health plan by DSHS and that council, and for DSHS's and that council's duties in collecting and coordinating data from health care facilities for purposes of the state health plan. The bill changes the definition of "council" for purposes of provisions governing the health professions resource center from the statewide health coordinating council abolished by the bill's repeal to the Health Professions Workforce Coordinating Council established by the bill. The bill additionally replaces a reference to the nursing advisory committee repealed by the bill to the nursing advisory committee created by the bill for purposes of statutory provisions relating to the establishment of the health professions resource center.

C.S.H.B. 3801 amends the Education Code to replace the statewide health coordinating council with DSHS as one of the entities that the THECB must consult in identifying certain programs that have a critical shortage in the number of health care profession license holders needed in Texas for purposes of statutory provisions relating to health care profession student grants under the Toward Excellence, Access, & Success (TEXAS) grant program and the Texas Educational Opportunity Grant Program. The bill replaces references to the nursing advisory committee repealed by the bill to the nursing advisory committee created by the bill for purposes of provisions relating to grant programs supporting nursing education and training.

C.S.H.B. 3801 repeals the following provisions of the Health and Safety Code:

- Chapter 104;
- Section 105.011(c); and
- Section 311.033(d).

C.S.H.B. 3801 establishes that the statewide health coordinating council and the nursing advisory committee for that council are abolished on the bill's effective date and the council and committee member terms expire. The bill also establishes that, on the bill's effective date, any appropriation to and any unexpended, unobligated funds of that abolished council or committee is an appropriation to DSHS for purposes of establishing and providing administrative support to the Health Professions Workforce Coordinating Council and that DSHS and the council

assume all obligations, property, rights, and duties of the statewide health coordinating council and the nursing advisory committee.

EFFECTIVE DATE

September 1, 2025.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 3801 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.

Whereas the introduced established that the council is composed of at least one representative appointed by each of the specified state agencies, the substitutes establishes that the council is composed of at least one representative appointed by the executive director or governing body of each of those specified entities. With respect to that composition, the substitute includes in the council at least one representative be appointed in such a manner from the Texas Veterinary Medical Association, whereas the introduced did not.

The substitute includes the following provisions absent from the introduced that do the following:

- provides for the creation of a nursing advisory committee, including provisions relating to the advisory committee's membership and leadership, the appointment of members by a certain date, the appointment of members of the advisory committee repealed by the bill to the advisory committee created by the bill, the duties of the advisory committee, and the application of or exemption from other law; and
- prohibits the bill's provisions relating to the council from being construed to limit the collection of health care facility data by DSHS or a program DSHS administers in accordance with other law.

Whereas the introduced removed references to the nursing advisory committee repealed by the bill from Education Code provisions relating to grant programs supporting nursing education and training and Health and Safety Code provisions relating to the establishment of the health professions resource center, the substitute replaces references in those provisions to that nursing advisory committee with references to the nursing advisory committee created by the bill.