

By: Perry

S.B. No. 1645

A BILL TO BE ENTITLED

AN ACT

relating to a study by the Texas Tech University Health Sciences Center on health, nutrition, physical activity, and chronic health issues in this state.

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

SECTION 1. DEFINITIONS. In this Act:

(1) "Blue zone" means one of five geographic regions of the world with the highest percentage of individuals who live to be at least 100 years of age.

(2) "Child health plan program" means the programs established under Chapters 62 and 63, Health and Safety Code.

(3) "Health science center" means the Texas Tech University Health Sciences Center.

(4) "Medicaid" means the medical assistance program established under Chapter 32, Human Resources Code.

(5) "Sweetened beverage" means a nonalcoholic beverage with an added natural or artificial sweetener that is sold for human consumption.

SECTION 2. STUDY. (a) The Texas Tech University Health Sciences Center shall conduct a study on health, nutrition, physical activity, and chronic health issues in this state.

(b) Using existing available information from the preceding 50 years, the study must:

(1) analyze historical changes in dietary habits

1 categorized by per capita consumption, including:

2 (A) changes in average daily caloric intake;

3 (B) changes in the consumption of:

4 (i) fresh fruits, vegetables, and other  
5 whole foods;

6 (ii) red meat, poultry, and processed  
7 meats; and

8 (iii) milk, butter, and cheese;

9 (C) a comparison of trends between refined grain  
10 and whole grain consumption;

11 (D) trends in the increased consumption of:

12 (i) ultra-processed foods;

13 (ii) soda and other sweetened beverages;  
14 and

15 (iii) added sugars in all food products;

16 (E) the expansion of the fast food industry and  
17 the effects of the fast food industry on consumption trends;

18 (F) the use of high fructose corn syrup as a  
19 sweetener in food and beverage products; and

20 (G) the use of industrial seed oils in food  
21 products;

22 (2) analyze historical changes in the per capita  
23 consumption of drugs and other substances, including:

24 (A) the consumption of:

25 (i) tea, coffee, energy drinks, and other  
26 sources of caffeine; and

27 (ii) distilled spirits, malt beverages, and

1 wine; and

2 (B) the frequency of prescription opioid use and  
3 trends in the abuse or misuse of opioids;

4 (3) assess historical changes in physical activity  
5 levels, including:

6 (A) changes in sedentary behavior such as  
7 increased screen time and the role of work and school environments  
8 in affecting an individual's amount of physical activity;

9 (B) the decline of physical activity levels of  
10 students in schools; and

11 (C) trends in recreational activity and gym  
12 memberships;

13 (4) track the prevalence of chronic diseases and other  
14 chronic health issues across various demographics and age groups,  
15 including:

16 (A) obesity;

17 (B) Type 2 diabetes;

18 (C) cardiovascular disease;

19 (D) Alzheimer's disease and dementia;

20 (E) depression and other mental health  
21 disorders;

22 (F) the correlation between chronic health  
23 issues and deaths caused by suicide;

24 (G) autism;

25 (H) infertility and related conditions;

26 (I) nonalcoholic fatty liver disease;

27 (J) diet-related cancers, including colorectal

1 and breast cancer; and

2 (K) sleep disorders such as insomnia, sleep  
3 apnea, and other conditions related to lifestyle;

4 (5) evaluate blue zones to identify best practices  
5 linked to health and a long life expectancy;

6 (6) analyze trends in state and federal health care  
7 spending as follows:

8 (A) increases in spending for the Medicaid  
9 program, including per capita cost, enrollment increases, and  
10 factors contributing to the increases;

11 (B) increases in federal spending for Medicare,  
12 including the trends in the cost for individual enrollees,  
13 prescription drug costs, and hospital care expenditures; and

14 (C) trends in this state's spending for the child  
15 health plan program;

16 (7) analyze private insurance costs, including:

17 (A) historical information on the increased  
18 price of health insurance premiums for employers and individuals;

19 (B) increases in average deductibles, copays,  
20 and other direct costs to individuals with private insurance; and

21 (C) changes to the cost of an employer health  
22 benefit plan as a portion of an employee's total compensation; and

23 (8) evaluate the broader economic impact of the rise  
24 in chronic disease and related chronic health issues on:

25 (A) total health care spending as a percentage of  
26 the total gross domestic product of this state;

27 (B) the average amount of household income spent

1 on health care costs in the United States;

2 (C) the average amount of medical debt incurred  
3 by individuals in the United States;

4 (D) the percentage of uninsured individuals in  
5 this state and the financial impact on hospitals and emergency  
6 services of providing health care services to those individuals;

7 (E) the cost of prescription drugs in this state,  
8 including the cost of specialty medications and the impact of  
9 patents, generic drugs, and biosimilar drugs on the cost of  
10 prescription drugs; and

11 (F) the growth of administrative expenses as a  
12 share of the total health care costs in this state.

13 (c) To the extent possible, the study must prioritize the  
14 use of Texas-specific data. In instances where state-level data is  
15 unavailable, national data may be used as a substitute, with clear  
16 distinctions being noted in the study's findings to ensure  
17 transparency and prevent misrepresentation of statewide trends.

18 SECTION 3. STATE AGENCY ASSISTANCE. On request of the  
19 health science center, the Department of State Health Services, the  
20 Health and Human Services Commission, the Department of  
21 Agriculture, and the Texas Education Agency shall provide  
22 information to assist the health science center in completing the  
23 study under this Act.

24 SECTION 4. COLLABORATION. The health science center may  
25 collaborate with other relevant state and federal agencies as  
26 necessary to conduct the study required under this Act.

27 SECTION 5. REPORT. Not later than September 1, 2026, the

1 health science center shall submit to the Health and Human Services  
2 Commission and any standing committee of the legislature with  
3 primary jurisdiction over health and safety a written report of the  
4 study conducted under Section 2 of this Act.

5 SECTION 6. EXPIRATION. This Act expires January 1, 2027.

6 SECTION 7. EFFECTIVE DATE. This Act takes effect September  
7 1, 2025.