

BILL ANALYSIS

C.S.H.B. 2752
By: Zerwas
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

In the last few years, incidents of chronic obstructive pulmonary disease (COPD) have increased and awareness regarding the impact of COPD on the health care system has grown. According to recent reports, COPD is the fourth highest driver of hospital readmissions in the health care system. In addition, the reports indicate that asthma and COPD are leading cost drivers in the Medicaid program in Texas and are significant contributors to medical complications.

While asthma and COPD are not curable diseases, interested parties contend that the signs and symptoms of both diseases can be managed to help those who suffer from them live as normally as possible and avoid hospitalization. C.S.H.B. 2752 is designed to help Texans who are living with asthma and COPD, as well as agencies and policymakers, access the key strategic information necessary to successfully fight back and manage both of these costly conditions.

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. 2752 requires the Department of State Health Services (DSHS) to develop a strategic plan to significantly reduce morbidity and mortality from chronic respiratory disease, including asthma and chronic obstructive pulmonary disease (COPD). The bill requires DSHS, in developing the strategic plan, to collaborate with the executive commissioner of the Health and Human Services Commission, authorizes DSHS to convene any necessary workgroups, and provides for workgroup membership. The bill requires DSHS, in developing the strategic plan, to identify barriers to effective prevention, screening, medication adherence, and treatment for asthma and COPD; identify methods to increase awareness of the risk factors and symptoms associated with asthma and COPD; identify methods to increase the use of evidence-based screening to enhance the number of people screened regularly for asthma and COPD; review current technologies and best practices for asthma and COPD management and treatment; review technology available to diagnose and prevent asthma and COPD; develop methods for creating partnerships with public and private entities to increase awareness of asthma and COPD; review current prevention, screening, treatment, and other related activities in Texas for asthma and COPD and identify areas in which the health care services provided through those activities are lacking; estimate the annual direct and indirect state health care costs attributable to asthma and COPD; and make recommendations to the legislature on state policy changes and funding needed to implement the strategic plan.

C.S.H.B. 2752 requires DSHS, not later than December 31, 2016, to deliver to the governor and members of the legislature the strategic plan and recommendations on goal implementation and schedule compliance related to the strategic plan. The bill's provisions expire January 1, 2017.

EFFECTIVE DATE

September 1, 2015.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2752 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. (a) The Department of State Health Services shall develop a strategic plan to significantly reduce morbidity and mortality from chronic respiratory diseases such as asthma and chronic obstructive pulmonary disease.

(b) In developing the strategic plan, the Department of State Health Services shall collaborate with the Health and Human Services Commission and may convene any necessary workgroups. The members of a workgroup may include:

(1) health care providers specializing in asthma and chronic obstructive pulmonary disease prevention, screening, treatment, or research;

(2) representatives of general academic teaching institutions as defined by Section 61.003, Education Code, and medical and dental units as defined by Section 61.003, Education Code as well as other educators with experience with chronic respiratory disease;

(3) non-profit and community organizations serving individuals with chronic respiratory disease such as asthma and chronic obstructive pulmonary disease,

(4) representatives from geographic areas or other population groups at higher risk of asthma and chronic obstructive pulmonary disease;

(5) other people the department determines are necessary.

(c) In developing the strategic plan, the Department of State Health Services shall:

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. (a) The Department of State Health Services shall develop a strategic plan to significantly reduce morbidity and mortality from chronic respiratory disease, including asthma and chronic obstructive pulmonary disease.

(b) In developing the strategic plan, the Department of State Health Services shall collaborate with the executive commissioner of the Health and Human Services Commission and may convene any necessary workgroups. The members of a workgroup may include:

(1) health care providers specializing in asthma and chronic obstructive pulmonary disease prevention, screening, treatment, or research;

(2) representatives of general academic teaching institutions as defined by Section 61.003, Education Code, medical and dental units as defined by Section 61.003, Education Code, and medical schools as defined by Section 61.501, Education Code, and other educators with experience with asthma and chronic obstructive pulmonary disease;

(3) nonprofit and community organizations serving individuals with asthma and chronic obstructive pulmonary disease;

(4) representatives from geographic areas or other population groups at higher risk of asthma and chronic obstructive pulmonary disease; and

(5) other people the department determines are necessary.

(c) In developing the strategic plan, the Department of State Health Services shall:

(1) identify barriers to effective prevention, screening, and treatment for asthma and chronic obstructive pulmonary disease, including specific barriers affecting providers and patients;

(2) identify methods to increase awareness of the risk factors and symptoms of asthma and chronic obstructive pulmonary disease;

(3) identify methods to increase use of evidence-based screening to enhance the number of people screened regularly for asthma and chronic obstructive pulmonary disease;

(4) review current technologies and best practices for asthma and chronic obstructive pulmonary disease management and treatment;

(5) review technology available to diagnose and prevent asthma and chronic obstructive pulmonary disease;

(6) develop methods for creating partnerships with public and private entities to increase awareness of chronic respiratory disease;

(7) review current prevention, screening, treatment, and related activities in this state and identify areas in which the services for those activities are lacking;

(8) estimate the annual direct and indirect state health care costs attributable to asthma and chronic obstructive pulmonary disease; and

(9) make recommendations to the legislature on policy changes and funding needed to implement the strategic plan.

(d) Not later than December 31, 2016, the Department of State Health Services shall deliver to the governor and members of the legislature the strategic plan and recommendations on goal implementation and schedule compliance related to the strategic plan.

(e) This section expires January 1, 2017.

SECTION 2. This Act takes effect September 1, 2015.

(1) identify barriers to effective prevention, screening, medication adherence, and treatment for asthma and chronic obstructive pulmonary disease, including specific barriers affecting health care providers and patients;

(2) identify methods to increase awareness of the risk factors and symptoms associated with asthma and chronic obstructive pulmonary disease;

(3) identify methods to increase the use of evidence-based screening to enhance the number of people screened regularly for asthma and chronic obstructive pulmonary disease;

(4) review current technologies and best practices for asthma and chronic obstructive pulmonary disease management and treatment;

(5) review technology available to diagnose and prevent asthma and chronic obstructive pulmonary disease;

(6) develop methods for creating partnerships with public and private entities to increase awareness of asthma and chronic obstructive pulmonary disease;

(7) review current prevention, screening, treatment, and other related activities in this state for asthma and chronic obstructive pulmonary disease and identify areas in which the health care services provided through those activities are lacking;

(8) estimate the annual direct and indirect state health care costs attributable to asthma and chronic obstructive pulmonary disease; and

(9) make recommendations to the legislature on state policy changes and funding needed to implement the strategic plan.

(d) Not later than December 31, 2016, the Department of State Health Services shall deliver to the governor and members of the legislature the strategic plan and recommendations on goal implementation and schedule compliance related to the strategic plan developed as required by this section.

(e) This section expires January 1, 2017.

SECTION 2. Same as introduced version.