

- SUBJECT:** Creating the Council on Cardiovascular Disease and Stroke
- COMMITTEE:** Public Health — favorable, with amendment
- VOTE:** 7 ayes — Gray, Capelo, Delisi, Hilderbran, McClendon, Maxey, Uresti  
0 nays  
2 absent — Coleman, Glaze
- WITNESSES:** For — Hugo Berlanga; Carol Edwards; Lillie Gilligan, Glaxo-Wellcome, Inc.; Jim Granfor; Bill Hammond, Texas Association of Business; George P. Rodgers, Texas Coalition on Cardiovascular Disease and Stroke  
Against — None  
On — Jay Noren, M.D., Texas A&M University System Health Science Center
- BACKGROUND:** Cardiovascular disease refers to a group of diseases that target the heart and blood vessels. The disease results from complex interactions between multiple inherited traits and environmental issues, including diet, body weight, blood pressure, and lifestyle habits. A major cause of cardiovascular disease is atherosclerosis, a thickening and hardening of the arteries.
- DIGEST:** HB 1311 would create a 12-member Council on Cardiovascular Disease and Stroke appointed by the board of health to develop an effective and resource-efficient plan to reduce morbidity, mortality, and the economic burden related to cardiovascular disease and stroke. Specifically, the council would have to:
- ! conduct, promote, and coordinate health education and awareness relating to cardiovascular disease and stroke, including activities provided by private and public organizations;
  - ! coordinate activities with other entities that are concerned with medical conditions similar to cardiovascular disease and stroke or that have similar risk factors;
  - ! recognize innovative and effective programs that improve treatment, prevention, and public awareness;

- ! improve access to treatment for and prevention of cardiovascular disease and stroke through public awareness, including access for uninsured or rural individuals;
- ! help communities develop comprehensive prevention programs and help the Texas Education Agency and local school districts develop and promote school curricula that include physical, nutritional, and health education relating to cardiovascular disease and stroke prevention; and
- ! develop and make available to the public a database of recommendations for appropriate care and treatment of persons with conditions of or at risk of cardiovascular disease and stroke.

In developing the database, the council would have to obtain information from federal and state agencies and public and private organizations and could use information from the federal Centers for Disease Control and Prevention, hospital discharge data, and death certificates. State agencies would have to submit requested information, and the information would be subject to any restriction on disclosure or use imposed by law or regulation. The council could appoint consultants or advisory committees.

The council would have to report to the board of health no later than January 15 of each year on the council's activities in the preceding calendar year and would have to report to the lieutenant governor and the speaker no later than January 15 of each odd-numbered year on council activities of the preceding two years.

Council members would serve staggered six-year terms with the terms of one-third of the members expiring February 1 of each odd-numbered year. Members could not receive compensation for serving on the council and could be reimbursed for travel expenses only if the commissioner of public health found that travel for council business imposed a financial hardship on the member.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house.

**SUPPORTERS  
SAY:**

HB 1311 would implement the recommendations of the interim study performed by the House Public Health Committee and would help create effective, statewide approaches in treating and preventing cardiovascular disease and stroke. The interim study found that while prevention efforts can

reduce the incidence of cardiovascular disease and stroke significantly, current resources for research, education, prevention, and treatment are insufficient and uncoordinated.

In 1996, cardiovascular disease was responsible for more than 30 percent of all deaths in Texas. It is the leading killer both nationally and in the state. Unfortunately, people at risk of cardiovascular disease and stroke often have no warning symptoms until their first heart attack or stroke. Although medical treatment in hospitals has improved and people can live longer after a heart attack or stroke, only prevention actually can reduce the high incidence of human suffering and loss of productivity associated with these conditions. HB 1311 would provide the unified voice and recognition needed to spur preventive lifestyle changes and medical screening.

Spending an average of about \$444,000 per year would help reduce the cost of conditions related to cardiovascular disease and stroke, estimated at \$9 billion per year, and would be a small price to pay to help so many Texans who are at risk of the disease and its debilitating consequences. The bill would expand coordination and public education rather than expanding state government. The bill would add only about two staff positions and a few computer purchases.

**OPPONENTS  
SAY:**

HB 1311 would expand state government and spending by establishing yet another small, specialized health-care council. The fiscal note indicates that the cost of this council would be about \$744,000 for fiscal 2000-01 and would average about \$444,000 per year thereafter.

**NOTES:**

The first committee amendment would require the council to obtain information from federal and state agencies and public and private organizations and would delete provisions from the original bill authorizing the council to collect additional data for the database. The second amendment would direct the board of health, rather than the commissioner of public health, to make council appointments.

The Article 11 "wish list" in the House-passed version of HB 1 by Junell, the general appropriations bill for fiscal 2000-01, includes \$844,058 for fiscal 2000 and \$1,241,641 for fiscal 2001 for the Council on Cardiovascular Disease and Stroke, contingent on enactment of HB 1311.

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The companion bill, SB 552 by Nelson, has been referred to the Senate Health Services Committee.