

SUBJECT: Improving public health infrastructure in local communities

COMMITTEE: Public Health — committee substitute recommended

VOTE: 7 ayes — Gray, Coleman, Capelo, Delisi, Glaze, Maxey, McClendon
0 nays
2 absent — Hilderbran, Uresti

WITNESSES: For — Mike Bishop, M.D., Texas Association for Marriage and Family Therapy; Richard A. Evans, Bandera County Commissioners Court; Wayne Farrell, Texas Association of Local Health Officials; Carolyn Fruthaler, Grayson County Health Department; Sue Glover, Texas Association of Counties; Fernando A. Guerra, San Antonio Metropolitan Health District; Mike Loving, San Angelo-Tom Green County Health Department; Ben G. Raimer, M.D., Texas Statewide Health Coordinating Council; Jerry Robinson, Laredo/Webb County Health Department, Texas Association of Local Public Health Officials; Craig Walker, Texas Rural Health Association, Texas Organization of Rural and Community Hospitals; Jessie A. Yoas, Texas Public Health Association

Against — None

On — William Reyn Archer, Texas Department of Health; James Guckian, M.D., Glen Provost

BACKGROUND: Chpt. 121 of the Health and Safety Code authorizes cities and counties to enforce any laws necessary to protect public health and to establish local health units, local health departments, and public health districts.

DIGEST: CSHB 1444 would amend chpt. 121 of the Health and Safety Code to define essential public health services, provide for grants to local governments for essential public health services, establish a public health consortium composed of the state's major university health-related institutions, and authorize interlocal contracts for an individual to serve as a health authority for one or more jurisdictions.

Essential services. Essential public health services identified by the bill would include services to monitor community health status; diagnose and investigate community health hazards; enforce public health rules and laws; educate the community on health matters; and ensure a competent public health workforce.

Consortium. The Texas Department of Health would establish a public health consortium composed of the state's nine major public university health-related institutions, plus any other public institution of higher education electing to join. TDH, in consultation with the consortium and local health units, health departments and health districts, would:

- ! develop curricula to train public health workers;
- ! develop certification standards for public health workers;
- ! conduct research on improving health outcomes;
- ! develop performance standards for local health departments; and
- ! study the technology available to local health entities in order to improve statewide communications on disease surveillance and to improve immediate access to public health information among professionals.

Grants. TDH would have to develop rules governing the allocation and awarding of grants to counties, cities, and public health districts. A county, city, or public health district that received a grant would have to develop a plan to evaluate the effectiveness, accessibility, and quality of the services provided under the grant and could appoint a local health board to monitor the use of grant money.

TDH also could provide essential public health services to a population for which a city, county, or public health district was not receiving a grant.

TDH, in conjunction with the grant-receiving entities and the consortium, would have to evaluate the effectiveness, accessibility, and quality of services provided by the grants and the adequacy of funding for those activities. By January 1 of each odd-numbered year, TDH would have to report to the governor, the lieutenant governor, and the speaker the results of the evaluation and offer legislative and funding recommendations.

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

**SUPPORTERS
SAY:**

CSHB 1444 would improve the public health safety network upon which the entire Texas population depends. It reflects the recommendations of a broad-based workgroup formed under HCR 44 by the 75th Legislature to study the role of local government in providing public health services. This legislation would help local entities make the improvements needed to deal with public health threats in their areas.

Public health refers to the overall health of the entire community. It is not just limited to health care for the indigent, as may be a common misconception. Public health organizations serve people with or without health insurance and provide services protecting the population at large. These include restaurant inspections, disease tracking, and public education. By defining essential public health services, this bill would establish clear statewide priorities, and improve public education about public health.

Public health officials win silent victories. The most successful public health program is one in which potential disaster is averted before it strikes or measures succeed in preventing disease outbreaks. This makes it relatively easy for state and local governments to ignore or reduce public health expenditures.

The new tuberculosis epidemic of late 1980's-early 1990's is an example. The resurgence of this highly contagious, potentially fatal disease, along with new drug-resistant strains, illustrates what happens when public health funding declines and less attention is paid to prevention and control. It shows the need to maintain vigilance, and to support and strengthen the public health infrastructure. The epidemic appears to have peaked, at least in the United States, with renewed attention and new efforts to fight the disease developed through the public health system.

Contagious diseases, environmental toxins, food-borne illnesses, and other health problems are becoming more prevalent even as state, local, and federal funding has been cut for existing health departments. Some areas of the state facing significant public health threats and higher incidence of health problems, such as the border region, have the least amount of resources to deal with these challenges. Some local health departments have had to scale

back services. A majority of counties in Texas, including about 20 percent of the population, lack local health departments.

This bill would authorize the awarding of grants to supplement local efforts, allowing counties and cities to contract together to keep services available in a cost-effective manner. It is highly unlikely that this bill would spark reductions the current efforts of hard-pressed local health departments, which are voluntarily doing all they can now to protect their community's public health.

Time is critical in addressing public health dangers. Waiting for a public health disaster to occur before addressing these crucial infrastructure needs would be short-sighted, unnecessarily endangering many lives.

The funding needs of public health services are not in competition with funding needs of direct health care services. Public health not only complements direct health care, it reduces the costs of direct services programs by preventing disease and injury, often through education programs. A 1988 study by the federal Centers for Disease Control estimated that about only 10 percent of premature deaths can be avoided with better access to health care. In contrast, 70 percent of premature deaths can be avoided by reducing environmental threats and risky individual behavior.

OPPONENTS
SAY:

This bill would increase state spending by over \$46 million in fiscal 2000-01 and by about \$61.6 million in the subsequent biennium. The state should not be spending so much on something that is ultimately the responsibility of local government. There has been no outbreak of disease or other outstanding public health problem that warrants additional state government involvement.

OTHER
OPPONENTS
SAY:

Allowing TDH to provide essential public health services in areas in which there are no grants could create an incentive for local governments to reduce their own public health efforts, allowing the state to take over the funding and other responsibilities.

Public health services should not be funded at the expense direct health care services to uninsured or under-insured people in need. Monitoring the outbreak of disease or restaurant kitchen conditions may benefit the population in general. But real human suffering is occurring in Texas when

children and adults have medical problems and cannot afford to see a doctor. That is where the funding priority should be.

NOTES:

Major changes made by the committee substitute to the filed version of the bill include:

- ! adding enforcement of public health law and rules to the list of services considered essential public health services;
- ! authorizing public health districts, as well as cities and counties, to receive public health grants;
- ! removing the requirement that grant allocation would have to be population-based;
- ! allowing, instead of requiring, local grant-receiving entities to appoint a local health board;
- ! allowing, instead of requiring, TDH to provide essential public health services to an area that is not receiving a grant; and
- ! removing provisions relating to the establishment of a task force to study how to improve the competency and capacity of public health care providers.