

SUBJECT: Continuing the Center for Rural Health Initiatives

COMMITTEE: Public Health — favorable, without amendment

VOTE: 6 ayes — Coleman, Delisi, Glaze, Hilderbran, Maxey, McClendon

0 nays

3 absent — Gray, Capelo, Uresti

SENATE VOTE: On final passage, March 18 — voice vote

WITNESSES: None

BACKGROUND: The Center for Rural Health Initiatives was established in 1989 as an autonomous agency with administrative functions contracted to the Texas Department of Health (TDH). The center implements and coordinates numerous programs and activities related to the health needs of 3.1 million Texans living in rural areas, including information, technical assistance, policy development, and recruitment and retention of health professionals.

For fiscal 1998-99, the center was budgeted at about \$3.4 million, including \$3 million of state funds. The center has 11 full-time employees, including the executive director.

The center is governed by a nine-member executive committee. Three members are appointed by the governor, three by the lieutenant governor, and three by the House speaker. Committee members must meet professional criteria and must live, work, or practice in rural areas or have demonstrated knowledge and expertise in rural issues.

The center underwent sunset review during the interim between the 75th and 76th legislatures. The agency will be abolished September 1, 1999, unless continued by the Legislature.

DIGEST: SB 354 would continue the Center for Rural Health Initiatives until September 1, 2011. In addition to across-the-board recommendations of the Sunset Advisory Commission, the bill would require changes related to the

makeup of the executive committee, the development of a rural health work plan, and a support agreement between the center and TDH.

Executive committee makeup. The bill would require the governor to appoint all members of the nine-member executive committee. The governor, rather than the committee members, would choose the presiding officer. Six members would have to be physicians, physician assistants, nurses, pharmacists, or allied health professionals, health economists, or hospital administrators. Three would have to have business expertise or be elected members of the governing body of a political subdivision.

A majority of committee members would have to live, work, or practice in counties with fewer than 50,000 residents. The terms of three members would expire February 1 of each odd-numbered year, instead of August 31. Special meetings of the committee could be called upon the written request of three members, as well as by the presiding officer, as in current law.

Rural health work plan. SB 354 would require the center to develop a rural health work plan by October 1, 1999. The plan would have to identify:

- ! missions, goals, and objectives for helping rural communities meet their health-care needs;
- ! methods for the state to address unmet rural health-care needs;
- ! methods to coordinate the administration and delivery of rural health-care services with similar federal, state, and local programs; and
- ! priorities of the center to accomplish the objectives of the plan.

The center would have to work with health-care providers, communities, universities, TDH, and all other health and human service-related state agencies to develop the plan and would have to solicit public comment. The center would have to implement the plan and update it every two years. The executive committee would have to approve updates to the plan by August 1 of each odd-numbered year.

Support agreement with TDH. The center would have to enter into a formal agreement with TDH to provide staff and administrative support to the center as necessary to carry out the center's obligations.

Other changes proposed by SB 354 include standard sunset recommendations related to public hearings, conflict of interest, committee member training, removal of committee members, equal employment opportunities, division of responsibilities, information on complaints, and non-bias committee appointments.

This bill would take effect August 30, 1999.

**SUPPORTERS
SAY:**

The Center for Rural Health Initiatives is an important tool for improving rural health care across Texas. The state needs an independent agency to act as the rural health advocate within TDH and for the statewide development of health policy. The center would function best as an independent agency with strong and clear ties to TDH for administrative and support functions.

The proposed changes in the executive committee would ensure greater representation from rural areas. Current law does not require a majority of committee members to be from rural areas. A majority of committee members could be urban residents who are experts on rural health care, which would be contrary to the spirit in which the center was created. The bill also would give the governor more flexibility in appointing committee members by easing the professional requirements for each appointment.

The center needs a work plan to clarify its goals and objectives and how to obtain federal funding for rural health programs for which the state is now ineligible. A formal agreement for staffing and administrative support would strengthen connections between the center and TDH to ensure that the center operates in the most efficient method possible. The center anticipates no problems in meeting the deadline for the initial work plan.

**OPPONENTS
SAY:**

The requirement for a majority of executive committee members to represent counties with fewer than 50,000 residents could disqualify some worthy candidates from committee membership by making it harder for qualified candidates from populous counties to serve on the committee.