SUBJECT: Establishing a health and health access disparities task force

COMMITTEE: Public Health — committee substitute recommended

VOTE: 7 ayes — Gray, Coleman, Capelo, Glaze, Longoria, Maxey, Uresti

1 nay — Wohlgemuth

1 absent — Delisi

WITNESSES: For — Felicia Escobar, National Council of La Raza; Shannon Jones, African American Health Coalition of Harris County and Communities of Color of Central Texas; *Registered, but did not testify*: Helen Kent Davis, Texas Medical Association; Lisa McGiffert, Consumers Union; Ann Dunkelberg, Center for Public Policy Priorities; Kevin Collins, The Texas Department of Health Office of Minority Health; Hillary Gauthier, National Alliance for the Mentally Ill of Texas; Jose Camacho, Texas Association of Community Health Centers; Greg Herzog, Texas Academy of Family Physicians; Terry Boucher, Texas Osteopathic Medical Association; Jill Turner, Texas Farm Bureau; Anthony Haley, Lone Star State Medical Association; Candie Phipps, Texas Pediatric Society; Leslie Hernandez, National Association of Social Workers Texas Chapter

Against — None

BACKGROUND: In 1993, the 73rd Legislature created the Office of Minority Health at the Texas Department of Health (TDH) to coordinate, plan, and advocate access to health care services for racial/ethnic minorities in the state (Health and Safety Code, sec. 12.081). Since then, the office has added Cultural Competency to its name and its mission. Within TDH are other offices that address health issues for specific populations including the Women's Health Division, the Texas State Office of Rural Health, and the Office of Border Health. TDH also oversees disease-specific programs such as the Diabetes Council and the Bureau of HIV and STD Prevention.

DIGEST:

CSHB 757 would amend the Health and Safety Code by adding chapter 107 to create a task force that would work with TDH, the Office of Minority Health and Cultural Competency, and other relevant programs "to eliminate health and health access disparities in Texas among multi-cultural, disadvantaged, and regional populations." The task force would be charged with investigating health disparities, developing short- and long-term strategies to eliminate them, reorganizing TDH programs to meet task force goals, monitoring department progress, then reporting findings and recommendations to the state annually.

The health disparities task force would be administratively attached to TDH and would be comprised of nine members, three of which would be appointed by the governor, the lieutenant governor and the speaker of the house, respectively. Candidates would be picked to represent business, labor, government, charitable or community organizations, or ethnic or racial populations. Both urban and rural areas of the state would be represented. The board members would serve two-year terms expiring each odd-numbered year. The terms of the initial board members would expire February 1, 2003. The board members would not be compensated.

CSHB 757 would take effect September 1, 2001.

SUPPORTERS SAY:

Texas needs a coordinated effort to address the higher incidence of diseases in certain multi-cultural, regional, and disadvantaged populations. Also, some populations experience greater barriers to access of health care than does the general population. For example, coronary heart disease is more prevalent among Mexican-Americans than non-Hispanic whites. African-Americans are nearly twice as likely as Caucasians to develop diabetes, and, because of access problems, are more likely to suffer diabetes-related complications.

TDH currently has a number of separate programs that address only a piece of the health disparities puzzle in Texas. The broad view of the task force would provide insight into the multi-faceted challenge of health disparities and align the activities of each program to support TDH's efforts to overcome them.

CSHB 757 does not propose to remove any of TDH's programs nor duplicate individual program efforts. Rather, this task force would reorganize priorities and help make each program's focus more specific. The umbrella guidance of a task force would foster a sense of a common goals among programs.

OPPONENTS SAY:

Health disparities are not the real problem, access to health care is. Over the interim, a Blue Ribbon Task Force appointed by the Legislature studied this issue and made a series of recommendations. The Legislature should be evaluating that information rather than convening a new task force to duplicate work that has already been done.

A task force would not make TDH more successful in addressing health disparities. The agency's programs have not demonstrated success in reducing health disparities across Texas individually. There is no reason to believe a task force would make them more effective collectively.

The task force's assessment and reorganization of each program's activities would hinder the work currently taking place. Attending meetings, generating data for the task force, and participating in multiple strategic planning exercises would distract agency personnel from their primary duties. Further, the perception that each program is in competition to prove its significance could actually pit one program against another and reduce any sense of a common goal.

OTHER OPPONENTS SAY:

The structure of the task force needs refinement in order to make CSHB 757 more effective. CSHB 757 would set two-year terms for board members, with terms expiring each odd-numbered year. This would create a new board every two years. Staggering the terms would provide continuity. Also, the task force board would be appointed by the governor, the lieutenant governor and the speaker of the house, who would have some latitude in choosing which groups would be represented. Community advocates should have a role in appointing board members and the requirements for choosing members should be tighter to ensure broad representation.

NOTES:

Rep. Coleman plans to offer a floor amendment that would stagger board member's terms. He also plans to offer a floor amendment that would ensure community representation on the board.

The committee substitute was a Legislative Council re-draft of the filed version of the bill.