

SUBJECT: Creating the Governor's Health Care Coordinating Council

COMMITTEE: State Affairs — favorable, without amendment

VOTE: 7 ayes — Swinford, Miller, B. Cook, Gattis, Farrar, J. Keffer, Wong
0 nays
2 absent — Martinez Fischer, Villarreal

WITNESSES: None

DIGEST: HB 916 would create the Governor's Health Care Coordinating Council to study the state's health care system and recommend changes. The council would be composed of the administrative head of the:

- Health and Human Services Commission;
- Department of State Health Services;
- Department of Aging and Disability Services;
- Texas Workforce Commission;
- Texas Higher Education Coordinating Board;
- Texas Department of Insurance;
- Employees Retirement System of Texas;
- Teacher Retirement System of Texas; and
- each health care-related licensing agency or any other state agency identified by the governor.

Following each regular session, the speaker of the House and the lieutenant governor by September 1 could submit health care issues to the governor, who could refer them to the council for study. Issues could include disparities in levels of care, problems of uninsured individuals, the cost of health care or pharmaceuticals, and other issues. The governor could prioritize the issues. The council would promote technology and monitor telemedicine as standing issues.

The council would submit a report of its findings to the governor and the legislative leadership by December 31 of each even-numbered year. It also would be charged with establishing an information clearinghouse to assist

communities in assessing the needs of local health care systems. The information would include innovative health care service delivery models, grants and application assistance, and quality measures.

Subject to the governor's approval, the council would employ a director, who would serve at the will of the council and could employ staff. The council would meet annually or at the call of the chair. Members would not be eligible for compensation but could be reimbursed for travel.

Council meetings would be subject to the Open Meetings Act and would be required to comply with equal employment opportunity provisions. The council would have to produce a statement to this effect that would be updated annually and reviewed by the civil rights division of the Texas Workforce Commission.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2005.

**SUPPORTERS
SAY:**

HB 916 would help the state develop a coordinated approach to health care delivery that would assure access to quality health care for all Texans. Although the state has many agencies working on health care issues, they often are "siloed" into discrete areas. As one of the largest budget drivers for the state and one of the fastest growing industries in Texas, health care delivery should be approached in a comprehensive and cohesive manner.

Existing resources are insufficient to obtain the type of independent, thorough analysis the council would provide. Legislators often are faced with health care issues and forced to make decisions based on the neutral testimony of agency staff and stakeholders who have agendas. The council would have a built-in protection to ensure that the director was viewed as independent because the director would be appointed with the governor's consent but would serve at the will of the council.

The state has established similar bodies in the past to address major issues facing the state. The Texas Criminal Justice Policy Council, a successful and well regarded council that studied prison issues, made trustworthy, unbiased recommendations to the Legislature for many years. Health care is one of the most pressing issues before lawmakers today and should be the subject of independent analysis.

**OPPONENTS
SAY:**

This bill is unnecessary. Lawmakers already have sufficient resources to study health care issues. The Legislative Budget Board's performance review division makes recommendations about health care issues and each body has interim committees that can be charged with any issues the speaker or lieutenant governor see fit.

**OTHER
OPPONENTS
SAY:**

The council is a good idea, but should be more independent and accountable than this bill would permit. Other bodies, such as the Criminal Justice Policy Council, were trusted sources of information because they were perceived as independent from political influence. The council proposed in HB 916 should be named simply the "Health Care Coordinating Council" and it should be free to address any health care issues, not just those prioritized by the governor. The council also should be under a Sunset provision so that its operations could be reviewed on a regular basis.

NOTES:

Neither the House appropriations proposal nor the Senate proposal contains a contingency rider for the estimated \$500,000 in expenses for fiscal 2006-07 that the fiscal note estimates the state would incur under HB 916.

A similar bill, HB 1064 by Delisi, which was referred to the State Affairs Committee, would create a similar council and would require notification of the council before any major purchase of health services or products and would abolish the Interagency Council on Pharmaceutical Bulk Purchasing as a separate council.