

SUBJECT: Creating the Texas Health Improvement Network

COMMITTEE: Public Health — committee substitute recommended

VOTE: 11 ayes — Crownover, Naishtat, Blanco, Coleman, Collier, S. Davis,
Guerra, R. Miller, Sheffield, Zedler, Zerwas

0 nays

WITNESSES: For — Darren Whitehurst, Texas Medical Association; (*Registered, but did not testify*: John Hubbard, Coalition for Nurses in Advanced Practice; Miryam Bujanda, Methodist Healthcare Ministries; Greg Hansch, National Alliance on Mental Illness (NAMI) Texas; Amanda Martin, Texas Association of Business; Clayton Travis, Texas Pediatric Society; Casey Smith, United Ways of Texas)

Against — Read King

On — David Lakey, The University of Texas System; (*Registered, but did not testify*: Doug Danzeiser, Texas Department of Insurance)

DIGEST: CSHB 3781 would create the Texas Health Improvement Network (THIN) to address urgent health care challenges, improve the health care system within Texas and nationally, and develop health care initiatives and policies based on population health research. The purpose of THIN would be:

- reducing per capita health care costs;
- improving the individual experience of health care; and
- improving the health care of residents of the state.

The network's duties would be to evaluate and eliminate health disparities and contain health care costs by incubating and evaluating health improvement practices and by supporting local community health care needs. THIN would be administratively attached to the University of Texas (UT) System, and the network would be composed of faculty with

expertise in certain health- and science-related fields from public and private higher education institutions throughout the state.

The bill would also establish an advisory council appointed by an executive officer of the UT System to advise THIN on the health care needs of the state. These council members, who would serve staggered three-year terms, would be nominated by members of THIN and would have to meet certain qualifications related to leadership or expertise in a field of health or a related discipline. The advisory council would not be subject to the requirements of Government Code, ch. 2110, which applies to state agency advisory councils.

THIN would be able to accept and administer gifts and grants to fund the network from individuals, corporations, trusts, foundations, or the federal government. The network could use available funding to support demonstration and pilot projects that employed an established peer-reviewed award process. The funds also could be used to pay for internships or other educational programs to prepare a health care workforce to improve population health. Funding priority would be given to projects that were multidisciplinary and offered multi-institutional collaboration.

The network would be required to issue a report on its efforts, findings, and projects to the Legislature, state and federal partners, and other interested entities.

This 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, 2015, and the UT System would be required to establish THIN as soon as practicable after that date.

**SUPPORTERS
SAY:**

CSHB 3781 would help study and address the substantial and growing health care costs paid annually in Texas and the United States. While there are many initiatives related to health care improvement throughout the state and nation, there is no unified effort in Texas to study the efficacy of these efforts or to collaborate to bring proven practices to scale. The bill

would establish a network of academic and health science institutions to support and evaluate promising practices in improving health care and decreasing health care costs in Texas.

The bill would allow funds for the network to be secured through donations, grants, and federal money, which would decrease or eliminate any need for state legislative appropriations, as indicated by the fiscal note. By establishing THIN, the bill seeks to decrease health care costs, which should address concerns that this initiative would simply invest more money in a problem that has already been costly to the state.

While personal health may be the responsibility of individuals, the health care system as a whole is the public's responsibility, particularly as taxpayers become responsible for certain health care costs when individuals do not take care of themselves. If doctors and hospitals do not have information needed to provide efficient or adequate care, insurance costs can increase for everyone. In addition, the state must comply with certain federal regulations for providing health care to individuals that carry real financial costs for health care providers and taxpayers if they are not met. Therefore, these costs must be addressed regardless of personal viewpoints on the government's role in individual health decisions.

**OPPONENTS
SAY:**

CSHB 3781 would invest a large sum of state money into creating a commission to evaluate a health care system that already presents a great expense to Texas. The bill carries no guarantee that money the state might invest would result in any cost savings. In addition, improving the health of Texans is the responsibility of the individual, not of the state. The bill would attempt to involve the state in a matter in which it should have no role.

NOTES:

According to the Legislative Budget Board (LBB), the bill would not make an appropriation, but could provide the legal basis for one. The LBB projects that \$4.4 million in general revenue funds, derived from grant awards and administered by the UT System, would be spent on THIN-related projects and activities during fiscal 2016-17.