

- SUBJECT:** Abolishing certain health-related advisory committees and task forces
- COMMITTEE:** Human Services — committee substitute recommended
- VOTE:** 7 ayes — Raymond, Rose, Keough, Naishtat, Peña, Price, Spitzer
0 nays
2 absent — S. King, Klick
- SENATE VOTE:** On final passage, April 9 — 31-0, on local and uncontested calendar
- WITNESSES:** For — None
Against — None
On — (*Registered, but did not testify:* Kyle Janek, Health and Human Services Commission; Sarah Kirkle and Katharine Teleki, Sunset Advisory Commission)
- BACKGROUND:** The Sunset Advisory Commission's review of the Health and Human Services Commission recommended the removal of many of HHSC's advisory committees from statute, including those with Sunset dates. The Sunset Commission also recommended requiring the executive commissioner to re-establish in rule advisory committees that would cover all major areas of the agency.

In addition, Sunset recommended eliminating the Pharmaceutical and Therapeutics Committee and transferring its functions to the Drug Utilization Review Board.
- DIGEST:** CSSB 277 would abolish various task forces and health-related advisory committees, establish new advisory committees, regulate the Drug Utilization Review Board, and make changes to certain other advisory groups.

Abolished task forces and advisory committees. CSSB 277 would abolish the following task forces and advisory committees, effective September 1, 2015:

- the Interagency Task Force on Electronic Benefits Transfers;
- the Medicaid and Public Assistance Fraud Oversight Task Force;
- the Advisory Committee on Inpatient Mental Health Services;
- the Interagency Inspection Task Force;
- the local authority network advisory committee;
- the Worksite Wellness Advisory Board;
- the Sickle Cell Advisory Committee;
- the Arthritis Advisory Committee;
- the Advisory Panel on Health Care-Associated Infections and Preventable Adverse Events;
- the Youth Camp Training Advisory Committee; and
- the Texas Medical Child Abuse Resources and Education System (MEDCARES) Advisory Committee.

Effective January 1, 2016, CSSB 277 would abolish 23 additional advisory bodies.

CSSB 277 also would abolish various other advisory bodies, as specified in the bill. The bill would make conforming changes to remove associated references to the abolished entities.

New advisory committees. Effective January 1, 2016, CSSB 277 would require the executive commissioner to establish and maintain advisory committees to consider issues and solicit public input across all major areas of the health and human services system, including the following:

- Medicaid and other social services programs;
- Medicaid managed care and the child health plan program;
- health care quality initiatives;
- aging;
- persons with disabilities, including persons with autism;

- rehabilitation, including for persons with brain injuries;
- children;
- public health;
- behavioral health;
- regulatory matters;
- protective services; and
- prevention efforts.

These advisory committees that would be established under the bill would be required to report any recommendations to the executive commissioner of the Health and Human Services Commission and to submit a written report to the Legislature of any policy recommendations made to the executive commissioner. CSSB 277 would specify that the executive commissioner would have to ensure that the advisory committees created under the bill would begin operations immediately once they were established, to ensure ongoing public input and engagement.

By March 1, 2015, the executive commissioner of HHSC would adopt rules in compliance with Government Code, ch. 2110 to govern the advisory committees' purposes, tasks, reporting requirements, and dates of abolition. The executive commissioner also would adopt rules related to an advisory committee's size and quorum requirements, membership as specified in the bill, and duty to comply with the requirements for open meetings in Government Code, ch. 551. Government Code, ch. 2110, on state agency advisory committees, would apply to these advisory committees.

Master calendar of meetings and online streaming. CSSB 277 would require HHSC to create a master calendar that would include all advisory committee meetings across the health and human services system. The commission would make the master calendar, all meeting materials, and streaming live video of each advisory committee meeting available on the commission's website. CSSB 277 would require the commission to provide Internet access in each room used for a meeting that appeared on the master calendar.

Drug Utilization Review Board. CSSB 277 would require the Drug Utilization Review Board to:

- develop and submit to HHSC recommendations for preferred drug lists adopted by the commission;
- suggest to HHSC restrictions or clinical edits on prescription drugs;
- recommend to HHSC educational interventions for Medicaid providers;
- review drug utilization across Medicaid; and
- perform other duties that could be specified by law and otherwise make recommendations to HHSC.

The HHSC executive commissioner would determine the composition of the Drug Utilization Review Board, as specified in the bill. The executive commissioner also would develop by rule a process for a person to become a member of the board, as well as rules governing the operation of the board and rules for providing notice of a meeting. HHSC would provide administrative support and resources to the board. Government Code, ch. 2110, related to state agency advisory committees, would not apply to the board.

The executive commissioner would post on the commission's website an application and information about the application process to be a board member. CSSB 277 would prohibit board members from attending executive sessions or accessing confidential drug pricing information. The bill would specify board members' terms, the frequency of public meetings, and the process for electing officers.

The executive commissioner of HHSC would rule to require the board or the board's designee to present a summary of any clinical efficacy and safety information or analyses regarding a drug under consideration for a preferred drug list that was provided to the board by a private entity that had contracted with HHSC. The summary would be provided in an electronic format before a public meeting in which a drug would be considered. The summary would omit confidential information and would be posted on HHSC's website.

To the extent feasible, the board would review all drug classes included in the preferred drug lists at least every 12 months and could recommend drugs to be included or excluded from the lists to ensure that the lists would provide for a range of clinically effective, safe, cost-effective, and medically appropriate drug therapies for the Medicaid population, children receiving CHIP, and any other affected individuals.

Immediately after the board made deliberations, the commission or the commission's agent would publicly disclose each specific drug recommended for or against preferred drug list status for each drug class included in the preferred drug list for the Medicaid vendor drug program. The disclosure would be posted on HHSC's website within 10 business days after the date the board concluded its deliberations. The disclosure would be required to include the general basis for the board's recommendation and whether a supplemental rebate agreement or a program benefit agreement was reached for each recommendation.

CSSB 277 would transfer duties of the Pharmaceutical and Therapeutics Committee to the Drug Utilization Review Board.

Funding for Texas Institute of Health Care Quality and Efficiency.

Except as otherwise provided by law, CSSB 277 would require each of the following state agencies or systems to provide funds to support the Texas Institute of Health Care Quality and Efficiency:

- the Department of State Health Services;
- the Health and Human Services Commission;
- the Texas Department of Insurance;
- the Employees Retirement System of Texas;
- the Teacher Retirement System of Texas;
- the Texas Medical Board;
- the Department of Aging and Disability Services;
- the Texas Workforce Commission;
- the Texas Higher Education Coordinating Board; and

- each state agency or system of higher education that purchased or provided health care services, as determined by the governor.

HHSC would establish a funding formula to determine the level of support each state agency or system would be required to provide.

Interagency coordinating group. CSSB 277 would specify that service on the interagency coordinating group for faith- and community-based initiatives would be an additional duty of the office or position held by each person designated as a liaison from the state agencies specified in Government Code, sec. 531.051(b). These agencies would provide administrative support for the interagency coordinating group as well as the Texas Nonprofit Council as coordinated by the presiding officer of the interagency coordinating group.

CSSB 277 also would specify that the Texas Nonprofit Council would include at least one member representing a statewide interfaith group.

Medical and hospital care advisory committees. SB 277 would require Medicaid medical and hospital care advisory committees to have one member who represented a managed care organization.

Publication of new and abolished advisory committees. By November 1, 2015, the executive commissioner of HHSC would publish in the Texas Register a list of the new advisory committees established under CSSB 277 and a list of certain advisory committees that would not be continued in any form or whose functions would be assumed by a new advisory committee.

Transition of assets. The property, records, or other assets of an abolished entity would transfer to HHSC.

Federal waivers. If a state agency determined that a waiver or authorization from a federal agency was necessary to implement a provision of CSSB 277, the agency affected by the provision would request the waiver or authorization and could delay implementing that

provision until the waiver or authorization was granted.

Effective date. CSSB 277 would take effect September 1, 2015, except as otherwise provided by the bill.