

SUBJECT: Continuing the Texas Cancer Council

COMMITTEE: Public Health — committee substitute recommended

VOTE: 7 ayes — Gray, Coleman, Capelo, Glaze, Maxey, McClendon, Uresti
0 nays
2 absent — Delisi, Hilderbran

WITNESSES: For — None
Against — None
On — Mickey L. Jacobs, Texas Cancer Council

BACKGROUND: In 1985, the Legislature created the Texas Cancer Council (TCC) as an autonomous agency to coordinate Texas' cancer-control entities and help them use resources more effectively. TCC's main charge is to develop and implement the Texas Cancer Plan, which promotes statewide cancer programs and services, research, prevention, and treatment, and grants funds to cancer-control entities.

Council membership includes three physicians, three hospital representatives, three voluntary health organization representatives, three members of the general public, two members of the Legislature (one from the House and one from the Senate), the chairman of the Texas Board of Health or a designee, and the chairman of the Texas Board of Human Services or a designee. The governor, lieutenant governor, and House speaker appoint one member from each nonlegislative category. The Senate and House representatives are appointed by the lieutenant governor and the speaker, respectively.

TCC funding comes entirely from general revenue. For fiscal 1998-99, TCC received an appropriation of \$8 million.

DIGEST: CSHB 1033 would continue TCC until September 1, 2011. The bill would amend the TCC statute in the areas of board membership and reporting to the Legislature, and would add standard sunset provisions governing conflict of interest, grounds for removing members from the council, standards of conduct, training, complaints, equal employment opportunity, and public testimony at meetings.

CSHB 1033 would change the make-up of the 16-member council. It would delete the council's two legislative members and the chairman of the Board of Human Services and replace them with three members representing licensed health care professions, other than physicians, active in cancer treatment or control. The governor, lieutenant governor, and House speaker each would appoint one of these three health care professionals. CSHB 1033 would designate the chairman of the Texas Board of Health or a designee as an ex-officio nonvoting member, lowering the number of voting members from 16 to 15. The requirement for three members representing "public or private hospitals" would be changed to require three members representing "licensed health care facilities." CSHB 1033 recommends that appointments to the council include cancer survivors and family members of cancer patients. Also, the governor could not designate an ex officio member as the presiding officer.

In addition, CSHB 1033 would delete the requirement that the council report to the Legislature not later than January 31 of each odd-numbered year. It also would delete the council's authority to employ a secretary for the executive director.

CSHB 1033 would take effect September 1, 1999.

SUPPORTERS SAY: CSHB 1033, by preserving TCC, would continue the state's promotion of cancer awareness, research, and control. Continuing the council would prevent duplication of cancer-related duties by other agencies or organizations.

As a stand-alone agency not attached to or assumed within another state agency, TCC is best able to collaborate with other public and private entities. TCC has been as a leader in coordinating cancer-control efforts, a function that no private organization is able or willing to perform. TCC has received

legislative commendation for its performance in meeting budget measures and managing contracts.

The Sunset Commission has concluded that no administrative savings or efficiencies would result from transferring the council's functions to the Texas Department of Health (TDH) or any other agency. Also, placing TCC under the coordination of the Health and Human Services Commission (HHSC) would achieve no additional efficiencies. TCC already works smoothly with TDH, and because TCC is not involved in Medicaid, regulation, or direct service delivery, the council has little relation to other agencies under the HHSC's purview.

CSHB 1033 would restructure the council to include representatives from a broader range of health care professions and facilities. This would diversify the council and better address a wide range of cancer issues, reflecting the shift in cancer-control efforts from treatment to prevention. Making the Texas Board of Health representative a nonvoting member of the council would continue needed coordination between TCC and TDH services while preventing possible conflict-of-interest problems, such as in grant-making activities. Representation of the Texas Department of Human Services (DHS) is no longer needed because the responsibilities and focus of TCC and DHS have diverged. Removing direct legislative representation on TCC, an executive agency, would help eliminate any separation-of-powers problem, but the lieutenant governor and House speaker would retain the authority to appoint council members.

OPPONENTS
SAY:

TCC is a small, narrowly focused agency whose functions may be combined more cost-effectively with another state agency, such as TDH or HHSC. In addition, private-sector organizations may be able to assume some of TCC's functions by collaborating among themselves.

OTHER
OPPONENTS
SAY:

The council, as a stand-alone health-related agency, should at least be put under HHSC's coordinating umbrella to prevent duplication of services.

NOTES:

The committee substitute would specify that TCC's mission is both to develop and to "work to" implement the Texas Cancer Plan. The substitute also would delete the existing requirement that the council report to the

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Legislature and the council's specific authority to employ a secretary for the executive director. The companion bill, SB 350 by Madla, has been referred to the Senate Health Services Committee.