

BILL ANALYSIS

Senate Research Center

S.B. 1836
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Health & Human Services
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As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

One of the growing epidemics in Texas is the problem of chronic respiratory diseases, the most prevalent of which are asthma and chronic obstructive pulmonary disease (COPD).

Currently, approximately 1.4 million adults and 617,000 children in Texas have asthma. Asthma is a chronic lung disease where there is inflammation and narrowing or blocking of the airways causing wheezing, breathlessness, and chest tightening. Although the cause for asthma is unknown and there is no cure, there are treatments, medications, and lifestyle changes that are available. In 2012, there were over 25,000 hospital discharges costing over \$652.5 million in Texas. The majority of these hospital visits were preventable, if there was more awareness of how to mitigate and manage asthma issues.

COPD is a group of diseases that restrict air flow and cause trouble breathing, including emphysema and chronic bronchitis. There are 15 million Americans diagnosed with COPD. It is also the third leading cause of death in the United States. According to the United States Centers for Disease Control and Prevention, about 5.5 percent of Texans have been told by a health care professional that they have COPD. Typically, COPD has been thought to be linked to smoking; however, new studies by the COPD Foundation show that genetics, environmental, and occupational risk factors may also contribute to this disease.

S.B. 1836 calls on the Department of State Health Services (DSHS) to develop a strategic plan to help reduce morbidity and mortality from these diseases. In developing this plan, DSHS shall work with the Health and Human Services Commission and may develop workgroups, if necessary. S.B. 1836 lays out who may be included in the workgroups. Additionally, this bill lays out what the strategic plan may focus on, such as identifying causes of chronic respiratory diseases, potential treatment, barriers to treatment, and how to raise awareness. The workgroups will also be able make recommendations to the legislature on any potential policy changes or funding needs.

As proposed, S.B. 1836 amends current law relating to a chronic respiratory disease state strategic plan developed by the Department of State Health Services.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. (a) Requires the Department of State Health Services (DSHS) to develop a strategic plan to significantly reduce morbidity and mortality from chronic respiratory diseases such as asthma and chronic obstructive pulmonary disease.

(b) Requires DSHS, in developing the strategic plan, to collaborate with the Health and Human Services Commission and authorizes DSHS to convene any necessary workgroups. Authorizes the members of a workgroup to include:

- (1) health care providers specializing in asthma and chronic obstructive pulmonary disease prevention, screening, treatment, or research;
- (2) representatives of general academic teaching institutions as defined by Section 61.003 (Definitions), Education Code, and medical and dental units as defined by Section 61.003, Education Code, as well as other educators with experience with chronic respiratory disease;
- (3) non-profit and community organizations serving individuals with chronic respiratory disease such as asthma and chronic obstructive pulmonary disease,
- (4) representatives from geographic areas or other population groups at higher risk of asthma and chronic obstructive pulmonary disease; and
- (5) other people DSHS determines are necessary.

(c) Requires DSHS, in developing the strategic plan, to:

- (1) identify barriers to effective prevention, screening, and treatment for asthma and chronic obstructive pulmonary disease, including specific barriers affecting providers and patients;
- (2) identify methods to increase awareness of the risk factors and symptoms of asthma and chronic obstructive pulmonary disease;
- (3) identify methods to increase use of evidence-based screening to enhance the number of people screened regularly for asthma and chronic obstructive pulmonary disease;
- (4) review current technologies and best practices for asthma and chronic obstructive pulmonary disease management and treatment;
- (5) review technology available to diagnose and prevent asthma and chronic obstructive pulmonary disease;
- (6) develop methods for creating partnerships with public and private entities to increase awareness of chronic respiratory disease;
- (7) review current prevention, screening, treatment, and related activities in this state and identify areas in which the services for those activities are lacking;
- (8) estimate the annual direct and indirect state health care costs attributable to asthma and chronic obstructive pulmonary disease; and
- (9) make recommendations to the legislature on policy changes and funding needed to implement the strategic plan.

(d) Requires DSHS, not later than December 31, 2016, to deliver to the governor and members of the legislature the strategic plan and recommendations on goal implementation and schedule compliance related to the strategic plan.

(e) Provides that this section expires January 1, 2017.

SECTION 2. Effective date: September 1, 2015.