

The logo for the Texas Sunset Advisory Commission is a semi-circle with a thick black border. Inside the semi-circle, the words "Texas", "Sunset", "Advisory", and "Commission" are stacked vertically in a bold, white, sans-serif font.

**Texas
Sunset
Advisory
Commission**

STAFF EVALUATION

**TEXAS COORDINATING COMMISSION
FOR HEALTH AND WELFARE SERVICES**

**A Staff Report
to the
Sunset Advisory Commission**

1984

**TEXAS COORDINATING COMMISSION FOR STATE HEALTH
AND WELFARE SERVICES**

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SUMMARY

The Texas Coordinating Commission for Health and Welfare Services was established in 1959 and is currently inactive. The 17-member commission is composed of nine voting members appointed by the governor, lieutenant governor and the speaker of the house. Also, the executive heads of eight major state health agencies serve as non-voting, ex officio members.

The commission was created to evaluate and coordinate all state health-related services. The review indicates that while there is a need to continue efforts to evaluate and coordinate the delivery of health-related services within the State of Texas, this responsibility has been assigned to other agencies and there is no need to continue the Texas Coordinating Commission for Health and Welfare Services.

Approaches for Sunset Commission Consideration

I. ABOLISH THE AGENCY

A. The Texas Coordinating Commission for Health and Welfare Services should be abolished.

The primary functions of coordination and evaluation of health-related services have been assigned to other entities within state government and continuation of the commission would present a duplication of effort. Since the commission has been inactive for the past seven years and other viable health service coordination and evaluation mechanisms exist, its enabling statute should be repealed.

AGENCY EVALUATION

The review of the current operations of an agency is based on several criteria contained in the Sunset Act. The analysis made under these criteria is intended to give answers to the following basic questions:

1. Does the policy-making structure of the agency fairly reflect the interests served by the agency?
 2. Does the agency operate efficiently?
 3. Has the agency been effective in meeting its statutory requirements?
 4. Do the agency's programs overlap or duplicate programs of other agencies to a degree that presents serious problems?
 5. Is the agency carrying out only those programs authorized by the legislature?
 6. If the agency is abolished, could the state reasonably expect federal intervention or a substantial loss of federal funds?
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BACKGROUND

Organization and Objectives

The Texas Coordinating Commission for Health and Welfare Services was originally established in 1959 to assist the legislature in developing health policy through the evaluation of existing and proposed health services. The commission is composed of nine appointed members and eight ex officio members. The appointed members include three public members appointed by the governor, three senators appointed by the lieutenant governor, and three representatives appointed by the speaker of the house. The eight ex officio members include the commissioner of health, the commissioner of mental health and mental retardation, the chairman of the Texas Health Facilities Commission, the commissioner of education, the chairman of the Texas Employment Commission, the commissioner of human resources, the executive director of the State Commission for the Blind, and the executive director of the Texas Youth Council. In addition, the governor may designate the executive heads of other health-related state agencies to serve on the commission. The chairman and the vice-chairman are designated by the governor biennially from among the commission members. Appointed members serve terms of two years all of which expire on December 31 of even-numbered years. The original commission never met due to a 1959 ruling by the attorney general (Opinion WW-729) that its composition violated constitutional provisions relating to the separation of powers of the legislative and executive branches of government.

In 1974, with the passage of the National Health Planning and Resources Development Act (P.L. 93-641), states were asked to develop several planning mechanisms designed to better coordinate the delivery of health services throughout the nation. In response to P.L. 93-641, Texas took several major actions which included:

1. the creation of the Texas Health Facilities Commission;
2. the development of the Statewide Health Coordinating Council (SHCC);
3. the designation of the Texas Department of Health as the State Health Planning and Development Agency (SHPDA);
4. the creation of the Health System Agencies (HSAs); and
5. the activation of a modified Coordinating Commission on Health and Welfare Services.

P.L. 93-641 required the development and defined the activities of the SHCC, the SHPDA, and the HSAs and placed specific requirements on the composition of the SHCC. The designation of the SHPDA and the HSAs was left to the state, with the governor playing the key role in the establishment of these bodies. The HSAs were defined by the Act as non-profit agencies or local governments which were to serve as regional planning entities for the provision of local input in several planning processes established by the Act such as the Certificate of Need process and the development of the State Health Plan. The SHCC was established as a council of HSA representatives to accomplish statewide health planning. The SHPDA was designated to provide support to the SHCC in the planning efforts. The Coordinating Commission for Health and Welfare Services was modified in composition and duties, and activated as a potentially needed and statutorily authorized coordination and evaluation agency.

Once the coordinating commission was activated, then Governor Briscoe requested that the commission review the HSA applications that had been submitted to him by several community agencies and advise him on how to best establish the HSAs across the state. The commission held three public hearings concerning the applications and forwarded its official recommendations to the governor on July 8, 1976. Once the HSAs were designated, no further action concerning them was required of the governor or the coordinating commission.

In response to the commission's statutorily mandated functions, the review of federal health grant applications and the evaluation of state health programs, the commission began the development of a grant information tracking system and initiated liaison and coordination activities with the major state health agencies and committees. Although the commission's annual report in 1976 recommended continued activity in these areas, no funding was made available for its continuation and the terms of all of its appointed members expired on December 31, 1976. The commission has not met since that time.

REVIEW OF OPERATIONS

Evaluation of Programs

The review of the Texas Coordinating Commission for Health and Welfare Services focused on two general areas of concern: 1) whether the need that the agency was created to meet still exists; and 2) whether currently active agencies can perform the functions originally envisioned for the coordinating commission. The results of the review follow.

The Texas Coordinating Commission for Health and Welfare Services should be abolished.

The coordinating commission has two statutorily mandated responsibilities which include the review of proposals for federal health-related grants and the evaluation of existing state health services. Concerning federal grant proposals, the commission is to receive a copy of every grant proposal submitted to the federal government by a state agency or institution for health related-services. The commission then has the option of commenting to the federal government on the proposal for the purpose of encouraging the development of a coordinated health service delivery system within the state. The need for such activity at the state level has been recognized by both the federal and state governments. The National Health Planning and Resource Development Act of 1974 (P.L. 93-641), mentioned previously, together with the federal government's establishment of the A-95 grant review process and now the state's Texas Review and Comment System (TRACS) are evidence of both the state and federal government's perception of the need for this type of state level coordination in the distribution of federal funding for health services.

The A-95 grant review process was mandated by the federal government in 1977 and required state coordinated review and comment on all federal grant requests including those for health-related services. This process was recently replaced with the Texas Review and Comment System. TRACS, which is operated through the governor's office, currently provides for the review of all types of federal grant proposals by affected state agencies and Councils of Government and can perform the grant review function envisioned for the inactive coordinating commission.

The second of the commission's two statutorily-mandated responsibilities concerns the evaluation of existing state health services. The commission is to make a continuing evaluation of the existing health services within the state and advise the legislature concerning the state's involvement in health services. The need for such a mechanism of review appears to be ongoing. The Special Committee on Delivery of Human Services recommended to the 67th Legislature in 1981 that a "Legislative Coordinating Council" be developed to oversee human service coordination and policy planning in Texas. In 1983, the 68th Legislature responded with the passage of Senate Bill 711, which established the Texas Health and Human Services Coordinating Council composed of the governor, the lieutenant governor, the speaker of the house of representatives, the chairpersons of the major health and human service agencies, as well as six public members. Among its many duties the council is to conduct studies of significant health and human services and advise "agencies, organizations, and governmental entities concerning the analysis of needs and the development, evaluation and coordination of health and human services". Although recently created, the council is now active and appears to be able to perform the analysis and coordinating functions originally envisioned for the inactive Coordinating Commission for Health and Welfare Services.

The review also focused on the continuing need for the function the commission performed in advising the governor on how the Health Systems Agencies (HSAs) should be constituted. In December 1982, on the request of Governor Clements, the federal Department of Health and Human Services disbanded the HSAs in Texas. Under federal law, the governor of each state retains the function of designing a method to obtain local input into state health planning and service efforts. In March of 1984, Governor White's staff published a "draft working paper" outlining the basic elements of a statewide network for health planning including a proposed delineation of responsibilities between state and regional levels of government. Many affected regional and state agencies, medical schools, and private sector representatives are being asked to comment on the working paper and its ideas. Although the elements of the plan remain to be finalized over the coming months, it does appear that action on the development of the replacement entities for the HSAs is occurring. The function the coordinating commission met in advising the governor on the constitution of the state's health planning regions is being carried out without its reactivation.

Based on the review of the commission's statutory mandates and actual activities it appears that the efforts of the governor's office and other agencies have met and will continue to meet the needs for which the inactive commission was created. Therefore, the Texas Coordinating Commission for Health and Welfare Services should be abolished.