STAFF EVALUATION

Texas Diabetes Council

A Staff Report
to the
Sunset Advisory Commission

1986

TEXAS DIABETES COUNCIL

October 1986

TABLE OF CONTENTS

SUMMARY OF STAFF REPORT

The Texas Diabetes Council was created to develop a statewide plan for diabetes control and to coordinate the services available for diabetics through state agencies and private organizations. Five of the eleven council members represent state agencies which serve diabetics while the six remaining members represent professionals and consumers active in diabetes efforts.

The council has had no legislative appropriation and no staff since its creation and therefore has focused its efforts on public awareness and coordination activities which can be accomplished with limited funds.

The need for a legislatively mandated council to address the problems associated with diabetes was analyzed and the review indicated there is a continuing need for state involvement in these areas. Within its funding constraints, the council is fulfilling the purposes for which it was created and should be continued. If the council is continued, a number of changes should be made to improve the effectiveness of its operations. These changes are summarized as follows:

RECOMMENDATIONS

THE COUNCIL SHOULD BE CONTINUED WITH THE FOLLOWING CHANGES:

POLICY-MAKING STRUCTURE

Coordination with Health Planning Bodies

1. **Agencies affected by the diabetes state plan should be required to submit funding information concerning the plan to the council and to the state budget offices. (Statutory)** (p. 16)

After reviewing the diabetes state plan, affected agencies would be required to report to the council and state budget offices whether or not they would seek funds to implement any portion of the plan. This requirement would result in the budget offices and council being more aware of the costs of implementing a recommended plan.

2. **The council should be required to submit a biennial state plan for diabetes control to the State Health Planning and Development Agency (SHPDA) by November 1 of odd-numbered years. (Statutory)** (p. 17)

This change would help to ensure that the diabetes state plan is considered as part of a broader statewide health planning process and would improve coordination between the two planning processes.

3. **The council should be subject to a review by the Texas Sunset Commission in conjunction with the scheduled review of the Texas Department of Health. (Statutory)** (p. 17)

By conducting concurrent Sunset reviews of the council and the Texas Department of Health, an efficient transfer of functions or coordination of activities between the two bodies could occur if determined appropriate by the review.

Council Appointment Process

4. **The board chairpersons of the state agencies represented on the council should appoint their respective agency representative to the council. (Statutory)** (p. 18)

Involving the board chairpersons of the agencies in the appointment process would call attention to the work of the council and result in better understanding and support of the council's activities. Consultation between chairperson and commissioner could still occur when selecting the appropriate representative.

Availability of Alternative Funding Sources

5. **The council should have statutory authority to accept gifts and grants. (Statutory)** (p. 19)

Since the council has not received an appropriation since its creation, having the authority to accept gifts and grants would increase the council's flexibility to seek funds and to perform activities designated in its statute.

Public Awareness

6. **The five state agencies represented on the council should work with the council to develop, produce and disseminate public awareness information to clients served by these agencies. (Statutory)** (p. 20)

This recommendation would result in each agency planning for and funding public awareness information on diabetes for its respective target populations, after coordination with the council. This would increase the awareness of persons at risk for diabetes.

Use of Advisory Committees

7. **The statute should authorize the council to appoint advisory committees as needed. (Statutory)** (p. 21)

Amending the statute to give the council general authority to appoint advisory committees as deemed neceesary would increase the council's flexibility in obtaining advice.

Changing Mandatory Provisions to Permissive Provisions

8. **The statute should be changed to permit the council to perform certain activities instead of mandating them. (Statutory)** (p. 22)

Without a legislative appropriation, the council cannot meet all of its current statutory mandates. By permitting rather than requiring certain activities, the council will have flexibility to prioritize the functions it performs and forego activities found to be unneeded.

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?

AGENCY BACKGROUND

Historical Development

The Texas Diabetes Council was created in 1983 and is currently active. The need for the council was identified in a report to the 68th Legislature conducted by the Special Committee on Diabetes Services in Texas which was established to conduct a two-year study of services available to persons with diabetes in Texas. In the committee's final report to the legislature, it indicated that state expenditures for fiscal year 1979 exceeded $36 million for the treatment and care of Texans with diabetes and complications associated with the disease. It also indicated that hospitalization costs to Texans for which diabetes was listed as the immediate cause surpassed $72.5 million in 1979.

Diabetes along with its complications is the third leading cause of death in this country following heart disease and cancer. The American Diabetes Association reports that approximately seven million Americans have confirmed cases of diabetes while another five million have the disease and are unaware of it. In addition, the Mexican-American population has an incidence rate of diabetes which is five times the national average. Currently, it is estimated that there are approximately 411,000 persons with diabetes in Texas. The disease can result in complications such as blindness, kidney failure, heart disease and amputations.

Diabetes is also an expensive disease to manage, with costs running as high as $1,200 annually for insulin dependent diabetes including physician visits, insulin, hypodermic needles and daily testing. Without diagnosing and managing the disease, paying for the end results such as hospitalizations, blindness and kidney disease can be much more expensive. Estimated hospitalization, nursing home and ambulatory costs associated with diabetes in Texas in 1980 amounted to over $200 million. Additionally, there are many other costs associated with absenteeism from work and lost production due to sickness that are difficult to estimate.

While there is no known cure for diabetes, many symptoms of diabetes can be controlled through use of insulin, weight loss, proper diet, exercise, medical interventions and some medications. Because of this, patient education and intervention are imperative for management of the disease and for avoiding devastating complications and subsequent costs. Diabetes education programs in other states have resulted in some substantial reductions in hospitalization rates,

as shown in Exhibit I. An aggressive patient education program for diabetes can save substantial state tax dollars now being spent on the end result of the disease.

Exhibit 1

Summary of Results
Diabetes Patient Education Interventions

Project State	Number of Participants	Number of Hospitalizations Within One Year: Pre-Education	Number of Hospitalizations Within One Year: Post-Education	% Reduction in Hospitalization
Kentucky	329	470	194	66
Illinois	50	19	12	37
*Maine	813	457	310	32
Michigan	99	147	84	43
*Rhode Island	193	91	38	58
Washington	174	30	13	57

*These data were collected by various methods using different populations and criteria.

Source: Centers for Disease Control, Diabetes Control Program, 1985.

As mentioned above, the Special Committee on Diabetes Services in Texas was established in 1979 to examine the services available to diabetics, ways to help prevent the onset of its many complications and ways to better inform the public of the warning signs of the disease. In general, services available through state agencies in Texas for diabetes were found to primarily address the severe complications of the disease such as blindness, heart disease, kidney failure and amputations. However, expenditures for the prevention of diabetes and its complications were limited. For example, the Texas Medicaid program, administered by the Texas Department of Human Services, provided payment for acute medical care for indigent clients but did not cover preventive education for the non-hospitalized diabetic patient. A major problem identified in the special committee's report was the lack of a comprehensive state plan for diabetes control and limited availability of affordable educational services which could help to avert the complications resulting from uncontrolled diabetes.

Created by S.B. 215 (68th legislative session), the Texas Diabetes Council was established to develop and implement a state plan for diabetes control which would achieve better health for diabetics and ultimately reduce the cost to Texas for providing health care services. The state plan for diabetes control was approved by the council and the governor in 1985. The plan emphasized that diabetes patient education has proven to be cost effective and is a necessary part of diabetes treatment and care. However, funds to fully implement the plan and other mandates of the council have not been made available by the legislature.

Organization and Objectives

The Texas Diabetes Council consists of six public members and five state agency representatives. The state agencies represented include the Texas Department of Health, Texas Department of Human Services, Texas Education Agency, Texas Commission for the Blind and Texas Rehabilitation Commission. Public members are appointed by the governor with the advice and consent of the senate for staggered two-year terms. State agency representatives are appointed by their respective commissioners and serve two-year terms. The council has no state appropriation and does not have a staff. The state agencies represented on the council are required by the council's enabling legislation to provide periodic staff support to the council. The Texas Department of Health (TDH) has provided funds for the council since its creation. These funds totalled $37,294.00 during fiscal year 1986 and covered the cost of 1-1/2 TDH staff support persons, printing and council member travel expenses.

The five state agencies represented on the council were selected because of the roles they play in serving diabetics or providing health education. Exhibit II identifies state programs designed to assist persons with diabetes. State agencies in Texas spent over $47 million during fiscal year 1985 for diabetes-related services such as medical care, vocational rehabilitation and other services.

In addition to its mandate to develop and implement a state plan for diabetes control, the council is required by statute to address a variety of issues affecting health promotion in the state. These include such areas as patient education, public awareness and review of expenditures made by state agencies for treatment of chronic diseases.

Since its creation, the council has directed its efforts to projects which can be accomplished with limited funds. Some of the major projects which have been undertaken by the council include:

Exhibit II

STATE AGENCY SERVICES AND EXPENDITURES FOR DIABETES
Fiscal Year 1985

DETECTION/PREVENTION

Agency	Program	Services	Eligibility	Total Diabetes Expenditures	Source
Texas Dept. of Health	Chronic Disease Division	Screening and Diabetes Education	Adults age 16 and over in local health departments and public health regions.	$ 90,328*	100%--State
Texas Education Agency	Health Education, School Health Services, and Special Education	Development of Health Curriculum and Health Services	Students and educators	**	------

TREATMENT

Texas Dept. of Health	Kidney Health Care Program	Care up to $15,000 annually for a 90-day period prior to Medicare eligiblity. $30,000 of care annually if not Medicare eligible. Includes medication, transplants, and transportation.	Any Texas resident diagnosed as having end-stage renal disease.	$ 1,539,690	100%--State
Texas Department of Human Services	Purchased Health/ Medicaid	Medical health services, long-term and home health care, ambulance services.	Medicaid eligibles	$41,924,045	54%--Federal 46%--State
	Food Stamps	Food stamps for food purchase.	Persons with income below 130% of poverty.	**	------
	Community Care	Supervised living program (non-medical), day activity and health services, emergency response services, meals, home health care.	Client must be Medicaid eligible for medical services in the home. Income of $631.40/month or less for most other services.	**	Funding sources vary, depending on program
	Nursing Homes	Residential nursing care.	Medicaid eligibles	**	------
Texas Rehabilitation Commission	Vocational Rehabilitation	Treatment, care, rehabilitation, vocational training.	Clients must have a physical or mental disability and a reasonable expectation of becoming employable.	$ 1,740,586	74%--Federal 26%--State
	Disability Determination	Social security payments.	Clients must meet eligibility criteria for social security disability.	**	------
Texas Commission for the Blind	Vocational Rehabilitation	Diagnostic and treatment services, independent living skills, blindness prevention, specialized vocational training.	Clients must have a 1) physical disability, 2) a handicap to employment, and 3) a reasonable expectation of becoming employable.	$ 2,148,743	80%--Federal 20%--State
	Older Blind/ Independent Living	Instruction on developing home-making skills, and self-help skills.	Clients over age 55 must meet economic guidelines.	$ 13,338	33%--Federal 67%--State
TOTAL				$47,456,730	

*Reflects administrative costs only; services by public health nurses are not reflected.
**Costs are not broken out by specific disease.

- developing the statewide diabetes plan;
- assisting the Texas Department of Health in obtaining a grant from the Center for Disease Control for education and intervention programs for diabetics at high risk of developing eye disease and hypertension complications;
- establishing a task force to develop third party reimbursement opportunities for diabetes outpatient education;
- planning a conference on the special needs of Mexican-American diabetics;
- reviewing textbook materials containing information on diabetes; and
- initiating revision of criteria for drivers license limitations imposed on persons with diabetes.

REVIEW OF OPERATIONS

Explanation of the Sunset Review Approach

The Texas Diabetes Council is a legislatively created body that has no appropriation or staff of its own. The council consists of the 11 members appointed to serve on the council and receives staff support and some nominal funding through the Texas Department of Health. Because the council does not oversee a staff, budget or any substantive programs, the sunset review of the council focused on the council's effectiveness in meeting its mandate, taking into consideration its lack of funding. It was recognized during the review that the council will not be able to fully accomplish its mandate of promoting diabetes education, treatment and training in the state without receiving a legislative appropriation. However, the council has served as a resource coordinator for diabetes education and has accomplished several important projects without its own funding. Because of this, the review considered the council's continuing ability to perform useful functions in times of declining state revenues.

To assess the council's performance, sunset staff undertook several activities. Discussions were held with council members, including the private citizens represented on the council and the state agency representatives. Reports concerning the problem of diabetes were reviewed, along with reports published by the council. Other persons involved in health planning functions in the state and private association representatives were also interviewed to determine if council functions could be performed more effectively by other groups.

The analysis of the council's activities indicated a need to maintain the council as a separate entity with improvements. The council can most effectively focus on the disease of diabetes and perform awareness activities through its current structure which allows for coordination of public and private resources, access to agency-specific data and the legislative process, and use of some staff and financial support from TDH. However, the review determined that several changes to the council's enabling legislation would improve its ability to function. These changes centered around improving coordination with other health-related agencies, getting access to more financial support for diabetes projects, and promoting awareness of council activities. These recommendations are presented as follows.

POLICY-MAKING STRUCTURE

Because the Texas Diabetes Council is composed only of the policy-making body and has neither its own staff nor substantive programs, the review dealt with activities performed by the policy body. The evaluation of the policy-making body was designed to determine if the current statute contains provisions which ensure that adequate coordination occurs between the council and other state planning efforts, a proper balance of interests exists within the composition, advisory committees are appropriately structured and used, an effective means for selecting and removing members exists, and adequate efforts are made to obtain funding for council activities. Several recommendations were identified.

Improved Coordination with Other Health Planning Bodies is Needed.

Article 4477-60, V.A.C.S., authorizes the Texas Diabetes Council to develop and implement a state plan for diabetes treatment, education and training. In order to develop a plan which best meets the needs of diabetics in the state, the council assesses the services provided to diabetics by other state agencies and makes recommendations for coordination and possible expansion of these services. Five state agencies are represented on the council and therefore have input into the diabetes state plan. These agencies include the Texas Department of Health, Texas Department of Human Services, Texas Education Agency, Texas Commission for the Blind and the Texas Rehabilitation Commission. If the council considers recommendations which may impact any other state agency, it must consult with the agency affected before including the recommendation in its state plan. Section 3(b) of the statute requires that the recommendations of the council be implemented by the agencies affected. No mechanism currently exists, however, to ensure that the diabetes state plan is developed within a time frame sufficient for the affected agencies to respond to the plan in their planning processes and biennial appropriations request. Additionally, a mechanism is needed to ensure that any agency affected by the diabetes plan will report to the council the costs the agency would incur if recommendations in the plan were implemented and to encourage the agency to seek funds in a manner consistent with the plan.

An analysis of the process for developing the diabetes state plan also indicated that no formal procedures exist for the plan to be coordinated with the broader statewide health planning process. The state health plan is prepared by the State Health Planning and Development Agency, within the Texas Department of

Health, and submitted to the Statewide Health Coordinating Council. After review and public comment, changes are incorporated and the plan is reviewed and adopted by the governor. The purpose of the approved state health plan is to identify major health concerns, current health resources and anticipated future health needs of the state. The plan proposes strategies to correct any current or anticipated deficiencies in the health care system either through budgetary or legislative change. To ensure that the recommendations in the state plan are considered as part of the legislative appropriation process in January of odd-numbered years, the plan is required by statute to be adopted by November 1 of even-numbered years. Because the council also performs a health planning function, it should coordinate with the larger health planning process and establish time frames consistent with this process.

One last coordination improvement was identified concerning the timing of the sunset review of the council and the Department of Health. A concurrent sunset review of the Texas Department of Health and the council would facilitate a comprehensive analysis of how diabetes programs could be better coordinated.

The three recommendations which follow address the problems identified above.

- **Agencies affected by the diabetes state plan should be required to submit funding information concerning the plan to the council and to the state budget offices.**

  To improve coordination between the council and the state agencies affected by the diabetes state plan, the agencies should submit cost data to the council concerning recommendations for implementing the plan. Each agency would report whether or not it will seek funds in a manner consistent with the plan and would provide an explanation of deviations from the plan. This information would be submitted to the council, the Legislative Budget Board and the Governor's Budget Office by November 1 of even-numbered years. Because the agencies affected by the plan have existing budget and planning staff, no additional costs are expected to result from this recommendation.

- **The council should be required to submit a biennial state plan for diabetes control to the State Health Planning and Development Agency (SHPDA) by November 1 of odd-numbered years.**

To ensure that the SHPDA gives full consideration to the diabetes state plan, the council should submit its plan to SHPDA prior to the finalization of the state health plan. This recommendation should result in improved coordination between these two health planning functions and ensure that the recommendations in both plans are available for consideration during the legislative appropriations process. No additional cost is anticipated as a result of this change.

- **The council should be subject to a review by the Texas Sunset Commission in conjunction with the scheduled review of the Texas Department of Health.**

The Texas Department of Health (TDH) is the state agency which most substantially addresses the problem of diabetes on a regional basis in the state. Through its Chronic Disease Control Program, financially eligible clients of TDH may receive medical screening at public health clinics to determine if the client is at risk for diabetes. Eligible clients with diabetes may receive counseling on diet, medication, and exercise and physician referral services. Grant funding for a cooperative diabetes control project between TDH and the council has also been received by TDH from the Center for Disease Control. Finally, TDH currently provides staff support and travel funds to enable the council to carry out its functions.

Because TDH and the Texas Diabetes Council share similar goals, a concurrent review of both agencies by the Sunset Commission would be advantageous. Such a review could facilitate transfer of functions between agencies if this is determined appropriate in the years ahead and could help to eliminate functions which are found to be duplicative. Improved coordination of efforts for diabetes would also occur if TDH and the council were concurrently reviewed. TDH is subject to review under the Texas Sunset Act in 1997 and the council would, therefore, be subject to review at the same time. By making this change, the council would undergo a sunset review two years earlier than the usual 12-year period. No additional cost would result from this recommendation.

The Council Composition and Appointment Process Should be Strengthened.

The Diabetes Council is currently composed of six private citizens and one representative each from the Texas Department of Health, Texas Department of Human Services, Texas Commission for the Blind, Texas Rehabilitation Commission and the Texas Education Agency. The appointments to the council are generally appropriate and include the agencies and professionals that most directly deal with diabetic education, treatment, insurance coverage or rehabilitation efforts. However, one improvement in the appointment procedure could be made to further strengthen the representation on the council. This improvement would require a higher level agency person to make the agency's appointment to the council. As required by statute, the commissioners of the five member state agencies currently appoint the agency representative to the council. Heightened awareness of and support for the council would result if the chairpersons of the boards of the five member agencies were to make the appointments instead.

- **The chairpersons of the five member state agencies' boards should appoint the agency representative to the council.**

  By allowing the board chairperson of each of the five state agencies to select the representative to the council, several benefits can occur. Involving the chairperson in the appointment process would call attention to the work of the council and would result in a better understanding of and support for the council's purpose. Because the commissioners of the agencies currently make the council appointments, the specific activities of the council don't necessarily come to the attention of the governing body of each of the agencies. By elevating awareness of the council, more support in terms of staff support, funding, data sharing and cooperative projects could be obtained from each member agency. The chairperson of the agency could still consult with the commissioner on making the appointment since the commissioner would have more first-hand knowledge of who the appropriate appointee might be.

Alternative Funding Sources Should be Made Available to the Council.

In order for legislatively created bodies such as the Texas Diabetes Council to accept or use gifts from private sources, there must first be legislative authorization to do so (A.G. Opinion O-4681, 1942). Otherwise, monetary donations

to an entity such as the council are not permitted. The legislature has explicitly allowed some agencies and institutions to accept gifts, such as the Texas Commission for the Deaf, Texas Adult Probation Commission and others.

The Texas Diabetes Council has had neither its own appropriation since its creation in 1983 nor authority to accept gifts or grants from private or public sources. Because of its limited financial resources, many diabetes education efforts cannot be pursued by the council. The council has been unable to fulfill its mandate to publish regional directories of diabetes services and diabetes management handbooks due to lack of funds. Additionally, the council has had to rely on outside associations such as the American Diabetes Association to publish informational brochures for the council and to help sponsor council-initiated events. While such support has been valuable, providing the council with authority to accept gifts and grants would give the council more flexibility to use the money for any purpose designated in its statute and would not limit the council to projects that other associations endorse.

- **The council should have statutory authority to accept gifts and grants.**

  Authority to accept monetary donations and grants from public or private sources would give the council access to alternative sources of funds since no appropriation has ever been made to the council. The council's only source of funding since its creation is through the Texas Department of Health, which provides staff support to the council and less than $1,000 (fiscal year 1986) covering the travel costs of council members and nominal printing costs. This level of funding has not enabled the council to carry out many educational efforts.

  Because the council has no staff of its own to administer the receipt of and accounting for incoming donations, these funds should be administered through TDH which already has a system in place for fund accounting. A special account within the general revenue fund would need to be established for gifts to the council. Since some TDH staff time would be required in accounting for the new council fund, TDH should be permitted to keep a small percentage of the donation--five percent--to cover the cost of administering the council's fund. This small percentage is in line with TDH's estimate of the cost of

administering some of the other funds the agency oversees. No additional costs are anticipated as a result of this recommendation.

Additional Efforts are Needed to Make the Public Aware of Diabetes and Its Complications.

Article 4477-60, Section 7(a)(1), V.A.C.S., requires that the Texas Department of Health, Texas Commission for the Blind, Texas Rehabilitation Commission, Texas Department of Human Services, and the Texas Education Agency work jointly with the council to develop and implement a general public awareness strategy focusing on diabetes and its complications. However, no substantial efforts have been made in this area. Studies in other states have indicated that the severe and expensive complications of diabetes can frequently be averted when diabetics or those at risk for the disease are aware of the symptoms and treatment of diabetes. Many diabetics do not learn they have the disease until serious complications have already developed.

A review of public awareness activities being conducted by the council indicated that the state agencies involved with diabetes could play a more active role in developing informational materials and disseminating the information to the clients the agencies serve.

- **The five state agencies represented on the council should work with the council to develop, produce and disseminate public awareness information to clients served by these agencies.**

This will result in an increased number of persons at risk for diabetes being made aware of the services available to prevent, diagnose or treat the disease. Such public awareness should help clients avoid the severe complications of diabetes and thereby reduce the cost of medical care paid by the state. Each agency would be required to pay for the expense of producing information for its clients and disseminating this information to regional offices or other appropriate locations. The council, in consultation with the agencies, would decide on the nature of the information to be produced and the appropriate format for doing so.

The cost to develop public awareness material would vary depending on the size of each agency's target population and the item to be produced. For example, the Department of Human Services served 13,325 clients with diabetes as a primary or secondary diagnosis in fiscal year 1985. If

five times this number of brochures was printed at an estimated one cent per copy, the cost to the department would be less than $700. By coordinating public awareness activities with the council, the agencies can determine how to reach clients in the most effective and least expensive manner possible. In this manner, the statutory requirement for the agencies to implement public awareness strategies jointly with the council would be met.

Greater Flexibility is Needed in Choosing Advisory Committees.

The Texas Diabetes Council has statutory authority to establish an advisory committee with a specific composition of members. The statute further specifies number of meetings and procedures for selecting the chairman of the specified advisory committee. A more useful mode of operation for the council has been to establish task forces or committees dealing with specific projects which terminate after the project is completed. Such task forces have been composed both of council members and non-council members in order to draw upon the necessary expertise available. The use of such ad hoc groups which develop a plan for completing a task and seek council approval before proceeding with the task is an effective means for directing available resources toward a particular issue. By making a modification to the council's enabling legislation, greater flexibility could be provided the council in appointing such advisory committees when needed.

- **The statute should authorize the council to appoint advisory committees as needed.**

There is no clear authority in statute for the council to form ad hoc advisory committees as needed, while there is authority for a statutorily specified advisory committee which has not been used by the council. Amending the statute to eliminate specific language on the current advisory committee and instead giving the council general authority to appoint advisory committees as deemed necessary would result in more flexibility for the council. Further, the council should specify the purpose, duties and product to be developed by each advisory committee that is established.

Certain Statutorily Mandated Activities Should be Made Permissive.

The council's enabling legislation requires that certain actvities be performed by the council or the five member state agencies. However, without funding the

council cannot perform some of its mandated activities, thereby placing the council in a position of violating its mandate. For example, the council's enabling legislation requires that the state diabetes plan include an individual and family needs assessment and health care provider needs assessment. Due to the expense of performing such an assessment, this cannot be done by the council without an appropriation. The statute also specifies that the council "shall" publish certain informational materials and "shall" study the feasibility of a statewide diabetes hotline. These activities cannot be performed without funding. Additionally, the need for the study of a statewide hotline for diabetics has been diminished since the American Diabetes Association has already established a toll-free number for diabetes information. Finally, the statute also requires the five member state agencies to jointly develop public awareness strategies focusing on pilot programs and regional training sessions statewide. Again, due to current budget limitations, this is not feasible. The statute should be changed to permit instead of require the activities outlined below in the event increased funding is made available to the council in the future.

- **The statute should be changed to permit the council to perform certain activities instead of mandating them.**

  Article 4477-60, Sec. 3(a), Subsections 2 and 3, should be changed to permit the state plan to include a needs assessment of individual and family needs and health care provider needs instead of requiring that these be addressed in the plan. The statute should also be changed to state the council "may" perform the activities outlined in Article 4477-60, Sec. 5(c), dealing with publishing regional directories and handbooks in English and Spanish, and studying the feasibility of a statewide diabetes hotline. Finally, the statute should be changed to permit instead of require the five state agencies represented on the council (Article 4477-60, Sec. 7(a), Subsections 2 and 3) to develop public awareness strategies focusing on pilot programs and a statewide plan for conducting regional training sessions. By making these activities permissive, the council would still have authority to carry out the activities should funding become available or if appropriate, but would not be placed in a position of violating statutory mandates since funding is currently limited.

ACROSS-THE-BOARD RECOMMENDATIONS

From its inception, the Sunset Commission identified common agency problems. These problems have been addressed through standard statutory provisions incorporated into the legislation developed for agencies undergoing sunset review. Since these provisions are routinely applied to all agencies under review, the specific language is not repeated throughout the reports. The application to particular agencies are denoted in abbreviated chart form.

TEXAS DIABETES COUNCIL

Applied	Modified	Not Applied	Across-the-Board Recommendations
			A. GENERAL
X			1. Require public membership on boards and commissions.
	X		2. Require specific provisions relating to conflicts of interest.
		*	3. Provide that a person registered as a lobbyist under Article 6252-9c, V.A.C.S., may not act as general counsel to the board or serve as a member of the board.
		*	4. Require that appointment to the board shall be made without regard to race, color, handicap, sex, religion, age, or national origin of the appointee.
	X		5. Specify grounds for removal of a board member.
	X		6. Require the board to make annual written reports to the governor, the auditor, and the legislature accounting for all receipts and disbursements made under its statute.
		X	7. Require the board to establish skill-oriented career ladders.
		X	8. Require a system of merit pay based on documented employee performance.
	X		9. Provide that the state auditor shall audit the financial transactions of the board at least once during each biennium.
	X		10. Provide for notification and information to the public concerning board activities.
		X	11. Place agency funds in the Treasury to ensure legislative review of agency expenditures through the appropriation process.
		X	12. Require files to be maintained on complaints.
		X	13. Require that all parties to formal complaints be periodically informed in writing as to the status of the complaint.
		X	14. (a) Authorize agencies to set fees. (b) Authorize agencies to set fees up to a certain limit.
		X	15. Require development of an E.E.O. policy.
	X		16. Require the agency to provide information on standards of conduct to board members and employees.
X			17. Provide for public testimony at agency meetings.
		X	18. Require that the policy body of an agency develop and implement policies which clearly separate board and staff functions.

*Already in statute or required.

TEXAS DIABETES COUNCIL
(Continued)

Applied	Modified	Not Applied	Across-the-Board Recommendations
			B. LICENSING
		X	1. Require standard time frames for licensees who are delinquent in renewal of licenses.
		X	2. Provide for notice to a person taking an examination of the results of the exam within a reasonable time of the testing date.
		X	3. Provide an analysis, on request, to individuals failing the examination.
		X	4. Require licensing disqualifications to be: 1) easily determined, and 2) currently existing conditions.
		X	5. (a) Provide for licensing by endorsement rather than reciprocity. (b) Provide for licensing by reciprocity rather than endorsement.
		X	6. Authorize the staggered renewal of licenses.
		X	7. Authorize agencies to use a full range of penalties.
		X	8. Specify board hearing requirements.
		X	9. Revise restrictive rules or statutes to allow advertising and competitive bidding practices which are not deceptive or misleading.
		X	10. Authorize the board to adopt a system of voluntary continuing education.

*Already in statute or required.

MINOR MODIFICATIONS OF AGENCY'S STATUTE

Discussions with agency personnel concerning the agency and its related statutes indicated a need to make minor statutory changes. The changes are non-substantive in nature and are made to clarify existing language or authority, to provide consistency among various provisions, or to remove out-dated references. The following material provides a description of the needed changes and the rationale for each.

Minor Modifications to the Statutes Regarding the TEXAS DIABETES COUNCIL

CHANGE	RATIONALE
1. Change the name of the Central Education Agency to Texas Education Agency in Art. 4477-60, Sec. 2(a) and Sec. 7(a).	1. To reflect the agency's correct name.
2. Change the name of the Department of Human Resources to Department of Human Services in Art. 4477-60, Sec. 2(a) and Sec. 7(a).	2. To reflect the agency's correct name.
3. Eliminate language requiring the council to report to the 69th Legislature in Art. 4477-60, Sec. 8.	3. The language is no longer necessary.