Public Health Funding and Policy Committee Meeting

April 07, 2021

Minutes

Committee Members Attending

Stephen Williams, MEd, MPA - Houston Health Department – Chair

Emilie Prot, DO, MPH – DSHS, Public Health Region 11

Jennifer Griffith, DrPH, MPH – Texas A&M University

Julie St. John, DrPH – Texas Tech University

Lisa Dick, Brownwood-Brown County Health Department

Lou Kreidler, RN, BSN - Wichita Falls – Wichita County Public Health District

Phil Huang, MD, MPH – Dallas County Health and Human Services

Sharon Melville, MD, MPH – DSHS, Public Health Region 7

Attendees:

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| Albert Cheng | Julia Alejandre | Rachel Whitaker |
| Amanda Chadwell | Kay Reynolds | Rafael Alberti |
| Angel Angco-Barrera | Katherine Layman | Richard Chamberlain |
| April Brantley | Karen Petties | Roberto Beaty |
| Casandra Harrington | Katherine Wells | Robert Kirkpatrick |
| Colin Crocker | Kim Day | Saroj Rai |
| Dana Bimberg | Lashonda Malrey-Horne | Scott Merchant |
| DeLawnia Comer-Hagans | Lesley Brannan | Seth Henderson |
| Elewechi Ndukwe | Lisa Steffek | Shannon Brown |
| Edu Swarts | Mackenzie Spahn | Shelle Tarbox |
| Genice Harris | Mark Plowman | Stephanie Hayden-Howard |
| Glenna Laughlin | Michael DeLeon | Stephen Pont |
| Gordon Mattimoe | Mohib Nawab | Steve Eichner |
| Jennifer Simms | Nancy Ejuma | Tom Valentine |
| Jennifer Smith | Nicholas Ours | Yolanda Cantu |
| Joel Massey | Paula Tobon-Stevens | Whitney Craig |
| John Villareal | Peter Hajmasy |  |

Chair, Mr. Stephen Williams, called the meeting to order and the committee members introduced themselves.

**February 10th Meeting Minutes**

Ms. Lou Kreidler moved to approve the minutes. Dr. Philip Huang seconded. Motion carried. Minutes approved.

**Update on Vaccine Allocation Distribution Planning:**

Dr. Saroj Rai gave a slide presentation update on the expansion of age eligibility for receiving the vaccine. The Food and Drug Administration (FDA) has approved two label updates for the Moderna vaccine, with two different vial presentations, and updates to the storage and handling instructions. We are anticipating that AstraZeneca will be filing with the FDA in the upcoming weeks. We are also anticipating that Pfizer will be filing with the FDA for the same expansion of age eligibility base on the adolescent study they just completed. Novavax is also on track to file with the FDA at the end of April or the beginning of May. Dr. Saroj Rai also went over various data points within her presentation and the progress of vaccines within the state.

**Update on DSHS’ Preparation and Response to the 87th Legislative Session:**

Ms. Jennifer Simms updated the committee on the current state of the legislative session. The House and Senate are currently in the process of passing a budget. The Senate has adopted the funding requested for the shortfall in the Human Immunodeficiency Virus/Sexually Transmitted Disease (HIV/STD) program and the extra staffing needed in the Food Safety program after the audit. The House and Senate have put everything else into Article 11, which is described as a compilation of possible recommendations, while waiting to see what funding the Federal Government will provide. The Department of State Health Services (DSHS) is currently tracking 300 bills that may impact public health. There are a lot of disaster-related bills related to decision-making authority during a pandemic.

Dr. Huang asked for more clarification on the HIV/STD program funding that was mentioned. Ms. Simms responded that the exceptional item submitted was for $108 million dollars but also had different options that could be adopted to lower the requested amount. The Senate has chosen to adopt some of them and funded up to $35 million dollars which is believed to be what is needed, but the House has put them into Article 11 and are currently waiting on what happens with the Federal funding before a decision is made.

Dr. Stephen Pont discussed an additional Center for Disease Control and Prevention (CDC) funding stream that was recently announced to address the COVID-19 health disparities among populations at high risk focusing on the underserved communities like the racial, ethnic minority populations in rural communities. This is currently represented as a 2-year grant with a deadline of May 3rd, 2021 for applications. Seven of the Texas jurisdictions represented on this call will also have the ability to apply for this funding, DSHS is open to the committees' input as well as how best to coordinate efforts to maximize this funding.

Ms. Simms asked if a meeting should be convened with the seven jurisdictions most likely to receive funding to touch base?

Mr. Williams thought this was a good idea as his thinking was more singularly focused on the engagement of community-based organizations.

Ms. Simms and Dr. Pont have discussed allocating some of the funds that the state will be receiving to the smaller cities and other locations that did not have a chance to receive funding directly.

Dr. Prot discussed the need for funding in the Rio Grande Valley as they are a high-risk underserved community but are not eligible to apply directly.

Mr. Gordon Mattimoe asked that the rural communities with small and medium-sized health departments be part of both the equation and the discussion. Ms. Simms agreed with both points.

**Update on PHPC 2020 Annual Report/Recommendations Letter to DSHS & Update from Electronic Laboratory Reporting Workgroup on Solutions to Committee Recommendations and Related Activities:**

Mr. Steve Eichner updated the committee on both the annual report and the electronic laboratory reporting workgroup via a slide presentation. After giving a brief overview of the committee and their recommendations, his presentation reviewed the DSHS response to each of the recommendations submitted.

Dr. Huang asked about the potential of APHL Informatics Messaging Services (AIMS) being coordinated by pulling from both electronic laboratory reporting (ELR) and electronic case reporting (ECR) data and having the health department connect to it. How does Health Information Exchanges (HIES) fit into this?

Mr. Eichner responded that AIMS is a national portal that allows providers to report data to a single centralized point for distribution. The platform is currently forwarding ECR data to all 50 states. DSHS and Local Health Entities (LHE) would need to collaborate with the platform operators on the best strategy for routing data to the local jurisdictions in Texas and the technical capability for the platform to identify in which jurisdiction the data belongs. The technology vendor, Epic Systems, has developed an interface for its users to support case reporting by allowing the jurisdiction to define what constitutes the data to report. This is a good example of interoperability between systems need to accomplish these goals.

Mr. Williams asked if that is something that DSHS is working toward and what is next?

Mr. Eichner responded that they have been working towards establishing a platform that would support multiple data feeds and being able to route that data to the right back-end system. DSHS has also been working on upgrading our platform for Geographic Information Systems (GIS) and will have a greater capacity for it soon. The next step would be to have a collaborative call between DSHS, LHEs, and any of the platforms to get a better understanding of what their capabilities are to ensure we haven’t missed anything.

Mr. Williams brought up the level of investment that would be needed especially for a small and medium health department to be able to have the ability to connect to any established platforms.

Mr. Eichner responded that it will depend on the best approach for services that can be hosted at a state level or another platform where they would have a user id and no local technology installed versus where customized software is needed at the local level. One of the advantages of having a common approach is looking at staffing an overflow if the LHEs and DSHS are using the same kind of technology in the same way.

Mr. Mattimoe asked how reliable one interface for all the jurisdictions in Texas would be?

Mr. Eichner responded that it will depend on the system availability versus data completeness.

Mr. Williams asked where they go from here? If there were one to three things to focus on what would they be?

Mr. Eichner responded that leveraging the next platform and collaboration around electronic case reporting, leveraging the framework that has already been established and the communication side of it for sharing and resources among the local jurisdictions. The next step would be identifying and adopting a state vision, a technology road map, and a philosophy road map.

Mr. Williams asked if that would be something DSHS would draft and create, where the committee could provide input and response to?

Mr. Eichner responded that he would need to discuss this with others before looking at undertaking it.

Dr. Huang brought up the progress on AMES feeding into NEDSS

Mr. Eichner suggested setting up a meeting with the AMES staff and LHE staff to identify the technological capabilities of the AMES platform, potential gaps, and the best way to address them.

Mr. William asked if Mr. Eichner was still meeting with representatives from different departments and if he could bring them together and have representation from the different sized health departments present.

Mr. Eichner responded that he does and that he will set up a meeting.

**Discussion of the Public Health Provider – Charity Care Program (PHP-CCP):**

Mr. Mohib Nawab updated the committee with a slide presentation of the PHP-CCP program and who is eligible for this program. There is an annual application/cost report tool that will collect cost and payment data on eligible services for reimbursement. The start date of the program will be on October 1st, 2021. The rules have been submitted and are available for comment until April 19, 2021. There will be an annual training in August of each year. The first year will cover Uncompensated Care and Medicaid shortfall. The second year and onward will only cover Charity Care.

Mr. Williams asked how they could influence the range of services that could be covered under this charity care uncompensated care?

Mr. Nawab responded that he would encourage entities that are eligible to apply and look into the rules. We are still working on getting a good definition of preventative services and any variations of those services. Comments on these definitions are welcome.

Ms. Megan Wolfe asked if the LHE’s would look at the tool when it becomes available to comment. We will be able to look at the comments submitted and respond to them individually.

Mr. Williams asked about value-added services like home visitations, a reminder

call, school-based services, language services and any others.

Ms. Wolfe said they will take a look at what is in the cost report once it is finalized.

Ms. Jennifer Smith updated the committee that TACCHO has eight members in a stakeholder workgroup with this HHSC group. These members represent the different size health departments and have provided oral and written comments suggesting some services.

Mr. Williams asked if this would have an impact on MAC reporting?

Ms. Wolfe responded that they haven’t addressed this yet but will have it looked at and see what kind of impact it will have.

**Discussion of Essential Public Health Services Framework:**

Mr. Williams wanted to have a formal discussion and vote on the framework for the core public health system services document.

Dr. Sharon Melville requested that one of the services be changed from Hepatitis B to HIV, STD, and Viral Hepatitis.

Mr. Mattimoe asked for an edit to show Emerging Infectious Disease.

Mr. Rafael Alberti made the requested modifications.

Ms. Kreidler made a motion to use this document as the framework for core public health services. Ms. Lisa Dick seconded. Motion carried.

**Discussion and Election of Committee Chair:**

Ms. Kreidler addressed the committee chair position that is up for renewal, Mr. Williams has been in the role and is willing to continue in this role.

Dr. Huang nominated Mr. Williams for Committee chair. Dr. Julie St. John seconded. Motion carried.

**Public Comment:**

No Public Comment

**Timelines, Next steps, Announcements and Future Meeting Dates**

The next Public Health Funding and Policy Committee will be held on June 9, 2021.

**Adjourn**

Dr. Jennifer Griffith made a motion to adjourn the meeting. Ms. Kreidler seconded the motion. Motion carried.

Approved:

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Stephen L. Williams, Committee Chair Date