Public Health Funding and Policy Committee Meeting

April 13, 2022

Minutes

Committee Members Attending

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

Phillip Huang, MD, MPH – Dallas County Health and Human Services – Vice 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

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

Attendees:

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| Ann Jacobo | Katherine Layman | Rafael Alberti |
| Andrea E Salcedo | Kathryn Kaminsky | Rekha Lashmanan |
| Angel Anco-Barrera | Karnes Cliffton | Ricky Garcia |
| Carrie Bradford | Lacey Camp | Roberto Beaty |
| Christine Riley | Laura LaFuente | Rose Dunaway |
| Christine Yanas | Lesley Brannan | Sarah Hollister |
| Cristina Garcia | Lillian Ringsdorf | Saroj Rai |
| Colin Crocker | Lindsay Lanagan | Scott Merchant |
| Dana Birnberg | Lisa Steffek | Scott Milton |
| David Gruber | Lucille Palenapa | Sharonica White |
| David Leary | Megan Wolfe | Shelle Tarbox |
| Desmar Walkes | Micheal DeLeon | Stephen Pont |
| Emily Rocha | Mohib Nawab | Steve Eichner |
| Glenna Laughlin | Monica Gamez | Timothy Patterson |
| Jennifer Smith | Moriah Hernandez | Tom Valentine |
| Jennifer Shuford | Nabeel Mulla | Veronica Karam |
| Jessica R Hyde | Noah A Chornyak | Yolanda S Cantu |
| John Villarreal | Rachel E Sonne |  |

Chair, Stephen Williams, called the meeting to order at 9:05 am and the committee members introduced themselves.

**February 9th Meeting Minutes**

Ms. Lisa Dick motioned to approve the minutes. Dr. Jennifer Griffith seconded. Motion approved and carried. Minutes approved.

**Senate Bill 969 (87th Texas Legislative Session) Stakeholder Outreach:**

Mr. Gruber presented an overview of the Senate Bill (SB) 969, 87th Texas Legislature (Regular) and its functions. SB 969 was passed during the last legislative session. This bill required DSHS to evaluate the current scope, size, function, and public health capabilities of Public Health Regions and Regional Offices. This is an evaluation of the Department of State Health Services (DSHS) component of the public health system, not of the public health system as a whole. This has already been done in the past where 2 to 3 meetings were held with each region to gather this information. Instead of redoing these meetings, we accumulated everything we did in the past as the basis for research for submitting a response. Documents that were looked at include the Texas Public Health System Round Table Discussions, the Public Health Action Plan, Public Health Service Delivery Texas' System for Categorizing Local Health Entities (LHEs), COVID After Action Report Quick Look, and DSHS Hurricane Harvey After Action Report. This will go into a very short report that will provide the requested assessment. We are also responsible for looking at our Emergency Preparedness and Response Component of it through the Center for Health Emergency Preparedness and Response, and the Division for Laboratory and Infectious Disease Services also has a separate component.

Mr. Williams asked if Mr. Gruber thinks that additional more capacity in the Regions is a need. Mr. Gruber responded that we could always say we need more capacity but we do not know what that is. We are looking more for the development of capability what is needed based on the situation. We do look at being a safety net for LHEs under times of stress, but it is difficult to figure out the balance needed for events. The Public Health Workforce Grant assists in this endeavor.

Mr. Williams asked if there will be consideration for placing some of those staff in LHEs in parallel to what the Center for Disease Control and Prevention (CDC) does. Mr. Gruber responded that the CDC does this to maintain a connection with departments. We believe the relationships between the regions and locals preclude having to embed staff to augment an LHE.

**Update on COVID-19 School Testing Grant:**

Mr. David Gruber gave an overview of the grant and the way the money was divided. We enacted a plan to work with the Texas Education Agency (TEA) where schools would be able to use vendors that DSHS had contracts with to acquire COVID testing. The grant ends in July but has just been extended. We took $221 million of the $800 million and gave it to TEA to administer for other allowed activities besides testing. $400 million was put aside for testing and paying vendors. Of the $400 million we have used up to 10%. No school has been restricted in the number of tests that they can provide. The school grant has been extended another year, and DSHS is working with TEA on some changes that may come. The biggest challenge is the administrative side of it, including invoices and payments, but operationally everything has gone well.

Dr. Phillip Huang asked if the testing resource is only testing school-aged kids. Mr. Gruber answered it is K-12 public and private schools.

Mr. Williams asked if the contract also allowed for testing families. Mr. Gruber answered that it may be able to encompass that if it is still for the school-aged kids but not as a take-home test. It also allows for daycare if the daycare is directly related to the school campus, but it does not allow for daycares in general.

Dr. Desmar Walkes asked if those funds can be used for behavioral health issues that students are facing. Mr. Gruber responded unfortunately no, the grant is very restrictive to just pure testing and cannot be used by school health in general.

Mr. William asked if it was this grant or another that required us to spend some portion of it with schools for example with staffing? Mr. Gruber answered that this grant does allow for staffing but within the confines of testing. The $221 million cut-out does give a little more flexibility but not as much as Dr. Walkes mentioned.

Ms. Imelda Garcia added that the school testing does augment some of the school nursing. Mr. Gruber also added that the Public Health Workforce Grant does mandate that money go towards school staffing for public health.

Mr. Williams asked if the Public Health Workforce Grant could be used to tackle other issues then. Mr. Gruber responded yes, it is very flexible as far as staffing for specific functions such as behavioral health.

Dr. Huang asked if the contract that is there for school testing is also available for non-school settings? Mr. Gruber answered no it is only for school testing.

Ms. Garcia added that based on the previous conversation we are looking into standing up some separate contracts for general testing for LHEs. Dr. Huang and Mr. Williams would prefer that these dollars come directly from the state for ease of access.

**Update on COVID-19 Vaccine Administration:**

Ms. Imelda Garcia updated the committee on vaccine administration with a slide presentation. The Food and Drug Administration and CDC have extended the shelf life of Johnson & Johnson’s Janssen vaccine from 9 to 11 months. Those that are 50+ have been authorized to acquire a 2nd booster dose. Receipt of a second booster dose is not necessary to be considered up-to-date at this time. The CDC continues to adopt more nuanced language which is important to stay on top of in terms of educating the public. We continue to track additional changes coming to vaccines and their administration. The Health Resources & Services Administration will stop accepting claims for uninsured and underinsured individuals as of April 5, 2022. The CDC expects participating providers will continue to administer these lifesaving vaccines at no cost to patients.

Mr. Williams asked if they were still pushing the second booster. Ms. Garcia answered they are still promoting it with flexibility.

**General updates on Interim charges affecting DSHS:**

Mr. Zachary Flores, with the Government Affairs team, provided the committee with a verbal update on some interim charges that were released by the House that may have some effect on DSHS. The interim charges are policy issues each committee will study and release testimony on in advance of the 88th legislative session. The 88th legislative session will run from January 2023 to May 2023. The findings from these charges may turn into bills for the next session. Government Affairs reviewed all the charges to see which will be affecting DSHS specifically. Mr. Flores preceded to go over the list of the charges with the committee.

Dr. Huang stated the charges related to data would be a good opportunity to pursue greater access to all the vaccine data. Mr. Williams responded that we could establish the normal level of data access and then recommend what we believe we should have. Dr. Huang added that there have been discussions on making ImmTrac2 bi-directional but it shows how important it is for us to have that data. Mr. Williams suggests making it an agenda item and discussing it more next meeting.

**Update on DSHS’ COVID-19 Health Disparities Grant Funded Activities:**

Dr. Cristina Garcia updated the committee on the DSHS’ COVID-19 Health Disparities Grant which is externally being called Community Conversations On Health. This is a grant from CDC to work with communities facing health disparities across Texas especially those impacted by COVID and chronic diseases. We are funding 55 local and state partners to engage with community needs and priorities. Our role is to bring together different partners and expand new partnerships in communities. Dr. Garcia proceeded to update the committee on the progress of hiring, coordination with grant partners, and an update on the Texas Public Health Fellowship.

Mr. George Roberts asked what is the sense of the grant having extended funding for this as well as the Public Health Work Force Grant? Dr. Garcia responded that CDC was going to allow no-cost extensions and we were in the process of submitting applications for that. Funding beyond that we are working within DSHS and trying to identify sources of funding for LHEs.

Mr. Williams asked if there was some discussion with the CDC to continue some portion of the Public Health Work Force grant funding? Dr. Stephen Pont responded that the different grants have different rules, it seems some of the grants are being extended out through the summer of 2024.

**Update on Public Health Provider-Charity Care Program:**

Mr. Nabeel Mulla updated the committee on the Public Health Provider - Charity Care Program (PHP-CCP). Provider Finance understands that the Charity Care affects LHEs, but please note Provider Finance will be administering this program as designed and approved by Contract Management Section (CMS). PHP-CCP is not a transition or a continuation of the Delivery System Reform Incentive Payment (DSRIP) program. The Provider Finance team would give out the resources needed to answer any questions they may have. For demonstration year 12 we will have a Charity Care transition training in May. For demonstration year 11 will have another training and another will be added in case others cannot join. Refresher training will be provided to assist in reviewing the previous training materials. Between the months of August through September will be having several initial pieces of training for demonstration year 12. We will hold a stakeholder meeting on April 22nd at 9:00 am where we will discuss several items regarding the year 2 Charity Care transition. Provider Finance is working to get a direct phone line in place to provide an extra form of contact in addition to their email box.

Mr. Williams stated that we understood that this would not be a complete substitute for DSRIP, but proposals were made for specific long-term options. Some of the proposals we have could be done through Medicaid but we would like to continue this dialogue. Mr. Mulla responded that the team would gladly take any requests but CMS has the final word on implementation. Mr. Williams would like to get personally involved so that we could create some more innovative options that may be acceptable to CMS.

Mr. Roberts stated that the amount of effort put into the Charity Care program is too much for what it is. He would like to continue the dialogue on this and agrees with creating innovative options and working with CMS. Mr. Williams added that there is a simpler format of a cost report used for dental and wonders why that one would not be able to be used instead. Ms. Megan Wolfe with Provider Finance answered that the Dental cost report is different where the PHP-CCP cost report was created directly with CMS and approved. It can’t be used in the same way since it is a different program.

**Update on Senate Bill 73 Managed Care Organization Implementation:**

Ms. Sharonica White with Medical Benefits Policy at HHSC gave the committee a high-level update on the implementation of Senate Bill 73, 87th Texas Legislative Session (Regular). HHSC continues to work with the Texas Medicaid and Healthcare Partnership (TMHP) to implement the LHE provider type in the system. We also are working with DSHS to coordinate concerns from the LHEs. DSHS has provided us with a list of codes that the LHEs want to be able to bill. We plan to implement the provider type in the system by December of this year. Ms. Paula Clark supplied the following email for additional questions to the Health & Human Services Commission (HHSC) Medicaid Benefit Request [MedicaidBenefitRequest@hhsc.state.tx.us](mailto:MedicaidBenefitRequest@hhsc.state.tx.us).

Mr. Williams asked if the committee would get the chance to look at the implementation before it is published? Ms. White responded that they are working closely with TMHP on the provider and claims piece. Mr. Alberti rephrased the question. Ms. White responded that she could not answer that question as of now.

Dr. Walkes asked if that provider type would have population health Current Procedural Terminology codes associated with it? Ms. White responded yes, but to better answer that question they would need to bring in a provider SME to explain it.

**Local Health Entity Data Sharing Enhancement Effort**

Dr. Carrie Bradford gave a slide presentation on the Local Health Entity Data Sharing Enhancement Effort updating the committee on the project's current standing and its future. The overarching goals of the presentation were to speak on the following:The standardization and streamlining of data sharing requests, approval processes, data sharing agreements, enhancement of analytical/reporting capabilities, data quality, and the usage of technological capabilities to enhance data sharing with public health partners. A new data analytics reporting platform, going by the name of State Health Analytics & Reporting Platform (SHARP), will be used in the pursuit of these goals. Implementation is expected to be fall of 2022.

Dr. Huang asked is this only for LHEs or if it is for other partners also? Dr. Bradford answered that the pilot for this is only with LHEs. Dr.Huang asked if it will ultimately be broader? Dr. Bradford answered overall yes, but there is still much work to do, because not all data sets are within SHARP yet. Dr. Huang responded that there are still many restrictions on data access that affect the LHEs and would like to make sure that the LHEs are still included as public health partners on this front. Dr. Bradford responded that she agrees, and that the system would hopefully help on this topic.

**Update on Public Health Information Systems and Interoperability with Local Health Departments:**

Mr. Steve Eichner gave a short overview of the state of interoperability currently. At the federal level, the Health Information Technology Advisory Committee will be making recommendations to the office of the National Coordinator for some modifications to expand the capacity of the United States Core Data for Interoperability (USCDI). These modifications come in the form of additional data points regarding gender status and other information, which are data points that will be integrated into data standards for electronic health records (EHR). There is also an information standards subgroup of high tech that will be looking in the Interoperability Standards Advisory, to possibly revise some of the standards around electronic laboratory reporting and some other areas that are of interest to public health. DSHS is working on the 2022 interoperability report to the Texas Legislature required under House Bill 2641. The report will provide an update to the legislature about HHSC and DSHS's progress on advancing interoperability and the use of data standards to exchange protected health data with healthcare providers and other stakeholders.

Mr. Timothy Patterson then provided an overview of current work being done within the National Electronic Disease Surveillance System (NEDSS). We are preparing for the decommissioning of the Texas Health Trace System which should be completed within the Fall. We have now implemented the function to support those jurisdictions that were sending closed COVID cases and we can support the continuation of those uploads into NEDSS. Reporting functionality for jurisdictions, they can link over to the SHARP system instead of going through NEDSS. We have also implemented some overall improvements to our reporting process. Two projects we are tracking are the updates of the closed case from jurisdictions and the other is the electronic initial case reports pilot. Finally, the NEDSS Interoperability and Functional Improvements (NIFI) project were started back in the Fall of 2021 and we are very close to having some deployments for it.

Ms. Lucille Palenapa added an overview to the case reporting that is currently going into NEDSS to provide clarification on the various categories of reports.

Dr. Huang asked if the NEDSS connection to SHARP is already made? Mr. Patterson answered yes, that link exists today and it is in use to prepare COVID case reports. Dr. Bradford added that it is another option to acquire the data. Dr. Huang then asked if importing vaccinations into NEDSS is only for COVID? Mr. Patterson stated that initially we are only using it for COVID vaccination data but there are discussions on this. Dr. Huang followed up by asking if there are plans for linking ImmTrac2's broader data into NEDSS. Ms. Monica Gamez responded, yes we are looking at the future for Bronchopulmonary Dysplasia data into NEDSS for any vaccine preventable disease that an epidemiologist is investigating. Dr.Huang asked if this would be dependent on any legislative changes? Ms. Gamez responded yes, we currently can do this if the epidemiology investigation is contained within NEDSS. COVID data is a little different than that because we are under an age declaration where everyone goes into the registry without consent. Post declaration we would only be handling those individuals who consent to go into ImmTrac2. Dr. Huang asked if this is something that Immtrac2 can do for the broader vaccination record.Ms. Gamez would take this back and check for a later response. Ms. Gamez also responded that ImmTrac2 is going through a modernization effort where they are looking at faster mechanisms to query the data because of the amount of data currently within it.

**Public Comment:**

Ms. Andrea Saucedo, from El Paso Public Health Department, asked since they are working with large health organizations to start the initial electronic reporting system into NEDSS, are they also doing this with the independent laboratory corporations that are testing? Would this data be able to be inputted into NEDSS as well?

Mr. Patterson answered we are in a pilot right now and the plan is to expand to include other healthcare organizations and other jurisdictions so it can be slowly expanded out to the rest of Texas. Mr. Eichner asked Mr. Patterson if he could clarify the difference between data coming in from laboratories versus the data we are currently receiving from hospitals? Mr. Patterson responded we are now getting a feed from the Association of Public Health Laboratories (APHL) Informatics Messaging System (AIMS) platform from those organizations that are being imported straight into NEDSS. Ms. Gamez added currently DSHS received all lab results for notifiable conditions and those are fed through the public health informatics and data change teams. Currently, all laboratories that are required to report are doing so through an electronic lab report.

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

Mr. Williams asked for the agenda to be repeated and to include the ImmTrac2 data access issue. Mr. Williams asked Dr. Huang to come up with a proposal and a recommendation for this topic. Mr. Williams also asked the committee to begin thinking about the creation of recommendations for the next meeting. Ms. Laughlin brought up the change to the Texas Association of City and County Health Officials meeting date to May 25th. The committee will the next date to match. Mr. Alberti asked if the committee would begin discussing possible recommendations for the next meeting? Mr. Williams said yes, along with the provider-type issues.

**Adjourn**

Dr. Huang made a motion to adjourn the meeting. Dr. Jennifer Griffith seconded the motion. Motion carried. Meeting adjourned.

Approved:

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Stephen L. Williams, Committee Chair Date