



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**

# **FY 2026 – 2027 Legislative Appropriations Request**

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**February 25, 2025**

# Presentation Outline

- Agency Overview
- Exceptional Item Objectives
- HB 1 Impact on DSHS Exceptional Item Requests
- Exceptional Item Requests
- Appendix: Exceptional item Details

# Agency Overview: DSHS Mission, Vision and Goals

**DSHS Mission:** To improve the health, safety, and well-being of all Texans.

**DSHS Vision:** A Healthy Texas

## **DSHS Goals:**

- Improve and support health outcomes and well-being for individuals and families
- Ensure efficient access to appropriate services
- Protect the health and safety of vulnerable Texans
- Continuously enhance efficiency and accountability

# Agency Overview: DSHS Functions



Preventing, detecting, and responding to infectious diseases



Leading public health and medical response during disasters and emergencies



Developing and implementing evidence-based public health interventions through data analysis and science



Reducing health risks and threats by establishing minimum standards for consumer protection



Promoting healthy living through disease and injury prevention

# HB 1 Impact on DSHS Exceptional Item Requests

- The following HB 1 provisions address DSHS needs, allowing DSHS to remove the following requests:
  - EI 1: Data Center Services
  - EI 8: 7 FTEs for Maternal Data Systems (funding not included)
- Article IX, Sec. 17.15, also states that the House supplemental appropriations bill will fully fund:
  - EI 1: Vehicles
  - EI 1: Seat Management
  - EI 3: New Laboratory Space
  - EI 8: Maternal Data Systems (funding only)

# Exceptional Item Objectives

01

Ensure efficient and effective operations of current services.

02

Strengthen the broader public health system.

03

Protect Texans from emerging and persistent health challenges.

# Exceptional Item Overview

Exceptional Item		Biennial GR/GRD	Biennial All Funds	FY 2026 FTEs	FY 2027 FTEs
DSHS FY 2026 – 2027 Base Request		\$1,102.6 M	\$2,297.8 M	3,369.2	3,369.2
1	Meet Increased Costs for Current Agency Operations	\$7.4 M	\$7.4 M	0.0	0.0
2	Maintain Agency Infrastructure that Serves Texans and Communities	\$22.3 M	\$22.3 M	2.0	2.0
3	Expand Laboratory Capacity and Capability to Detect Risks to Health and Safety	\$328.3 M	\$334.9 M	38.0	38.0
4	Improve Child Mortality and Morbidity Due to Congenital Syphilis	\$13.3 M	\$13.3 M	25.0	25.0
5	Ensure Access to Regional and Local Public Health Services	\$57.2 M	\$72.0 M	82.0	82.0
6	Support Growth in Texas Industries and Career Entry	\$14.6 M	\$14.6 M	11.0	17.0
7	Reduce the Impacts of Tobacco-Related Cancers	\$2.8 M	\$2.8 M	0.0	0.0
8	Improve the Timeliness and Quality of Maternal and Child Health Data	\$11.5 M	\$11.5 M	8.0	8.0
9	Support Business Growth Through Improved Technology Services	\$14.6 M	\$14.6 M	5.0	7.0
<b>Total, All Exceptional Items</b>		<b>\$472.0 M</b>	<b>\$493.4 M</b>	<b>171.0</b>	<b>179.00</b>
<b>Total, DSHS Base + Exceptional Items</b>		<b>\$1,574.6 M</b>	<b>\$2,791.2 M</b>	<b>3,540.2</b>	<b>3,548.2</b>

# El 1: Meet Increased Costs for Current Agency Operations

- **Vehicles, \$2.8 M:** Replace 3 boats and approximately 26 vehicles used for daily DSHS operations and fieldwork.
- **Seat Management, \$2.5 M:** Pay for warranty, lease, and software costs for approximately 3,500 desktops, laptops, and tablets used in daily DSHS business activities.
- **Texas Center for Infectious Disease, \$2.4 M:** Cover cost increase for medications, other medical resources, food, and utilities.

Method of Finance	FY 2026	FY 2027	Biennium
GR	\$4.9 M	\$2.5 M	\$7.4M
All Funds	\$4.9 M	\$2.5 M	\$7.4M

FTEs	
FY 2026	0
FY 2027	0

Program Data	
TCID Bed Capacity	40
TCID Patients, FY 2024	103



# El 2: Maintain Agency Infrastructure that Serves Texans and Communities

- **Regional Clinic Cost Increases and Space Planning, \$9.4 M, 2 FTEs:** Cover increasing lease costs across the state and a facility assessment contractor to determine the adequacy of approximately 100 DSHS field offices and address critical maintenance needs at regional facilities.
- **Lab Building Maintenance of Critical Infrastructure, \$2.7 M:** Cover increased maintenance costs and required repairs to facilities and testing equipment.
- **TCID Deferred Maintenance, \$6.6 M:** Replace water main lines and a deteriorating walkway, install electronic locking system, construct an ADA-compliant bathroom in a common area, and replace critical room controls.

Method of Finance	FY 2026	FY 2027	Biennium
GR	\$16.3 M	\$5.9 M	\$22.3 M
All Funds	\$16.3 M	\$5.9 M	\$22.3 M

FTEs	
FY 2026	2
FY 2027	2

Program Data	
DSHS Field Offices	96
Upcoming Regional Lease Expirations	55

- **Increased Facility Costs, \$3.5 M:** Address increased costs for Austin offices.

# El 3: Expand Lab Capacity and Capability to Detect Risks to Health and Safety

- ***New Laboratory Space, \$328.3 M:*** Build a new laboratory on the DSHS campus to ensure that DSHS can meet changing testing demand.
- ***Laboratory Staff for Newborn Screening and Water Testing, \$6.6 M and 38 FTEs:*** Provide FTEs to bring on 5 new conditions to the Newborn Screening Panel and to add capabilities to test for new types of drinking water contaminants. This item would be funded by DSHS fee revenue.

Method of Finance	FY 2026	FY 2027	Biennium
GR	\$328.3 M	\$0.0 M	\$328.3 M
All Funds	\$331.5 M	\$3.4 M	\$334.9 M

FTEs	
FY 2026	38
FY 2027	38

Program Data	
Conditions added to Texas NBS Panel in the Last 20 Years	49
Texas NBS Additions in Progress	5
Percentage of Texas Water Systems Served by the DSHS Lab	60%

# El 4: Improve Child Mortality and Morbidity Due to Congenital Syphilis

- ***Congenital Syphilis Prevention and Treatment, \$13.3 M, 25 FTEs:***

- Increase provider education through community health worker training and a congenital syphilis treatment and referral toolkit for maternal care providers.
- Stand up a congenital syphilis consultation hotline to support maternal and pediatric care providers making complex syphilis diagnoses and treatment decisions and to help connect women to care.
- Establish rapid response regional nurse teams to ensure mothers in all areas of the state can easily access and complete treatment to protect their babies from congenital syphilis.
- Create a congenital syphilis public awareness campaign and online resources for women and families who may be at risk.

Method of Finance	FY 2026	FY 2027	Biennium
GR	\$6.8 M	\$6.5 M	\$13.3 M
All Funds	\$6.8 M	\$6.5 M	\$13.3 M

FTEs	
FY 2026	25
FY 2027	25

Program Data	
Babies Born with Congenital Syphilis, 2023	930
CS Babies Born with Low Birth Weight, 2022	239
Congenital Syphilis Perinatal Deaths or Stillbirth, 2022	52

# El 5: Ensure Access to Regional and Local Public Health Services

- **Sexually Transmitted Disease, \$27.7 M (\$12.7 M Federal), 44 FTEs:** Maintain Disease Intervention Services staff primarily housed in local health departments and DSHS regional offices as federal funding ends.
- **Tuberculosis (TB), \$21.2 M, 16 FTEs:** Provide a 30% increase in LHD contracts for TB care services in the community, 16 DSHS staff for nurse consultation and direct care services, and funds to cover the increased cost of medications.
- **Rabies, \$7.1 M, 14 FTEs:** Support rabies surveillance and testing as well as the border Oral Rabies Vaccine Program’s border maintenance zone. Address increased rabies vaccine, immunoglobulin, and lab costs.
- **Social Services, \$4.1 M:** Increase retention of social services staff who help connect vulnerable Texans with services.

Method of Finance	FY 2026	FY 2027	Biennium
GR	\$20.8 M	\$34.5 M	\$55.3 M
All Funds	\$35.5 M	\$36.5 M	\$72.0 M

FTEs	
FY 2026	82
FY 2027	82

Program Data	
Federally Funded STD Intervention Staff	44
State Population Increase Since 2000	40%

- **Immunizations, \$12.0 M, 8 FTEs:** Facilitate vaccine education and administration through a 30% increase in LHD contracts and one additional public health nurse in each public health region.

# El 6: Support Growth in Texas Industries and Career Entry

- **Meat Industry, \$5.3 M, 10 FTEs:** Bring 146 meat safety staff salaries to levels more comparable to federal employees. Increase number of employees to assist business owners wishing to enter the industry.
- **Retail and Manufactured Foods Industry, \$5.5 M (\$2.5 M Fed):** Increase salaries for 177 staff to stabilize inspection frequencies.
- **Radiation Control, \$2.2 M:** Increase salaries for 98 employees to make them comparable to federal employees and increase retention.
- **Emergency Medical Services Industry, \$0.9 M, 4 FTEs:** Hire regional FTEs to survey, inspect, and investigate EMS personnel, providers, education programs, and first responder organizations.

Method of Finance	FY 2026	FY 2027	Biennium
GR	\$5.1 M	\$6.0 M	\$11.1 M
All Funds	\$6.8 M	\$7.8 M	\$14.6 M

FTEs		Program Data	
FY 2026	11	Meat Establishments	391
FY 2027	17	Food & Drug Industry Licenses	46,440

**Community Health Workers, \$0.7 M, 3 FTEs:** Hire FTEs to review applications for CHWs, CHW instructors, and CHW curricula requests to allow quicker CHW entry into the healthcare workforce.

# El 7: Reduce the Impact of Tobacco-Related Cancers

- ***Tobacco Education and Cessation, \$2.8 M:***

- Implement a statewide media campaign aimed at adults ages 30-64 years who use tobacco products to increase awareness of Texas Tobacco Quitline cessation services and reinforce awareness of the harms of tobacco products, including e-cigarettes.
- Manage anticipated growth in demand for Quitline services with the launch of a statewide campaign aimed at adults ages 30-64 who use tobacco and vaping products.

Method of Finance	FY 2026	FY 2027	Biennium
GR	\$1.4 M	\$1.4 M	\$2.8 M
All Funds	\$1.4 M	\$1.4 M	\$2.8 M

FTEs		Program Data	2023
FY 2026	0	Unique Participants with at Least One Tobacco Quitline Coaching Call	8,142
FY 2027	0		
		Percentage of Quitline Participants Reporting Quitting At 7-Month Follow Up	34.8%

# El 8: Improve the Timeliness and Quality of Maternal and Child Health Data

- Modernizing Maternal and Child Health Data, \$9.9 M:** Expand the capabilities of both the Maternal Mortality Review System (MMRS) and Maternal and Child Health Quality Improvement (MCHQIS) systems.
- Improve Birth Defects Registry Surveillance Capacity, \$1.6 M, 8 FTEs:** Add one staff in each Public Health Region to review hospital medical records for potential birth defect cases and abstract complex medical information about those cases. The additional staff would allow for faster case identification and enable DSHS to improve the timeliness of registry data.

Method of Finance	FY 2026	FY 2027	Biennium
GR	\$5.2 M	\$6.3 M	\$11.5 M
All Funds	\$5.2 M	\$6.3 M	\$11.5 M

FTEs	
FY 2026	8
FY 2027	8

Program Data	
Medical Records Reviewed by Birth Defects Staff, 2023	81,000
Reported Texas Birth Defects, 2021	Over 27,000

# El 9: Support Texas Business Growth Through Improved Technology Services

- **Replace Regulatory Automated System with a current, functional solution: \$14.6 M:** Replace dated Regulatory Automation System (RAS) with current, functional solution. Funds would support:
  - Procurement and replacement of the system;
  - Ongoing maintenance and support; and
  - 7 staff to implement the replacement project, 2 of whom would remain as permanent to provide ongoing IT support for the system.

Method of Finance	FY 2026	FY 2027	Biennium
GR	\$10.9 M	\$3.7 M	\$14.6 M
All Funds	\$10.9 M	\$3.7 M	\$14.6 M

FTEs	
FY 2026	5
FY 2027	7

Program Data	
Active Licenses and Registrations	305,000+
Active External Users	237,240
License Types Included in RAS	150
DSHS Programs Using the System	30+



# Appendix: Exceptional Item Details



# El 1: Certain DSHS Vehicles and Boats Are Past Life Expectancy



Boston Whaler boat docked in Corpus Christi.



The boat has cracked fiberglass throughout the boat structure.

# EI 1: TCID Operating Costs Are Increasing Due to Inflation



Accredited Specialty Long Term Care Hospital in San Antonio



Inpatient tuberculosis care



Treatment of complex and drug-resistant patients



Management of compounding comorbidities like substance use, diabetes, and behavioral health issues

## TCID Cost Drivers

### TB Medications

- Bedaquiline now costs \$22,000 per bottle.

### Prescriptions

- 13% Expected Cost Increase

### Equipment Maintenance

- 12% Expected Cost Increase

### Food

- 30% Expected Cost Increase

# El 2: Costs for New or Renewed Leases will be Higher in FY 2026 – 2027



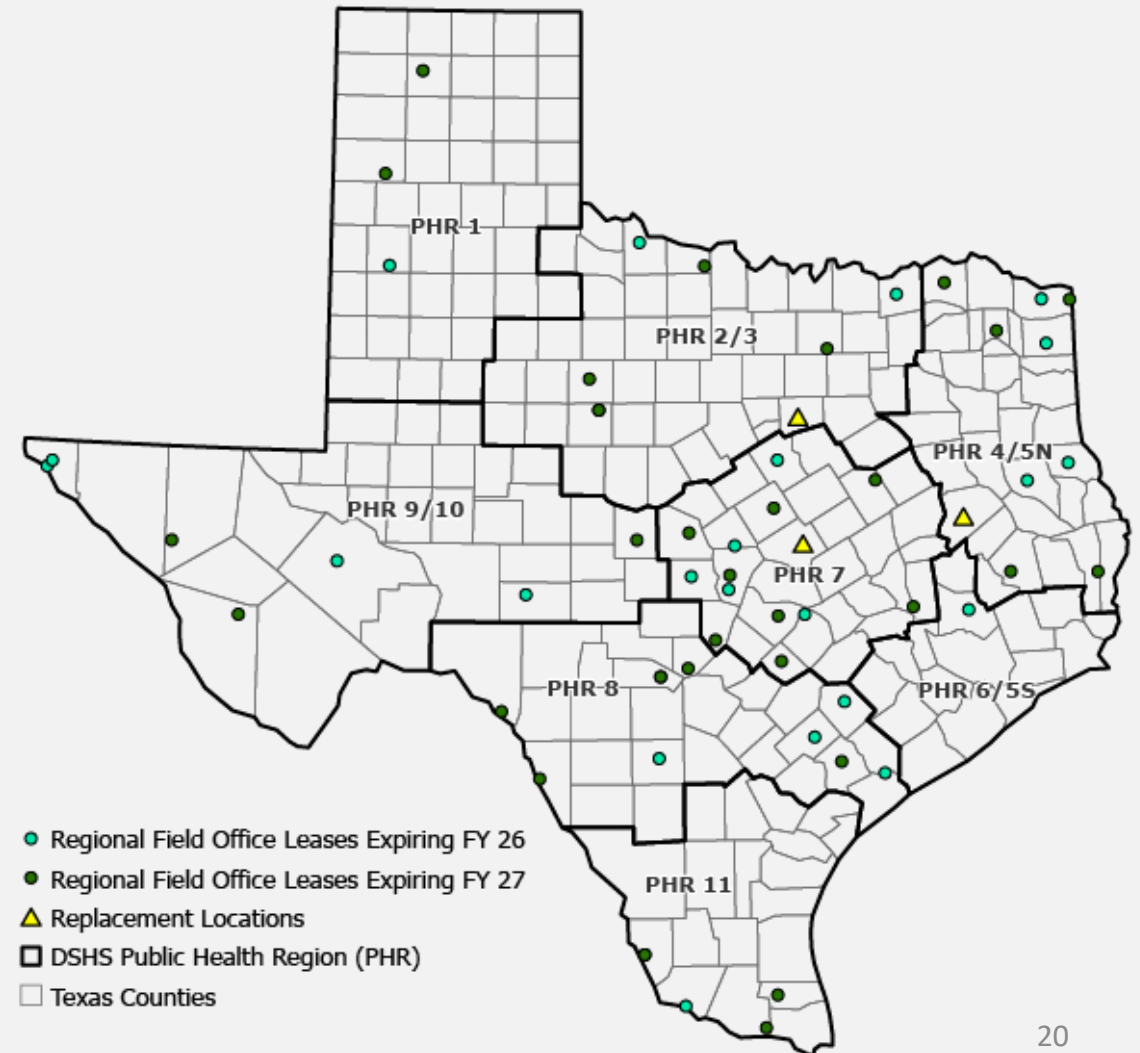
55 DSHS regional facility leases will expire next biennium.



Lease costs for these offices anticipated to increase by 15 to 20 percent.



The regional offices in Temple, Crockett, and Cleburne must relocate.



## EI 2: Laboratory Upkeep is Needed to Meet Safety Standards



Freight elevator area doors do not close and no longer meet fire code.



PVC pipe connections produce toxic inorganic compounds that cause testing errors and need to be replaced with welded pipe to ensure accurate test results.



Fume hoods are 20 years old and do not function properly.



## EI 2: TCID Requires Updates to Maintain Safety and Security



Water discoloration due to outworn piping systems.



Security fencing at risk of collapse due to support beam deterioration.

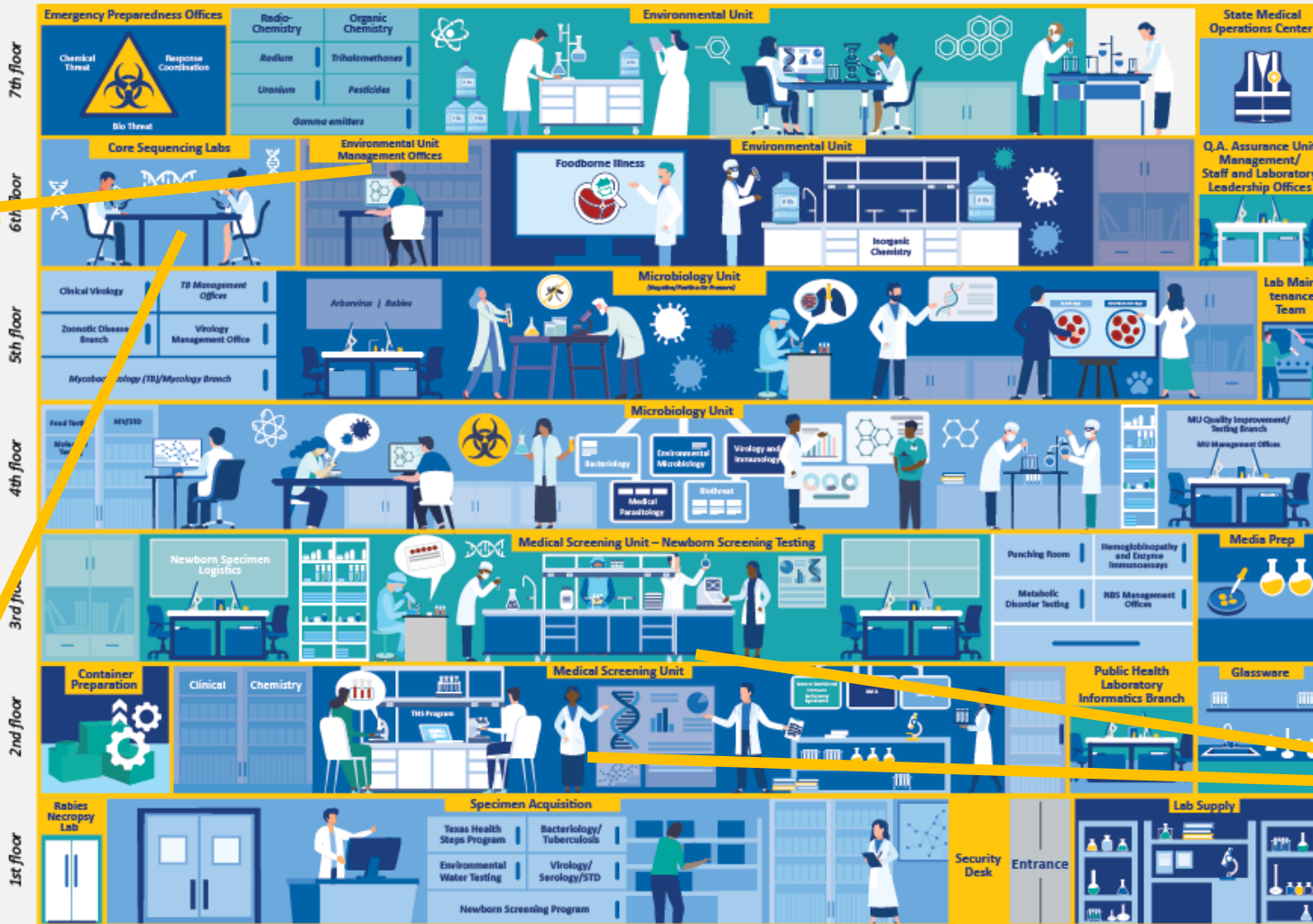


Patients lack access to ADA-compliant bathrooms in the dining area.

# EI 3: The DSHS Austin Laboratory Is Fully Using Available Testing Space

The lab needs 24% more space for water testing in the next 5 years.

100% growth in core sequencing space needs in the next 5 years.



## Space Utilization Overview



Austin Laboratory usable space: 119,600 sq. ft.



Current usable space utilization: 119,600 sq. ft.

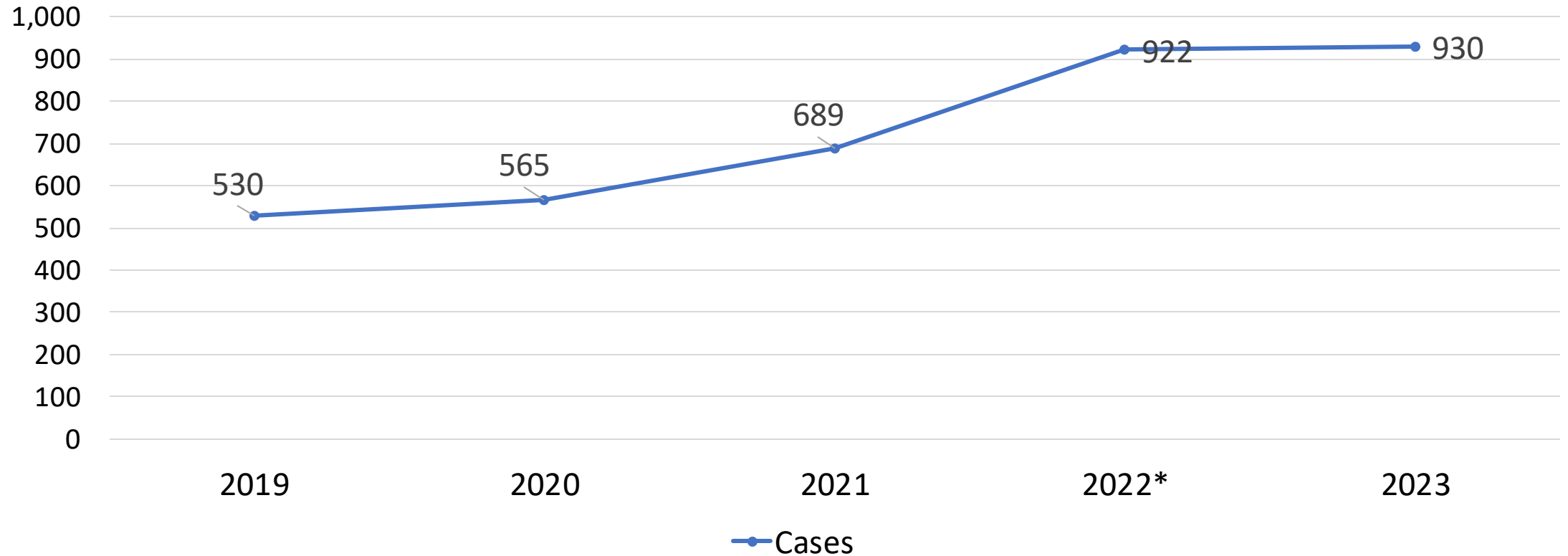


5-year projected usable space need: 165,000 sq. ft. for equipment and some storage

The lab needs 65% more space in the next 5 years to keep pace with national NBS recommendations.

# EI 4: Congenital Syphilis Cases in Texas Babies are on the Rise

Texas Congenital Syphilis Cases, 2019 – 2023\*

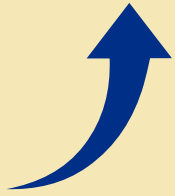


\*2023 data is provisional.

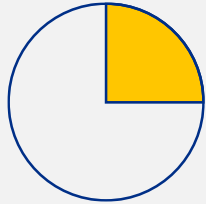


# El 4: Congenital Syphilis Leads to Negative Birth Outcomes

## Congenital Syphilis is a Growing Problem



CASES RISING  
IN THE U.S.  
SINCE 2012



TEXAS ACCOUNTS  
FOR A **QUARTER**  
OF ALL U.S. CASES  
IN 2023

- CAUSES BIRTH DEFECTS
- CAN CAUSE DEATH
- IS PREVENTABLE

### QUICK FACTS

- Transmitted from mother to baby in utero
- Consequences can be severe:
  - Miscarriage
  - Preterm delivery
  - Birth defects
  - Death or still birth
- Risks greatly reduced when mother is diagnosed and treated early in pregnancy

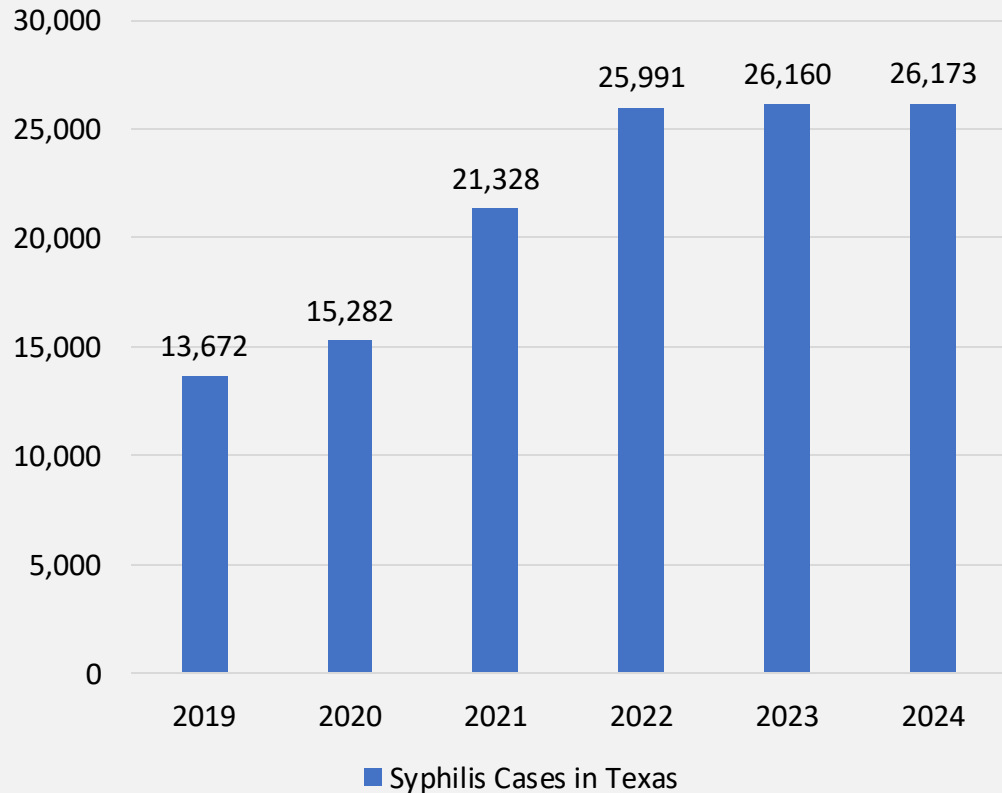


## Counties with the Highest Incidence of Congenital Syphilis, 2023

County	Cases
Harris	150
Bexar	116
Dallas	105
Tarrant	61
Hidalgo	40
Webb	21
Cameron	19
Travis	18
Gregg	16
Lubbock	16
El Paso	14

# EI 5: Federal Funding Reductions will Impact STD Intervention in Texas Communities

Texas Syphilis Cases, 2019 – 2023



STD cases in Texas remain a persistent challenge to public health.



STD intervention specialists connect patients with care and curb disease spread.

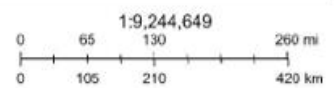
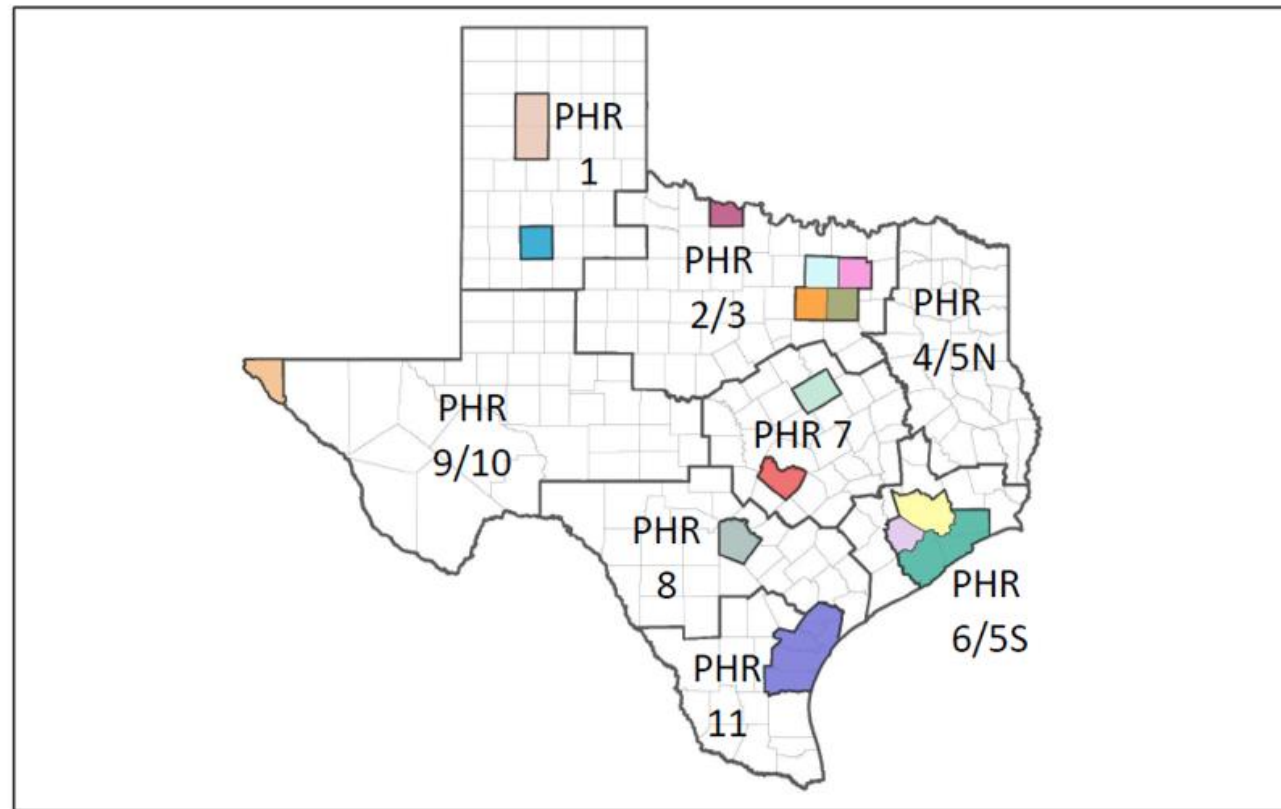


Federal funding for regional and local STD intervention specialists in high prevalence communities expires in 2026.



The loss of intervention services in these communities would increase the risk of disease spread.

# El 5: Federal Funding Reductions will Impact STD Intervention in Texas Communities



DSHS HIV/STD/HCV Epidemiology and Surveillance Unit  
Data Analytics Team

## 6 Local Health Departments Impacted Have No Other Funding Source for These Activities

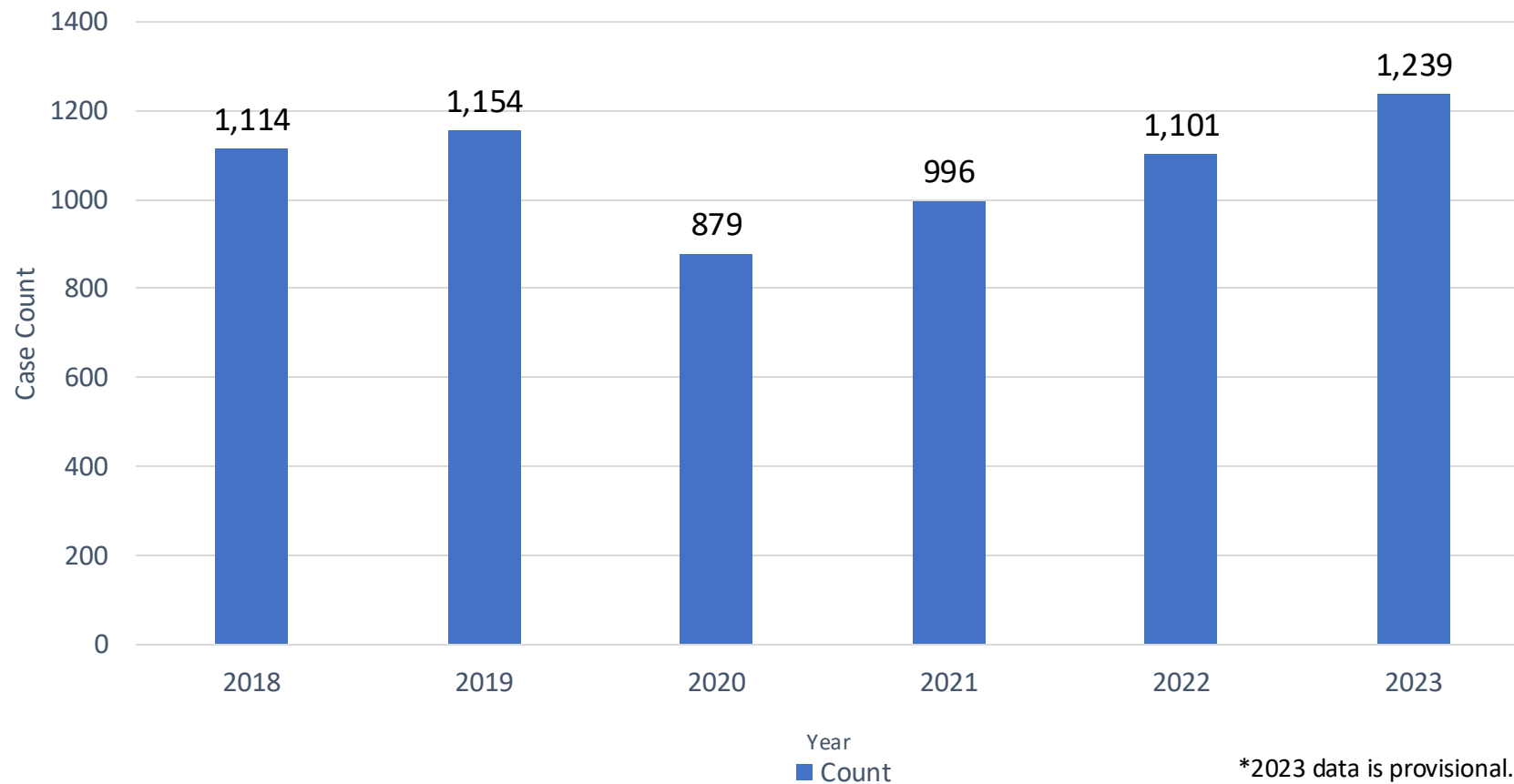
1. Amarillo Health Department
2. Collin County Health Care Services
3. Denton County Public Health
4. Fort Bend County Health and Human Services
5. Lubbock Health Department
6. Wichita Falls-Wichita County Public Health District

## Additional Impacted Local Health Departments

1. Austin Public Health
2. Corpus Christi-Nueces County Public Health District
3. Dallas County Health and Human Services Department
4. El Paso Health Department
5. Galveston County Health District
6. Houston Health and Human Services
7. San Antonio Metropolitan Health District
8. Tarrant County Public Health

# El 5: Tuberculosis Remains a Challenge in Texas

Tuberculosis Cases in Texas, 2018 – 2023\*



# EI 5: Public Health Interventions Help Prevent the Spread of Tuberculosis



## TB's Impact to Texans

Texas reports about 1,000 new TB cases each year.

Additionally, 8,000 - 10,000 Texans are exposed to TB each year. Individuals with exposure are screened by public health to identify risk of infection.



## Treatment for Tuberculosis Infection

DSHS regional offices and local health departments treat over 2,900 people for TB infection a year.

This treatment ensures that an individual infected with TB does not develop active TB that can further spread in the community.



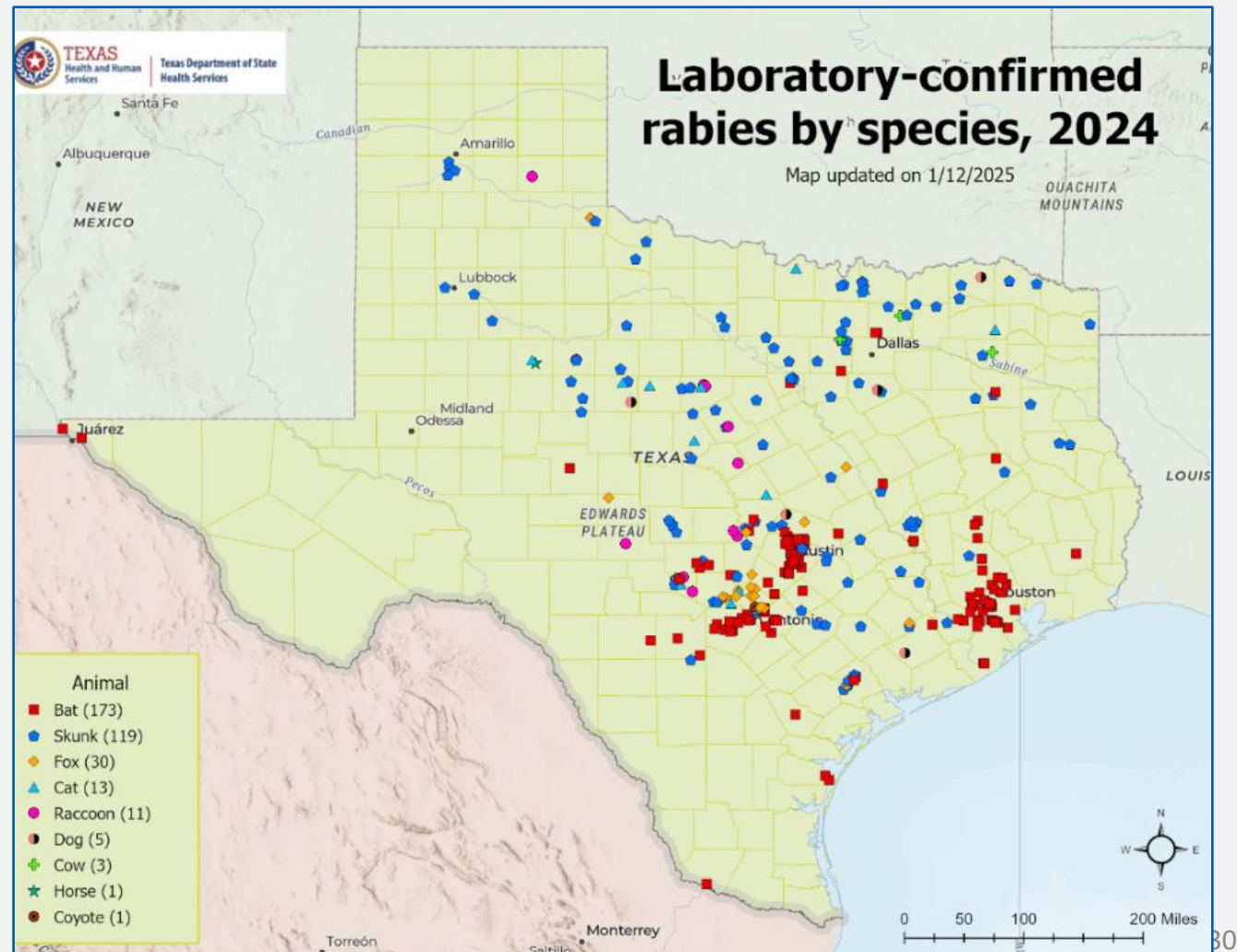
## Treatment for Active Tuberculosis

Public health also provides TB medications for individuals with contagious, active TB disease.

Treatment is costly but necessary to protect the community's health.

# EI 5: DSHS Investigates Rabies Cases and Provides Life-saving Post Exposure Medication

- DSHS regional staff conduct investigations of animal rabies cases and rabies exposure risk assessments.
- Persons exposed or likely exposed may obtain rabies post-exposure prophylaxis (PEP) from providers and emergency rooms, but access is not equal across the state.
- DSHS serves as a safety net for PEP for individuals who cannot obtain it otherwise.
- A full PEP series of biologicals include Human Rabies Immune Globulin plus 4-5 doses of vaccine.

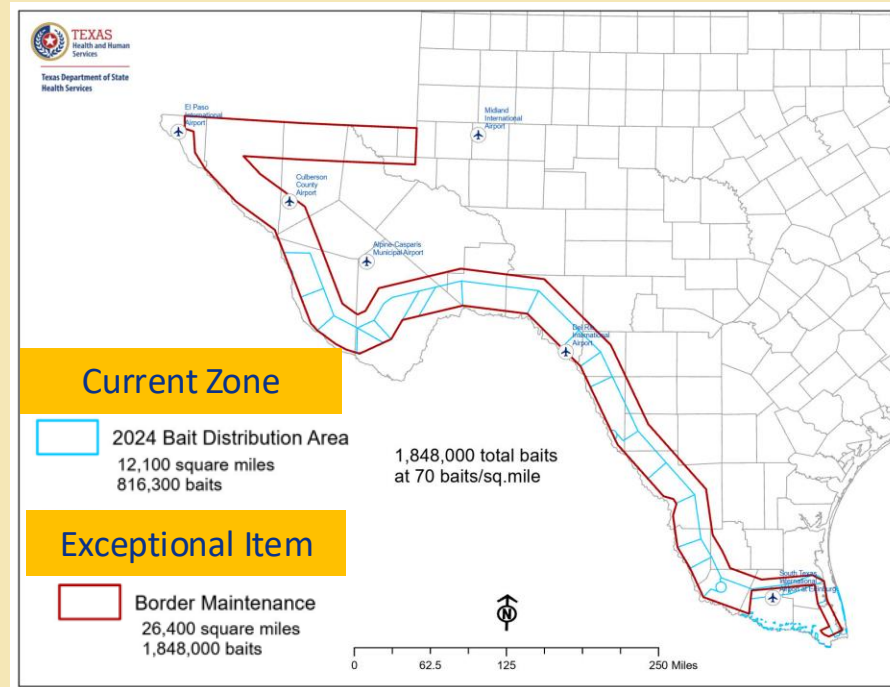


# El 5: Effective Rabies Control Along Texas Borders Protect Humans and Livestock

## Prevention: Oral Rabies Vaccine Program

Distributes vaccines as bait to wildlife along the Texas-Mexico border.

The Arizona grey fox rabies variant is approaching from New Mexico and Arizona.



## Rabies Control

Effective rabies control requires rapid testing and treatment.

The DSHS laboratory evaluates 9,000 animals annually for rabies, ranging from bats, skunks, foxes, and dogs.

DSHS regions need resources to guarantee capacity to ensure individuals exposed to rabies are quickly identified and treated before they develop symptoms.



# EI 5: DSHS Social Workers Connect Eligible Texans with Needed Services



**DSHS Social Workers:  
One Role, Many Hats**

## Who They Serve and How:

- Families with children who have special health needs, pregnant women, and Medicaid providers who serve children from birth through age 20.
- Social workers provide:
  - Case management,
  - Eligibility assessments, and
  - Provider recruitment and technical assistance.

## Retention Challenges:

- DSHS cannot currently compete with other employers offering better pay.
- These staff have highly valued knowledge of the broader healthcare systems, providers, and available services.
- 40% of social workers are eligible for retirement.
- It takes 11.5 months on average to fill vacant positions.



# El 5: Population Growth Increases Need for Access to Vaccine Services



Since the 1900s, public health has helped with administration of vaccines to prevent the incidence and severity of preventable diseases like polio, measles, and whooping cough.





Through the Texas Vaccines for Children (TVFC) and Adult Safety Net (ASN) programs, health departments and participating providers offer core vaccines for eligible children whose parents consent and uninsured adults.

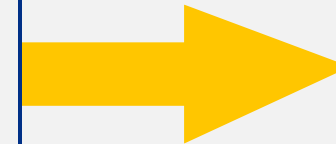


Funding for immunizations has not kept pace with the Texas population, which has increased by over 40% since 2000.

# EI 6: DSHS is Losing Meat Safety Staff to Federal Counterparts

## SPOT THE DIFFERENCE

Federal Meat Inspector	Texas Meat Inspector
 <ul style="list-style-type: none"><li>☑ Must meet federal requirements</li><li>☑ Must train for years before autonomous in job functions</li><li>☑ Must be onsite for every slaughter and when processing</li></ul>	 <ul style="list-style-type: none"><li>☑ Must meet federal requirements</li><li>☑ Must train for years before autonomous in job functions</li><li>☑ Expert on state laws and regulations</li><li>☑ Must be onsite for every slaughter and when processing</li></ul>



**If DSHS inspectors are not onsite, Texas business **CANNOT** operate.**

**CHALLENGE**

DSHS hires and trains qualified inspectors for years, only to lose highly qualified employees to federal positions paying more.

# EI 6: DSHS Food Safety Staff Keep the Food Supply Safe for all Texans

## DSHS Food Safety Inspectors: More than Using a Checklist



### Skilled Workforce

Bachelor's degree,  
registered sanitarian

Specialize in specific  
areas of public health



### State Investment

Years of DSHS training  
to become fully  
independent

Years to fully replace  
employees hired away  
by federal  
counterparts



### Impact to Texas

Trained to balance  
safety and commerce

Current retention  
trajectory is resulting  
in more delayed  
inspections

# El 6: Radiation Safety

DSHS radiation inspectors ensure safe use of radiation materials and devices in several industries.

## Radiation Inspectors Use Unique Skillsets

- **Engineer:** Know how the machines operate to evaluate whether they are functioning properly.
- **Safety Expert:** Know how to ensure safe operation to prevent harm to operator, patients, the public.
- **Educator:** Know how to inform licensees about how to make operations safer and why requirements matter.
- **First Responder:** Prepared for emergency response for nuclear plants and trains local governments in radiological response.



## DSHS Radiation Inspector Positions Require Long-Term Investments

- **Federal Requirements:** Required federal training only offered once per year; there are not enough slots for all states.
- **On the Job Training:** New hires require at least a year of shadowing before becoming autonomous for basic inspections. More complex licenses require years of training.
- **Poaching:** Most radiation inspectors who leave DSHS do so for salary reasons and go to the federal government or other entities.



Construction



Oil & Gas



Nuclear Energy




Healthcare Settings

# El 6: Keeping Pace with Demand for EMS Provider Entities that Facilitate Emergency Care


The EMS community is vital for the Texas EMS/Trauma system and all Texans who have immediate healthcare needs.



\$17.4 M in scholarships awarded.




Supported 1,741 Paramedic students, 384 for Advanced Emergency Medical Technician students (AEMT), and 1,131 for EMT students.



Today, Texas has 9,983 more certified EMS personnel than we did in October 2022, exceeding the initial goal of recruiting 2,500 new people into EMS.

**Legislative Investment Resulted in More EMS Personnel Operating in Texas (SB 8 – 87(3))**

## EMS Providers and First Responder Organizations Serve Texans by:

- 
- Employing licensed EMS Personnel
  - Supplying vehicles for emergency care response
  - Treating patients on site and facilitate transport to emergency departments, facilities, etc.

**DSHS Needs to Keep Pace with Growth in EMS Community Serving Texans**

# El 6: Community Health Workers

Community Health Workers (CHWs) are important connectors for patients navigating the healthcare system.



House Bill 113 (88R) made certain CHW services reimbursable by Medicaid.

DSHS works with HHSC to verify CHW status in addition to processing CHW applications and renewals.

Delays at DSHS can impede a CHW's ability to receive Medicaid reimbursement.



Between 2019 and 2023, **number of certified CHWs increased by 64%** from 3,955 to 6,488. Staffing levels have remained unchanged.



In April 2024 alone, DSHS received over **1,500 CHW applications**.



Only 60% of applicants receive approval notice from DSHS **within 90 days**, which can delay their entry into the healthcare system and ability to help Texans navigating the healthcare system.

# El 7: Reduce the Impact of Tobacco-Related Cancers

- **Tobacco Education and Cessation, \$2.8 M:**

- Implement a statewide media campaign aimed at adults ages 30-64 years who use tobacco products to increase awareness of Texas Tobacco Quitline cessation services and reinforce awareness of the harms of tobacco products, including e-cigarettes.
- Manage anticipated growth in demand for Quitline services with the launch of a statewide campaign aimed at adults ages 30-64 who use tobacco and vaping products.

Method of Finance	FY 2026	FY 2027	Biennium
GR	\$1.4 M	\$1.4 M	\$2.8 M
All Funds	\$1.4 M	\$1.4 M	\$2.8 M

FTEs	
FY 2026	0
FY 2027	0

Program Data	2023
Unique Participants with at Least One Tobacco Quitline Coaching Call	7,331
Percentage of Quitline Participants Reporting Quitting At 7-Month Follow Up	~34.8%

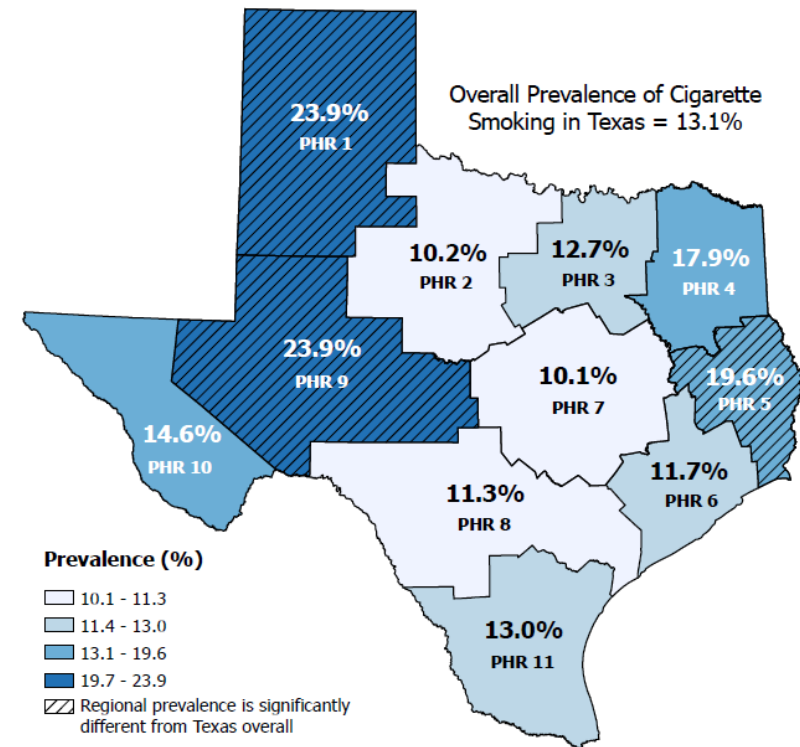
# El 7: Reduce the Impact of Tobacco-Related Cancers



**Tobacco is the leading cause of preventable death and disease in Texas.**

- Tobacco use is associated with increased risk of at least 12 different types of cancers, including blood, kidney, liver, and lung, among others.
- Lung cancer, the leading cause of cancer death, accounted for approximately 22 percent of all estimated cancer deaths in Texas in 2023.
- Cigarette smoking is the leading risk factor for lung cancer, and it remains the leading tobacco product among adults ages 18 years and older in Texas.

**Prevalence of Current Cigarette Smoking Among Adults, by Public Health Region (PHR), Texas, 2021**



Data Classification: Quantiles  
Data Source: 2021 Texas Behavioral Risk Factor Surveillance System (BRFSS), Center for Health Statistics, Texas Department of State Health Services.  
Current cigarette smoking is defined as "Yes" responses to the survey question "Have you smoked at least 100 cigarettes in your entire life?" and responses of "every day" or "some days" to the survey question "Do you now smoke cigarettes every day, some days, or not at all?"



# El 7: Reduce the Impact of Tobacco-Related Cancers



**Texas Tobacco Quitline:** Free, confidential phone line offering cessation services to Texas residents ages 13 and older (with parental consent as applicable).

- Up to 5 counseling calls.
- Up to 8 weeks of nicotine replacement therapy.




*“I was very impressed with the positive attitude all the representatives had in encouraging me to believe in myself that I could actually quit smoking.”*

*“Your counselors are extremely knowledgeable and caring. They truly understand what you're going through, because they've been there!”*

**Testimonials from Texas Quitline users.**

Visit [Yes.Quit.org/stories.htm](https://www.yesquit.org/stories.htm) for more stories from those who have quit, their successes, and how Quitline resources support eligible Texans.

# EI 8: Maternal Health Data

Texas Maternal Mortality Review System		Maternal Health Quality Improvement System
Operational by April 2025.	<b>Timeline</b> 	Operational now with enhancements and data ingestion ongoing.
Consolidate functions for maternal death case identification, case review, and data analytics for the Maternal Mortality and Morbidity Review Committee.	<b>Capabilities</b> 	Link more data sets to assist in analysis and creating dynamic dashboards for partners, as well as the public via Texas Health Data.
Integrate additional data sets used to identify potential maternal death cases and automate processes to speed review process.	<b>EI Impact</b> 	Integrate additional data sets and increase and distribute reports using TexasAIM quality improvement data.

# EI 8: The Birth Defects Registry Has Fallen Behind in Timeliness

## Texas Birth Defects Registry

- DSHS maintains the Texas Birth Defects Registry per state statute to identify cases of birth defects.
- Registry data supports clinical, epidemiological, and health care research to improve outcomes.



From 1999 – 2019, number of infants affected by a birth defect grew **by 118%** from ~11,500 new cases each year to ~25,100.



The number of DSHS staff reviewing hospital records to find babies with birth defects has remained the same since 1999.

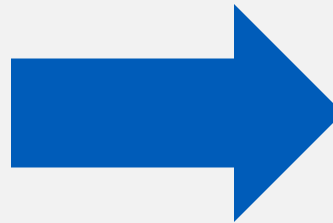


Current staff cannot keep pace with case increases.  
**2021** is the last year of complete registry data.

# EI 9: Modernization of Registration Automation System Will Benefit Texas Businesses

**Current RAS System (14 years old) no longer receives major improvements and has limited operational flexibility.**

- ✘ \$450K in annual lost productivity due to system timeouts
- ✘ Delays in license processing
- ✘ Not all license types supported for online applications
- ✘ Lack of mobile operability
- ✘ IT support needed to create manual workarounds for outdated software



**DSHS would seek a modern, functional solution currently on the market to make significant updates for functionality and user convenience.**

- ☑ Fewer system timeouts
- ☑ Reduced processing time
- ☑ Expanded online application availability
- ☑ Better mobile operability and automated notifications
- ☑ Minimized need for manual IT interventions and workarounds

# El 9: Factors Driving the Demand to Improve RAS Functionality

## Population growth fuels demand for professional licensure and for services.

- RAS serves over 237,000 active large organizations, small businesses, and professionals.
- These users represent over 305,000 active licenses and registrations with DSHS.
- Due to RAS's limited functionality, DSHS licensees have to use manual processes that could be instead accomplished through an up-to-date system.

## As technology has changed the way people conduct business, professionals and businesses expect a high level of online services.



Ability to use government services on any device, including phones.



High security access.



Automated notifications through text and email.

# Thank you

DSHS Legislative Appropriations Request, FY 2026 – 2027

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