Public Health Funding and Policy Committee Meeting

February 12, 2025

Minutes

Committee Members Attending

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

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

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

Julie St. John, DrPH – Texas Tech University

Lisa Dick, Brownwood-Brown County Health Department

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

Sharon Whitley – Hardin County Health Department

Todd Bell, MD – City of Amarillo Health Department

Attendees:

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| Alma Allen Johnson | Noah Chornyak | Clifton Karnes |
| Michael Comfort | Betsy Cox | Colin Crocker |
| Michael DeLeon | Steve Eichner | Debra Fisher |
| Lindsay L. Lanagan | Daniel Knapp | Christina Kubenka |
| Christine Murphy | Glenna Laughlin | Dr. Scott Milton |
| Dr. Carlos Plasencia | Claire Niday | Dr. Lilian Peake |
| James Gray | Laura Ryon | Monica Rodriguez |
| Dr. Varun Shetty | Katherine Wells | Crystal Biggs-Pope |
| Zena Hooper | Dr. Saroj Rai | Rachel Samsel |
| Imelda Garcia | Courtney Dezendorf | Molly Fudell |
| Josh Hutchison  | Aelia Akhtar | Bayliss Wagner |
| Melissa Rios | Norris Harrel | Yaziri Gonzalez |
| Roberto Garcia | Francisco Reyes | Estefana Mendoza |
| Alek Roma | Henry Presis | Raul Barron |
|  | Arturo Rodriguez | Mohib Nawab |
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Chair, Mr. Stephen Williams, called the meeting to order at 9:00 am and the committee members introduced themselves.

**February 12, 2025, Meeting Minutes**

Ms. Lisa Dick motioned to approve the minutes. Dr. Philip Huang seconded. Minutes approved.

**Public Health Provider/Charity Care Program Update:**

Mr. Mohib Nawab, representing the Health and Human Services Commission’s (HHSC) Public Health Provider – Charity Care Program (PHP-CCP), provided the committee with an update regarding the cost reports for the year 2024. This marks the third consecutive year for the program, with funding capped at $499,193,023. Of this amount, $302,136,577 is designated for payments to providers.

For this third year, the approved funding claimed post-reduction totals $46 million, with $28 million allocated to local health departments (LHDs).

The report indicated a 19% loss attributed to an increase in claims this year. Mr. Stephen Williams asked what the process is to increase the amount allocated to local public health? In response, Mr. Mohib Nawab explained that the funding cap is established until 2027 in accordance with the agreement with the Centers for Medicare & Medicaid Services (CMS).

**Response to 2024 PHFPC Annual Report Recommendations:**

Mr. David Gruber, Deputy Commissioner for Regional and Local Health Operations with the Department of State Health Services (DSHS), provided an update to the committee regarding the Response to the committee’s Annual Report for 2024. The report recommendations concentrated on three key areas: The role of LHDs and Public Health Regions (PHRs) to increase capacity for routine public health functions; public health data modernization and data sharing; and increasing communication and coordination around public health threats.

The department acknowledges the necessity for clear and formal delineation among the PHRs and emphasizes the importance of DSHS expanding funding sources for health initiatives. In an effort to gather data on public health service delivery, a survey was distributed to all local and regional health entities. The primary objective of this survey was to establish a common understanding among all partners in the public health system and to foster opportunities for sharing knowledge of services, thereby creating a more cohesive system across jurisdictions.

Mr. David Gruber recognized LHDs as essential partners and noted their participation in the Public Health Provider – Charity Cares Program (PHP-CCP) managed by HHSC. Over the last biennium, HHSC conducted three training sessions on cost reporting for LHDs, during which six LHDs submitted claims for reimbursement. Mr. Gruber noted challenges faced by LHDs in the claim submission process and advised that efforts would be made to collaborate with LHDs and HHSC partners to understand opportunities to simplify this process.

Mr. David Gruber continued that the Commissioner of DSHS has emphasized that data transparency is a priority. In response, the committee recommended that DSHS ensure the involvement of LHDs in data modernization initiatives. In May 2024, DSHS released a plan aimed at enhancing data availability. Dr. Huang asked about the LHDs obtaining a comprehensive list of statutes related to data sharing. Ms. Imelda Garcia acknowledged the request and stated that they would work on it.

Another recommendation was that DSHS develop and implement a communication strategy for public health emergency events. Mr. Gruber stated that the Health Alert Network was recently updated, along with policies to ensure consistent messaging. DSHS continues to engage with experts internally and externally including academic and federal partners, in relevant disciplines in controlling and responding to public health threats involving communicable and non-communicable diseases in people, animals and in the environment. The following are some of the meetings and committees that DSHS convenes at a specified frequency: Task Force on Infectious Disease Preparedness and Response, Antimicrobial Stewardship Regional Workgroups, One Health.

Ms. Dick noted that considering the unavailability of local or state funds, there is a pressing need for increased sustainability within community services. It is crucial to articulate the significance of funding from the Centers for Medicare and Medicaid Services (CMS) to ensure that essential services continue to be provided.

Mr. Williams mentioned the potential for a workgroup focused on communication strategies for public health threats. Should specific information arise that could prove beneficial during a public health event, it would be disseminated to all relevant parties in a timely and appropriate manner. The initial step for this workgroup would be to develop an actionable response plan.

Volunteers for the subcommittee are Mr. Stephen Williams, Ms. Sharon Whitley, Dr. Todd Bell, and Dr. Philip Huang. In terms of collaboration with organizations outside DSHS, Dr. Todd Bell inquired about the receptiveness of other agencies and the measures they have implemented to enhance communication flows. It was noted that each organization has distinct roles and missions. Efforts are made to engage these entities whenever possible, and there is a concerted effort to involve all relevant parties in the discussion.

Dr. Art Rodriguez, Director of Brownsville Public Health and Wellness Department, voiced the importance of addressing the zoonotic implications of immigration more thoroughly. He emphasized the need for a more robust response regarding testing and expressed his desire to join the subcommittee, highlighting the urgency of enhancing this critical area of public health discourse.

**Federal Funding Freeze Potential Impacts to Local Health Departments:**

Mr. Stephen Williams requested a discussion with the department regarding recent announcements related to federal funding and the uncertainty surrounding it.

In response, Ms. Imelda Garcia, the Chief Deputy Commissioner of the Department of State Health Services, conveyed that, to date, no directives had been received to halt services. She emphasized that the department continues to analyze the information being disseminated and remains committed to its mission of protecting public health. Ms. Imelda Garcia reassured attendees that the core activities of the department will persist until any formal guidance indicating otherwise is provided. She also encouraged organizations to consult with their legal counsel to determine the best course of action in light of the current situation.

**Emerging and Infectious Diseases Update:**

Dr. Varun Shetty, DSHS Chief State Epidemiologist, provided the committee with an update on the state of infectious diseases, highlighting significant trends observed across Texas. The Texas Respiratory Illness Interactive Dashboard indicates that the current level of respiratory illness activity is notably high. Nationwide, influenza statistics for the current season are surpassing those from previous years, and Texas is experiencing a similar trend, with this season showing increased activity compared to last year.

There has been a marked rise in Emergency Department visits, particularly among the pediatric population. Hospitalizations among individuals aged 65 and older have also seen an increase. The data reveals a rise in respiratory-related deaths throughout Texas. Regarding the H5N1 situation, the country has reported a total of 68 diagnoses, with one death occurring in Louisiana. In instances where cases are identified among farm animals, workers are placed under surveillance and tested to ensure safety.

Dr. Huang asked how the data for other age groups is obtained, and Dr. Shetty explained that information is derived from death certificates when a respiratory illness is listed.

Dr. Shetty continued that on January 23rd, a health alert was issued due to two cases of measles identified in Houston. Subsequently, additional cases were reported in Gaines County, although there is no evidence linking these cases. On February 5th, a health alert was again issued for Gaines County due to the rise in cases. Regular updates will continue to be provided twice a week, every Tuesday and Friday, through the DSHS website.

Ms. Yaziri Gonzalez, the Medical Entomologist with the City of Brownsville, inquired whether surveillance reporting includes wastewater testing for health alerts and whether such testing is considered when novel findings emerge.

Dr. Shetty mentioned at the state level, a wastewater program primarily targeting COVID-19 is in place. The data from this program is analyzed alongside other information. When a signal is detected from wastewater testing, it is not immediately interpreted as human contact. Instead, state officials reach out to various stakeholders to share this information, gather additional insights, and better ascertain the potential sources of positive testing results.

In response to a question from Dr. Phillip Huang about the recent communication disruptions from the Centers for Disease Control and Prevention (CDC) and its impact on public health response efforts, Dr. Shetty explained that there has been no interruption in expected communications from the CDC, and ongoing dialogues with experts there have been maintained.

Mr. Josh Hutchinson, the DSHS Deputy Commissioner for Infectious Disease Prevention, provided an update to the committee regarding the sharing of immunization data. He emphasized that for the 50 contracted LHDs participating in the immunization program, it is essential for each one to designate a team member to access the online Snowflake and Tableau platforms. This designated individual will need to request access to the line-level data. Once granted access, each LHD will be able to view the system information relevant to their specific location via the dashboard.

Mr. Hutchinson provided an update about the Texas Insurance Assistance Program-PLUS which is an HIV insurance program that was expanded late last year. This expansion has enabled the purchase of insurance for 578 individuals in Texas during the open enrollment period, thereby providing them with access to a broader range of health care services beyond HIV care and medication.

Lastly, progress is being made regarding Tuberculosis and Hansen’s disease data. Efforts are underway to finalize the 2024 data in the NEDSS system, with preliminary figures indicating a stable number of cases compared to 2023. This stability reflects ongoing public health efforts and monitoring in these areas.

**Data Modernization/Public Health Data Sharing Updates:**

Ms. Imelda Garcia, the DSHS Chief Deputy Commissioner, advised that Ms. Monica Gamez has been tasked with assisting Mr. Hutchinson in the Immunizations program. Consequently, Mr. Norris Harrel has taken on the role of Interim Director of the Office of Public Health Data Sharing and Modernization. Mr. Norris Harrell gave an update on Vital Event Data Sharing for 42 LHDs. Additionally, the Texas Health Care Information Collection (THCIC) utilizes Snowflake technology to share information with 41 LHDs.

He explained that hospital discharge data information is updated quarterly for public access. Line-level data is available in Snowflake and aggregate Tableau dashboards have been deployed into production as of January 31, 2025. Although access requests have been limited thus far, it is acknowledged that the rollout is still in its early stages.

Currently, the only PII shared includes patient's name and date of birth. Should more detailed information be required, a separate request must be submitted. There are further PII elements that were not initially intended for sharing; however, as the program evolves, there is a willingness to explore the inclusion of additional data. At present, no specific timeline has been established for these changes.

Webinar training sessions for the National Electronic Disease Surveillance System (NEDSS) are available, along with specific data sets when needed. A Community of Practice has been initiated, and there are hopes for growing participation over time. A feedback survey will be distributed to the LHDs soon to assess need in utilizing the new systems.

In terms of NEDSS provisional sharing, the State Health Analytics and Reporting Platform initiative is designed to share basic case data, which encompasses aggregate data in Tableau and line-level data through Snowflake. Phase 2 of this initiative is tentatively expected to launch on February 20, 2025.

The Local Health Entity Enablement Project aims to bolster partnerships and enhance collaboration with Local Health Entities regarding public health data sharing. DSHS plans to solicit feedback, tentatively scheduled for late February or early March 2025.

Regarding the transition of data, the current plan involves the State of Texas Access Reform project, which aims to shift HIV and public health follow-up surveillance activities to NEDSS. The anticipated go-live date for this transition is January 2026, with Enhanced HIV AIDS Reporting System continuing to be utilized in the background.

**Public Comment:** No public comment.

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

Mr. Williams asked that the agenda item regarding federal funding and its potential impacts on LHDs remain on future agendas.

Ms. Glenna Laughlin advised the committee that nominations have been submitted for the positions on the committee that are approaching expiration. Individuals who have been nominated are currently in the process of submitting their applications. These applications are currently being scored by the review team.

The next meeting is scheduled for April 9, 2025.

**Adjourn:**

Dr. Philip Huang made a motion to adjourn the meeting Ms. Lisa Dick seconded the motion. Motion carried. Meeting adjourned.

Approved:

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Stephen L. Williams, Committee Chair Date