- **House Committee on Appropriations**

1. **Evaluate the impact of COVID-19 on the viability of the state's primary care system, with a particular focus on how any erosion of primary care services might impact health care costs within state-funded programs, including the Employee Retirement System, Teachers' Retirement System, and Medicaid, and impact patient access to care, health outcomes, and efforts to implement more effective and efficient health care delivery systems.** As part of the review, examine strategies undertaken by other states to strengthen, support, and reinvigorate primary care services, including payment reform, strengthening investments in the physician primary care workforce, and elevating the Texas Primary Care Office to take a more proactive role in supporting and promoting primary care in collaboration with other state agencies. ***[Joint with House Public Health]***

   Rationale: Studies show that in communities with vibrant primary care systems, health care costs are lower for both employers and patients, while the quality of care improves. Prior to the pandemic, studies found that patients' use of preventive and primary care had dropped precipitously – 24.2% between 2008 and 2016.[1] Unfortunately, the pandemic has fueled this trend, deeply impacting the financial viability of many physician practices. Without help, it will undermine Texas' leading-edge efforts to promote more accountable care. Additionally, the deterioration of the state's physician network harms the whole community by taking away jobs.

2. **Evaluate opportunities to provide targeted Medicaid physician payment increases that align with Texas Medicaid and CHIP priorities aimed at improving maternal and child health, behavioral health, and access to care in rural and other underserved communities.**

   Rationale: Inadequate Medicaid payments directly correlate with an inadequate Medicaid program. Texas has not enacted a meaningful, enduring physician rate increase in more than a decade. While Medicaid managed care organizations (MCOs) have discretion to pay physicians differently, the amount they pay is ultimately tied to the fee schedule set by the state.

   Rather than an across-the-board rate increase, we support a targeted rate within a value-based payment framework that will align with the state's interest in improving maternal, child, and behavioral health, while addressing access to care, health equity, outcomes, and cost effectiveness. To pay for it, Texas should consider allocating a portion of the MCO "experience rebates" (profits above a preset limit) that the MCOs already must remit to the state, or a portion of federal COVID-19 relief dollars.

3. **Examine ways Texas can better address non-medical factors that impact health care outcomes and costs. *[Joint with House Public Health]***

   Rationale: Research indicates that non-medical factors, such as where a person lives, works, and plays, contribute to as much as 80% of a person's health outcomes compared to 20% for medical services. Across Texas and the nation, physicians, hospitals, payers, and community organizations are working together to address these factors, such as unsafe housing or food insecurity. In one recent study, researchers found that by connecting low-income patients to social services, health care costs could be reduced by as much as 10%.[2] For example, addressing food insecurity is a cost-effective intervention to reduce unnecessary emergency department and inpatient hospital admissions. Yet, according to the Commonwealth Fund, the U.S. spends the least on social services as a percentage of GDP compared with other industrialized countries. Health literacy – or lack thereof – is another non-medical factor that contributes to poorer health. Initiatives that help patients better understand their care can lead to reduced hospital readmissions, improved patient compliance, and better overall health outcomes. Throughout the pandemic, low health literacy contributed to public confusion and limited

[1] *Annals of Internal Medicine*
[2] Expenditure Reductions Associated with a Social Service Referral Program, Population Health Management, Nov. 2018

adherence to the most effective infectious disease prevention strategies, which led to even more COVID-19 disease spread.

Social determinants of health (SDOH) have been fuel for the pandemic. Susceptibility to chronic disease is closely tied to socioeconomic status, and as unemployment and uninsured rates increase, there is less access to health services and early treatment for preventable disease. While the strategies used to address SDOH will vary locally, Texas nonetheless needs a statewide commitment to addressing them.

4. **Review funding of the Medical Advisory Board at the Department State Health Services (DSHS) to determine whether additional dollars are needed to ensure public safety, including identifying ways in which the agency can improve recruitment of volunteer physicians to review cases referred to the panel.**

   Rationale: State law allows the Department of Public Safety (DPS) to request an opinion or recommendation from the Medical Advisory Board (MAB), administered by the Department of State Health Services (DSHS), regarding whether a person applying for or renewing a driver's license application can safely operate a motor vehicle. DPS also can request an opinion whether a licensed handgun holder can exercise sound judgment on its proper use and storage. If DPS makes a request, the DSHS commissioner or designee will convene a panel to consider the case.

   When convened, each MAB panel member prepares an independent written report to submit to DPS. The member provides an opinion on the applicant or license holder's capabilities according to the DPS standards. As the driver licensing agency for Texas, DPS is solely responsible for all actions taken or initiated. Neither the MAB nor the attending physicians are legally liable for the decision or action taken by DPS in the suspension, revocation, or denial of a driver license or handgun license.

   DSHS regularly reports difficulty recruiting an adequate number of physicians to volunteer to participate. The state should examine alternative strategies to incentivize participation to ensure timely response and to protect public safety.

- **House Committee on Human Services**

1. **Evaluate opportunities to boost access to children's health care coverage and monitor implementation of the provision within House Bill 2658 to improve continuity of care for children enrolled in Medicaid.**

   Rationale: In 2018, an estimated 385,000 uninsured Texas children were estimated to be eligible for, but not enrolled in, Medicaid or CHIP. Without coverage, when children get sick, families often rely on the emergency department for care instead of seeking services better provided by a primary care physician, even as harried emergency departments struggle to keep pace with COVID-19 and emergency cases. Getting more children enrolled in Medicaid or CHIP will ensure their families can establish a primary care medical home to provide care, whether that be routine vaccines to prevent contagious diseases, preventive health care services such as vision and dental care, or behavioral health care, which many more children will need to successfully rebound from the emotional and psychological strain caused by the pandemic.

2. **Study opportunities to continue to improve the state's perinatal health, including (a) monitoring implementation of House Bill 133 relating to extension of Medicaid postpartum coverage to six months and considering additional options to improve postpartum services; (b) addressing maternity health "deserts" in underserved communities located in both rural and urban areas of the state; (c) evaluating ways to improve timely, medically appropriate "home" transfers of postpartum women and neonates from facilities with higher levels of care to the patient's community hospital when inpatient care is still required; (d) improving outreach and timeliness of early prenatal care; and (e) assessing opportunities to better integrate freestanding and at-home birthing centers into the state's perinatal system of care, including any necessary regulations to strengthen patient safety, quality, and health outcomes.** ***[Joint with House Public Health]***

   Rationale: According to the state's Maternal Mortality and Morbidity Review Committee, improving access to comprehensive, postpartum coverage is critical to reducing the state's maternal mortality rate. Rapid implementation of HB 133 will be essential to reducing the number of women who annually die or suffer severe complications following childbirth. Moreover, as rural hospitals close or limit availability of maternity care services due to staffing shortages and other factors, a growing number of pregnant and postpartum women are losing timely access to maternity care within their own community, requiring many to drive long distances for services, including delivery. The closure of rural maternity care facilities has a ripple effect, often resulting in obstetrical care physicians and nurses leaving the community, thus limiting access to timely prenatal care, too. Texas already has a high rate of maternal mortality and morbidity. Texas should identify ways to ensure women have access to timely care throughout their pregnancies, including delivery. Additionally, while not highlighted as often, similar access problems also occur in urban and urban adjacent locales. Pregnant women with known higher risks of complications often deliver their babies at hospitals away from their own communities to ensure access to necessary advanced specialty care. Likewise, when necessary, hospitals transfer preterm infants in need of higher level care to facilities with advanced capabilities, often meaning the newborn receives care far from home. However, when higher level care is no longer necessary, but the patient still requires inpatient services, Texas Medicaid does not reimburse for the "home transfer," resulting in potentially longer lengths of stay at more costly hospitals away from home. Improving early access to prenatal care during the first trimester also is critical to promoting early interventions to prevent complications in the first place.

   Regarding freestanding birthing centers and home birth services, prior to the pandemic many women were choosing to deliver their babies in one of these settings. The pandemic increased their use. Yet,

these settings remain separate from the larger perinatal system, including initiatives to improve patient safety, quality, and health outcomes.

3. **Examine opportunities to strengthen community-led initiatives to improve Medicaid cost-effectiveness, increase quality and health outcomes, and reduce health care disparities by establishing regional accountable health organizations (AHOs).**

   Rationale: Despite organized medicine's enduring support for the Medicaid 1115 transformation waiver, the waiver design has a fundamental flaw, focusing on a hospital-centric model of care rather than a community one, cleaving local health care delivery systems into the waiver "haves" and "have nots." Yet, one thing the pandemic has taught health care leaders from an array of sectors is that the ability to rethink ossified health care delivery systems and foster collaboration are essential to survival. Texas must build on this renewed imperative. As such, our organizations strongly advocate establishment of a community-based accountable health organization (AHO) that will:

   - Foster responsive, accountable, high-quality, equitable, and cost-effective care for low-income Texans;
   - Harness the resources and capacity of the entire spectrum of physician practices (independent, employed, and safety-net), hospitals, community clinics, behavioral health organizations, public health departments, and managed care organizations committed to caring for people living in marginalized and low-wealth communities; and
   - Promote innovative, community-driven initiatives that connect medical and nonmedical systems together to synergistically address underlying social determinants of health (SDOH).

   The goal is to promote greater community engagement regarding how and where health care is delivered as well as to build capacity, promote greater transparency and accountability, enhance delivery system innovation, and improve health outcomes.

   To achieve a genuine community-based approach, Texas will need the active engagement of not only those who provide medical care and social services, but also those who obtain it and organize it. Other states, including Washington, Oregon, and Colorado, have enacted similar initiatives from which Texas can learn. Principles for an AHO include:

   - Establishes a robust primary care foundation;
   - Maintains an inclusive network of physicians and providers with an interest in serving the population;
   - Actively seeks to improve health care access, reduce health disparities, and engage the community;
   - Links medical and nonmedical sectors to better address social drivers of health;
   - Promotes accountable, sustainable, and equitable payment strategies that reward improved patient outcomes;
   - Promotes collaborative value-based initiatives with Medicaid managed care plans;
   - Establishes a robust and meaningful health information exchange for both clinical and social service information;
   - Ensures care coordination as a core function; and
   - Engages physicians and providers regardless of their degree of practice transformation.

   Given the geographic diversity and scale of Texas, we recommend that Texas pilot a community-based AHO model in at least one rural and one urban region.

4. **Explore strategies to improve transparency and public input regarding Texas Health and Human Services Commission contract and policy changes pertaining to Medicaid managed care and other state contractors when rulemaking is not used.**

Rationale: With the expansion of Medicaid managed care, the Texas Health and Human Services Commission (HHSC) implements many policy decisions impacting health plan operations via contract changes versus rulemaking. While a managed care environment necessitates frequent contract amendments to implement new legislation, coverage, and policy changes, without rulemaking stakeholders often have no opportunity to provide input to HHSC and the MCOs until the contract language is published.

5. **Examine state investments in the health and brain development of babies and toddlers, including Early Childhood Intervention (ECI) and other early childhood programs for children in their first three years. Evaluate opportunities to boost child outcomes while also achieving long-term savings. The committee should assess necessary funding to ensure high-quality, timely ECI services, examining opportunities to improve access to evidence-based home visiting and other services.**

   Rationale: A child's body and brain develop rapidly during the first three years of life. Many factors contribute to whether this growth will ultimately prepare a child for future success, including parent-child relationships, robust early learning experiences, and timely access to needed medical care, therapies, and social support services. Ultimately, it is in the state's interest to give children a healthy start, so they go onto thrive academically, socially, and professionally. Investments in ECI, safe childcare, and other programs and interventions will help the youngest Texans become the best they can be. Lawmakers should continue the successful efforts made during the 2019 legislative session towards increasing ECI appropriations to restore funding to the same per-child level at which it was funded from 2012 to 2015.

➢ **House Committee on Insurance**

1. **Examine the following methods to constrain health care costs: innovative best practices deployed by physician-led accountable care organizations and/or physician-payer collaborations; increasing availability and use of primary care; reducing administrative waste; reducing the number of uninsured through both public and private sector options; and addressing nonmedical factors that influence health and health costs. [*Joint with House Appropriations*]**

   Rationale: In 2018, the U.S. spent 17% of gross domestic product (GDP) – $3.6 trillion – on health care,[3] translating to the highest per capita costs among all industrialized countries – $11,172 per person.[4] According to the most recent state-level data available (2014), Texas' per capita spending equals $6,998, compared with $5,982 in Utah, the lowest-cost state, and $11,064 in Alaska, the highest-cost state.[5] Yet, studies show that higher spending has not resulted in better health care outcomes.

   Prior to the pandemic, nationwide more than one in three adults reported they could not afford to pay their health plan deductible before obtaining health care services. Texas has the 5th highest rate of adults with unpaid medical bills.[6] Yet, physicians know firsthand that delayed or foregone care can have tragic – even deadly – consequences.

   Compared with other industrialized nations, the U.S. spends only one-third to one-half on primary care as a percentage of total health care dollars. Yet, there is a strong relationship between greater primary care utilization and lower health care costs, including decreased use of preventable inpatient hospital and emergency department services. Shrewdly reducing health care costs entails more than bluntly imposing utilization management controls, as many health plans have done over the past decade. Rather, it entails boosting access to primary care, increasing health literacy so that people make more informed decisions about their health, investing in healthier communities so that people can easily obtain healthy foods and exercise, and reducing waste.

2. **Monitor implementation of House Bill 2090, which requires health plans to provide consumers, upon request, information on cost-sharing prior to a patient obtaining a service as well as established the All-Payer Claims Database (APCD). Examine the state's progress launching the APCD, including opportunities for state agencies, health care payers, consumers, physicians, and providers to best use the data to address health care costs, utilization, quality, and access.**

   Rationale: At least 21 states operate APCDs, allowing health care purchasers, researchers, and states themselves them to pinpoint opportunities to increase access to care, reduce health care disparities, and promote more appropriate health care utilization. Texas designed its APCD to also allow accountable care organizations and other alternative payment models to access certain data to help promote more affordable, efficient, and innovative health care delivery. The committee should assess Texas' progress in establishing the APCD and any potential legislative changes to ensure its success for all interested parties.

3. **Monitor implementation of House Bill 3752 establishing a Texas Mutual Health Coverage Plan, including ensuring the Texas Department of Insurance establishes appropriate disclosures to purchasers and consumers regarding health benefit exclusions.**

   Rationale: Lawmakers adopted HB 3752 to provide employers and consumers a potentially more affordable health care plan. However, the plan will be exempt from many consumer protections,

[3] National Health Expenditure Survey, Office of the Actuary, Centers for Medicare and Medicaid Services
[4] *Id.*
[5] Health Care Spending Per Capita by State, Kaiser Family Foundation
[6] FINRA Investor Education Foundation, National Financial Capability Study, 2018

including health plan underwriting for preexisting conditions. Thus, it's important that the committee carefully monitor its implementation to ensure purchasers clearly understand the benefits and drawbacks of selecting this type of plan.

- **House Committee on Higher Education**

1. **Enhance the state's rural physician workforce by investing in the Physician Education Loan Repayment Program (PELRP).**

   Rationale: PERLP provides loan repayment assistance to physicians practicing in Texas Health Professional Shortage Areas (HPSAs) and for certain state agencies. Participating physicians must agree to practice at least four years in an eligible community or agency in exchange for receiving graduated repayment of their loan, up to $180,000. Due to loss of funding, the program has been closed to new applicants since 2020. This program has been one of the most successful in recruiting physicians for underserved areas. Texas could establish a one-time endowment to strengthen and expand the PELRP.

2. **Examine opportunities to strengthen the state's nursing and other health professional workforce.**

   Rationale: It is well known that the pandemic has resulted in historic nursing and health professional shortages among hospitals. However, the problem is not limited to facilities. Physician practices, ambulatory surgical centers, community clinics, and schools all face similar challenges recruiting and retaining not only nurses, but also medical assistants, respiratory therapists, radiology technicians, and sonographers. Shortages of health professionals will impact the ability of physicians and other providers to provide timely, high-quality services.

- **House Committee on Public Health**

1. **Evaluate the impact of COVID-19 on the viability of the state's primary care system, with a particular focus on how any erosion of primary care services might impact health care costs within state-funded programs, including Employee Retirement System, Teachers' Retirement System, and Medicaid, and impact patient access to care, health outcomes, and efforts to implement more effective and efficient health care delivery systems.** As part of the review, examine strategies undertaken by other states to strengthen, support, and reinvigorate primary care services, including payment reform, strengthening investments in the physician primary care workforce, and elevating the Texas Primary Care Office to take a more proactive role in supporting and promoting primary care in collaboration with other state agencies. ***[Joint with House Appropriations]***

   Rationale: Studies show that in communities with vibrant primary care systems, health care costs are lower for both employers and patients, while the quality of care improves. Prior to the pandemic, studies found that patients' use of preventive and primary care had dropped precipitously – 24.2% between 2008 and 2016.[7] Unfortunately, the pandemic has fueled this trend, deeply impacting the financial viability of many physician practices. Without help, it will undermine Texas' leading-edge efforts to promote more accountable care. Additionally, the deterioration of the state's physician network harms the whole community by taking away jobs.

2. **Assess the potential impact of post-COVID-19 conditions (e.g., long COVID) on the state's health care delivery system, access to care, patient health outcomes, and health disparities.** As part of the assessment, examine strategies for ensuring patient access to multidisciplinary services, expansion of Project Echo initiatives to train and support primary care physicians and clinics in the treatment and management of the conditions, and other best practices for providing management and treatment for people diagnosed with post-COVID-19 conditions.

   Rationale: Although standardized case definitions are still being developed, studies have shown that a significant number of those with COVID-19 infections will continue to experience a wide range of new or returning health problems for months after their diagnosis[8][9]. These conditions can vary greatly in their severity and in the organ systems they affect[10]. Patients may require the services from a variety of physician specialties, including but not limited to neurology, cardiology, and pulmonology, dermatology, and gastroenterology. The increase in demand for services should be estimated based on the infection rates of COVID-19 and evolving literature on post-COVID-19 symptoms so that our health care system can plan and proactively respond to the increased burden.

3. **Evaluate the impact of the COVID-19 pandemic on health care utilization.** The study should examine the potential impact of delayed care on the state's health care delivery system, health care costs, and patient health outcomes, as well as best practices for getting patients with foregone or delayed health interventions back into the health care system. The study should consider patient delays in obtaining preventive and primary health services, such as well-child care, prenatal care, screenings for cancer and chronic disease, behavioral health, and immunizations, in addition to delays in seeking urgent care or care for chronic illness.

   Rationale: Several studies and surveys have documented that a considerable percentage of the population delayed or forewent health care visits during the COVID-19 pandemic with some surveys

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[7] *Annals of Internal Medicine*
[8] Infectious Disease Society of America Post COVID Conditions (e.g. Long COVID) Resource Page: https://www.idsociety.org/covid-19-real-time-learning-network/disease-manifestations--complications/post-covid-syndrome/#Definitions
[9] Centers for Disease Control and Prevention Post COVID Conditions Resource Page: https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html
[10] Penn State. "How many people get 'long COVID'? More than half, researchers find: Half of COVID survivors experience lingering symptoms six months after recovery." ScienceDaily. ScienceDaily, 13 October 2021.

reporting almost half of adults putting off care due to fears about exposure to COVID-19[11]. Black and Hispanic patients were more likely to forego health care than White patients, and those with chronic or mental health conditions were at particularly high risk for delaying care[12,13]. While telehealth usage during the pandemic increased and offered an alternative to in-person visits, polls have found that almost half of adults over the age of 65 lack the technological literacy and comfort in setting up their patient portals, especially those with lower income and education levels[14]. Significant declines in immunization rates for routine childhood vaccinations were observed in 2020, with 5-month and 16-month-olds experiencing roughly a 50% decline from 2019. In Texas, the rates were particularly worse for rural counties[15].

Foregoing both preventive and urgent care can lead to higher disease burdens and health care costs in the future. Delaying care for chronic conditions can result in exacerbation of disease, leading to an increase in disease severity. Of those who reported delaying or foregoing health care, almost one in three reported a worsening in their health conditions[16]. For preventive care, putting off things like immunizations can lead to outbreaks of vaccine preventable diseases; delaying routine screenings for cancer can mean progression to a worse diagnosis; and foregoing behavioral health services can substantially affect long-term outcomes[17]. To prepare our health care system for the increase in usage due to conditions exacerbated by the pandemic, Texas needs to quantify the current disease burden and identify ways to prevent a decrease in usage, should another major event disrupt access to care.

4. **Examine ways Texas can better address non-medical factors that impact health care outcomes and costs.** ***[Joint with House Appropriations]***

Rationale: Research indicates that nonmedical factors, such as where a person lives, works, and plays, contribute to as much as 80% of a person's health outcomes compared to 20% for medical services. Across Texas and the nation, physicians, hospitals, payers, and community organizations are working together to address these factors, such as unsafe housing or food insecurity. In one recent study, researchers found that by connecting low-income patients to social services, health care costs could be reduced by as much as 10%.[18] For example, addressing food insecurity is a cost-effective intervention to reduce unnecessary emergency department and inpatient hospital admissions. Yet, according to the Commonwealth Fund, the U.S. spends the least on social services as a percentage of GDP compared with other industrialized countries. Health literacy – or lack thereof – is another nonmedical factor that contributes to poorer health. Initiatives that help patients better understand their care can lead to reduced hospital readmissions, improved patient compliance, and better overall health outcomes. Throughout the pandemic, low health literacy contributed to public confusion and

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[11] Findling MG, Blendon RJ, Benson JM. Delayed Care with Harmful Health Consequences—Reported Experiences from National Surveys During Coronavirus Disease 2019. *JAMA Health Forum.* 2020;1(12):e201463. doi:10.1001/jamahealthforum.2020.1463

[12] Gonzalez, D. et al. Delayed and Forgone Health Care for Nonelderly Adults during the COVID-19 Pandemic. The Urban Institute and The Robert Wood Johnson Foundation. February 2021. https://www.urban.org/sites/default/files/publication/103651/delayed-and-forgone-health-care-for-nonelderly-adults-during-the-covid-19-pandemic_1.pdf

[13] Czeisler MÉ, Marynak K, Clarke KE, et al. Delay or Avoidance of Medical Care Because of COVID-19–Related Concerns — United States, June 2020. MMWR Morb Mortal Wkly Rep 2020;69:1250–1257. DOI: http://dx.doi.org/10.15585/mmwr.mm6936a4external icon.

[14] Malani, Preeti. 45% of adults over 65 lack online medical accounts that could help them sign up for COVID-19 vaccinations. University of Michigan Institute for Healthcare Policy & Innovation. January 15, 2021. https://ihpi.umich.edu/news/45-adults-over-65-lack-online-medical-accounts-could-help-them-sign-covid-19-vaccinations

[15] Nuzhath, T.; Ajayi, K.V.; Fan, Q.; Hotez, P.; Colwell, B.; Callaghan, T.; Regan, A.K. Childhood immunization during the COVID-19 pandemic in Texas. *Vaccine* 2021, *39*, 3333–3337.

[16] Gonzalez, D. et al. Delayed and Forgone Health Care for Nonelderly Adults during the COVID-19 Pandemic. The Urban Institute and The Robert Wood Johnson Foundation. February 2021. https://www.urban.org/sites/default/files/publication/103651/delayed-and-forgone-health-care-for-nonelderly-adults-during-the-covid-19-pandemic_1.pdf

[17] Centers for Medicaid & Medicare Services https://www.cms.gov/newsroom/press-releases/cms-data-shows-vulnerable-americans-forgoing-mental-health-care-during-covid-19-pandemic

[18] Expenditure Reductions Associated with a Social Service Referral Program, Population Health Management, Nov. 2018

limited adherence to the most effective infectious disease prevention strategies, which led to even more COVID-19 disease spread.

Social determinants of health (SDOH) have been fuel for the pandemic. Susceptibility to chronic disease is closely tied to socioeconomic status, and as unemployment and uninsured rates increase, there is less access to health services and early treatment for preventable disease. While the strategies used to address SDOH will vary locally, Texas nonetheless needs a statewide commitment to addressing them.

5. **Evaluate opportunities to strengthen the state's infectious disease prevention and preparedness.**

   Rationale: Since the start of the 21st century, multiple novel infectious diseases have traveled around the globe, with COVID-19 being the most recent and deadliest (thus far) but certainly not the last. Before the current pandemic, public health officials identified and managed other deadly threats, including severe acute respiratory syndrome (SARS), the H1N1 flu outbreak, and ZIKA, among others. While each of these diseases has impacted Texas differently, early disease surveillance and mitigation helped curb their spread. As COVID-19 has shown us, we now live in a highly connected world and infectious diseases will inevitably find their way to our doorstep. Texas, a leader in international commerce and trade, attracts people from across the nation and the globe, some of whom may inadvertently bring new viruses with them. Ensuring robust disease surveillance will ensure the state is ready to quickly respond when – not if – another novel infectious agent crosses its borders. Supporting a robust and fortified disease surveillance system will help ensure Texas is ready to quickly and efficiently respond when – not if – another novel infectious agent crosses its borders. Additionally, maintaining a population vaccinated against communicable diseases prevents outbreaks that could increase the burden on our health care systems. This requires combating vaccine hesitancy through increased health literacy and vaccination rates among all Texans.

6. **Study the compounding impact of the COVID pandemic on the rising rates of substance use and mental health conditions among children, adolescents, and adults, and identify ways in which Texas can improve early identification, intervention, and treatment to improve long-term health outcomes.**

   Rationale**:** The uncertainty, isolation, and financial stress that has accompanied the COVID-19 public health emergency (PHE) has contributed to increased rates of substance use, and behavioral and mental health disorders among Texans of all ages. According to a Mental Health America 2021 report, 16.21% of Texas adults reported experiencing a mental illness and 13.2% of Texas youth (ages 12 to 17) reported experiencing a major depressive disorder within the past year.[19] Additionally, the PHE has brought existing gaps and fractures in the Texas mental health care delivery system top of mind. While the increased availability of audio-only telehealth will be a great tool to partially fill some fissures, timely, equitable access to mental health care is an ongoing issue especially among rural, Black, and Hispanic populations. There is no "one-size" fits all solution to address poor mental and behavioral health. The committee should study multifaceted, equitable, and non-stigmatizing approaches that will lead to improved early identification, intervention, treatment, and maintenance, and in turn yield positive long-term health outcomes.

7. **Examine opportunities to improve timely access to breast and cervical cancer screening, intervention, and treatment for low-income women through increased outreach, education, and mobile screening units.**

   Rationale: Breast cancer is one of the most common cancer diagnoses among all Texas women and a leading cause of death. When detected early, breast as well as cervical cancer are highly treatable. Yet, many low-income women face barriers to early screening, including lack of health care

[19] https://mhanational.org/issues/2021/mental-health-america-adult-data#two

coverage, transportation, and affordable childcare. When diagnosed late, women suffer worse health outcomes and shorter life spans. Through the Medicaid for Breast and Cervical Cancer program (MBCC), eligible uninsured, low-income women can obtain free screening as well as treatment via Medicaid if they receive a positive diagnosis. However, many women do not realize they are eligible for the program or cannot easily obtain services. Mobile breast and cervical cancer screening units exist across Texas, but their capacity is limited. As part of the review, evaluate opportunities to improve treatment for women diagnosed with breast or cervical treatment by increasing eligibility. Federal law allows states to set Medicaid eligibility for the MBCC program up to 250% of the federal poverty level. At least 16 states have done so, including Alabama, Arkansas, and Mississippi. Texas should join them, thus expanding the number of women eligible for treatment.

8. **Study and identify prevention and enforcement strategies and line items in the existing state budget which decrease or avoid reliance on taxpayer subsidization of treatments and health care costs for tobacco and vaping products.** Identify which strategy can have the most impact on youth access and utilization of these addictive substances, with emphasis on disproportionate impact on mental and behavioral health populations. Consider if any COVID-19-related connection and possible use of federal funding exists for facilitating reduction of use in Texas.

   Rationale: Tobacco use continues to take a health and economic toll in Texas as the leading cause of preventable death and disease. The American Lung Association estimates that each year 28,030 Texans die due to tobacco use, and nearly half a million Texans under 18 will die prematurely from smoking. The health care expenses directly caused by smoking are estimated to cost Texans $8.85 billion each year, and the smoking-caused productivity losses cost the Texas economy $8.2 billion. For Texas Medicaid, that translates to $1.96 billion in FY 2020. The rise of e-cigarettes, many with colorful packaging, alluring flavors, and marketing towards teens has increased the youth smoking rate from a low of 11% to nearly 20% in 2020, levels not seen since 2000. Without action from the state, Texans addicted as teens will likely become lifelong smokers, leading to continued, if not increased, significant health impacts and costs to the state.

   Additionally, federal grants to Texas are contingent on keeping the state's tobacco retailer violation rate lower than 20%. Cuts to Department of State Health Services tobacco retail enforcement in FY 2022 could jeopardize Texas' monitoring of tobacco retailers. If the violation rate gets above 20%, $196 million in federal funding to HHSC is in jeopardy. Lastly, the Centers for Disease Control and Prevention (CDC) recommends state best practices for tobacco prevention and cessation efforts. Unfortunately, Texas spends less than 3% of recommended levels, despite state tobacco-related revenues totaling more than $1.8 billion and tobacco marketing expenditures of $590 million in Texas alone.

   Sources: https://www.tobaccofreekids.org/problem/toll-us/texas,
   https://www.lung.org/research/sotc/state-grades/texas,
   https://www.dshs.texas.gov/tobacco/pdf/Smoking-Infographic_06032019.pdf,
   https://www.dshs.state.tx.us/tobacco/pdf/2013-Texans-and-TobaccoReport_Full_Oct2013.pdf

9. **Evaluate the state's hemp program, especially the impact on the safety of the various hemp products sold in Texas, summarizing any hemp product issues, complaints, mislabeling, poisonings, or other accidents and injuries associated with hemp product use; summarizing issues and complaints related to hemp product retailers and manufacturers; and assessing how the agency has resolved or intends to resolve these issues.**

   Rationale: Since the legalization of hemp by federal law and the passage of House Bill 1325 (86th Texas legislative session), the cultivation and development of new hemp products has ultimately flooded the Texas market with thousands of new hemp products for personal use, including products using hemp in food, beverages, supplements, cosmetics, topical ointments, and other consumables. Close monitoring of these products is imperative for consumer safety, including testing for appropriate tetrahydrocannabinol (THC) levels and detection of any potentially dangerous product

ingredients or contaminants. Mislabeling of these products is also a concern, as there is limited regulation on licensing, product ingredients, and labeling. Many of these products are advertised as holistic or natural alternatives to prescription medication and make claims unfounded by science to treat conditions like anxiety, depression, chronic pain, insomnia, diabetes, and psychosis. The U.S. Food and Drug Administration (FDA) has only limited data on the actual safety of cannabidiol (CBD), indicating there are inherent risks for consumers to consider before taking CBD for any reason, including liver injury, drug interactions, male reproductive toxicity, impaired driving capability, and risks to mothers who are pregnant or breastfeeding and their babies[20]. In September 2021, CDC put out a health alert warning of adverse events from mislabeled THC and CBD products. Despite some federal steps to try to regulate the sheer volume of hemp products on the market, Texas should protect its residents in the meantime and play a more proactive role in protecting consumers.

10. **Evaluate Texas' preparedness, response, and mitigation of natural disasters including hurricanes, recurrent flooding, and extreme temperatures.** Assess vulnerable infrastructure issues that may be potential health and safety hazards, such as existing wastewater treatment plants in or near flood plains and waterways. Determine the necessary resources to effectively minimize and mitigate these issues, including recurrent flooding in highly populated areas of Texas. Study the cause of recurrent natural disasters and the impact on Texans' health, the seriousness of these threats, and determine evidence-based strategies to address the root of the problem.

    Rationale: Natural disasters consistently impact Texas every year – from hurricanes and disastrous flooding to record-high heat waves and record-low freezes. These recurring destructive events are a part of the new norm, and the impact of these disasters are both deadly and costly, with overall threats to our state infrastructure, public health, and safety. An appropriate study on our state's disaster preparedness, response, and mitigation strategies could save lives, millions of dollars, and help determine how to address the problems upstream.

11. **Assess current associated trends and systems delivering palliative care for aging Texans and improving health literacy pertaining to palliative care.** Study systems and access to systems delivering palliative care to identify possible equity gaps and barriers among various populations. Additionally, study approaches to improve health literacy associated with palliative care among Texans to improve their level of comfort with navigating palliative care systems and with making informed decisions that individuals and families feel are best.

    Rationale: According to a systematic review conducted by *Health Affairs*, only about a third of adults living in the U.S. tend to complete a set of advanced directives for their care[21]. The high hospitalization and mortality rates associated with COVID-19 and the persistent symptoms associated with long COVID-19 forced individuals of all ages and families to consider and make decisions about their short- and long-term health care plans. Presently, the existing amount of literature examining disparities in access to palliative is care is scant, signifying a need for increased research in this area and an opportunity to identify possible barriers in our current system. The committee should study approaches to improve literacy of palliative care amongst Texans in a culturally sensitive manner and in turn, enable Texans to improve their autonomy to make informed decisions they find most suitable for maintaining their quality of life.

12. **Examine how Texas can improve its sudden cardiac arrest data collection and analysis**. Medicine supports continued efforts to increase data collection on all out-of-hospital cardiac arrests in Texas in which emergency medical services (EMS) personnel attempt resuscitation. Such data includes patient management and evaluations by EMS personnel and outcome data from hospitals.

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[20] U.S. Food and Drug Administration (FDA). What You Need to Know (And What We're Working to Find Out) About Products Containing Cannabis or Cannabis-derived Compounds, Including CBD. https://www.fda.gov/consumers/consumer-updates/what-you-need-know-and-what-were-working-find-out-about-products-containing-cannabis-or-cannabis

[21] https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0175

Rationale: McGovern Medical School currently supports Texas' system of sudden cardiac arrest data collection, the Texas Cardiac Arrest Registry to Enhance Survival (TX-CARES). They have no mandate to, and may not financially be able to, continue to support this program alone in Texas. Sudden cardiac arrest is a potentially preventable and treatable condition that could see improved survival outcomes with enhanced data collection and sharing. This condition results in the death of more than 475,000 Americans per year, and more than 350,000 of those cardiac arrests occur outside of the hospital. Cardiac arrest survival is worse in communities of color and those with lower socioeconomic status, making out-of-hospital cardiac arrest an issue of health equity. Texas already requires mandatory data reporting on many other conditions, such as cancer, drowning, controlled substance overdoses, lead poisoning, spinal cord injury, and traumatic brain injury. Stronger data reporting for sudden cardiac arrest will help identify and implement the proper response to these time-sensitive, sudden, and potentially deadly medical events.

13. **Study and identify prevention strategies to address the health and safety risks of electric scooters and pedestrian traffic.**

Rationale: Electric scooters are vehicles operating on two wheels with a platform for a single rider to stand on and a handlebar at about waist height for steering. E-scooters can reach speeds up to 20 mph. There are tens of thousands of them in Austin, Houston, San Antonio, Dallas, Corpus Christi, and El Paso, and they are a rapidly growing means of transportation. CDC studied e-scooter use in Austin in fall 2018 and found 20 individuals were injured per 100,000 e-scooter trips taken. Almost half of all injuries are severe, including traumatic brain injuries, bone fractures, nerve and ligament damage, severe bleeding, and organ damage. There are several policy solutions that the state could explore to improve e-scooter safety, including mandating helmet use, speed limits, visibility regulations, banning the use of mobile devices while driving, and establishing intoxication standards. Following similar trends as electric scooters, pedestrian deaths increased nationally in 2020 and 2021, even while vehicle miles traveled decreased in 2021 due to the COVID-19 pandemic[22]. In response, Texas should study the cause of these traffic injuries and fatalities and develop appropriate solutions.

14. **Study the root cause of emergency department overcrowding to address long emergency room wait times and high utilization of diversion practices.**

Rationale: Emergency department diversion status allows hospitals to communicate to emergency medical services (EMS) agencies that the emergency department (ED) is full, or the ED staff are unusually overwhelmed. Diversion status was developed to be a short-term and rare option for hospitals to cope with extraordinary, rare circumstances. However, it has become a common practice among Texas EDs. A study conducted in Houston found that hospitals were on diversion status more than 27% of the time for 23 of 30 months[23]. High frequency diversion use is a result of consistently high emergency department traffic. Texas should examine why EDs are consistently overcrowded, as diversion status directs ambulances to drive trauma patients further from the nearest hospital. Especially in rural and underserved areas, this environment can result in driving extraordinary distances that leave the patient without hospital care in time-sensitive emergency medical situations. Emergency department overcrowding generally results in long wait times for patients seeking immediate care. Some studies even indicate that increased use of diversion status is associated with an increased risk of mortality. The state should study the underlying cause of Texas' overcrowded EDs to improve timely patient care.

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[22] https://www.police1.com/traffic-patrol/articles/as-pedestrian-deaths-climb-across-us-a-safety-campaign-hopes-to-curb-the-trend-d7I6okaHKN9rJ27m/

[23] https://www.utsystem.edu/sites/default/files/documents/publication/Code%20Red%3A%20The%20Critical%20Condition%20of%20Health%20in%20Texas/appendixg.pdf

15. **Study opportunities to potentially reopen rural hospitals that have closed during the past five years, either as full hospitals or as an alternative classification as allowed by state and federal laws and regulations.**

    Rationale: Texas has led the nation in the number of rural hospital closures since 2010 – 26 hospitals in 22 communities[24]. The situation in Texas is dire − 64 of Texas' 254 counties currently do not have a hospital[25]. The Centers for Medicare and Medicaid Services recently issued rules authorizing creation of a new rural hospital designation, a Rural Emergency Hospital provider type. It will allow rural hospitals more flexibility in determining hospital services and has great potential to lower operating costs, a leading cause of closure. Texas should study ways to promote this and other innovative solutions and develop additional strategies to ensure local access to care. Texas should explore developing similar supportive resources or delivery models. Further, the state should study how it can not only keep its existing rural hospitals open, but also a means of allowing hospitals that recently closed to reopen. Innovative rural healthcare delivery models are critical to ensuring Texans' local access to care.

16. **Promote timely behavioral health interventions for children, postpartum women, and families.** Support recommendations submitted by the Texas Child Mental Health Care Consortium (TCMHCC) to improve behavioral health care access for children and adults, as well as expanded training opportunities for child and adolescent psychiatric physicians and other behavioral health care professionals, including:
    - Expanding access to telephonic consultative support to physicians and other providers that care for women during the perinatal period;
    - Expanding the access of telephonic support to rural primary care physicians caring for adults suffering from mental illness;
    - Implementing a suicide prevention initiative; and
    - Implementing an adult collaborative care initiative.

    Rationale: Pandemic-induced stress, anxiety, and grief have taken a toll on Texans, contributing to a record-high need for emotional, psychological, and substance use intervention and treatment not only for individuals but entire families. Sadly, the pandemic also has contributed to a dramatic increase in suicide rates, particularly within communities of color. Fortunately, in 2019 lawmakers established TCMHCC to help improve access to pediatric behavioral health care services, providing a framework not only to expand services to the pediatric population but also to help parents and families mentally and emotionally rebound. Additionally, by expanding training capacity, TCMHCC will help augment availability of psychiatrists and mental health professionals well beyond the pandemic.

[24] Texas Organization of Rural and Community Hospitals, Rural Hospital Closures.
[25] Texas Rural Health Association, Why Texas Rural Healthcare Matters.