



Senate Finance Hearing – Senate Bill 1, Article II

February 2, 2023

Department of State Health Services

Testimony submitted on behalf of:

Texas Medical Association; Texas Pediatric Society;
Texas Academy of Family Physicians; Texas Chapter, American College of Physicians;
Texas Association of Obstetricians and Gynecologists; American College of Obstetricians
and Gynecologists - District XI (Texas); and the Texas Public Health Coalition

On behalf of the more than 57,000 members of the Texas Medical Association and the above-named organizations, thank you for the opportunity to testify on funding for the Texas Department of State Health Services (DSHS).

Our organizations thank Chairwoman Huffman and the committee for investing in critical health care services, workforce, and infrastructure within Senate Bill 1. As you refine the budget over the coming weeks, we look forward to working collaboratively to identify additional opportunities to improve Texas' public and health care delivery systems.

Additionally, we want to congratulate Jennifer Shuford, MD, for her appointment as the new DSHS commissioner and commend Gov. Greg Abbott for his choice. We have every confidence in her leadership abilities and look forward to continued collaboration with the commissioner and her team.

General

The backbone of a strong health care system is a robust public health infrastructure. As such, we strongly support funding that will allow DSHS to strengthen efforts to prevent, detect, and respond to infectious diseases; respond swiftly to natural disasters and emergencies; and assess factors that will help Texas improve the quality and safety of maternal and child health services. Further, we support strengthening health promotion and chronic disease prevention – initiatives critical not only to the state's efforts to improve health but also to lowering health care costs.

We urge the committee to support enhanced funding for public health statewide, especially support for communities that do not have a health department. Continued investments in Texas' public health infrastructure ultimately will defray health care costs in the future, while also improving Texans' health. Numerous studies have established the positive relationship between investment in public health and health care outcomes, with one estimating a potential savings of \$5.60 for every \$1 invested. Indeed, other research indicates enduring, robust public health investments also can reduce mortality by 1 to 7% depending on the underlying condition.¹

Specific

Invest in immunization services. Vaccines are safe, cost-effective ways to prevent infectious diseases. Funding is critical to allow the agency to improve public health awareness about vaccine safety and efficacy as well as to help children and adults obtain them. We ask that the committee invest dollars to:

- Maintain a Strong Adult Safety Net (ASN) Program. ASN is an indispensable service for uninsured adults, allowing them to access potentially life-saving vaccinations. However, the development of new vaccines and combinations of vaccines has resulted in increased vaccine costs. We support DSHS' funding request to increase funding for this program, which is key to mitigating the spread of harmful, communicable diseases.
- Modernize ImmTrac2 to meet technological standards. Texas' immunization registry must provide current, accurate, and granular information to allow the state to assess a community's vulnerability to outbreak. Additionally, Texas should ensure ImmTrac2 data are bidirectional and interoperable with electronic health records. These technological systems need sustained investment to stay one step ahead of infectious diseases.

Strengthen infectious disease prevention, monitoring, reporting, and response. Infectious disease outbreaks not only contribute to illness and potential death, but also economic disruptions. We urge you to allocate funding so the agency can provide timely infectious disease prevention and epidemiological activities, including fully funding DSHS's exception item "Driving Public Health Response through Technological Tools."

Specifically, we ask that the committee support investments to:

- Ensure a reliable, timely public health laboratory. The state's laboratory provides physicians and clinics test results of patients with potentially infectious diseases, including suspected cases of tuberculosis, as well as results from newborn genetic and metabolic screenings. Additionally, the lab supports the state's efforts to ensure food safety and water quality. Federal COVID-19-related funds allowed DSHS to expand its laboratory capacity, including hiring direly needed epidemiologists, laboratory specialists, and other skilled staff. Beyond the federal funds, DSHS has identified it will need state dollars for laboratory maintenance and upgrades to ensure continued timely and reliable data.
- Maintain information technology investments to allow DSHS to provide near real-time collection, analysis, and dissemination of public health data to physicians, communities, local public health departments, and the public. This capability is vital to making informed decisions regarding vaccine allocations, monitoring and responding to disease outbreaks, and ensuring appropriate hospital bed capacity during an emergency.

Improve maternal and infant health. We commend lawmakers and DSHS for their enduring leadership to promote safer, high-quality maternal and infant health services. DSHS provides key analytical and administrative support to the Perinatal Advisory Council (PAC), Maternal Mortality and Morbidity Review Committee (MMMRC); TexasAIM, a set of maternal safety bundles to help reduce preventable maternal deaths; and the Texas Collaborative for Healthy Mothers and Babies, a multidisciplinary network that works to advance health care quality and patient safety for all Texas mothers and babies.

For the 2024-25 biennium, we ask that lawmakers support:

- DSHS' exceptional item request to increase resources for the MMMRC to expedite analysis of maternal death records. Access to more timely data will help the committee, DSHS, and stakeholders – including medicine – design more effective community-level and clinical interventions to reduce maternal mortality and morbidity (serious illness and death). **We also respectfully ask that lawmakers add MMMRC committee members to the list of advisory committees for which travel funds are available.** While some of the committee's work is conducted virtually, it also holds quarterly in-person meetings with an opportunity to ensure public input and dialogue. MMMRC members must pay their travel costs out-of-pocket.
- Establish a new statewide perinatal data collaborative to provide hospitals designated as neonatal and/or maternal level-of-care facilities with more robust quantitative data on the effectiveness of patient safety and quality improvement initiatives.
- Provide funding to implement a new statewide campaign raising awareness about congenital syphilis, a preventable, chronic infectious disease that can harm not only the health of the mother, but also her newborn. Texas has the highest case count in the country, yet CDC states stillbirth or premature death occurs in "40% of

babies born to women with untreated syphilis.” Many others develop complications later, including vision and hearing loss.

Invest in health promotion and chronic disease prevention. The top ten leading causes of death in Texas include heart disease, cancer, stroke, Alzheimer’s disease, and diabetes. Individuals with underlying chronic conditions, such as diabetes, heart disease, obesity, and others are at an increased risk for severe illness or even death.

Moreover, according to the agency, tobacco usage is the leading cause of preventable deaths. Cancer, heart disease, stroke and emphysema are associated with tobacco. Yet more than four million Texans use tobacco products. Moreover, not only is tobacco use associated with preventable disease, it also contributes to higher health care costs, estimated to be \$10.3 billion annually of which Medicaid pays more than \$2 billion.ⁱⁱ

Investment in prevention will help avoid high medical costs and promote future savings overall for our state. We ask your support for:

- Dynamic tobacco-control initiatives to curb tobacco usage, particularly among teens and women of reproductive age. Tobacco use is a key, preventable factor in maternal complications. **Our organizations strongly support fully funding at least the agency’s initial \$6 million exceptional item to boost Texas’ tobacco cessation efforts, including more funding to prevent youth and young adults from becoming tobacco users in the first place.**
- DSHS’ EI request for HIV medications. The Food and Drug Administration recently approved a new medication to provide more effective long-term management of HIV. Monies requested by DSHS will provide access to this medication as well as make it easier for eligible Texans to enroll in the HIV medication program.
- Implementation of a new vibrant, statewide health promotion and chronic disease prevention efforts by encouraging Texans to be physically active, make healthy food choices, get routine health screenings, get vaccinated, and other strategies to prevent chronic illnesses.
- Establishment of a new statewide “preventive health care matters” campaign to raise awareness about the importance of early screenings as well as immunizations. Many Texans skipped these services during the height of the pandemic. It is time to get them back.

Ensure Timely Access to Emergency Medical Services and Trauma. Regardless of their socioeconomic background, health insurance status, residence or background, all Texans rely on the state’s EMS and trauma system to respond timely during an emergency, whether when experiencing a personal medical crisis or during a natural or manmade disaster. As Texas’ population grows, the current EMS and trauma system gets stretched ever thinner. We ask that lawmakers ensure that when any Texan experiences a traumatic health event, their hospital and EMS personnel will be available and able take care of them.

Texas provides dollars to offset uncompensated trauma care at hospitals, thus ensuring statewide access to trauma care, whether you live in Alpine, Abilene, or Austin. Rural hospitals are key to this effort, either treating a patient locally or stabilizing him or her for transport and treatment at a facility with more advanced trauma expertise. Without more funding, rural hospitals might be forced to limit or halt trauma services – a detriment to anyone who lives in or visits these communities. We support enhanced trauma funding for rural hospitals.

At the same time, trauma hospitals cannot provide lifesaving care without a team of physicians specializing in emergency medicine, trauma surgery, anesthesia, orthopedics, and a host of other subspecialties, necessary to treatment. Yet there is no funding source to offset uncompensated care for physicians. While some hospitals provide a stipend for certain specialties, it is insufficient (if provided at all) for Texas to sustain a robust, advanced trauma system. An estimated 20 percent of Texans lack health insurance, resulting in high and unsustainable uncompensated care for physicians who provide lifesaving services.

- Allocate new monies to offset uncompensated trauma costs for physicians.

Invest in vital statistics. Ensuring reliable vital statistics is key to DSHS’ mission. We support investments to help the agency fulfill its statutory responsibilities.

- Simplify TxEVER, the state’s death certificate registry, by requesting funds to make upgrades that will automatically renew account access for physicians when they biennially renew their Texas medical license; and extend the TxEVER password expiration time to 180 days or more, among other reforms.

Expand Access to Primary Care

During the last biennium, lawmakers allocated \$20 million in federal dollars to establish an “incubator” program to help expand new and existing Federally Qualified Health Centers to more communities. FQHCs provide essential primary and preventive services, including women’s health and basic mental health care. While these clinics serve Texans from all walks of life, they play an especially vital role in improving access to preventive and primary care for people enrolled in Medicaid, women’s health programs, or who are uninsured or underinsured. We support allocating state dollars to expand this program.

Likewise, in our comments regarding the Texas Health and Human Services Commission and Article III, we support efforts to boost community-based primary care physicians’ ability to participate in Texas’ safety net programs.

Our organizations commend DSHS for its resolute, data-driven efforts to combat communicable diseases. Practicing physicians are a key ally in Texas’ efforts to improve public health. As this committee refines its funding recommendations for the agency, we look forward to working with you to ensure a world-class public health infrastructure to match the needs of a growing state.

Thank you again, Chairwoman Huffman and committee members, for your collaboration to help fulfill medicine’s vision *to improve the health of all Texans*.

Should you have any questions, please contact Matt Dowling, TMA director of Legislative Affairs, at Matt.Dowling@texmed.org; Caitlin Dempsey Flanders, TMA director of Legislative Affairs, at Caitlin.Flanders@texmed.org; Helen Kent Davis, TMA associate vice president of Governmental Affairs, at Helen.Davis@texmed.org; or Christina Ly, associate vice president of PublicHealth, at Christina.Ly@texmed.org.

ⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4019932/>

ⁱⁱ <https://www.tobaccofreekids.org/problem/toll-us/texas>