



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

DSHS Updated Legislative Appropriations Request, FY 2024 - 2025

February 2023

SB 1 and HB 1 Impact on DSHS Exceptional Item Requests

The following SB 1 provisions address DSHS needs, allowing DSHS to remove or reduce requests:

- ◆ Increase of \$5.5 M to fully fund reductions in base budget that impact vital statistics, food and drug consumer protection programs, and the EMS and Trauma program
- ◆ Increase of \$ 27.7 M to cover increased Data Center Services ongoing costs
- ◆ Increase of \$6.1 M for Texas Center for Infectious Disease operating costs
- ◆ Increase of \$35.7 M to address DSHS agency workforce needs

Summary of FY 2024 - 2025 Exceptional Item Requests

	Exceptional Item	Biennial GR/GRD	Biennial All Funds	FY 2024 FTEs	FY 2025 FTEs
DSHS FY 2024 - 2025 Base Request		\$896,932,809	\$2,130,547,935	3,304	3,304
1	Maintaining Agency Operations and Infrastructure	\$12,732,789	\$12,732,789	4	4
2	Driving Public Health Response through Technological Tools	\$17,550,254	\$30,196,436	41	57
3	Ensuring Access to Frontline Public Health Services	\$42,459,622	\$42,459,622	23	23
4	Reducing the Impact of Preventable Disease	\$20,056,282	\$20,056,282	1	1
5	Supporting Businesses and Economic Needs	\$2,658,673	\$2,658,673	11	11
6	Strengthening Readiness for Public Health Emergency Response	\$14,168,232	\$14,868,204	3	3
7	Securing State Trauma System Coordination	\$6,600,000	\$6,600,000	0	0
8	Improving Maternal Health Data Availability	\$2,637,745	\$2,637,745	14	14
9	Adopting New Federal Policies for HIV Treatment	\$57,744,728	\$57,744,728	5	5
Total, Exceptional Items		\$176,608,325	\$189,954,479	102	118
Total, DSHS Base + Exceptional Items		\$1,073,541,134	\$2,320,502,414	3,406	3,422

El 1: Maintaining Agency Operations and Infrastructure

- ◆ **Web Application Firewall, \$4.7 M:** Protect against cyberattacks for public-facing applications that take in sensitive or personal information.
- ◆ **Vehicles, \$0.9 M:** Replace 26 vehicles that have reached standard thresholds to save money on fuel, maintenance, and repair costs.
- ◆ **Texas Center for Infectious Disease, \$7.1 M:** Support the ongoing operation for the state’s tuberculosis (TB) hospital. This item covers routine maintenance, increased costs due to medical inflation, and clinical staffing. Salaries for clinical and facility staff are intended to match other state agency healthcare facility salary levels.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	\$8.0 M	\$4.7 M	\$12.7 M
All Funds	\$8.0 M	\$4.7 M	\$12.7 M

FTEs	Program Data	
FY 2024: 4	Average Length of Stay for TB Patients (FY 2020 - 2022)	~152
FY 2025: 4		

EI 2: Driving Public Health Response through Technological Tools

- Maintenance of Critical IT Systems, \$25.8 M:**
 Continue support of modernized and secure IT infrastructure developed with federal funds to manage current and future public health data needs for DSHS, local health departments, and local health authorities. Funding will support use of public health data sets, including reliable and timely analysis, and ongoing maintenance of National Electronic Disease Surveillance System, the State Health Analytics and Reporting Platform, and Vaccine Allocation and Ordering System.
- Data Analytics and Quality Assurance, \$4.4 M:**
 Maintain staffing levels to ensure timely, accurate, and consistent current and future electronic laboratory and case reporting for notifiable infectious diseases and health conditions in alignment with Texas statute.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	\$2.4 M	\$15.1 M	\$17.5 M
Federal	\$12.7 M	\$0	\$12.7 M
All Funds	\$15.1 M	\$15.1 M	\$30.2 M

FTEs	Program Data	
FY 2024: 41	Electronic Lab Report Processing Daily Capacity	400,000
FY 2025: 57	Health Entities Needing Public Health Data Access	161

El 3: Ensuring Access to Frontline Public Health Services

- ◆ **Additional Community Access Points, \$7.1 M:** Increase public health access for communities through six new clinics, two mobile units, and 16 FTEs in rural and frontier locations. These locations will serve approximately 500,000 Texans, providing more access to these communities for core public health functions, including surveillance, treatment, and prevention of infectious diseases.
- ◆ **Modernizing Clinical Environments & Care, \$5.5 M:** Provide additional services and access and continue use of telehealth to expand service reach in areas served by DSHS clinics. Modifications to existing clinics would include waiting rooms, patient exam and client consultation rooms, along with operational space for secure handling of laboratory specimens.
- ◆ **Local Public Health Services Grants, \$29.9 M:** Increase stability for the state’s public health infrastructure by providing grants to local health entities (LHEs) that provide essential public health services but are experiencing funding gaps due to population growth and inflation.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	\$23.4 M	\$19.1 M	\$42.5 M
All Funds	\$23.4 M	\$19.1 M	\$42.5 M

FTEs	Program Data	
FY 2024: 23	Counties Served by DSHS Public Health Clinics	164
FY 2025: 23	Annual Client Visits to DSHS Public Health Clinics	60,000
	Expected Number of Local Health Department Grants	~60

El 4: Reducing the Impact of Preventable Disease

- ◆ **HIV Treatment and Prevention, \$14.0 M:** Offer new long-acting, effective, injectable HIV treatments, such as Cabenuva, to AIDS Drug Assistance Program (ADAP) participants, as requested by stakeholders. Other long-acting medications may become available in the future. DSHS seeks legislative input to more quickly make available these medications.
- ◆ **Prevention of Tobacco-Related Diseases, \$6.0 M:**
 - ◆ *Texas Tobacco Quitline, \$2.1 M:* Expand access to the free cessation phone line for Texans 13 years and older and increase the time period nicotine replacement therapy is offered from two to eight weeks.
 - ◆ *Youth Tobacco Awareness and Education, \$3.9 M:* Convert the TYTAP face-to-face instructor certification course to an online format. Relaunch the interactive Vapes Down public awareness campaign to address youth e-cigarette use. Increase community coalitions addressing youth tobacco prevention.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	\$10.0 M	\$10.0 M	\$20.0 M
All Funds	\$10.0 M	\$10.0 M	\$20.0 M

FTEs	Program Data	Annual
FY 2024: 1	Average THMP Clients	19,000
FY 2025: 1	Average HIV Medications Dispensed to Eligible Clients	140,000
	Unique Callers with at Least One Tobacco Quitline counselling call	10,126

El 5: Supporting Businesses and Economic Needs

- ◆ **Medical Advisory Board, \$2.6 M:** Reduce backlog of cases to ensure Texans receive timely review of medical conditions that may affect their ability to drive or receive a concealed carry license. The funding will allow DSHS to:
 - ◆ Add additional support for the board by funding 11 new FTEs
 - ◆ Increase reimbursement for volunteer physicians serving on the board to make recommendations to DPS about whether individuals with health conditions may safely hold a drivers or concealed handgun license in line with Texas Health and Safety Code, Chapter 12.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	\$1.1 M	\$1.5 M	\$2.6 M
All Funds	\$1.1 M	\$1.5 M	\$2.6 M

FTEs
FY 2024: 11
FY 2025: 11

Program Data	Annual
MAB Referral in Backlog	~3,700
Current DSHS Positions Funded to Support MAB	3

EI 6: Strengthening Readiness for Public Health Emergency Response

- ◆ **Hospital System Capacity Data Collection, \$2.8 M:** Continue payment for the EMResource software license used to collect hospital bed availability and other metrics in alignment with enacted legislation from the 87th Legislature (SB 969, SB 984).
- ◆ **Patient Transfer Portal, \$4.7 M:** Continue payment for Pulsera, the patient transfer portal software used to facilitate transfers in times of disaster or emergency response.
- ◆ **Emergency Medical Task Force (EMTF) Support, \$7.4 M:** Augment hospital preparedness and increase funding for EMTF to support the expanded number of emergency response missions EMTF completes each year serving the entire state.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	\$6.7 M	\$7.5 M	\$14.2 M
Federal	\$0.7 M	\$0 M	\$0.7 M
All Funds	\$7.4 M	\$7.5 M	\$14.9 M

FTEs	Program Data	Annual
FY 2024: 3	Daily Hospital Metrics Reported	60
FY 2025: 3		

El 7: Securing State Trauma System Coordination

- ◆ **RAC Funding Support, \$6.6 M:** to provide additional funding for each Regional Advisory Council to keep pace with increasing responsibilities, including compliance with statutory requirements.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	\$3.3 M	\$3.3 M	\$6.6 M
All Funds	\$3.3 M	\$3.3 M	\$6.6 M

FTEs	Program Data	Number
FY 2024: 0	Regional Advisory Councils	22
FY 2025: 0		

El 8: Improving Maternal Health Data Availability

- ◆ **Member Reimbursement, \$0.1 M:** to support the estimated time and travel costs associated with participating on the Maternal Mortality and Morbidity Review Committee (M3RC).
- ◆ **Staffing Support to Streamline Case Preparation, \$1.8 M:** to provide additional staffing support to facilitate faster data collection, case preparation, and analysis. This item would provide 14 permanent FTEs for these functions.
- ◆ **Public Availability of Data, \$0.7 M:** to improve the internal and external availability of maternal mortality and morbidity information.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	\$1.3 M	\$1.3 M	\$2.6 M
All Funds	\$1.3 M	\$1.3 M	\$2.6 M

FTEs	Program Data	
FY 2024: 14	Number of members on the M3RC	17
FY 2025: 14	Current DSHS Positions Funded to Support M3RC	8 FTEs

El 9: Adopting New Federal Policies for HIV Treatment

- ◆ **New Federal Policies, \$57.7 M:** Implement new federal Health Resource Services Administration guidelines that lengthen the current eligibility recertification cycle to encourage client adherence to medications. Federally-recommended changes include:
 - ◆ Switching from a six-month self-attestation and recertification schedule to an annual cycle for eligibility recertification.
 - ◆ Proactive verification of client eligibility before disenrolling clients (including third-party searches for income and insurance status).
- ◆ By changing current guidelines, DSHS would need additional staff to proactively verify client eligibility before disenrolling them.
- ◆ DSHS also anticipates increased medication costs due to less client turnover.

Method of Finance	FY 2024	FY 2025	Biennium
General Revenue	\$27.7 M	\$30.0 M	\$57.7 M
All Funds	\$27.7 M	\$30.0 M	\$57.7 M

FTEs	Program Data	Annual
FY 2024: 5	Percentage of THMP Clients Potentially Impacted	34%
FY 2025: 5		