Public Health Funding and Policy Committee 2022 Annual Report

As Required by

Texas Health and Safety Code

Section 117.103

Public Health Funding and Policy Committee

November 2022

This report was prepared at the direction of the Public Health Funding and Policy Committee. The opinions expressed and recommendations expressed in this report are that of the Committee and do not reflect the views of the Texas Health and Human Services Commission, the Department of State Health Services, or the Texas Health and Human Services System.

Table of Contents

Executive Summary

The Public Health Funding and Policy Committee (PHFPC) 2022 Report is published in accordance with Texas Health and Safety Code, Section 117.103, which requires PHFPC to submit a report to the Governor, Lieutenant Governor, and the Speaker of the House of Representatives on the implementation of Texas Health and Safety Code, Chapter 117.[1]

Chapter 117, Subchapter C of the Texas Health and Safety Code states that PHFPC shall, at least annually, make formal recommendations to the Department of State Health Services (DSHS) regarding:

- The use and allocation of funds available exclusively to local health entities (LHEs) to perform core public health functions
- Ways to improve the overall public health of citizens in this state
- Methods for transitioning from a contractual relationship between DSHS and LHEs to a cooperative-agreement relationship between DSHS and LHEs
- Methods for fostering a continuous collaborative relationship between DSHS and LHEs

Recommendations made must be in accordance with:

- Prevailing epidemiological evidence, variations in geographic and population needs, best practices, and evidence-based interventions related to the populations to be served
- State and federal law
- Federal funding requirements

Not every Texan has the same level of local public health protection. As detailed in the 2013 PHFPC Annual Report, the presence, scope, and quality of public health services vary greatly among Texas counties and cities.[2] Among the 254 counties in Texas, 58 operate under a local public health services contract with DSHS. Many other entities provide a small subset of environmental permitting and/or clinical services. DSHS public health regions (PHRs) provide local public health services to counties without a local public health entity. On a routine basis, PHRs support LHEs in the provision of services when the LHE does not have the resources available. PHRs also assist with the response to disease outbreaks and natural disasters.

[1] This report is submitted by the Public Health Funding and Policy Committee and has not been substantially edited by the Texas Department of State Health Services.
[2] 2013 PHFPC Annual Report. *Public Health Funding and Policy Committee*. 2013 PHFPC Annual Report (state.tx.us). Published February 2013. Accessed November 1, 2022.

State funding of local public health services is also complex and not well understood. LHEs may receive city, county, state, federal, or other sources of funding. Historically, LHE funding does not always align with known public health risks, vulnerabilities, threats, and/or disease statistics.

Currently, PHFPC is focusing on previous recommendations and the work being done to move the entire local public health and the statewide public health system forward. During 2022, PHFPC continued efforts toward completing the current recommendations with a strong focus on COVID 19-related activities, as well as enhancing interoperability of public health data and information systems. Previous recommendations discussed in this report include:

- 2019 recommendations
    - Core functions
    - Roles of local and regional health departments
    - Data sharing
    - Infectious disease
    - Technology

- 2020 recommendations
    - Electronic lab reporting

- 2021 recommendations
    - Medicaid billing
    - Public health data and information systems
    - Public Health Provider-Charity Care Program

1. Introduction

Texas Health and Safety Code, Section 117.103 requires PHFPC to submit a report to the Governor, Lieutenant Governor, and the Speaker of the House of Representatives on the implementation of the Texas Health and Safety Code, Chapter 117.

PHFPC opted to provide an overview of previous recommendations and their status. Past recommendations are based on ongoing discussions that occurred during fiscal year 2022. These updates cover the areas of:

- 2019 recommendations
  - Core functions
  - Roles of local and regional health departments
  - Data sharing
  - Infectious disease
  - Technology
- 2020 recommendations
  - Electronic lab reporting
- 2021 recommendations
  - Medicaid billing
  - Public health data and information systems
  - Public Health Provider-Charity Care Program

2. Background

In 1997, the 75th Texas Legislature passed House Concurrent Resolution (H.C.R.) 44 which required an interim study to evaluate the role of local governments in providing public health services. As a result, a steering committee and working group submitted recommendations to the 76th Texas Legislature. With the passage of House Bill (H.B.) 1444, 76th Texas Legislature, Regular Session, 1999, Texas established itself as one of the first states to codify the essential services of public health into statute. However, the effort to fund these essential services remains "subject to the availability of funds." In addition, local service delivery remains problematic, because most funds are tied to categorical streams. What is needed is transformative change in state and federal funding of services.

Although H.B. 1444 provided a foundation, it did not define what constitutes a health department in Texas, establish standards, establish scope of services, or establish a mechanism for funding. Since 1999, when H.B. 1444 passed, persistent programmatic funding cuts have resulted in decreased public health capacity. Many local governments voiced concerns about their inability to absorb state funding cuts without additional county or city dollars. In March 2010, discussions began on how DSHS could benefit from the creation of an advisory committee aimed at reviewing policy development and funding allocations to LHEs. In 2011, the 82nd Texas Legislature passed Senate Bill (S.B.) 969, which established PHFPC. The bill, which went into effect September 1, 2011, required the Commissioner of DSHS to appoint nine members to PHFPC, as well as provide staff and material support to PHFPC and meetings. The committee meetings are subject to Chapter 331 of the Government Code, Open Meetings Act.

PHFPC's general duties are outlined in Section 117.101 of the Texas Health and Safety Code. PHFPC shall:

- Define the core public health services a LHE should provide in a county or municipality
- Evaluate public health in this state and identify initiatives for areas that need improvement
- Identify all funding sources available for use by LHEs to perform core public health functions
- Establish public health policy priorities for this state
- At least annually, make formal recommendations to DSHS regarding:
    - The use and allocation of funds available exclusively to LHEs to

perform core public health functions
    - Ways to improve the overall public health of citizens in this state
    - Methods for transitioning from a contractual relationship between DSHS and LHEs to a cooperative-agreement relationship between DSHS and LHEs
    - Methods for fostering a continuous collaborative relationship between DSHS and LHEs

The statute further specifies that recommendations must be in accordance with the following:

- Prevailing epidemiological evidence, variations in geographic and population needs, best practices, and evidence-based interventions related to the populations to be served
- State and federal law
- Federal funding requirements

3. Current Activities and Accomplishments

In fiscal year 2022, PHFPC continued to respond to the COVID-19 pandemic. PHFPC has continued to pursue its previous projects in the realms of Medicaid billing, public health data and information sharing, and the Public Health Provider-Charity Care Program (PHP-CCP).

PHFPC continued to discuss data sharing and interoperability within the Electronic Laboratory Reporting Workgroup. Issues regarding deduplication and standardization have been improved and continue to be discussed. New data sharing avenues such as the State Health Analytics and Reporting Platform (SHARP) were created for these purposes and the committee continues to monitor and request updates on these new initiatives. PHFPC has also provided ongoing feedback on changes to ImmTrac2.[3]

Currently, the Health and Human Services Commission (HHSC) is proposing the expansion of the uncompensated care program for LHEs from dental care only to covering a wider array of public health services through the PHP-CCP. The PHP-CCP is designed to allow qualified providers to receive reimbursement for the cost of delivering healthcare services, including behavioral health services, vaccine services, and other preventative services when those costs are attributed to an uninsured patient and there is no expectation of reimbursement. The program is in the best interest of LHEs as it will provide a source for continued reimbursement for the uncompensated costs of delivering services to people outside of the Medicaid program.

PHFPC had the opportunity to provide feedback on various grants including the Public Health Work Force Grant, the Public Health Infrastructure Grant, the COVID-19 School Testing Grant, and DSHS's COVID-19 Health Disparities Grant.

[3] The Texas Immunization Registry (ImmTrac2) is public health information system that consolidates and stores vaccine records from a variety of sources for individuals who have consented to include their information or as allowed by statute.

4. Past Recommendations

The following details the overview of previous recommendations and their status.

Core Functions

A. PHFPC recommends that DSHS adopt core services as listed in the "Defining Core Public Health Services" document as the Texas standard.

B. PHFPC recommends that DSHS conduct facilitated meetings in each DSHS Public Health Region (PHR) with the Local Health Department (LHD) and PHR staff to 1) discuss/determine core functions expected for all residents in Texas; 2) identify the assets in the region/LHD to provide the core services; 3) identify gaps/barriers in the region/LHDs; 4) prioritize gaps; 5) discuss possible solutions; and 6) determine cost-effective and efficient methods in each region to ensure core services.

Status: Framework of Core Public Health Services finalized and facilitated meetings were completed.

Roles of Local and Regional Health Departments

A. PHFPC recommends that DSHS evaluate local and state roles in each region; promote independence and create surge capacity at DSHS PHR offices; and define DSHS PHR and LHD functions. To clearly define public health roles, PHFPC recommends creating memorandums of understanding (MOUs) describing the DSHS PHR and local responsibilities in each jurisdiction, with or without funding attached.

B. PHFPC recommends that DSHS increase public health capacity at the public health region level in the areas of routine public health functions and the ability for surge capacity in the areas of epidemiologists, disease intervention specialists, nurses, and sanitarians.

Status: This process is ongoing.

Data Sharing

PHFPC recommends that DSHS continue to work with the External Data Sharing Workgroup to determine how LHDs can obtain public health data maintained by

DSHS. Look at options to 1) evaluate the possibility of governmental transfer of information; 2) identify the statutes creating barriers and review the language; and 3) review and identify legislative barriers and define the interdependent relationship between LHDs and DSHS removing barriers to data sharing.

Status: This process is ongoing.

Infectious Disease

A. PHFPC recommends that DSHS develop and implement a plan to enhance communication and operational processes to ensure the fidelity and efficiency of the local health authority's role in responding to disease outbreaks.

B. PHFPC recommends that DSHS invest in the development and maintenance of a robust, multidisciplinary approach, such as One Health[4], to infectious disease prevention and response.

Status: This process is ongoing.

Technology

A. PHFPC recommends that DSHS create one centralized disease reporting system for the state, and upgrade DSHS technology to HL7 format[5] so LHDs can electronically send reports to the DSHS database.

B. PHFPC recommends that DSHS create a workgroup to evaluate efficiencies and identify areas where technology solutions can improve the public health system.

Status: This process is ongoing.

Electronic Laboratory Reporting

A. PHFPC recommends that DSHS should ensure electronic lab reporting from laboratories and hospital systems feed directly to LHDs, PHRs and the DSHS Central Office for all reportable conditions.

B. PHFPC recommends that DSHS ensure complete data sets by implementing a

[4] One Health is a collaborative approach-working at the local, regional, national, and global levels-with the goal of achieving optimal health outcomes recognizing the interconnection between people, animals, plants, and their shared environment.
[5] HL7(Health Level Seven) formatting is a standard for exchanging health information between medical applications.

data quality-checking tool.

C. PHFPC recommends that DSHS develop and implement a standardized data format for laboratories reporting line lists.[6]

D. PHFPC recommends that DSHS implement regular compliance reports related to mandated reporting requirements for laboratories and hospital systems. The report should include, at a minimum, the quantity of electronic lab results, the frequency of incomplete data fields, compliance with a standardized data format of line lists, and the average turnaround time from the date of specimen collection to the date results are received by DSHS.

E. PHFPC recommends that DSHS should augment electronic lab reporting for reportable conditions to offer interoperability and compatibility between LHDs and DSHS.

F. PHFPC recommends that DSHS should assist LHDs with resources to develop and enhance electronic lab reporting infrastructure, where needed.

G. PHFPC recommends that DSHS should ensure required annual training on mandatory reporting requirements for all laboratories prior to certification to provide laboratory services in Texas.

Status: This process is ongoing.

Medicaid Billing

PHFPC recommends that DSHS become the leading agency in the implementation of S.B. 73[7] to ensure that LHEs can expand their participation in Texas Medicaid and continue forward momentum regarding LHE managed care organization contract execution. As the lead agency, DSHS will obtain monthly updates from HHSC, coordinate with a member of HHSC executive leadership to participate in regular implementation planning, request a timeline of implementation, and ensure technical assistance for LHE provider type enrollment.

Status: This process is ongoing.

[6] A line list is a table that contains key information about each case in an outbreak.
[7] S.B. 73 87th Texas Legislature, Regular Session, 2021

Public Health Data and Information Systems

PHFPC recommends that DSHS lead a collaborative effort, including but not limited to, the potential representation of LHEs, hospital groups, and the healthcare provider community, to establish a collective vision that includes a modern and efficient public health data and information system. This includes developing a plan, strategies, and timeline to accomplish goals.

Status: This process is ongoing.

Public Health Provider-Charity Care Program

PHFPC recommends that DSHS become a leading agency in the 1115 Waiver transition and advocate for the Public Health Provider-Charity Care Program (PHP-CCP). This should include the provision of assistance with the allocation of a proportionate share of the funds available for LHEs and mental health programs, advocacy for a comprehensive inclusion of core public health services within the PHP-CCP, and provision of technical assistance regarding cost reporting and charity care policy development.

Status: This process is ongoing.

5. Future Considerations

PHFPC continues to engage in meaningful discussions regarding public health data and information systems. Discussions involving a collaborative effort towards standardization continue to be at the forefront of this topic. Interoperability between LHEs is also a high priority with continued updates from the Electronic Laboratory Reporting Workgroup. New data systems such as State Health Analytics and Reporting Platform have been presented to the committee and the future of how these systems will play their role will continue to be considered. The committee has requested more frequent updates regarding ImmTrac2 to better identify future needs due to the expected expiration of the COVID-19 public health emergency.

PHFPC continues to express its desire for stronger language in the contracts between managed care organizations and LHEs. This will help LHEs with the credentialing and contracting processes. PHFPC will work with the DSHS and HHSC to follow up on all updates associated with the recommendations made for this topic.

PHFPC also continues to engage in discussions involving the new extension of the Public Health Provider-Charity Care Program. LHEs are working closely with HHSC and providing meaningful input to this new extension program. PHFPC continues to pursue previously proposed recommendations to enable LHEs to maintain the infrastructure created because of the 1115 Waiver.

6. Conclusion

PHFPC was productive in the last year and made progress in most of the areas in which it focused. Due to the decline in COVID-19 activities, the committee has been able to reevaluate its focus and take on more issues not related to COVID-19. PHFPC recognizes its progress is due to partnerships with HHSC, DSHS, LHEs, and major stakeholders such as the Texas Association of City and County Officials. PHFPC will continue its mission working with DSHS and HHSC on the previous recommendations and to further characterize and develop the statewide public health system.

List of Acronyms

Acronym	Full Name
DSHS	Department of State Health Services
H.B.	House Bill
H.C.R	House Concurrent Resolution
HHSC	Health and Human Services Commission
HL7	Health Level Seven
LHD	Local Health Department
LHE	Local Health Entity
MOU	Memorandum of Understanding
PHFPC	Public Health Funding and Policy Committee
PHP-CCP	Public Health Provider-Charity Care Program
PHR	Public Health Region
S.B.	Senate Bill
SHARP	State Health Analytics and Reporting Platform