Public Health Funding and Policy Committee Meeting

December 13, 2023

Minutes

Committee Members Attending

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

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

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

Lisa Dick, Brownwood-Brown County Health Department

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

Sharon Whitley – Hardin County Health Department

Attendees:

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| --- | --- | --- |
| Stephen Williams | Julie St. John |  |
| Philip Huang | Steve Eichner |  |
| Jennifer Shuford | Nathan Gauldin |  |
| Todd Bell | Mohib Nawab |  |
| Carrie Bradford | Josh Hutchison |  |
| David Gruber | Robert Kirkpatrick |  |
| Glenna Laughlin | Robiel Abraha |  |
| Michael Comfort | Becky Earlie Royer |  |
| Kyjeila Latimer | Cliffton K. |  |
| Imelda Garcia | C. Troisi |  |
| Christina Kubenka | Norris Harrell |  |
| Carlos Plasencia | Molly Fudell |  |
| Carl Mamula | Richard A. |  |
| A. Schmalsteig |  |  |
| Barbara Klein |  |  |
| Emilie Prot |  |  |
| Jennifer Griffith |  |  |
| Dana Birnberg |  |  |
| Michael Deleon |  |  |
| Scott Milton |  |  |
| Nicole Knight |  |  |

Chair, Mr. Stephen Williams, called the meeting to order at 9:07 am and the committee members introduced themselves.

**December 13th Meeting Minutes**

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

**Update from Dr. Jennifer Shuford:**

Dr. Jennifer Shuford presented the plan and vision for the coming year, outlining the core public health activities, mother and child health, data systems and products, and DSHS Restructuring.

* As Commissioner, she prioritizes public health and aims to identify areas of excellence, opportunities for improvement, and the necessary resources to achieve those improvements.
* Utilizing metrics, she measures the requirements and presents this information to the Legislature or the CDC, advocating for the resources needed to ensure community safety and health.
* The second priority is immunizations. There was hesitation among people to get immunizations before the pandemic. However, the pandemic has shed light on the importance of immunizations and brought about additional challenges. According to the National Immunization Survey Data, the coverage rate for the 7-vaccine series for 24-month-old children is currently at about 70%. This data shows that health departments, pediatricians, and family practitioners have been making efforts to ensure these children are up to date with their immunizations. Texas is at the same coverage rate as the national average, with only a 1% difference. While this is a positive outcome, there is still work to finish to increase the coverage percentage. It is crucial to remember that these illnesses can be fatal for children and continue to pose a threat worldwide.
* The third focus revolves around preparedness. Having recently emerged from a pandemic, individuals can utilize their collective experience to develop plans. Observing both successful strategies and areas requiring improvement, there is acknowledgement of the need for adjustments in planning.
* Mothers and babies are an area that needs attention. The Hear Her Texas Campaign and Texas AIM initiative are programs created to establish a community of safety around women. During the postpartum period, women are more vulnerable to developing disease and facing mortality.
  + The Hear Her Texas Campaign was developed for Texas, but it is based on a national campaign.
  + Similarly, Texas AIM is a Texas initiative that is also based on a national campaign comprises a collection of patient safety bundles that can be implemented in various healthcare settings. The bundles chosen are based on experiences with maternal morbidity and mortality.
  + One of the factors contributing to maternal mortality is obstetrical hemorrhage. By keeping crash carts nearby and having the ability to measure blood loss, providers have been able to better prepare for assisting mothers in such situations.
  + DSHS is rolling out the severe hypertension bundle and substance abuse bundle to providers, aiming to help them better support these mothers.
* New data systems will also help mothers and babies. The Legislature funded two new data systems for maternal health in the last session.
  + One of them is the maternal morbidity and mortality review, which efficiently reviews those cases that are across Texas so that they can be immediately addressed.
  + The other system is for quality improvement efforts.
* Another focus is on Congenital Syphilis, as the Texas rate of infection for this disease is higher than the national average. There is a need to double the efforts and lower this trend. The plan will consist of prioritizing collaborations, evaluating surveillance systems, assessing data program effectiveness, strengthening educational components, incorporating ongoing work, and including milestones.
* The modernization of their data systems aims to better supply collaboration information to better serve the community.

**Update on Public Health Policy and Funding Report:**

Mr. David Gruber, the Associate Commissioner for the Texas Department for State Health Services, presented the report and committee responses for Public Health Policy and Funding for 2023. The report focuses on three general areas:

1. The overarching public health system in Texas.

2. Data: Reporting and Sharing.

3. Public Health Departments.

* The report addresses how the public health system in Texas can operate as a system, particularly during a surge capacity event, and how to promote independence while also coming together when needed.
  + The committee suggested creating Memorandums of Understanding (MOUs) between different entities, although this may present legal challenges when different jurisdictions collaborate. The issue of shifting resources and staff between jurisdictions during the response to Hurricane Harvey was highlighted.
* Data sharing between local health departments and the department is being discussed, along with the need to access and make the data available for all resources.
  + The report suggests using the State Health Automated Reporting Portal (SHARP) as a common data sharing tool going forward.
* The report emphasizes the importance of enhancing communications and operational processes to ensure the fidelity and efficiency of the local health authority's role in responding to disease outbreaks.
  + This includes effective data sharing and ensuring that information is shared effectively between the local health authority and the local health department.
* A centralized disease reporting system, specifically the National Electronic Disease Surveillance System (NEDSS) and the improvements that have occurred, were mentioned.
  + The recent Department Infrastructure Grant has allocated funds for laboratory reporting data systems.
* The report also addresses the need for enhanced Medicaid billing for local health entities.
* Lastly, the report discusses the loss of state funding for the Charity Care Program and explores ways to raise funding for the program.

Questions:

Q: Dr. Phillip Huang mentioned Local health entities found it convenient to have the surge capacities and building memorandums of understanding (MOUs) agreement set in place to tap into the resources.

A: Mr. David Gruber replied that DSHS consistently sets up these agreements before the need arises. It is unclear if COVID has hindered the availability of resources, but DSHS will investigate further.

Q: Mr. Stephen Williams mentioned that the health and safety code allows for flexibility to expedite procurement processes during health emergencies. Is it worth considering whether strengthening this code would be beneficial? It is important to note that a local health emergency declaration does not always align with a statewide health emergency declaration.

A: Mr. David Gruber replied that the focus should be on finding ways to optimize the contracts that are already in use.

No other comments were discussed.

**Update on COVID-19 Vaccine Administration:**

Mr. Josh Hutchinson provided an update to the committee on COVID-19 vaccine administration through a slide presentation.

* On September 11, 2023, the Food and Drug Administration (FDA) issued a press release announcing that Bivalent mRNA COVID-19 vaccines are no longer authorized. Instead, the FDA approved and authorized updated 2023-2024 COVID-19 vaccines that target XBB.1.55 sub-lineage.
* On September 12, 2023, the CDC's Advisory Committee on Immunization Practices (ACIP) released updated clinical guidance for COVID-19 vaccinations.
* The COVID-19 vaccines are now accessible under the Texas Vaccines for Children (TVFC) Program, which covers children from birth to 18 years old who meet specific criteria. TVFC providers are not allowed to charge an administrative fee of up to $13.75 for the COVID-19 vaccine. However, TVFC providers cannot refuse to administer a TVFC vaccine to eligible patients due to their inability to pay, charge an administration fee to Medicaid or CHIP patients, or take any action to collect additional fees for non-payment of a TVFC administration fee.
* COVID-19 vaccines are also available through the Adult Safety Net (ASN) Program. The COVID-19 vaccine is offered to individuals aged 19 years and older who are uninsured or underinsured. ASN providers are prohibited from charging an administration fee for the COVID-19 vaccine, as mandated by federal regulations.

Some individuals prefer a specific vaccine manufacturer, but it may not always be available due to cost. In such cases, the community will need to contact various sources to find the preferred vaccine if not provided by the local health department.

In early November 2023, the FDA became aware that some providers may not be aware that the single dose vial of Moderna COVID-19 Vaccine (2023-2024 Formula) contains more than 0.25 mL of the vaccine. It is essential to note that the correct dose for individuals aged 6 months through 11 years is 0.25 mL, and any excess should be discarded. During this fall season, it has been observed that there have been over 966,388 reported immunizations recorded in the IMMTRAC-2 registry, with the older population constituting the majority of those who received immunizations.

No further discussions or comments were made.

**Update on Current Status regarding Mpox:**

Dr. Varun Shetty provided an update on the status of Mpox within Texas, including information on spread, demographics, and other relevant data. From December 2022 to December 2023, there was sustained low reporting for several months. Most cases occurred in the age group of 30-39, with 35.2% being Hispanic, 29.7% White, 27.9% Black, and 4.2% unknown. The data regarding Asian and Other ethnicities has been suppressed.

* During the months of October 2023 to December 2023, there has been an upward trend in cases, with thirty-three reported cases and positive lab results. The outbreak in Texas over the past year has been caused by Clade I and Clade II MPXV. A health advisory has been issued to inform public health and private providers that the increased cases in the Democratic Republic of the Congo (DRC) have also been observed in regions of the country that are considered atypical. Additionally, there has been evidence of sexual transmission of the disease. However, the overall risk in the United States remains low. If a patient presents with symptoms and has recently traveled to the DRC, it is recommended to assess for Clade-specific testing, although not all providers may have access to this test. Collaboration with the public health department and CDC for evaluating the sample is advised.
* Interim clinical guidance for the treatment of Mpox suggests that tecovirimat should be administered early in the course of illness, along with supportive care and pain control, for patients with severe disease or those at elevated risk for progression to severe disease.
* Medical Countermeasures (MCMs) are also available for the treatment of Mpox. For consulting questions, individuals can send an email to dshsmpxconsult@dshs.texas.gov.
* Patients are encouraged to enroll in the STOMP clinical trial (stomptpoxx.org or call 1-855-876-9997) to contribute to the understanding of disease progression and the effects of medication.
* Additionally, vaccination with JYNNEOS after exposure to the Mpox virus can help prevent Mpox disease. People who have been vaccinated should continue to take precautions to safeguard themselves from infection by refraining from close, skin-to-skin contact.

No further remarks were addressed.

**Data Modernization/Public health Data Sharing:**

Ms. Imelda Garcia presented an update on the data modernization requirements and goals. She aimed to drive faster and better data not only internally but across all providers. The CDC stated that the intent behind this initiative is not only to focus on infectious disease but overall health concerns. The goal is to build a sustainable system that can still function when federal funding is no longer available. The focus is on building scalable, flexible, and sustainable technologies. The aim is to better align with the CDC goals to strengthen the core public health data sets. The objective is to detect, monitor, investigate, respond, inform, disseminate, and be response ready at any moment needed.

During the pandemic, the team was able to pull from different public information and leaders to better serve the community. The goal is to continue building off this infrastructure and streamline the process to provide information all over the state, even to smaller departments that may not have sufficient funding or staffing. The aim is to accelerate access to analytic and automated solutions, not only to help with public health investigations but also to reduce disparities. The objective is to visualize and provide insight to inform public health action.

The goal is to advance more transparent and interoperable public health data. The CDC has commended DSHS on having the insight to establish the SHARP platform and other states are attempting to replicate it.

The Data Government Team sent out a survey to all the other local health departments that are not yet provisioned within the SHARP system. The survey aims to ascertain which of the local jurisdictions want to get the MOUs signed and executed and to begin getting the information into the system. Once the data is gathered, the Contracts Management Section will begin sending out the MOUs to the local health department's leadership.

Once the information is executed and the data begins to come in, the SHARP team will commence provisioning and setting up the area in SHARPs. This will enable them to train the staff in accessing the data once it starts flowing. It is crucial to ensure accuracy in data entry to secure funding from the federal government. Moving forward, everyone will receive the same data set, and all Memorandums of Understanding (MOUs) will be identical, except for the specific political jurisdiction requirements.

Furthermore, the committee needs to ascertain whether each local health department prefers us to create the data information or if they want the ability to adjust the information displayed on their local website.

The utmost priority is maintaining the confidentiality and protection of all data. Periodically, a survey will be distributed to the staff to gather their feedback on the SHARP program's performance and any suggestions they may have for its improvement.

Questions:

Q: Dr. Phillip Huang asked, how can anonymity be assured when the information is broken down into smaller demographic data?

A: Ms. Imelda Garcia replied to the assurance of anonymity lies in the variables governing the data entry process into the system. The agency has established standards to govern the provisioning and suppression of data. However, in the case of exceptionally rare diseases, we have no control over what information family or friends of the patient may share on social media.

Q: Dr. Phillip Huang asked, will there be an additional pilot Memorandum of Understanding (MOU) in place?

A: Ms. Imelda Garcia stated to streamline the process, there will only be one MOU. As new data sets emerge, the attachments to the existing MOU will be amended accordingly.

No further comments were discussed.

**Update on Public Health Provider-Charity Care Program (PHP-CCP):**

Mr. Mohib Nawab, the Supplemental Payments Manager for Acute Care under Provider Finance, presented the program update for the fiscal year 2023 with a power point presentation. The PHP-CCP allows qualified providers to receive reimbursement for the cost of delivering healthcare services when those costs are not reimbursed by another source. This is authorized under the 1115 Waver. Year one was for all uncompensated care, with the understanding that year 2 is charity care only. Forty-six providers submitted cost reports, out of which only six were local health departments and public health districts.

* Providers would submit the information through a web page called State of Texas Automated Information Reporting System (STAIRS).
* Cost reports are currently under review by the Acute Care Supplemental Payments Team. Once approved, the payments are sent out the following spring.
* The total funding limit for year 2 is $500 million but gets reevaluated each year.
* It is encouraged for all eligible and interested providers to enroll for the fiscal year 2024.
* Cost report training is expected to begin in August or September 2024. The cost report period opens on October 1, 2024, and closes on November 14, 2024.
* GovDelivery: Public Health providers Charity Care Pool

Please submit any questions to [PHP-CCP@hhs.texas.gov](mailto:PHP-CCP@hhs.texas.gov)

No other comments were discussed.

**Public Comment:**

There are no public comments.

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

Mrs. Glenna Laughlin announced that the upcoming meeting date is February 7th. The meeting agenda has consistently included the discussion of COVID-19 Vaccine Administration and an Update on Mpox as standing items for the past year. It was deliberated whether these items should be retained or if there should be any modifications or additions to the agenda.

Mr. Stephen Williams expressed his belief that these items remain relevant, even within the organization, and therefore suggested keeping them on the agenda. However, he also proposed the inclusion of any other relevant topics.

Ms. Imelda Garcia recommended replacing the COVID-19 Vaccine Administration Update and the Update on Mpox with the latest infectious disease update, to provide a more comprehensive discussion.

**Adjourn:**

Ms. Lisa Dick made a motion to adjourn the meeting. Ms. Jennifer Griffith seconded the motion. Motion carried. Meeting adjourned.

Approved:

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Stephen L. Williams, Committee Chair Date