Public Health Funding and Policy Committee Meeting

Texas Department of State Health Services (DSHS)

1100 West 49th St, Austin, TX 78756

Room K-100

February 12, 2020

Minutes

Committee Members Attending

Lou Kreidler, RN, BSN - Wichita Falls – Wichita County Public Health District

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

Phil Huang, MD, MPH – Dallas County Health and Human Services

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

Emilie Prot, DO, MPH – DSHS, Public Health Region 11

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

Julie St. John, DrPH – Texas Tech University

Deb McCullough, DNP, RN - Andrews County Health Department – Vice Chair

Committee Members Not Attending

Umair A. Shah, MD, MPH - Harris County Public Health

Attendees:

Albert Cheng, Harris County Public Health

Amanda Robison-Chadwell, Bell County Public Health District

Amanda Ortez, Grayson County Public Health

Christina Lee – Texas Medical Association

David Gruber, DSHS

Elewechi Ndukwe, HHSC

Glenna Laughlin, DSHS

Imelda Garcia, DSHS

Jennifer Shuford, DSHS

Jennifer Smith, TACCHO

Lara Lamprecht, DSHS

Lisa Dick, Brownwood-Brown County Public Health

Mackenzie Spahn, DSHS

Nancy Ejuma, DSHS

Peter Hajmasy, DSHS

Robert Kirkpatrick, Milam County Health Department

Steve Eichner, DSHS

Shannon Hitt, Cherokee County Public Health

Shannon Brown, DSHS

Shelle Tarbox, DSHS

Michele Austin, City of Houston

Whitney Craig, Midland Health and Senior Services

Chair, Stephen Williams, called the meeting to order at 9:05am and called roll.

**December 11, 2019 Meeting Minutes**

Dr. Emilie Prot motioned to accept the minutes as written and Dr. Sharon Melville seconded the motion. Motion carried.

**Medicaid Billing for LHDs**

Ms. Elewechi Ndukwe advised that HHSC is still working on responding to the memo that was submitted on behalf of the committee. They will be prepared to respond during the April 8, 2020 PHFPC Meeting.

**1115 Waiver**

Mr. Stephen Williams updated that there are workgroup meetings taking place today at HHSC regarding the waiver - the quarterly executive waiver meeting and a district transition meeting. There was a specific meeting held with HHSC departments and he hopes to get an update at today’s meetings or at tomorrow’s TACCHO meeting.

**US Census Bureau**

Census is used for funding many programs such as CHIP, Medicaid, social services and many other services that affect public health clients. The Rio Grande Valley in Texas is the most under counted area in the nation. For every person not counted, it is estimated a loss of $1500 per year multiplied by 10 years. April 1 is Census Day. We need to get a complete and accurate count in Texas. Dr. Melville asked if the letter goes out in English and Spanish. Ms. Walch said yes. Dr. Prot asked how people are visiting the valley due to weather and how is their location counted. Ms. Walch advised that people are counted based on where they are April 1. Dr. Huang asked how they get their first list to contact. Ms. Walch said due to technology, they are confident that the list is comprehensive. The Census Bureau works with social services to account for homeless. July 31 is the last day to respond. The Census is safe and confidential. Dr. Huang asked what the gap was in the last census. Ms. Walch said she will get that number.

**Public Health Technology**

Mr. Peter Hajmasy said there is a technology workgroup being established, and we will add Katherine Wells and Amanda Chadwell to be a part of that workgroup. The roster and charter are being finalized. The workgroup will address the technology issues that came up during the regional discussions as well as the responses to the survey that went out in December.

**Emerging Public Health Issues**

Dr. Jennifer Shuford presented that coronaviruses are a family of viruses. We are currently battling one, worldwide. We have been calling it 2019 nCoV, but yesterday the disease became COVID-19 according to the World Health Organization. The bulk of the infections are in China and people who have traveled to China. There are travel restrictions in place and monitoring is happening. In Texas, we have had some persons under investigation (PUIs) and persons under monitoring (PUMs), and we are working with health departments to monitor and investigate. So far, there have been no confirmed cases. There have been 13 cases confirmed in the US and 11 of those traveled to China. The other two were spouses of the confirmed case. Efforts are intended to slow and control the transmission in the community. We can slow it over time so that there is not one point in time that overwhelms the healthcare facilities. It also helps buy time to hopefully develop a vaccine. Most of the cases have been mild illnesses. We hope that in the next couple of weeks, we will be able to test at the state lab and in a couple of LRNs. DSHS is developing guidance documents and our website for information is dshs.texas.gov/coronavirus. We have a hotline number and an email mailbox.

**HIV Fast Track Cities Initiative**

Dr. Phil Huang presented that the Fast Track Cities initiative launched World AIDS Day 2014 in the City of Paris. Currently, 26 cities signed Paris Declaration. Fast Track Cities is meant to build upon, strengthen, and leverage existing HIV-specific and -related programs and resources to reach the following goals:

1. Attain 90-90-90 targets by 2030:

•90% of all people living with HIV will know their HIV status;

•90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and

•90% of all people receiving antiretroviral therapy will have undetectable viral load.

1. Reduce to zero the negative impact of stigma and discrimination

Now is a good time, because we have effective tools to turn around the HIV epidemic such as effective antiretroviral treatment, dramatic improvement in quality of life and life expectancy (almost equal to general population), people treated with ART with undetectable viral loads cannot transmit the virus (U=U), RAPID start, expanded linkage/retention, anti-stigma campaigns, and pre-exposure prophylaxis (PrEP). There are many economic benefits for preventing HIV. CDC estimates the Texas total lifetime treatment cost of each new HIV diagnosis is $379,668 (in 2010 dollars). In Dallas HIV Service Delivery Area (HSDA), this means approximately $304 million in new lifetime treatments costs initiated each year. If there is no change, after 10 years of new diagnoses, Dallas HSDA would see almost $4 billion in lifetime treatment costs. Dallas County serves as the convener for bringing many leaders to the table to get buy-in so stakeholders are prepared for policy change suggestions that might come later due to the initiative. The goal is specific actions with specific measurable goals, objectives and activities. Lessons learned are to include diverse partners. Dr. Huang said he is happy to share with other jurisdictions who are interested in signing the Paris Declaration. Dr. Prot asked if there are models for doing opt out policy in ER departments. Dr. Huang said there are some resources available from DSHS and some commercial. He said there are even models for EHR programming. We are trying to bring in the best practices. Mr. Williams said it would be worthwhile to hear from organizations on how to get established to become a 340B provider status. Tarrant County has gone through it and been successful.

**Next Meeting Agenda**

Medicaid Billing

1115 Waiver Transition

Technology/Regional discussions follow-up workgroups report out (Dave)

PH 101 Update

Harris Cares Initiative

340B and PrEP (30 minutes training)

Vice Chair Election

Emerging Public Health Issues

Dr. Huang motioned to adjourn and Dr. Prot seconded. Meeting adjourned at 10:35.

Approved:

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Stephen L. Williams, Committee Chair Date