



Public Health Policy Funding and Policy Committee 2024 Report

**As Required by
Health and Safety Code
Section 117.103**

November 2024

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Executive Summary

Texas Health and Safety Code (HSC), Section [117.103](#), requires the Public Health Funding and Policy Committee (PHFPC) to publish an annual report summarizing committee actions. HSC, Chapter [117](#), requires PHFPC to make formal recommendations to the Texas Department of State Health Services (DSHS) regarding:

- Funds available to local health departments (LHDs) for core public health functions;
- Ways to improve public health;
- Transitioning from a contractual relationship to a cooperative agreement relationship between DSHS and the LHDs; and
- Fostering a continuous collaborative relationship between DSHS and LHDs.

The availability of public health services varies across communities. DSHS has contracts with 56 local jurisdictions to provide certain public health services. Many other counties and cities provide a small subset of services like environmental permitting or clinical services. In communities without an LHD, DSHS public health regions (PHRs) provide basic coverage. PHRs often support LHDs to provide services when the LHD does not have the resources available. PHRs also assist with subject matter expertise and response to disease outbreaks and natural disasters.

Local public health service funding is complex. LHDs may receive city, county, state, federal, or other sources of funding. Historically, LHD funding does not always align with known public health risks, vulnerabilities, threats, and/or disease statistics.

The 2024 PHFPC recommendations focus on three topics:

- Role of LHDs and PHRs to increase capacity for routine public health functions;
- Data sharing, technology, and data modernization; and
- Public health threats.

Introduction

In alignment with the charges to PHFPC outlined in HSC, Section [117.103](#), PHFPC continues to focus on infrastructure needs; data modernization and sharing; and public health threats facing local public health. The committee recognizes the need for clear and formal delineation of roles and responsibilities among LHDs and PHRs and for DSHS to explore and expand funding sources in the midst of diminishing COVID-19 funds. Data modernization and sharing and data system interoperability are significant ways to improve the technological side of public health infrastructure. Ongoing discussions with DSHS as it continues to develop avenues to move data systems development forward and to make more and better data available to LHDs have been critical. DSHS created new data sharing avenues such as the State Health Analytics and Reporting Platform (SHARP) to enable improved data analytics, data usage, and data sharing. SHARP also allows LHDs direct access to data and the ability to visualize public health information for their jurisdictions, contiguous jurisdictions, and aggregate state-level data. The committee continues to monitor and request updates on these new initiatives to identify specific needs and develop best practices.

PHFPC continues to monitor activities associated with various grants such as the Public Health Work Force grant, the Public Health Infrastructure Grant, and the COVID-19 Health Disparities Grant. Continued updates on these efforts allow the committee to stay involved with the development and implementation of these grants and provide feedback. PHFPC recognizes the importance of these topics, especially during this time of transition away from significant COVID-19 related funding.

Ongoing discussions and follow-up are held at PHFPC meetings on Medicaid billing and the Public Health Provider-Charity Care Program (PHP-CCP). The Health and Human Services Commission (HHSC) is proposing the expansion of the uncompensated care program for LHDs from only dental care coverage to coverage of a wider array of public health services under 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. PHFPC received ongoing updates from HHSC on the program as a source of reimbursement for the

uncompensated costs of delivering services to people outside of the Medicaid program.

PHFPC facilitates discussion and provides input on emerging and infectious disease interventions and best practices. Updates from DSHS on statewide data trends are useful in facilitating discussion around local strengths and barriers to improving health outcomes.

Recommendations

Roles of Local and Regional Health Departments – Increasing Capacity for Public Health Functions

- A. PHFPC recommends that DSHS formalize the approach to ensure core public health service provision in PHR and LHD jurisdictions through delineation of roles and responsibilities.
- B. PHFPC recommends that DSHS work with HHSC to ensure maximum capability for PHRs and LHDs to bill Medicaid and that services provided are billable.

Data Sharing, Technology and Data Modernization

- A. PHFPC recommends that DSHS ensure there is active and ongoing involvement and engagement in data modernization and development efforts. Recognizing that LHDs are part of the public health data system and have unique needs and capabilities, LHDs should have access to all public health data, and when developing data systems, interoperability with local data systems should be prioritized.

Public Health Threats

- A. PHFPC recommends that DSHS develop and implement a communication plan for public health emergency events that includes convening impacted local health authorities (LHAs) to enhance communication and operations and ensure the fidelity and efficiency of the LHAs and other relevant roles during response.
- B. PHFPC recommends that DSHS convene experts in human, animal, environmental health, and other relevant disciplines, to monitor and control public health threats involving conditions or diseases spread among people, animals, plants, and the environment.

Future Considerations

The PHFPC continues to engage in meaningful discussions regarding public health data and information systems. The pursuit of collaborative effort towards standardization continues to be at the forefront of this topic. New data systems such as SHARP have been presented to the committee and the role of these systems will continue to be considered.

PHFPC also continues to engage in discussions involving PHP-CCP extension. LHDs are working closely with HHSC and providing meaningful input to this program. PHFPC continues to pursue previously proposed recommendations to enable LHDs to maintain this infrastructure created because of the 1115 Waiver.

Finally, PHFPC recognizes that increasing public health capacity at the local level is crucial for fostering healthier communities and responding effectively to emerging health challenges. By investing in local public health infrastructure, such as hiring more trained nurses and epidemiologists, expanding community outreach programs, and upgrading technology to analyze and report on public health data, communities can better prevent, detect, and mitigate health threats. Enhanced capacity enables quicker responses to outbreaks, improves access to healthcare services, and promotes health education and disease prevention initiatives tailored to local needs. Strengthening local public health capacity not only safeguards community well-being but also builds resilience against future health crises, ensuring sustainable healthcare for all Texans.