



Response to the Public Health Funding and Policy Committee 2024 Report Recommendations

**As Required by
Texas Health and Safety Code Section
117.151**

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Executive Summary

Texas Health and Safety Code (HSC), [Chapter 117](#), established the Public Health Funding and Policy Committee (PHFPC) to meet and advise the Department of State Health Services (DSHS) on matters impacting public health from the perspective of local health departments (LHDs) as partners with DSHS in the state's public health system. HSC [Section 117.151](#) requires DSHS to submit a report on the status of implementation of the recommendations included in the PHFPC's annual report to DSHS.

The PHFPC is putting forth recommendations to DSHS to continue moving the statewide public health system forward. The committee's five 2024 recommendations fall into three areas:

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

Introduction

HSC [Section 117.103](#) requires PHFPC to submit a report annually that details the committee's activities and recommendations made to DSHS. DSHS is required to submit a report in response to PHFPC recommendations.

According to HSC [Section 117.151](#), a decision by DSHS not to implement a PHFPC recommendation must be based on:

- A lack of available funding;
- Evidence that the recommendation is not in accordance with prevailing epidemiological evidence, variations in geographic and population needs, best practices, or evidence-based interventions related to the populations to be served;
- Evidence that implementing the recommendation would violate state or federal law; or
- Evidence that the recommendation would violate federal funding requirements.

PHFPC's general duties are outlined in HSC [Section 117.101](#). PHFPC shall:

- Define the core public health services an LHD 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 LHDs to perform core public health functions;
- Establish public health policy priorities for this state; and
- At least annually, make formal recommendations to DSHS regarding:
 - ▶ The use and allocation of funds available exclusively to LHDs 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 LHDs to a cooperative-agreement relationship between DSHS and LHDs; and
 - ▶ Methods for fostering a continuous collaborative relationship between DSHS and LHDs.

The statute further specifies that recommendations 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; and
- Federal funding requirements.

Response to the 2024 PHFPC Report

Role of LHDs and PHRs to Increase Capacity for Routine Public Health Functions

PHFPC Recommendation

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.

DSHS Response

DSHS conducted an inventory of public health service delivery by PHR and LHD in spring 2024 with the purpose of:

- Gaining an understanding of current public health service distribution;
- Developing common knowledge among all public health system partners of what and where services are provided;
- Creating opportunities for public health system partners to share knowledge and application of services; and
- Providing input into legislative and budget planning discussions.

Using this data, DSHS will begin discussions to formalize the approach to ensure clear and well delineated core public health service roles and responsibilities.

PHFPC Recommendation

B. PHFPC recommends that DSHS work with Health and Human Services Commission (HHSC) to ensure maximum capability for PHRs and LHDs to bill Medicaid and that services provided are billable.

DSHS Response

DSHS will continue to serve as a point of collaboration between HHSC and LHDs regarding the Public Health Provider Charity Care Program (PHP-CCP), the implementation of an LHD Medicaid payer type, and other Medicaid initiatives that provide opportunities for public health collaboration. DSHS continues to work with HHSC to ensure that LHDs are considered throughout this process, including supporting the determination of services included for reimbursement in future fiscal years.

During the past biennium, HHSC hosted three cost report trainings with LHDs for the PHP-CCP to discuss the cost report period. Six LHDs submitted claims for reimbursement in 2023 and 2024. DSHS and HHSC continue to be available to address any ongoing technical assistance needs.

Data Sharing, Technology, and Data Modernization Recommendation

PHFPC Recommendation

- A. PHFPC recommends that DSHS ensure there is active and ongoing LHD 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.

DSHS Response

DSHS recognizes the importance for LHDs to have access to public health data and data trends. In May 2024, DSHS released the [DSHS Strategic Plan for 2025-2029](#). Goal Four of the plan aims to continuously enhance efficiency and accountability, with Objective 4.3 dedicated to continuously improve business strategies with optimized technology and a culture of data-driven decision-making. This objective includes public health data modernization and strategy, and standardizing data sharing with LHDs.

DSHS operationalized activities in alignment with this recommendation, including recent and upcoming data sharing for infectious disease, vital event, and Texas Health Care Information Collection (THCIC). The agency intends to continue moving forward with data sharing where statute allows the release of data to LHDs.

When developing data systems, DSHS routinely surveys locals for priority needs. DSHS has established data workgroups such as the Texas Association of City and County Health Officials data workgroup to obtain feedback on prioritization of data systems and enhancements. DSHS will continue to engage with LHDs and keep them updated on DSHS data modernization efforts.

As the department strives to improve public health data modernization, LHDs that use unique, local data systems must ensure the successful transfer of data to DSHS. This will support disease reporting to the Centers for Disease Control and Prevention (CDC), promote transparency through public health data sharing, increase data insights to inform public health action, and reduce health disparities among Texans.

Public Health Threats

PHFPC Recommendation

- 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.

DSHS Response

LHAs administer state and local laws relating to public health within an appointing body's jurisdiction. LHAs are considered an officer of the state when performing duties to implement and enforce laws that protect the public's health. HSC, [Chapter 121](#), charges LHAs with several responsibilities that are vital during a public health emergency event. DSHS agrees that communication with LHAs during a public health emergency is critical in maintaining coordination and support to ensure effective response. DSHS recommends that PHFPC convene a sub-committee to develop a framework for a joint communication plan.

PHFPC Recommendation

- A. PHFPC recommends that DSHS convene experts in human, animal and environmental health and other relevant disciplines in monitoring and controlling public health threats involving conditions or diseases spread among people, animals, plants, and the environment.

DSHS Response

DSHS continues to engage with experts internally and externally including academic and federal partners, in relevant disciplines in controlling and responding to public health threats involving communicable and non-communicable diseases in people, animals and in the environment. The following are some of the meetings and committees that DSHS convenes at a specified frequency.

- *Task Force on Infectious Disease Preparedness and Response*. Provides expert, evidence-based assessments, protocols, and recommendations related to state responses to infectious diseases, as well as serve as a source of information and education.
- *Antimicrobial Stewardship (AS) Regional Workgroups*. Address antimicrobial stewardship in long-term care facilities in each PHR and improve AS through collaborative action.
- *One Health*. Develops relationships between state agencies that work with zoonotic diseases, discusses roles and responsibilities among the agencies, shares research and identifies potential opportunities to collaborate. Members include DSHS, Texas Parks and Wildlife Department, Texas Animal Health Commission, U.S. Department of Agriculture – Animal and Plant Health Inspection Service, and U.S. Department of Agriculture – Wildlife Services.
- *Weekly DSHS Epidemiologist Call*. Brings together PHR and LHD epidemiologists as well as experts from relevant DSHS programs and epidemiologists.
- *Texas Pediatric Society Respiratory Syncytial Virus (RSV) Task Force*. Reviews RSV trends with infectious diseases specialists representing various regions of the state, participating laboratory directors, Medicaid managed care medical directors, and DSHS experts.

- *Quarterly Epidemiology Conversation.* Facilitates and fosters relationships among colleagues across the state to share best practices and approaches to addressing challenges from an on-the-ground perspective. Participants include subject matter expert epidemiologists from PHRs and LHDs of varying sizes, representing urban and rural areas across Texas.

Conclusion

DSHS continues to be responsive to recommendations made by PHFPC. LHDs and DSHS maintain good working relationships to leverage resources to better serve public health clients and stakeholders.

DSHS has already taken steps toward implementing some of the committee's recommendations. Others will require further analysis and consideration and coordination with HHSC. DSHS will continue to work on these issues and looks forward to continued work with PHFPC in creating positive change for public health in Texas.

DSHS values PHFPC's work and appreciates that this collaborative effort is improving public health services in Texas.