HHSC: Public Health Funding and Policy Committee, April 7, 2021

The Public Health Funding and Policy Committee defines core public health services a local health entity should provide in a county or municipality; evaluates public health in the state and identifies initiatives for areas that need improvement; identifies funding sources available to local health entities; and establishes public health policy priorities.

Members include:

Sharon K. Melville, MD, MPH Regional Medical Director, Public Health Region 7, Temple Department of State Health Services Phone: 254/778-6744 Email: Sharon.Melville@dshs.state.tx.us Term expires February 1, 2023	Deb McCullough, DNP, RN Director, Andrews County Health Department Phone: 432/524-1434 Email: dmccullough@co.andrews.tx.us Term Expires: February 1, 2021
Lou Kreidler, RN, BSN Director of the Wichita Falls-Wichita County Public Health District Phone: 940/761-7800 Email: lou.kreidler@wichitafallstx.gov Term Expires: February 1, 2021	Umair A. Shah, MD, MPH Executive Director, Harris County Public Health Phone: 713/439-6016 Email: ushah@hcphes.org Term expires February 1, 2023
Julie St. John, DrPH Assistant Dean, Graduate School of Biomedical Sciences Associate Chair, Julia Jones Matthews Department of Public Health Abilene Campus, Texas Tech University Health Sciences Center Phone: 325/696-0473 Email: julie.st-john@ttuhsc.edu Term Expires: February 1, 2025	Stephen Williams, M.Ed., M.P.A. Director of the Houston Public Health Phone: 832/393-5001 Email: stephen.williams@houstontx.gov Term Expires: February 1, 2025
Jennifer Griffith, DrPH, MPH Associate Dean for Public Health Practice/Public Health Professor Texas A & M Health Science Center School of Public Health Phone: 979-436-9426 email: jgriffith@tamhsc.edu Term expires: February 1, 2021	Philip Huang, MD, MPH Director, Dallas County Health and Human Services phone: 214-819-2000 email: philip.huang@dallascounty.org Term expires: February 1, 2023
	Emilie Prot, DO, MPH Regional Medical Director, Public Health Region 11, Harlingen Department of State Health Services Phone: 956-423-0130 Email: Emilie.Prot@dshs.texas.gov Term Expires: February 1, 2025

Call to Order/Welcome. The meeting was called to order by the Chair, Stephen Williams.

February 10, 2021, Meeting Minutes. The minutes were approved as written.

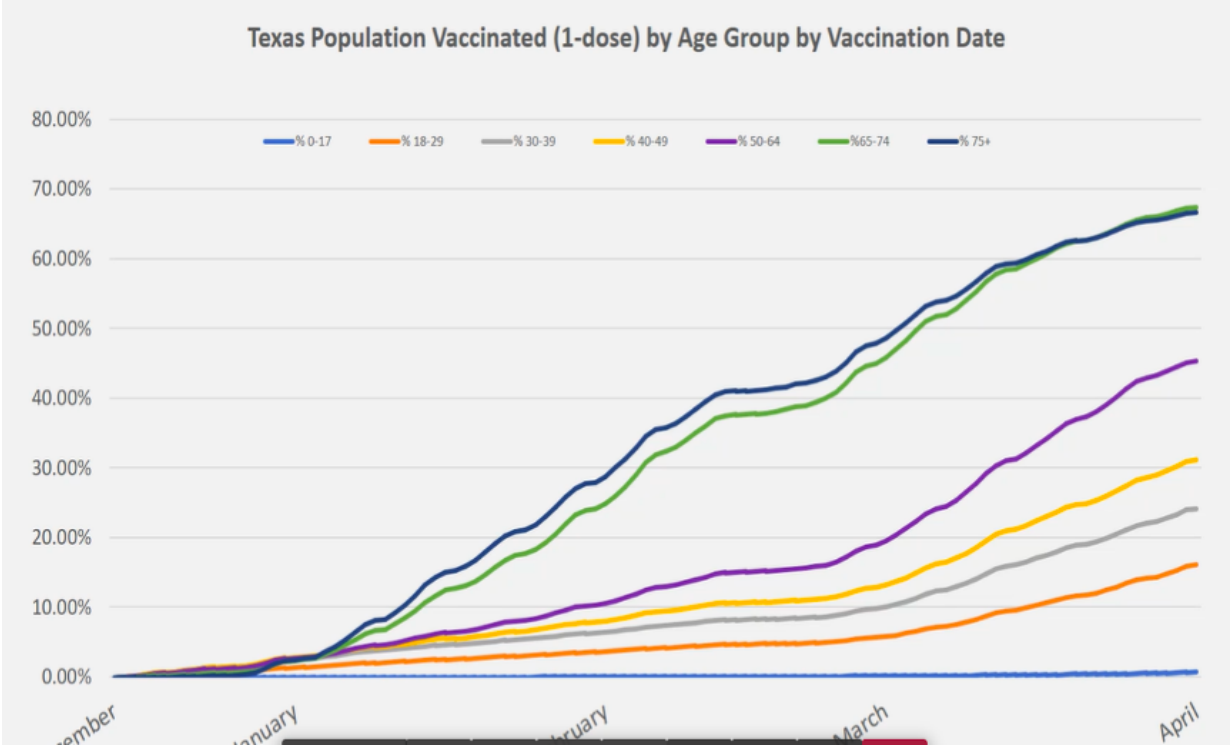
Update on Vaccine Allocation Distribution Planning. There is some information.

Moderna COVID-19 Vaccine Update

March 31, 2021, the FDA approved the following label updates for Moderna COVID-19 vaccine

- There will now be two different vial presentations of their vaccine
  - Vial with 10-11 doses
  - Vial with 13-15 doses
  - The company expects shipping 15-dose vials in the “coming weeks”.
- Additional updates include storage and handling of the vaccine
  - Vaccine vials to remain at room temperature conditions for a longer period (total of 24 hours from previous 12 hours)
  - Additionally, a punctured vial is now useable for up to 12 hours, an increase from the previous 6 hours

Other vaccines are moving forward.



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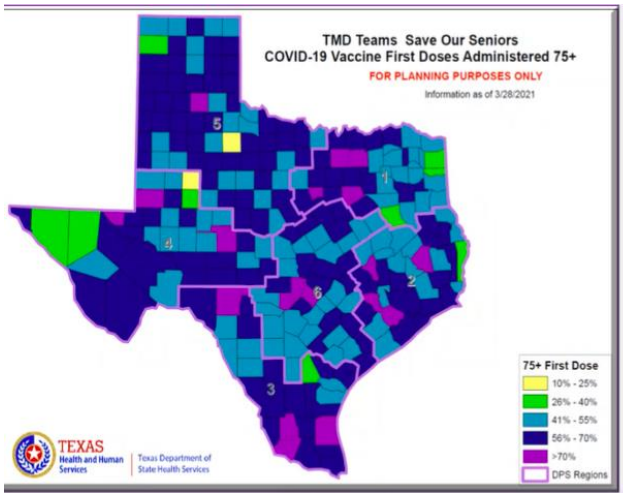
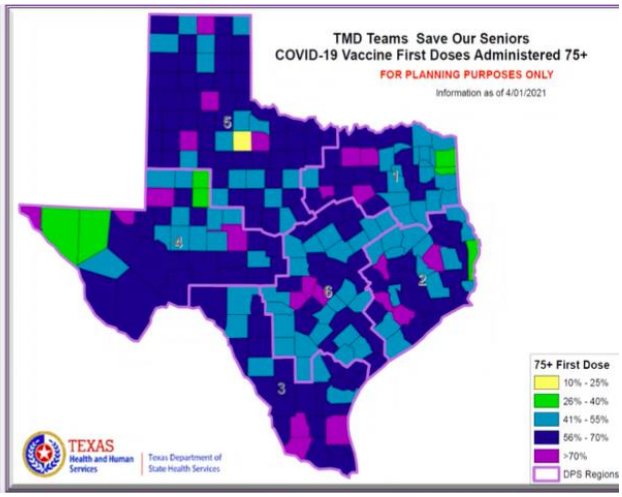

TMD Teams Save Our Seniors
COVID-19 Vaccine First Doses Administered 75+
FOR PLANNING PURPOSES ONLY
Information as of 3/28/2021
75+ First Dose
10% - 25%
26% - 40%
41% - 55%
56% - 70%
>70%
DPS Regions
TEXAS
Health and Human Services
Texas Department of State Health Services


TMD Teams Save Our Seniors
COVID-19 Vaccine First Doses Administered 75+
FOR PLANNING PURPOSES ONLY
Information as of 4/01/2021
75+ First Dose
10% - 25%
26% - 40%
41% - 55%
56% - 70%
>70%
DPS Regions
TEXAS
Health and Human Services
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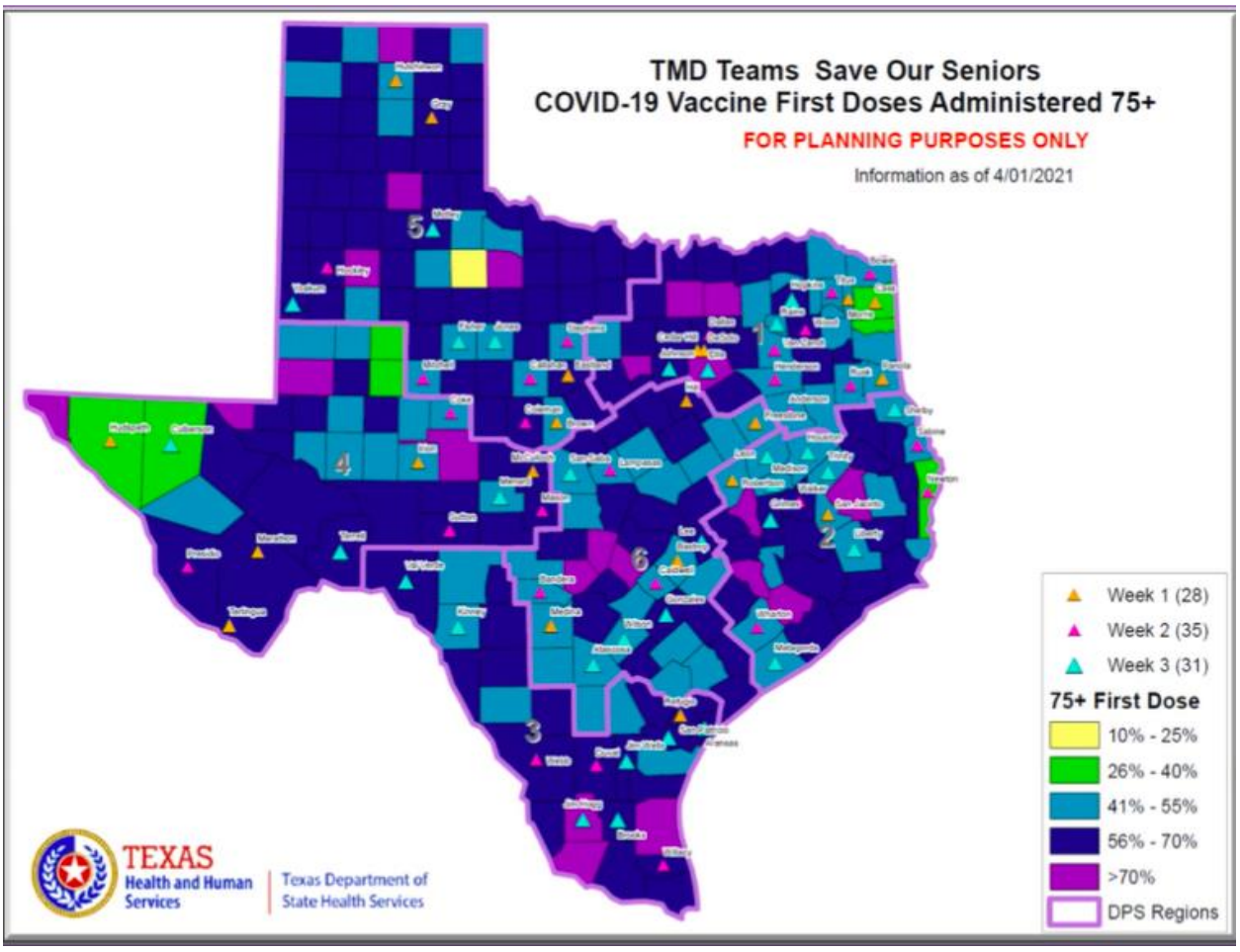
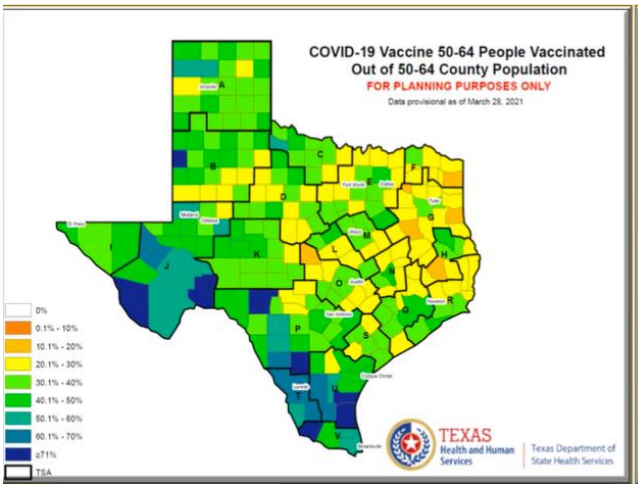
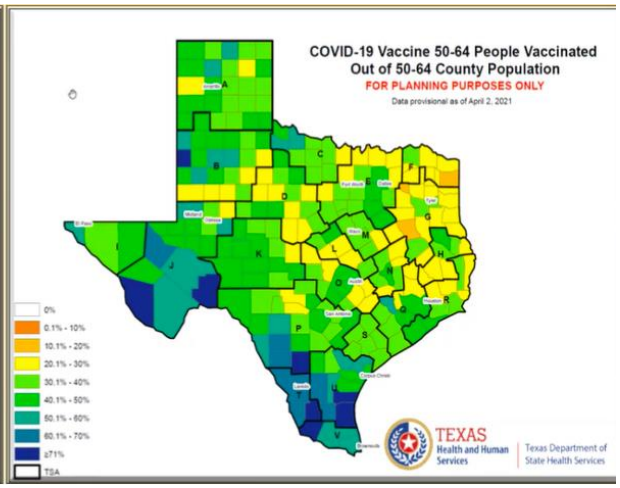
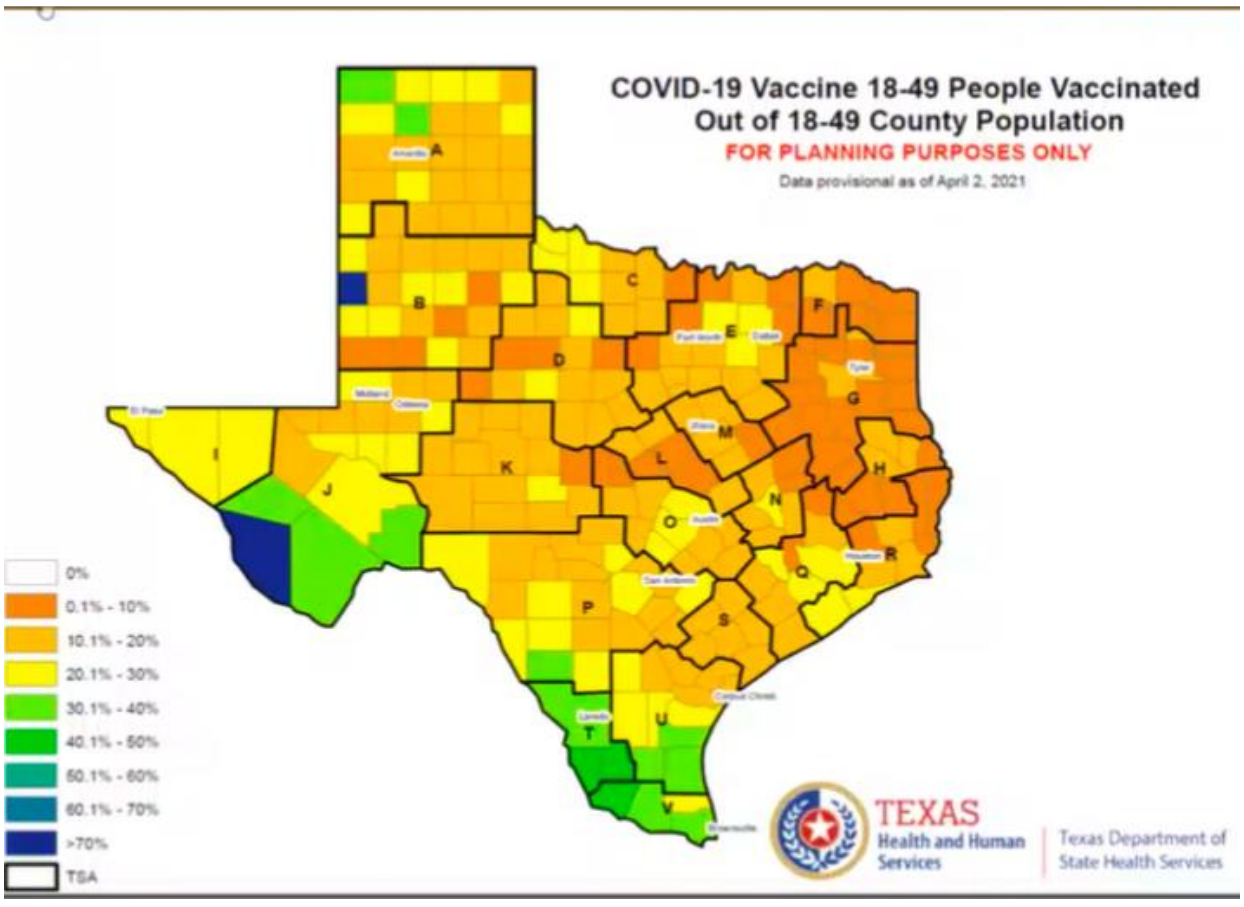

TMD Teams Save Our Seniors
COVID-19 Vaccine First Doses Administered 75+
FOR PLANNING PURPOSES ONLY
Information as of 4/01/2021
Week 1 (28)
Week 2 (35)
Week 3 (31)
75+ First Dose
10% - 25%
26% - 40%
41% - 55%
56% - 70%
>70%
DPS Regions
TEXAS
Health and Human Services
Texas Department of State Health Services







Updates on DSHS' Preparation and Response to the 87th Legislative Session. Jennifer Sims stated that the House and Senate are moving on the budget. They are taking different approaches. The Senate adopted some items (HIV, Food Safety) but most

exceptional items will be in Article Eleven. They are waiting for what will be happening with the federal funding. The House put the entire DSHS EI request into Article Eleven. It will be April or May before we know what the budget will contain.

There are 55 days left in the legislative session. There are a lot of disaster-related bills happening with discussion about the roles of different leadership positions.

A meeting of the local jurisdictions to address grants coming to these jurisdictions and the state for vaccination efforts. This is designed to start working on the health equity issues.

Update on PHFPC 2020 Annual Report/Recommendations Letter to DSHS and Update from Electronic Laboratory Reporting Workgroup on Solutions to Committee Recommendations and Related Activities

Texas Health and Safety Code Section 117.103 requires the Public Health Funding and Policy Committee (PHFPC) to annually submit a report to the Governor, Lieutenant Governor, and Speaker of the House of Representatives that details the committee's activities and recommendations the committee made to the Department of State Health Services (DSHS)Commissioner. DSHS is required to respond to the PHFPC recommendations and submit a report of these responses to the Governor, Lieutenant Governor, and the Speaker of the House of Representatives. According to the Health and Safety Code, a decision by DSHS not to implement a recommendation of the PHFPC 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
- Evidence that the recommendation would violate federal funding requirements
- The seven previously submitted PHFPC reports, can be found online at: https://www.dshs.texas.gov/phfpcommittee/. In the PHFPC 2020 Annual Report, the committee made 9 new recommendations in the following categories:

The Texas Health and Safety Code, Chapter 117, establishes 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 entities as fellow partners with DSHS in the public health system of Texas. Section 117.151 requires DSHS to submit a report on the status of implementation of the PHFPC's recommendations as included in their annual report to DSHS. Both reports are due to the Texas Legislature by November 30th of each year.

The Response to the Public Health Funding and Policy Committee 2020 Report Recommendations reflects the ongoing efforts and progress made by DSHS to address the 9

recommendations submitted by PHFPC in their annual report to the DSHS Commissioner for the following topic areas:

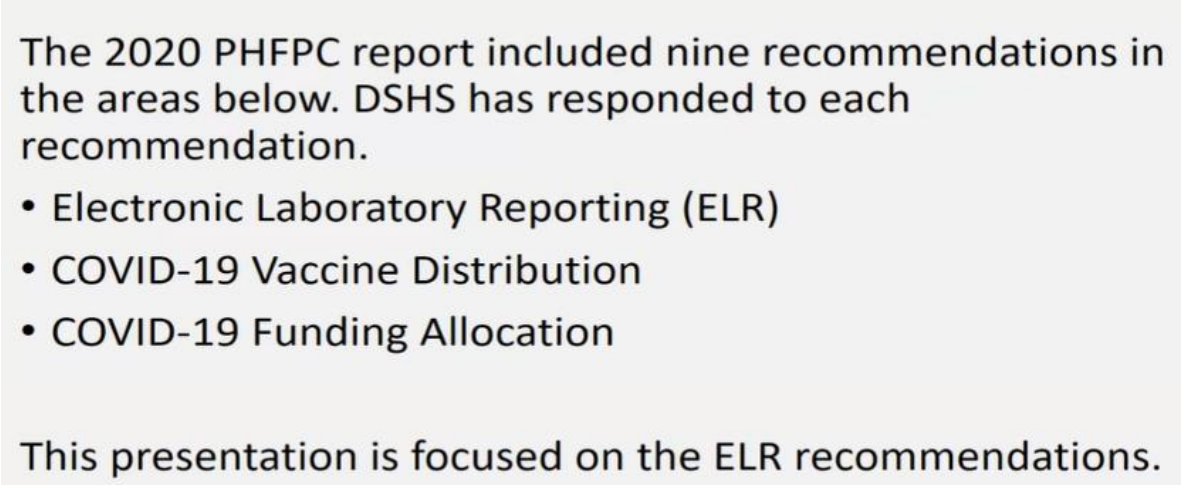
- Electronic Laboratory Reporting
- COVID-19 Vaccine Distribution
- COVID-19 Funding Allocation

As required by Section 117.151, DSHS is committed to considering viable solutions and actions in response to the PHFPC's recommendations, and only reserves the decision not to implement a recommendation based on the following:

- 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. Evidence that the recommendation would violate federal funding requirement

DSHS Response to PHFPC Recommendations.pdf

2020 PHFPC Report and Response Topic Areas



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DSHS Commitment to Collaboration and Implementation of Recommendations

DSHS is committed to explore methods of implementing the PHFPC's recommendations.

DSHS reserves the decision not to implement a recommendation based on:

- A lack of available funding.
- Evidence that the recommendation is not in accordance with prevailing epidemiological evidence, variations in geographic/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.
- Evidence that the recommendation would violate federal funding requirements.

4

Electronic Laboratory Report Recommendations

PHFPC Recommendation A

The Public Health Funding and Policy Committee (PHFPC) recommends that the Department of State Health Services (DSHS) should ensure electronic lab reporting from laboratories and hospital systems feed directly to local health departments (LHDs), Public Health Regions (PHRs) and the DSHS Central Office for all reportable conditions.

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DSHS operates a robust implementation of a NEDSS-Based System (NBS) (NEDSS= National Electronic Disease Surveillance System)

- System recently upgraded to new hardware, latest version of software.
- Recently moved to an environment where additional capacity can be added quickly, as needed.
- Data is received electronically from laboratories and other entities.
- Local health entities (LHDs) have access to all data received by DSHS relevant to their jurisdiction.
- LHDs have real-time, web-based access to notifiable data maintained by DSHS in NEDSS.
- COVID-19 data mart is updated every two (2) hours.
- Additional system augmentation, including electronic case reports, is planned.

6

Many submitters are not using best, nationally-preferred standard (HL7).

- Laboratories were not specifically included in federal EHR incentive programs.
- Laboratory systems may not be designed to process all required data.

Data is submitted in alternate, comma-separated value format.

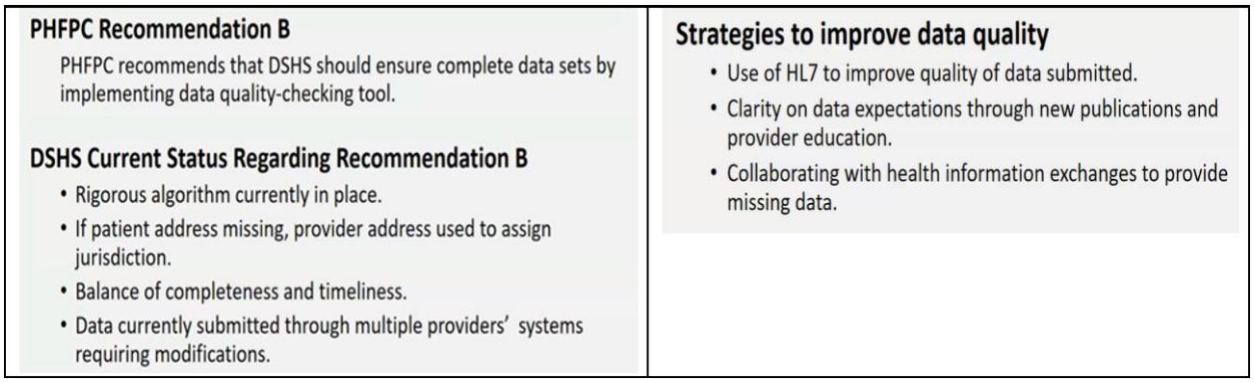
- Alternative format is more prone to missing/malformed/incomplete data.
- DSHS staff audits submitted data to ensure it meets quality standards
- Resubmission of corrected data by the lab is required.

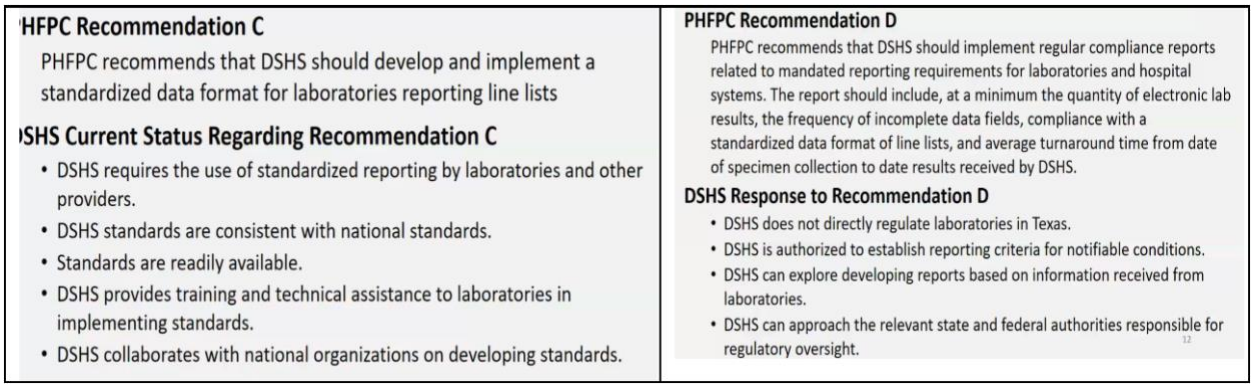
Some labs do not report electronically, instead faxing results.

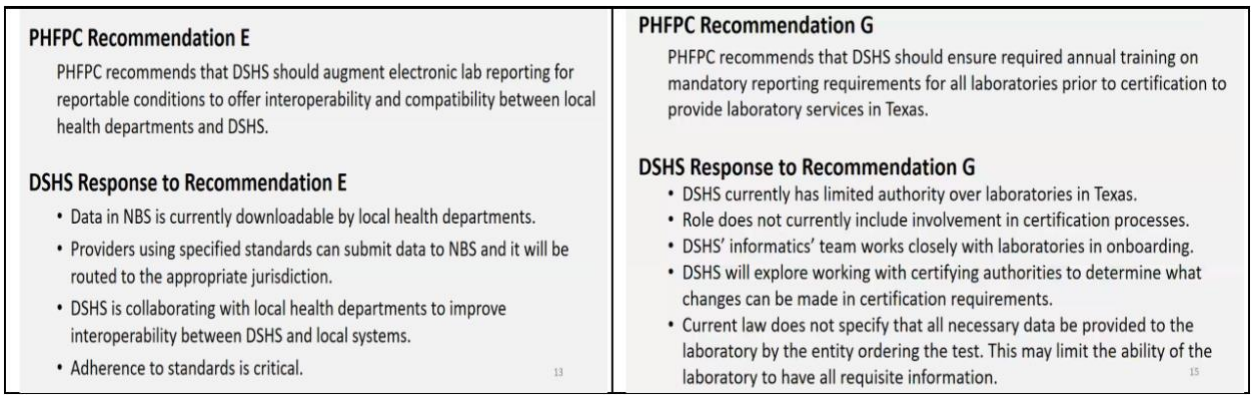
- This puts burden on public health staff to enter data.
- State statute does not require electronic submission of data.

7

- Collaborate with health care providers, local health departments, and other entities.
- Leverage health information exchanges (HIES) to assist in providing missing data and data conversion services.
- Improve communications on standard utilization.
- Support health care providers in implementing standards.
- Clarify reporting requirements in Texas Administrative Code and applicable law.







Note: The slide related to Recommendation F was not presented but the information can be found by following the link above.

Mr. Eichner stated that AIMS platform is a national public health tool for provider reporting to a central point. The best strategy for sending data to local jurisdictions still has to be discussed.

A conversation with AIMS for coordination and distribution should occur. If the ELRs go into AIMS then everything could be reported into AIMS. A collaborative call could be arranged for all parties involved.

The Chair stated that we might need a level of investment so the local health departments have the software and hardware available.

The technology is available at the Texas Health Services Authority.

The Chair wondered where we should go from here. What three things should be worked on. Mr. Eichner stated collaboration among electronic reporting using the framework already in place. We do not want to duplicate effort. The upgrades to the DSHS platform are vastly improved. He added that data routing requirements should be made clear. Collaboration with providers about next steps would be beneficial. We have to develop and adopt a state vision and technology roadmap.

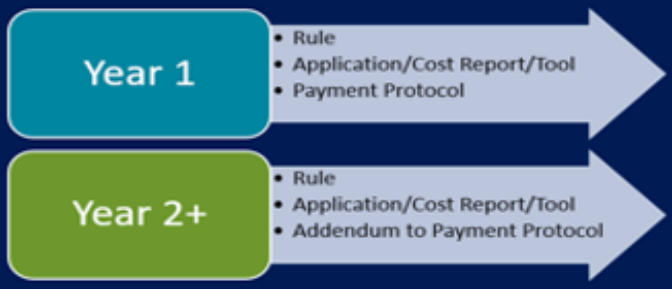
Discussion of the Public Health Provider - Charity Care Program (PHP-CCP). The Public Health Provider – Charity Care Program (PHP-CCP) is designed to allow qualified providers to receive reimbursement for the cost of delivering healthcare services, including behavioral health services, vaccine services, and other preventative services, when those costs are not reimbursed by another source. The program is authorized under the 1115 waiver.

- To qualify, providers must submit an annual application that will collect cost and payment data on services eligible for reimbursement under this program.
- The provider must be able to certify public expenditures and will be paid an annual lump sum based on actual expenditures.
- Year 1 of the program, DY11, will begin October 1, 2021 and end September 30, 2022.
- For the first two years, the program size will be $500 million each year.

In accordance with the Special Terms and Conditions of the 1115 waiver, to participate in the program, providers must be funded by a unit of government to be able to certify public expenditures. Publicly-owned and operated providers eligible to participate include:

- Established under the Texas Health and Safety Code Chapters 533 and 534 and are primarily providing behavioral health services:
    - Community Mental Health Clinics (CMHCs),
    - Community Centers,
    - Local Behavioral Health Authorities (LBHAs), and
    - Local Mental Health Authorities (LMHAs),
    - Local Health Departments (LHDs) and Public Health Districts (PHDs) established under the Texas Health and Safety Code Chapter 121.

High-Level Overview of Deliverables



Key Deliverables and Dates – Year 1

Deliverable	Planned Completion Date	Status
Rule #1: Proposed Rule Packet (Texas Register Issue Date)	3/19/2021	Complete
Public Comment Period	3/19/2021 - 4/19/2021	In Process
Public Rule Hearing	3/26/2021	In Process
Application/Cost Report/Tool Submitted to CMS	5/10/2021	In Process
Rule #1 Effective Date	5/15/2021	In Process
Payment Protocol (Attachment T) Finalized by CMS	6/30/2021	In Process
Cost Report Training	8/2/2021 – 9/1/2021	In Process
Program Year 1 Begins (10/1/2021 – 9/30/2022)	10/1/2021	N/A

Key Deliverables and Dates – Year 2+

Deliverable	Planned Completion Date	Status
Rule #1: Proposed Rule Packet (Texas Register Issue Date)	5/28/2021	In Process
Public Comment Period	5/28/2021 - 6/28/2021	N/A
Public Rule Hearing	6/14/2021	N/A
Addendum to Payment Protocol	8/31/2021	N/A
Rule #1 Effective Date	9/7/2021	N/A
Revised Application/Cost Report/Tool Submitted to CMS	2/28/2022	N/A
Cost Report Training	8/1/2022 – 8/31/2022	N/A
Program Year 2 Begins (10/1/2022 – 9/30/2023)	10/1/2022	N/A

Rules:

Rule §355.8215 – First Year of Program

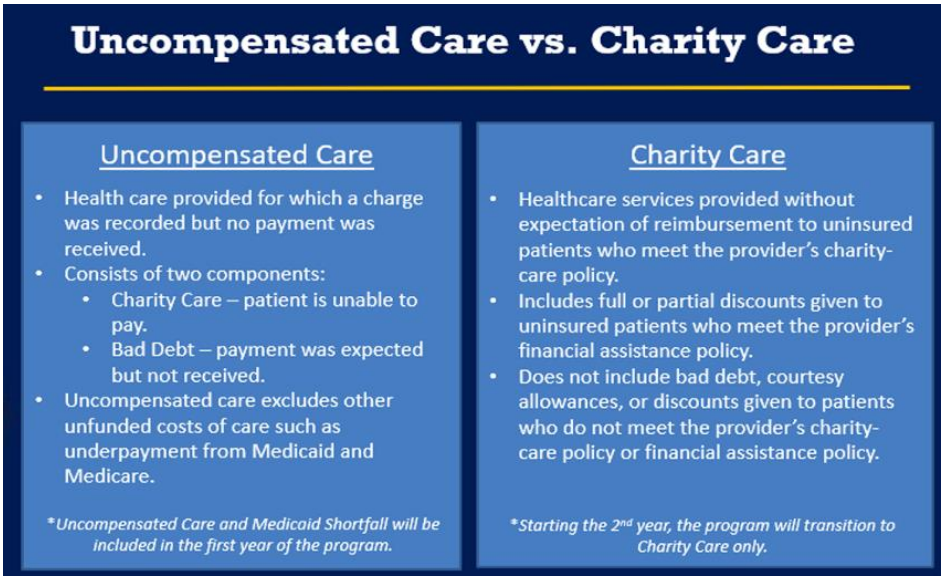
The public comment period will be from 3/19/2021 – 4/19/2021.
The public rule hearing will be held on March 26, 2021, at 11:30 a.m.
Tentative effective date: 5/15/2021.
Uncompensated Care and Medicaid Shortfall

Rule §355.8217 – Second Year+ of Program

- The public comment period will be from (tentative) 5/28/2021 – 6/28/2021.
- The public rule hearing will be held on June 14, 2021, at 11:30 a.m.
- Tentative effective date: 9/07/2021.
- Charity Care

Application Cost Report Tool

- For the first year of the program, the application, cost report, and tool will be one document in excel format.
- HHSC staff are currently working on the development of this deliverable and will be requesting external stakeholder feedback beginning mid-April.
- The planned submission date to CMS for this deliverable is 5/10/2021. As per the STC, CMS must finalize the application/cost report/tool by 6/30/2021.
- The revised application/cost report/tool for the second year of the program is due to CMS by 2/28/2022, per the STC.
- HHSC will provide cost report trainings to providers beginning August, 2021. Cost report training will be provided annually.



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Email:
PHP-CCP@hhs.Texas.gov
Phone:
Customer Information: (512) 424-6637 or (512) 462-6223
Written Comments:
HHSC, Mail Code H400, P.O. Box 13247, Austin, Texas 78711-3247

The Chair inquired about the services being covered. This is a health care effort, and this group represents a public health environment. They provide preventive care and wraparound services. DSHS stated entities should apply and look into the rules. This is a joint mental health and public health effort. The Chair wanted to know what related services they provide would be covered.

Discussion of Essential Public Health Services Framework

Abstract
Defining the critical services offered by Texas' public health system provides a basis for equal access to quality public health services throughout Texas. This paper provides a framework for standardization of core public health services through identification of four main public health system functions and five associate core public health activities used to identify tailored core public health service provision tailored to jurisdictional need. Through acceptance of this framework by public health professionals and organizations, the Texas public health system can ensure consistent quality statewide public health services appropriate to individual community needs.

Problem Statement
This paper addresses the challenge of identifying core public health system services that are feasible, suitable and acceptable by the Texas public health system for implementation across the state.

Background
The Public Health Funding and Policy Committee (PHFPC) is charged with identification of core public health services as part of Senate Bill 969 of the 8xth Legislature. PHFPC has approached this charge in different ways that have sought to characterize how the Texas Public Health System – a system based on Home Rule, local ordnance and code, state, and regional organization – might develop a standardized set of agreed upon core services. To date, proposed options have not satisfied PHFPC members warranting a different method for identifying these services.

The PHFPC Chair, recognizing that core service definition must meet the needs of individual jurisdictional needs in order to be acceptable to all parties, proposed a different approach to unifying the manner in which core services are defined. This approach focused on first

identifying the fundamental functions of the Texas Public Health System with subsequent identification of categories of services for each of these functions. For these functions, individual jurisdictions can identify specific services that support the common strategic functions of the system. This strategic approach to individual services recognizes the needs of communities, the role of public health in population health, and the ability and requirement of different public health entities to serve their specific constituent needs.

Solution

In identifying a Framework for Core Public Health System Services based on discussions within the public health community, evidence-based knowledge and the structure of the Texas public health environment this paper proposes the following 10 core services with their associated categories listed under them:

Chronic Disease Prevention and Control
Nutrition
Physical Activity
Tobacco
Chronic Disease Detection and Management
(Heart Disease, Cancer, Stroke, Diabetes)

Communicable Disease Prevention and Control
HIV/STD/Viral Hepatitis B
TB
Emerging/HCID
Immunizations
Food Borne
Zoonotic Diseases (vector)
Healthcare Acquired Infections

Environmental/Regulatory Services
Food Safety
Water Safety
Air Safety
Environmental Health Hazards
Rodent and Vector Control

Maternal/Child Health
Prenatal Care
Family Planning
Health Screening and Child Development
Infant Mortality
Breastfeeding/Nutrition

Injury Prevention and Control
Intentional
Unintentional

Infrastructure/Foundational Capabilities
Workforce Development
Technology
Business Efficiencies
Fund Development
Accreditation
Operations/Finance
Advocacy

Laboratory
Environmental
Human
Zoonotic/Vector

Access and Linkage to Care
Behavioral Health & Substance Abuse

Surveillance /Epidemiology
Disease/Condition Reporting and Surveillance
Data Collection and Reporting
Epi Investigation and Study
Syndromic Surveillance
Data Sharing and Exchange

Preparedness, Response and Recovery
Community Preparedness/Mitigation
Community Response
Community Recovery
Resilience

These services and associated categories serve as the basis for individual communities defining community responsive core services based on specific community needs and the feasibility, suitability and acceptable of delivering specific programs. These individually community-based core services are unified by heredity to the proposed statewide strategic functions and core activities.

How a jurisdiction addresses each category is based on the individual jurisdiction's needs, resources, policies and integration with other health entities. The jurisdiction is responsible for determination of whether a public health function is addressed by a stand-alone health department, incorporated into a different agency/organization or reliant on an external entity through formal agreement.

This approach lays the basis for standardized core public health service delivery across the state and recognizes that these services are delivered based on local community demographics and needs.

This framework for the Texas public health system is:

- Supportive of a System Approach
- Supportive of Accreditation
- Supportive of Individual CHIP studies
- Supportive of One Health

Conclusion

Texas is a diverse state that requires tailored services based on specific community needs. This applies to the delivery of public health services in which a solid foundation of strategic public health functions lays the basis for community-based core health services.

MOTION: ***Approve as the framework for all public health services - prevailed***.

Discussion and Election of Committee Chair. The Chair is elected every two years. Stephen Williams was re-elected chair.

Public Comment. No public comment was offered.

Timelines, Next Steps, Announcements, and Future Meeting Dates

- Next meeting is June 9th.

Adjourn. There being no further business the meeting was adjourned.

***