



**HHSC: Statewide Health
Coordinating Council
October 15, 2021**



[Statewide Health Coordinating Council](#) ensures health care services and facilities are available to all Texans through health planning activities. [2021-2022 Update to the Texas State Health Plan](#)

Members:

| | |
|--|---|
| Ayeez A. Lalji , D.D.S. (Chair) Sugar Land | Health Care Professional |
| Dave Allen , D.N.P., RN, CCNS, CCRN San Antonio | Hospital Representative |
| Jimmy Blanton , M.P.Aff. Austin | Health and Human Services Commission |
| Carol Boswell Andrews | University Representative |
| Salil V. Deshpande Houston | HMO Representative |
| Chelsea Elliott Austin | Public Member |
| Trina K. Ita , MA Austin | Disability and Aging (HHSC) |
| Lara Lamprecht Austin | Texas Department of State Health Services |
| Elva Concha LeBlanc , Ph.D. Fort Worth | Community College Representative |
| Elizabeth J. (Betty) Protas , P.T., Ph. D. League City | Public Member |
| Melinda Rodriguez San Antonio | Health Care Professional |
| Courtney Sherman Fort Worth | Nurse Representative |
| Stacey Silverman , Ph.D. Austin | THECB Representative |
| D. Bailey Wynne , R.Ph., MHA Dallas | Public Member |
| Nancy Carolyn Williams Yuill Sugar Land | University Representative |
| Shaukat Ali Zakaria Houston | Public Member |
| Yasser Zeid Longview | Health Care Professional |

1. Chairman's welcome and introductions. The meeting was convened by the Chair, [Ayeez A. Lalji](#), D.D.S

2. Establish a quorum – A quorum was established

3. Statewide Health Coordinating Council (SHCC) discussion and possible action to approve June 3, 2021, Meeting Minutes The minutes were approved as written.

4. Round-table discussion on areas of inclusion in next State Health Plan.

A survey was conducted by staff (results not made available to the public) and the results were presented in two groupings of popularity.

- COVID 19
- Access to care (Medicaid and Medicare)
- Health Equity
- Social determinants of health
- Rural Communities
- Mental Health of the Homeless
- Health and Technology
- Behavioral Healthcare workforce
- Telehealth

Comments from panel members

It should be mental health across the board and not just for the homeless (consensus of the committee on this suggestion)

A comment was made about the need to distribute the survey list to all panel members

There has been concern about the workforce related to COVID and non-COVID

Data reporting should be included

Topics will be assigned to subcommittees and are not mutually exclusive

MOTION: (TOPICS: COVID19, Health Equity and Social Determinants of Health and Access to Care, Rural Community Health Care, Telehealth and health and technology, Behavioral Health Workforce and Mental Health) Approval of these topics to be assigned to subcommittees for inclusion in the State Health Plan prevailed.

5. SHCC agency representatives' reports

- Texas Health and Human Services Commission (HHSC)
 - Many projects underway requiring legislative reports (70 in all)
 - Improve the quality of maternal health care
 - Quality of managed care.
 - Telehealth related to HB4
 - Value Based payment initiative
 - Root causes of poor outcomes
 - Other intersections with the work of this committee
 - Behavioral health strategic plans (statewide behavioral health council, Forensic Strategic Plan,

- Texas Department of State Health Services-- No report
- Texas Higher Education Coordinating Board

There are two bills of interest:

Hb2509--The legislature in 2015 established a permanent fund to expand graduate medical education (GME) and increase the number of physicians in Texas. The General Appropriations Act allocates funding to the Texas Higher Education Coordinating Board (THECB) (Rider 39) to administer the GME expansion. The agency provides grants to medical schools and teaching hospitals to create and continue residency programs that establish first-year residency positions. The Education Code defines GME programs to include doctor of osteopathic medicine (D.O.) and doctor of medicine (M.D.) degree programs. The doctor of podiatric medicine (D.P.M.) degree is not currently included in the definition, thus schools or teaching hospitals seeking to create or expand podiatry residency programs or first-year residency positions in podiatric medicine are not eligible for funding.

Texas needs to increase the supply of podiatric physicians to keep up with population growth and the demand for foot-related services created by aging, diabetes, and obesity. THECB in October 2020 approved a request from The University of Texas Rio Grande Valley (UTRGV) to create a doctor of podiatric medicine (D.P.M.) with a major in podiatric medicine, for the UTRGV School of Podiatry. This will be the first school of podiatry in Texas and will allow students to pursue careers in the medical and surgical care of the foot and ankle—an important specialization for the valley and other areas of the state with high incidence of diabetes and related diseases of the lower extremities. The school will partner with one or more teaching hospitals in the area to establish residency-training programs in podiatry.

Currently, the federal definition for an "approved GME Program" includes podiatry. Accordingly, podiatric residency programs are eligible for federal GME funding the same as the M.D. and D.O. residencies. This requested change to the definition of GME will ensure that podiatric residency programs qualify for grants under the state's GME program expansion.

H.B. 2509 amends current law relating to measures to support or enhance graduate medical education for the practice of podiatric medicine in this state

SB1251--COVID-19 has brought to light the inequities and disparities within our healthcare systems in Texas. Population and public health would provide a solution to those issues by addressing ways that resources can be allocated to overcome the problems that drive poor health conditions in certain areas. Currently, the Education Code allows The University of Texas M.D. Anderson Cancer Center to administer joint graduate and doctoral degree programs with The University of Texas Health Science Center at Houston Graduate School of Biomedical Sciences in the fields of neoplastic and allied diseases. S.B. 1251 would amend the Education Code to allow the two institutions to provide joint population and public health educational programs.

The committee substitute simply cleans up language and aligns the senate version of the bill with the house version of the bill.

S.B. 1251 amends current law relating to authorizing certain joint graduate degree programs between The University of Texas Health Science Center at Houston and The University of Texas M. D. Anderson Cancer Center.

They are also currently tracking SB8 and related house bills currently active in the 3rd called session.

6. Report on SHCC representation on the HHSC E-Health Advisory Committee

No report

7. Health Professions Resource Center and SHCC coordinator's report

HPRC has been busy with publication of fact sheets and licensure information is being prepared. They will be putting the data in a cloud-based system. This should open up research. They are also working on SB18 physician workforce legislation.

The Chair asked if the border health report was on the web. Staff stated that it is not.

8. Texas Center for Nursing Workforce Studies report Many projects were delayed because of COVID, the summary report appears below.

Texas Center for Nursing Workforce Studies Advisory Committee Biennial Report to the Statewide Health Coordinating Council: September 2019 – August 2021

Texas Center for Nursing Workforce Studies Advisory Committee

In response to the passage of House Bill 3126 from the 78th Regular Legislative Session, the Texas Center for Nursing Workforce Studies (TCNWS) Advisory Committee was established in 2004. The TCNWS Advisory Committee was added to the structure of the Statewide Health Coordinating Council (SHCC) and serves as a steering committee for the TCNWS. The 21-member advisory committee includes representatives from nursing and healthcare organizations, employers of nurses, state agencies, nurse researchers, nurse educators, and the general public.

The TCNWS Advisory Committee is charged with the following responsibilities:

- Develop policy recommendations based on data and reports collected under Chapter 105
- of the Health and Safety Code that relate to the nursing profession.
- Subject to approval of SHCC, develop priorities and an operations plan for the TCNWS
- under Section 105.002(b).
- Guide in the accuracy of reporting nursing workforce data and research results.
- Review TCNWS reports and information before dissemination.

This committee meets 3-4 times a year. The meeting dates in FY 2020 and 2021 were as follows:

- October 23, 2019
- February 26, 2020
- July 15, 2020
- October 14, 2020
- March 3, 2021
- July 14, 2021

Overview of Work during FY 2020 through FY 2021

The projects implemented by the TCNWS during FY 2020 and 2021 are listed below through Workplace Violence Against Nurses

- The second iteration of the Workplace Violence Against Nurses Prevention Grant
- Program was implemented during the FY 20 - 21 biennium.
- The request for applications was released July 2019.
- Seven hospitals were awarded grant funds.

- The grant period started in May 2020 and will end on April 30, 2022.
- Outcomes from this grant program will be reported by Summer 2022.

Supply and Demand of Nurses in Texas: 2018-2032

- Project implemented between August 2019 and February 2020
- Contracted with IHS Global to update state-level supply and demand projections for LVNs, RNs, and APRNs.
- A highlights report was published that included state-level projections for the different nurse types.
- A dashboard was created that included the state-level projections as well regional-level projections for the different nurse types as well as demand projections by employment setting for LVNs and RNs.
- 2019 and 2020 NEPIS
- Data were collected in October 2019 and October 2020.
- TCNWS and Board of Nursing staff collaborated on the implementation, collection, and reporting of data.
- All professional, vocational, advanced practice, and non-advanced practice graduate programs were surveyed.
- In March 2020 and March 2021, reports on the following topics were made available for each of the nursing program types:
 - Admission, Enrollment, and Graduation Trends
 - Faculty Demographics
 - Student Demographics
 - Program Characteristics

2021 Employer Nurse Staffing Studies-- Due to the ongoing COVID pandemic and the effect on employers of nurses, the 2021 employer nurse staffing studies were postponed to 2022.

Dissemination of TCNWS Data--In addition to data collection efforts, TCNWS staff is dedicated to disseminating data and reports to a wide audience through exhibits, presentations, and by providing consultation on nursing workforce data and issues as requested by stakeholders.

The TCNWS staff presented podium and poster presentations and exhibited at the regional, state, and national levels to the following organizations throughout FY 2020-2021:

- National Forum of State Nursing Workforce Centers Annual Conference
- Texas Association of Deans and Directors of Professional Nursing Programs
- Texas Organization for Nursing Leadership
- Texas Hospital Association

TCNWS reports can be found on our website: www.dshs.texas.gov/nursingworkforce

Workflow portion of the report was delayed because of the impact of COVID. A survey will be sent to nurses and administrators about the impact of COVID and nursing.

9. Administrative items and next steps

2022 tentative SHCC meeting dates: March 3, 2022; June 2, 2022; October 13, 2022



10. Public comment and adjourn. There was no public comment offered. There being no further business, the meeting was adjourned.

The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be



viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.
