



Physicians Caring for Texans



Senate Finance Committee on Article II
Written Testimony on Department of State Health Services
Texas Medical Association and Texas Public Health Coalition
Feb. 26, 2021

Madame Chair Nelson and esteemed members of the Senate Finance Committee:

On behalf of the more than 55,000 members of the Texas Medical Association (TMA) and the more than 30 organizations of the Texas Public Health Coalition (TPHC), we appreciate the opportunity to provide testimony in support of the Department of State Health Services' (DSHS') Legislative Appropriations and Exceptional Items requests. Our organizations applaud the efforts of DSHS so far in navigating the unprecedented circumstances of the COVID-19 pandemic, which has only highlighted the importance of strong state public health funding and infrastructure to defend the health of Texans.

First and foremost, TMA and TPHC express deep concern over the 5% cuts to public health programs across the state. To continue to chip away at Texas' taxed public health infrastructure after such a blow from the COVID-19 pandemic would be a disservice to all Texans and their health. In addition to the full funding of the base budget, we support each of the department's requests for exceptional item funding to bolster rural and frontier public health services, strengthen consumer protection and safety, and maintain effective business operations so the agency can continue to support Texans' needed public health services. Beyond these exceptional items, we also want to highlight the importance of continuing to fund maternal and infant health services including the newborn screening program, funding future projected budget shortfalls in HIV care, fully funding the continuation of the MEDCARES program, and investing in health promotion and chronic disease prevention.

Exceptional Item 1: Rural and frontier public health services

With the response required for the COVID-19 pandemic, the agency identified efforts needed to expand its reach to the most vulnerable Texans in areas of the state that lack dedicated public health services. We support the department's exceptional item request to establish 14 satellite field offices and three mobile clinics in underserved areas that would provide flexibility to address emerging public health concerns in these difficult-to-reach areas. Benefits would include improved surveillance, diagnosis, and treatment of communicable diseases like tuberculosis (TB), HIV, and sexually transmitted infections (SDIs), and potentially increasing immunization rates for children and adults. The funding requested is expected to also offer improved efficiencies with an electronic health record system that takes advantage of current technology to increase patient privacy and patient safety, and overall improve patient health outcomes.

Exceptional Item 2: Consumer protection and product safety

The safety of consumer food and drug products continues to be a top priority for both medicine and public health. TMA and TPHC support the exceptional item requests to increase full-time-equivalent food safety staff positions and to increase the number of meat safety inspectors who respond to audit requests. DSHS-licensed meat safety inspectors, who provide an essential public health service by reducing the incidence of foodborne disease outbreaks, require significant job training. A 2019 audit by the Texas State Audit Office found that ensuring adequate inspections and standardizing risk ratings would require increasing inspections and licensing/permitting staff. Also, during the 86th Texas legislative session, Texas made significant changes in introducing a hemp product market throughout the state. We continue to urge the state to closely monitor the various food, beverage, supplement, cosmetic, and other consumable hemp products that continue to flood the market, making sure to test for appropriate THC levels and to detect any potentially dangerous product ingredients or contaminants. Further, the state must do more to address the mislabeling of some of these products, which claim health benefits unfounded by science. TMA and TPHC support the agency's funding request to support product testing and enforcement related to Texas' consumable hemp program.

Exceptional Item 3: Effective business operations and IT security

Health registries. Our state's health registries serve as the baseline of any infectious disease, disaster, or other public health response, providing the most accurate data necessary to take care of Texans. The agency seeks to conduct a thorough assessment of the long-term IT needs of our most critical public health registries, including TB/HIV/STI, EMS/Trauma, Birth Defects, and Blood Lead registries. TMA and TPHC consistently support the data and the science driving our public health agency's strategies, and we support DSHS' exceptional item request for a thorough registry system viability assessment.

Our organizations also continue to support enhancements to our state's immunization registry, ImmTrac2, including its being fully bidirectional with all systems as well as interoperable with school health records. We still strongly urge that Texas adopt an "opt-out" versus an "opt-in" registry, which could save dollars because staffing required to validate opt-in entries would be drastically reduced. This option could be a rare exceptional item that saves the state money.

Data center services. TMA and TPHC fully support complete funding of DSHS' data center services. These data services serve as the backbone of the agency's IT systems, including those that support our state's infectious disease surveillance, prevention, and preparedness. Appropriate, secure, and efficient cloud data storage continues to grow in demand and has served and continues to serve as a cornerstone of Texas' timely response to the COVID-19 pandemic and other infectious disease outbreaks.

Vital statistics services. Our organizations support increased resources to enable the DSHS Vital Statistics Section to fulfill its statutory responsibilities. Technical support provided for the rollout of the new death certificate registry needs to be maintained in the next biennium so department staff are not stretched thin and can respond timely to Texas physicians and other vital records reporters (who have a limited time to complete this required and unreimbursed task for the state).

Texas Center for Infectious Disease (TCID). Because of the high cost of infectious diseases such as tuberculosis on morbidity, mortality, and the overall state economy, we must work collaboratively to prevent and manage infectious disease outbreaks throughout our state. Thus

we support the agency’s capital budget authority to address the TCID’s needs for appropriate repair and renovation of its facilities.

Invest in maternal and infant health

TMA and TPHC thank the Texas Legislature for its steadfast leadership in addressing maternal and infant health, including championing the Maternal Mortality and Morbidity Review Committee; TexasAIM, a set of maternal safety bundles to help reduce preventable maternal deaths; and the Texas Collaborative for Healthy Mothers and Babies, a multidisciplinary network that works to advance health care quality and patient safety for all Texas mothers and babies.

The COVID-19 pandemic has reinforced the need for ongoing, coordinated quality improvement and educational initiatives to improve maternal health outcomes, particularly regarding health equity. Hispanic and non-Hispanic black pregnant women appear to be disproportionately affected by SARS-CoV-2 infection during pregnancy. Among reproductive-age women with SARS-CoV-2 infection, pregnancy was associated with hospitalization and increased risk for intensive care unit admission, and receipt of mechanical ventilation but not with death.¹

The latest national data continue to highlight other known health disparities that cannot be ignored. In 2018:

- 17.4 women died per 100,000 live births. However, wide racial and ethnic gaps remained:
 - Non-Hispanic black women: 37.1 deaths per 100,000;
 - Non-Hispanic white: 14.7; and
 - Hispanic: 11.8.
- 21,498 infant deaths were reported in the U.S., a decline of 4% from 2017 (22,341); the infant mortality rate declined to 5.67 deaths per 1,000 live births, down 2% from the 2017 rate of 5.79, making the 2018 infant mortality rate the lowest reported in U.S. history. Unfortunately, progress was not consistent among all races, with mortality rates highest among infants born to non-Hispanic black women (10.75 per 100,000), compared with 4.63 for white women and 3.63 for Asians.²

The Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report (2020) includes the latest data on challenges to maternal and infant health, highlighting critical factors related to obesity, substance use, mental health, and infectious disease. The report highlights the continued disparities in mortality and morbidity with non-Hispanic black women disproportionately impacted.³

Analysis of 2019 survey data found that 6.6% of women reported prescription opioid use during pregnancy. Among these women, 21.2% reported misuse (obtaining from a source other than a physician or using for a reason other than pain), and 27.1% wanted or needed to cut down or stop using.⁴

Congenital syphilis (CS), a preventable chronic infectious disease, increased nationwide 261% from 2013 to 2018 (from 362 to 1,306 cases), according to Centers for Disease Control and Prevention (CDC) surveillance data. CDC says as many as “40% of babies born to women with untreated syphilis may be stillborn or die from the infection as a newborn.” Children who

survive may develop later complications, including visual, hearing, or neurological impairments. The increase in CS is attributable to inadequate treatment for mothers (31% of CS cases), followed by a lack of prompt prenatal care (28%). Of the 1,306 CS cases in 2018, nearly nine in 10 occurred in the southern or western regions of the U.S.⁵

Our organizations strongly recommend that the state *at least* maintain investments in the maternal health initiatives it currently funds. The department has clear roles and unique responsibilities in supporting areas that can make a difference in maternal health: (1) access to care, (2) behavioral health prevention and treatment, (3) quality improvement and educational initiatives, and (4) public health programming.

Fund future projected budget shortfalls in HIV care

Unfortunately, the COVID-19 pandemic and the resulting economic impact has had a significant effect on patients' access to treatment for other infectious diseases. Texas continues to have one of the highest rates of undiagnosed HIV and newly diagnosed HIV in the country.⁶ Due to significant increases in unemployment, as well as continued rising medical costs for HIV medication, the number of individuals in Texas who qualify for the Texas HIV Medication Program (THMP) has increased 24% since 2019. The program supplies low-income Texans who are under- or uninsured with crucial medications for the treatment of HIV and related complications. Many people living with HIV are unable to pay for their necessary medications without this program. While CARES Act federal funding for Ryan White HIV/AIDS Programs, including THMP, can address infrastructure and practice improvements needed as a result of the COVID-19 pandemic for people living with HIV, it is not sufficient to address the \$34 million increase in program usage. We must address this budget shortfall in HIV care to not compromise eligibility and to ensure every Texan living with HIV can receive medication and continue to live a quality, productive life.

Fund the MEDCARES program

MEDCARES is a critical public health resource to keep children safe. The program provides grant funding to hospitals, academic health centers, and health care facilities with expertise in pediatric health to prevent, assess, diagnose, and treat child abuse and neglect. MEDCARES sites provide an essential service to the public by providing a key link between the medical world and the rest of the child protective system, and they provide direct care to children with suspected abuse. All these services are not billable in our traditional fee-for-service health care system and are among the unfunded resources child abuse clinics provide to the child welfare system. In addition to addressing child abuse and neglect once these events take place, MEDCARES funding gives the health care system the resources to prevent abuse, with funding that enables child abuse pediatricians, pediatric sexual assault nurse examiners, social workers, and others to offer child abuse prevention and education programs for those who work on the front lines with children at risk (law enforcement, case workers, members of the judiciary) as well as other members of the public (parents, teachers, students, medical professionals). MEDCARES funding currently supports 11 centers, which leverage the expertise of the 22 certified child abuse pediatricians in Texas. Eliminating MEDCARES funding would disrupt critical infrastructure necessary to protect children in Texas. The health care system is a critical component of the overall child welfare system. Therefore, we urge the legislature to sustain funding for MEDCARES so that our health care system has the capacity to meet the needs of Texas children and keep them safe.

Invest in health promotion and chronic disease prevention

The COVID-19 pandemic has shed light on just how vulnerable Texas' population is, with a growing number of residents aged 65 and older⁷ and a large proportion of people with chronic diseases such as diabetes and heart disease. The top 10 leading causes of death in Texas include heart disease, cancer, stroke, Alzheimer's disease, and diabetes.⁸ Individuals with underlying chronic conditions such as diabetes, heart disease, obesity, and others are at an increased risk for severe illness or even death as a result of COVID-19.⁹ We support continued full funding of health promotion and chronic disease prevention efforts to encourage Texans to be physically active, make healthy food choices, get their routine health screenings, and get vaccinated, and other strategies to prevent chronic illnesses. Investment in these efforts helps avoid high medical costs and promotes future savings overall for our state.

In closing, TMA and TPHC commend our state's leadership and the exceptional DSHS staff for their tireless efforts responding to the COVID-19 pandemic over the past year. We appreciate the opportunity for testimony and welcome further discussion on any of our recommendations to avoid any funding cuts to medicine and public health's priority items. Should you have any questions about this testimony, please contact TMA staff: Troy Alexander, director, legislative affairs, at Troy.Alexander@texmed.org or Michelle Romero, director, legislative affairs, at Michelle.Romero@texmed.org.

¹Centers for Disease Control and Prevention (CDC), www.cdc.gov/mmwr/volumes/69/wr/mm6925a1.htm.

²CDC, www.cdc.gov/nchs/products/databriefs/db371.htm.

³Texas Department of State Health Services, www.dshs.texas.gov/mch/pdf/DSHS-MMMRC-2020-UPDATED-11282020.pdf.

⁴CDC, www.cdc.gov/mmwr/volumes/69/wr/mm6928a1.htm?s_cid=mm6928a1_w.

⁵CDC, www.cdc.gov/nchhstp/newsroom/2020/missed-opportunities-for-prevention-of-congenital-syphilis-media-summary.html.

⁶ CDC, HIV Statistics Overview, www.cdc.gov/hiv/statistics/overview/index.html.

⁷Texas Demographic Center, <https://demographics.texas.gov/Data/TPEPP/Estimates/>.

⁸CDC, www.cdc.gov/nchs/pressroom/states/texas/texas.htm.

⁹CDC, www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html.