

- Augment the availability of pediatric and adult mental health services by investing additional resources in the Texas Mental Health Consortium and in the completion of the new psychiatric hospital in Dallas.
- Ensure food banks have the resources to continue to meet the nutrition needs of thousands of Texans.

We understand that SB 8, as filed, is a starting point for discussions regarding how best to allocate ARPA funds. Certainly, there is no shortage of good ideas. **Yet as you contemplate revisions to the bill, we respectfully urge you to consider first and foremost that Texas has a once-in-a-lifetime opportunity to use the dollars to fortify and modernize the state’s public health system, enhance the physician and health professional workforce to meet the needs of today’s – and tomorrow’s – Texans, and mitigate the enduring harm of Sars-CoV-2 on patients diagnosed with “long COVID.”**

In the coming days, we ask that you please consider funding the proposals outlined below.

Thank you for your service.

RECOMMENDATIONS

Sustain increased investments in infectious disease prevention and surveillance.

Rationale: Since the start of the 21st century, multiple novel infectious diseases have traveled around the globe, with COVID-19 being the most recent and deadliest (thus far) but certainly not the last. Before the current pandemic, public health officials identified and managed other deadly threats, including severe acute respiratory syndrome, the H1N1 flu outbreak, and Zika, among others. While each of these diseases has impacted Texas differently, early disease surveillance and mitigation helped curb their spread. As a leader in international commerce and trade, the state attracts people from across the nation and the globe, some of whom may inadvertently bring new viruses with them. **Ensuring robust disease surveillance will ensure Texas is ready to respond quickly when – not if – another novel infectious agent crosses its borders.**

Increase access to multidisciplinary services for Texans diagnosed with long COVID.

- Provide grant funding to support establishment of physician-led multidisciplinary clinics to provide treatment for people diagnosed with long COVID.
- Provide funding to a long COVID research center at one or more academic health centers to improve understanding of causes and treatment for the disorder.

Rationale: As many as 25% of people diagnosed with COVID-19,ⁱ even a mild case, go on to develop so-called “long COVID” – one or more persistent symptoms for many months or longer. As the number of Texans diagnosed with COVID-19 grows, so too will those who develop this syndrome. Many patients need the services of multiple physician specialties, including neurology, cardiology, and pulmonology, that require close coordination in their treatment. Funding will support establishment of multidisciplinary, integrated clinics in communities across Texas to care for patients with this diagnosis as well as enable Texas medical schools to enhance research capabilities regarding the disorder.

Improve access to behavioral health care services for postpartum women.

Support the funding request submitted by the Texas Child Mental Health Care Consortium (TCMHCC) to support development of a Maternal Psychiatric Access Network, like the Child Psychiatric Access Network (CPAN), to expand capacity to treat new moms with perinatal mood disorders.

Rationale: Perinatal mood disorders, including depression and anxiety, impact many pregnant and postpartum women. As many as one in seven women experience perinatal depression, while 11% to 17% of postpartum women experience an anxiety disorder.ⁱⁱ Without treatment, such conditions can harm the health of mothers and babies, sometimes tragically.ⁱⁱⁱ A woman’s primary care or obstetrical physician can manage mild disorders, but moderate to severe disorders often require treatment by a subspecialist. However, accessing such care often means long wait times due to a statewide shortage of psychiatrists, particularly those specializing in perinatal mood disorders. Establishing a Maternal Psychiatric Access Network will

enable primary care physicians to safely manage these disorders by giving them the ability to consult with psychiatrists specializing in treatment.

Strengthen the health care workforce.

- Enhance the state’s rural physician workforce by investing in the Physician Education Loan Repayment Program (PELRP).

Rationale: PELRP provides loan repayment assistance to physicians practicing in Texas health professional shortage areas and for certain state agencies. Participating physicians must agree to practice for at least four years in an eligible community or agency in exchange for receiving graduated repayment of their loan, up to \$180,000. Due to loss of funding, the program has been closed to new applicants since 2020. This program has been one of the most successful in recruiting physicians for underserved areas. Texas could establish a one-time endowment to strengthen and expand PELRP.

- Strengthen the state’s nurse workforce by providing dollars to support professional training, payment of licensure fees, and other costs associated with reactivating inactive or retired nurses willing and able to return to the profession to fulfill immediate staffing shortages. Likewise, offer incentives to support current nurses willing to serve in short-staffed settings (intensive care units [ICUs], emergency departments, labor and delivery) but who may require additional training to refresh their skills. This also includes retaining the governor’s waiver issued on March 21, 2020, that enables inactive or retired nurses to reactivate their licenses during the public health crisis.

Rationale: Not a day goes by without another Texas hospital reporting a critical shortage of nurses needed to staff hospital beds. The governor’s efforts to recruit traveling nurses is helping, but Texas competes with other states for that same pool of professionals. Reactivating inactive and retired nurses as well as supporting existing nurses must be part of the state’s effort not only to ensure hospitals can safely staff all available hospital emergency and ICU beds throughout the pandemic, but also to maintain other vital services, including maternal and neonatal services and trauma care.

Surge funding included within SB 8 will address hospitals’ immediate nursing needs, but Texas must also plan for the future. A growing number of nurses have exited the profession due to burn out or retirement. Thus, Texas must now invest in boosting the nursing pipeline to meet the health care needs of a booming state.

Provide for connection fees to statewide and regional health information exchanges (HIEs) for electronic health records (EHRs) for physicians, hospitals, clinics, and other health care facilities.

Rationale: The principal function of an HIE is to allow physicians, their patients, hospitals, and other health care providers to electronically receive and share health information securely and confidentially with other physicians and health care entities such as hospitals, labs, and public health agencies. The benefits of electronically sharing patient information include the ability to access and confidentially share a patient’s medical history regardless of where and when patients are receiving care. This information improves quality, timeliness, and safety of patient care by reducing medication and medical errors; improves public health reporting and monitoring; and reduces health-related costs.^{iv}

While most hospitals have made the investment to connect to HIEs, many Texas physician practices unfortunately are still not connected. Many physician practices are constrained by the high initial and ongoing interface fees imposed by proprietary EHR vendors. These interfaces provide the data mapping necessary to bidirectionally transfer data needed to have the right information at the point of care. This is a key first step towards “interoperability.”

Texas has adopted a community-based approach for developing HIEs. Currently five established local HIEs operate as nonprofit organizations in Texas. These HIEs serve hospitals, ambulatory care physicians, payers, laboratories, and other entities throughout the state.^v

Funding to connect physicians to these HIEs is vital to achieve interoperability across the state. These connections can be achieved by making grants available to physicians to pay the interface fees, which are estimated at \$6,000 for a solo physician practice and go up from there for multiphysician practices or facilities. Alternatively, grants could be provided to HIEs and earmarked for use only for physician interface fees.

A program currently underway at the Texas Health and Human Services Commission (HHSC) leverages federal funds in a similar manner for Medicaid practitioners to connect to HIEs. However, to be eligible for this program, a certain percentage of a physician's patients must be Medicaid patients, so funding is needed to assist practices that do not qualify. Any solution the legislature chooses to fund could be aligned with the existing program to ensure there's no duplication of resources or funding.^{vi}

Accelerate the implementation of a “gateway” – the Integration and Data Exchange Center of Excellence (iCoE) project – to completely modernize, standardize, and integrate existing state agency systems such as the Texas prescription monitoring program (PMP), the vendor drug program, and numerous registries and systems at the Department of State Health Services (DSHS) and HHSC with hospitals, physician practices, health care centers, and other relevant organizations.

Rationale: DSHS has for many years envisioned a “gateway” that allows a one-to-many connection within the agency. As an example, an HIE, a physician, or a health care facility could have a single connection point to the gateway that would provide access to all of the registries and systems maintained by the state. Funding would accelerate this project now identified as the iCoE, intended to service a primary point for data exchange among HHSC agencies, physicians and health care providers, managed care organizations, and other entities. DSHS has expressed concern about funding needed to modify and modernize the system as some systems are complicated, requiring complex integrations.^{vii}

In 2015, the legislature passed House Bill 2641, which requires the HHSC system to move towards interoperability with external stakeholders to support data exchange and improve patient care. Although progress is being made toward a number of these strategies, now is the time to invest in a truly modern infrastructure that reduces administrative burdens on health care professionals who are fulfilling their requirements to share data with the state.

Provide continued support for physician and health care provider access to the Texas prescription monitoring program.

Rationale: The program, known as PMP Aware and hosted by the State Board of Pharmacy, was established to curb illicit activity, drug abuse, drug diversion, or doctor shopping. When Texas started requiring physicians and hospitals to check the state's PMP in 2020, the state appropriated funds to cover the licensing fee for the first two years. Effective Sept. 1, 2021, that fee is no longer covered by the state, and Appriss, the state's PMP vendor, has begun billing physicians for the annual per-physician licensing fee. Funding is needed to continue this integration, allowing physicians, hospitals, and other health care providers to check a patient's prescription history through their EHR. Otherwise, physicians and providers must interrupt their workflow and log in to the separate PMP Aware site to check a patient's prescribing history when prescribing opioids, benzodiazepines, barbiturates, or carisoprodol.

The PMP funding will allow vital information to flow seamlessly to physicians, hospitals, and providers at the point of care so that patient needs can be met effectively, and if necessary, refer patients to programs that can assist with addictive behaviors related to opioids and other controlled substances.

ⁱ White Paper: [A Detailed Study of Patients with Long-Haul COVID -- An Analysis of Private Healthcare Claims](#). FAIR Health. June 15, 2021.

ⁱⁱ Kendig, S, et al. [Consensus Bundle on Maternal Mental Health](#). *Obstet Gynecol*. 2017 Mar; 129(3): 422-430.

ⁱⁱⁱ Ibid.

^{iv} Office of the National Coordinator; [HIE Benefits](#); accessed Aug. 25, 2021.

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- ^v [Interoperability for Texas: Powering Health 2020](#). A report by the Texas Health and Human Services Commission; Dec. 2020; pg. 12.
- ^{vi} Texas Health and Human Services Commission; [Statewide Health Information Exchange](#); accessed Aug. 25, 2021.
- ^{vii} [Interoperability for Texas: Powering Health 2020](#). A report by the Texas Health and Human Services Commission; Dec. 2020; pg. 16.